

Annexure- “C” – Information

01	NAME OF THE TOURNAMENT	CBSE South Zone - I Yogasana (Chennai Region and Vijayawada Region) –2025 – 26
02	NAME OF THE HOST SCHOOL & ADDRESS	Lakshya School , Samalkota Mandal, EAST GODAVARI District, Andhra Pradesh 533434
03	NAME OF THE PRINCIPAL	Mrs. Vandana Bohra
04	ORGANISING SECRETARY	Ms. Swetha (8125807921)
05	TOURNAMENT DATES	15 TH August to 17 TH August
06	OPENING CEREMONY	15 TH August, Timings 8:00 AM
07	CLOSING CEREMONY	17 TH August, Timings 05:00 PM
08	ARRIVAL OF THE TEAMS	14 TH August Timings: 05:00 PM onwards
09	COACH / MANAGERS’ MEETING	14 TH August 2025 06:00 PM
10	VENUE OF THE MATCHES	Lakshya School , Unduru
11	LOCATION	https://maps.app.goo.gl/R3UWcp73jNJNyqE7
12	ORGANISER CONTACT NUMBERS	Swetha 8125807921 Priya 7569321993
13	E-MAIL ID & WEBSITE	Mail Id: info@lakshyaschool.in Website: https://lakshyaschool.in/
14	CONTACT PERSONS	Swetha - 8125807921 Priya - 7569321993
15	RAIL ROUTE	Samalkota junction/ Kakinada Railway station
16	AIR ROUTE	Rajahmundry airport, Rajahmundry
17	ACCOMMODATION	Mr. Ramakrishna: 9701076665
18	THINGS TO BE CARRIED (Mandatory)	School Flag, School ID card, bed sheets. Xerox copy of CBSE sports registration form, group photos duly signed by the principal, participant details, student bonafide certificate with school stamp signed by the Principal, hard copy of all annexures
19	CAFETARIA	Nutritious and delicious South Indian food will be provided by the Organisers (Charges will be as per CBSE Instructions) Food facility will be available from 14 th August, 2025. The charges will be Rs.500/- per head per day
20	CAUTION DEPOSIT	Rs.3000/ Refundable
21	TRANSPORTATION	Will be provided by the school from Kakinada railway station and samalkota railway station Leela Krishna: 8639495072

Organising Secretary

ANNEXURE - “D”

Performa of letter for sending consent of Participation to the Organizing School
(On School Letterhead)

To

The Organizing Secretary,
CBSE South Zone - I _____Tournament-2025 – 26
Lakshya School, Samalkota Mandal,
EAST GODAVARI District, Andhra Pradesh
533434
Dear Madam/Sir

Subject: Consent of participation - CBSE South Zone – I _____Tournament 2025 – 26.

This is to confirm that our school would be participating in the CBSE South Zone - I
_____Championship/Meet 2025 – 26 (Boys)being
organized by **Lakshya School, Unduru, Andhra Pradesh**

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

We shall be attaching you the detailed entry Performa so as to reach you at least before the last
date.

Contact Person_____Mobile No's _____

Email: - _____

Thanking you

yours faithfully

Principal

School Seal

ANNEXURE “E”
Officials accompanying the team (Maximum two)

1.	Name of the Coach		Photograph attested by the Principal
2.	Name of the Team Manager		Photograph attested by the Principal

Certified that the detailed mentioned above are true.

Principal

Annexure – “H” – Group Photo GROUP PHOTO

ENTRY FORM [On School Letter Head]

1. Name of the principal:- _____
2. School Address : _____ District : _____
_____ Pincode : _____ State : _____
3. Contact Number:- _____
4. Email Id:- _____
5. Website:- _____
6. Number of Participants:- _____

Group Photo with Principal/Secretary to be affixed here, attested by the Principal

School Seal

Signature of the Principal / Secretary

- Please note: - to be filled in capital letters and send it before the last date **22-07-2025**
- Coaches to carry the Apply to participate list of students as a hard copy duly assigned by Head of the Institution.

Annexure – “H” – Travel Details

Details of Journey

Name of the School:- _____

Name of the Coach: _____ G.Mail:- _____ Name
of the Manager: _____ G.Mail:- _____

Sl.No	Arrival Particulars	
1	Mode of transport (Air / Train / Bus)	
2	Name of the Flight / Train / Bus	
3	Number of the Flight / Train / Bus	
4	Date and time of the arrival at station	
5	Date and time of departure from	
6	Name of the school Participating	
7	Name of the coach accompanying	
8	Name of the manager accompanying	
9	Number of Boys / Girls	
10	Number of female staff	
11	Number of male staff	
12	Total Members of team	

Sl.No	Departure Particulars	
1	Name of flight /Train / Bus	
2	Flight /Train / Bus number	
3	Departure Time	
4	Date	
5	Station / Airport	
6	Contact person accompanying the team / Number	Mr./Mrs.

School round seal

Principals/Secretary
Signature:

Please Note: To be filled in and sent to the organizer on or before the last date. **12-08-2025**