

CBSE FAR EAST ZONE VOLLEYBALL TOURNAMENT 2024-25

SBOA PUBLIC SCHOOL, GUWAHATI, ASSAM

To be held at SBOA Public School, Guwahati, Assam- 781035 from 12th September to 14th September 2024 .

Reporting Date: 11th September 2024 at 08:00AM.

Competition and Accommodation Venue:

SBOA Public School, NH-37,
Garchuk, Guwahati, Assam-
781035

For Further Information Please contact:

Sports Department:-

1. Shaswat Rajkhowa:- [8473971417](tel:8473971417)

2. Minar Ahmed:- [7002729604](tel:7002729604)

3. Bimal Choudhury:- [7002118707](tel:7002118707)

School office:- [0361 227 0020](tel:03612270020)

[Email :- shaswatpgtpe@sboaschool.edu.in](mailto:shaswatpgtpe@sboaschool.edu.in)

NB:

1. The boarding charges shall be Rs. 500/- per head per day including food and lodging charges for all the members residing in the host school.
2. A cash amount of Rs 1000/- (Rupees One Thousand Only), (precautionary deposit) which is refundable should be paid at the time of reporting to school. Any kind of damage to the host school from the participants will be chargeable as per the incurred damage.

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Note: Please take a photocopy of the form for every category.

Date: _____

Signature and Stamp of Principal

School Seal

Annexure - A
CERTIFICATE

Certified that the above listed players are bonafide students of our school and eligible as per the Rules Circulated by CBSE for participation in Inter School Tournament 2024-25. The date of birth and class of study recorded against each is correct as per School Records.

Date: _____

Signature and Stamp of Principal

Detail of Officials accompanying the Volleyball Team (Maximum Two)

Name of the Coach	Photograph attested by the Principal
Name of Team Manager	Photograph attested by the Principal

Certified that the details mentioned above are true and correct to the best of my knowledge.

Date:-----

Signature of Principal

ANNEXURE-B

CBSE FAR EAST ZONE VOLLEYBALL TOURNAMENT 2024-25

ENTRY FORM (On School Letter Head)

1. Name of the Principal:

2. School Address:

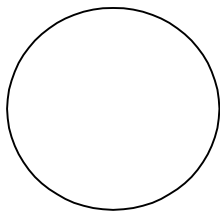
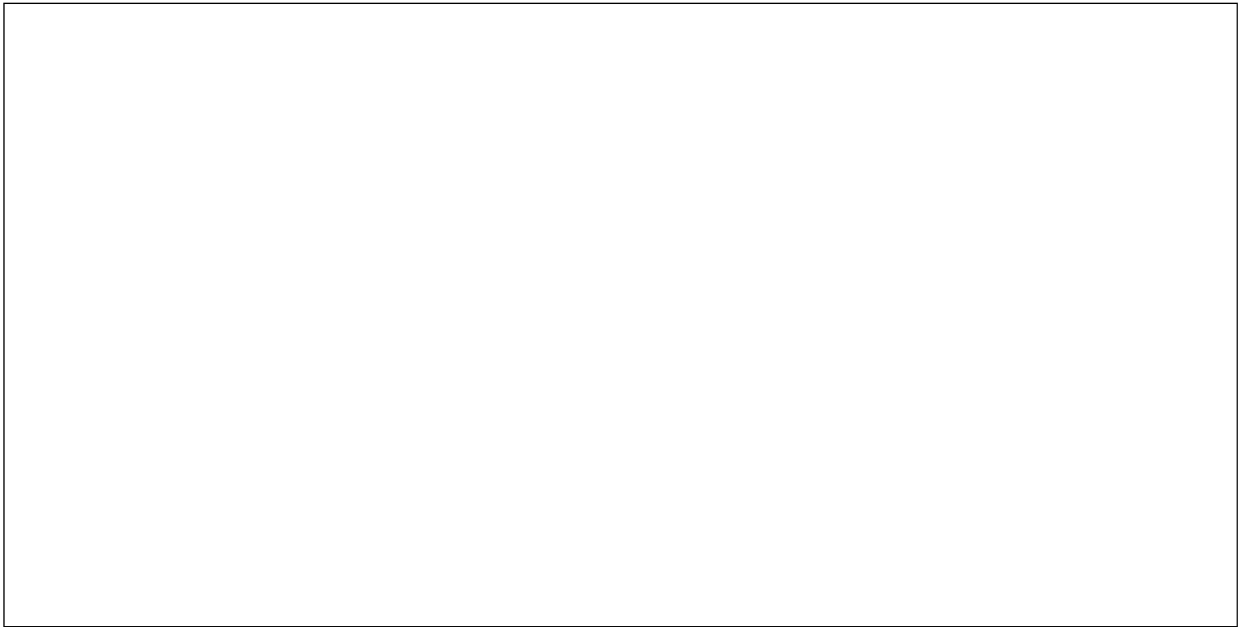
3. Contact Number:

4. E-mail ID:

5. Website:

6. Number of Participants:

Group Photo with Principal to be affixed on the next page, attested by the Principal



School Round Seal

Signature of the Principal

Please note: To be filled in capital letters and send before or by 10th September 2024.

ANNEXURE–C

IDENTITY CARD

Each school must issue Identity card to every player of its school, issued during registration of Student in CBSE Sports and must be duly attested by School Principal.

The Identity cards must be surrendered to the respective organizers at the time of the reporting / registration.

On the last day of the competition, the identity cards may be returned to all the respective players that qualify to participate in the National Volleyball Tournament, after having counter signed by the organizers of the CBSE FAR EAST ZONE VOLLEYBALL TOURNAMENT 2024-25

CBSE FAR EAST ZONE VOLLEYBALL TOURNAMENT 2024-25

PHOTO OF THE
STUDENT/PLAYER

Signature of the
Principal & school
seal on the
photograph

Name of the Student:

CBSE player No.: _____

(Signature & school seal on the photograph in such away that half are on photo & half outside the photo)

**Counter Signature of the Organizers of CBSE FAR EAST ZONE
VOLLEYBALL TOURNAMENT 2024 with seal**

School :

Address:

ANNEXURE“D”

Performa of letter for sending consent of Participation to the Organizing School

(On School Letterhead)

To

The Principal

Organizing School

CBSE Cluster/Zone/National

_____Championship/Meet

Dear Madam/Sir

Subject: Consent of participation - CBSE Cluster / Zone / National _____
Championship / Meet_____.

This is to confirm that our school would be participating in the CBSE Cluster/Zone/National
_____Championship/Meet_____ being organized by your
school.

We shall be forwarding you the detailed entry Proforma so as to reach you at least a week before
the commencement of the competition.

Thanking you

Yours faithfully

Principal

**SBOA PUBLIC SCHOOL, GUWAHATI (CBSE FAR
EAST ZONE VOLLEYBALL TOURNAMENT 2024-25)
(12th September to 14th September 2024)
TRAVEL ITINERARY**

A) Name of the School:

Postal Address: _____

Phone No: _____

Fax No: _____

Email ID, if any: _____

B) Team Details:

Name of Team Manager : _____

Contact No. of Team Manager : _____

Approximate No. of Participants: _____

C) Arrival Details:

Arrival at Guwahati - Date and Time :

By Train (mention the name) :

By Bus (mention the name) : _____

By Flight (mention the name and no) : _____

Conveyance required from Railway Station/Bus Stand/Airport to School: YES / NO

D) Departure Details:

Departure from Guwahati - Date and Time : _____

By Train (mention the name) : _____

By Bus (mention the name) : _____

By Flight (mention the name and no) : _____

Signature of Principal

School Seal