

No/20/2/2014-15/CCSCSB  
Government of India  
Ministry of Personnel Public Grievances and Pensions  
Department of Personnel and Training  
CENTRAL CIVIL SERVICES CULTURAL & SPORTS BOARD.

No.361, B Wing, 3<sup>rd</sup> Floor  
Lok Nayak Bhavan, New Delhi.

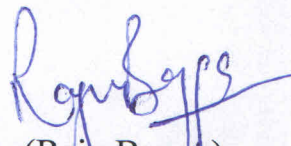
28<sup>th</sup> April 2014

CIRCULAR

The Central Civil Services Cultural and Sports Board is organizing Coaching Camp for children/dependents (**both boys and girls**) of Government employees in "SELF DEFENCE" during Summer Vacations. Coaching in self defence will be imparted by experienced instructors free of cost. The details of the proposed coaching camps are as follows: -

- |                    |   |
|--------------------|---|
| a) Age of Trainees | 8 years to 16 years.                                |
| b) Duration        | 15 <sup>th</sup> May to 15 <sup>th</sup> June, 2014 |
| c) Timings         | 7.00 AM to 9 A.M on week days                       |
| d) Venue           | Vinay Marg Sports Complex                           |

2. Application forms may be collected from Vinay Marg Sports Complex, opposite Nehru Park, New Delhi from 01.5.2014 between 10.00 AM to 12.00 AM & also available at [www.persmin.nic.in/DOPT\\_CP\\_Circular\\_form2.asp2choice.7](http://www.persmin.nic.in/DOPT_CP_Circular_form2.asp2choice.7) to and shall be deposited at same venue between 10.00 AM to 12.00 AM. Last date of submission of application form along with requisite documents is 09.5.2014

  
(Raju Bagga)  
Section Officer

To

1. The Welfare Officers of All Ministries/Departments.
2. Area Welfare Officers, all Govt. colonies.
3. Secretaries of RWAs recognized by DOPT.

CENTRAL CIVIL SERVICES CULTURAL & SPORTS BOARD.

Application form for Summer Cricket/Football/Basketball/ Lawn tennis/"Self  
Defence" coaching camp - 2014

1. NAME OF THE TRAINEE :  
(Attach two recent photographs)
2. DATE OF BIRTH
3. PARENTS/GUARDIAN NAME
4. OFFICIAL ADDRESS OF THE PARENT/GUARDIAN :  
(Enclose attested copy of I. Card of parent and  
Attested copy of CGHS card of the trainee) :
5. RESIDENTIAL ADDRESS :  
WITH TELEPHONE NO.
6. NAME OF THE CENTRE :

\_\_\_\_\_  
SIGNNATURE OF THE PARENTS

**Undertaking**

I understand that Board will take sufficient care about the general safety of the trainees during the training sessions. I shall not hold the CCSCSB responsible for any accident /casualty.

Date

SIGNNATURE OF THE  
PARENT/GUARDIAN