



THE CRICKET ASSOCIATION OF BENGAL

DR. B.C. ROY CLUB HOUSE, EDEN GARDENS, KOLKATA-700 021

Ref. No. 126(2)/118/645/2023

28th November 2023

Hony. Secretaries of
ALL DISTRICTS SPORTS ASSOCIATIONS.

By email :

Dear Sirs,

Sub: C.A.B. Inter District Under-15 (1 Day) Tournament : 2023-2024.


This is to inform you that the **First Phase Matches** of the abovementioned Tournament will be held on and from **12th December 2023** at six venues i.e. Jalpaiguri, Malda, Bankura, Cooch Behar, Uttar Dinajpur & Siliguri. You are requested to prepare yourselves for participation in the said Tournament Matches as scheduled. The Groups, Fixtures & Bye-laws of the said Tournament will be sent to you very shortly.

We are also sending herewith a copy of **Blank Players' Identity Form** to be duly filled in and signed for registration of your players (maximum **20 heads**) for their participation in the said Tournament, which must be submitted to the **Observer** appointed by this Association at the Staging Centre well before the commencement of their 1st match for participation in the said Tournament.

It is mentioned here that for **Online Registration**, a panel of maximum **20 Players** must also be uploaded in the Association email : 'cabdistrict@gmail.com' **within 04-12-2023** mentioning the name of players, father's name, address and the date of birth along with their coloured passport size photograph for their said participation. No further inclusion of players afterwards will be accepted.

Thanking you,

Yours faithfully,


(Naresh Ojha)
Hony. Secretary

Encl: Players' Identity Form.

cc: M/s. Ascon Infotech .. for information.

-/h



ORIGINAL

THE CRICKET ASSOCIATION OF BENGAL

Dr. B. C. Roy Club House, Eden Gardens, Kolkata-700 021.

INTER DISTRICT UNDER-15 (1-DAY) TOURNAMENT : 2023-2024

PLAYERS' IDENTITY CARD

1. Full Name of the Player :
(In Block Letters)
2. Father's Name :
3. Date of Birth of the Player :
[For Age proof: Attested Xerox copy of Birth Certificate issued on Form No.5 or 9 by Health & Family Welfare Deptt., Govt. of West Bengal to be attached. Admit Card of Madhyamik / ICSE / CBSE Board would also be valid for age proof]*
4. Residential Address of the Player :

[For Address Proof: Attested Xerox copy of Voter I.D. Card of his Father/Mother or Aadhar Card (issuing date before two years) or Passport to be attached with full signature of the Player (tick which has been attached).

5. Name & Address of the School/College of the Player :
- Class : Roll No..... Index No. of the School/College :

6. Name of the School/College :

Certified that the above particulars are correct.

Full Signature of the Player :

This is to certify that Shri.....S/o.....

.....is a bonafide student of the above School / College.

He reads in Class His date of birth is

Space for the
Photograph of
the Player.
Photo to be
attested by the
Head of the
Institution.

.....
(Signature of the Head of the Institution
with date & Seal)

Certified that the above declarations made by the Player
are true to the best of my knowledge and belief.

.....
(Signature of the General Secretary of the concerned
District Sports Association with date & Seal).

.....
(Signature of the Player)

***N.B.** The Players born on or after **01-09-2008** are only eligible to participate in the above Tournament and their Birth Certificates must be registered with the appropriate authority within **one year** from their date of birth. In case, they have failed to produce the above certificates, the discharge certificate from Nursing Home/ Hospital would be valid.

Checked & Verified.

Counter signed

Hony. Secretary

Signature :

Observer of C.A.B.

.....D.S.A.

Date :