



केन्द्रीय सिविल सेवा सांस्कृतिक एवं क्रीड़ा बोर्ड
Central Civil Services Cultural & Sports Board

(Registration No. 2621)

Department of Personnel & Training
Ministry of Personnel, Public Grievances and Pensions
Government of India

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New Delhi - 110 003

File No.: 19/1/2025-26/CCSCSB

Date: 28.07.2025

CIRCULAR

Sub: Inter-Ministry Wrestling Freestyle (Men and Women) and Greco Roman (Men) Tournament 2025-26.

Central Civil Services Cultural and Sports Board (CCSCSB) is organizing Inter-Ministry Wrestling Freestyle (Men and Women) Greco Roman (Men) Tournament 2025-26 on **27.11.2025 & 28.11.2025** at Vinay Marg Sports Complex, Chankya Puri, New Delhi. The Ministry/Department desirous to participate in the tournament may send their entries in the prescribed proforma (**Annexure-I**) along with the entry fee and photocopy of Identity Card of all the players. The entry fee for the event is Rs.200/. Last date for submission of entries in the office of Central Civil Services Cultural & Sports Board office, Room No 361, 'B' Wing, Lok Nayak Bhavan, Khan Market, New Delhi – 110003 **is 24.11.2025.**

2. The Tournament will be organised in the following weight categories:-

Free Style (Men)	Greek Roman (Men)	Free Style (Women)
57 Kg	55 Kg	50 Kg
61 Kg	60 Kg	53 Kg
65 Kg	63 Kg	55 Kg
70 Kg	67 Kg	57 Kg
74 Kg	72 Kg	59 kg
79 Kg	77 Kg	62 Kg
86 Kg	82 Kg	65 Kg
92 Kg	87 Kg	68 Kg
97 Kg	97 Kg	72 Kg
+97-125 Kg	+97-130 Kg	76 Kg

3. There will be only one team from each Ministry. The Ministry may include in their team persons working in the attached and subordinate offices located at Delhi/ New Delhi. All teams/ Individuals would be represented as a part of Ministry's Team only. Central government autonomous organization like UPSC, Election Commission, C&AG's Office, Lok Sabha Secretariat, Rajya Sabha Secretariat, Cabinet Secretariat, PMO etc. can sent independent teams. The entries are to be sent through the Welfare Offices of the Ministry concerned.

4. The following categories of employees are not eligible for participation in this competition:-

- (a) Uniformed personnel in Defence Services/Para Military Organisations/ Central Police Organisation/Police/RPF/CISF/BSF/ITBP/NSG etc.
- (b) Employees of Autonomous bodies/Undertakings/Public Sector Banks/Corporations even though administratively controlled by the Central Ministries.
- (c) Casual/Daily wages workers.
- (d) Employees attached to offices on temporary duty.

In case, at any time, it is found that a player included in the team is not eligible, the team would stand automatically disqualified from the tournament.

5. No entry will be accepted unless accompanied with fee. The entry should be sent in the prescribed proforma (**Annexure I**) duly signed by the Welfare Officer concerned and should reach on or before the last date i.e. **24th November, 2025**.

6. The entry fee should be online deposited in the CCSCSB account after entering the following details or at the given QR code: -

Account Holder Name - Secretary CCSCSB,

Bank - Canara Bank

Account No. 90432010052140, Branch - Khan Market, New Delhi, IFSC Code - CNRB 0019043. 0



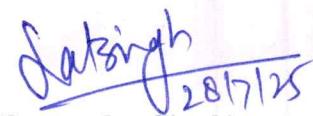
Note: - No other payment mode will be accepted except above. The "name of player/ministry and game" may be mentioned in Remarks column while making the payment.

7. Referees'/Umpires' decision shall be final and binding on the competing teams.

8. Any information regarding change in dates/venue/cancellation etc. about the Tournament will be available on our website i.e. www.dopt.gov.in. All participants teams are, therefore, requested to check the details of the tournament about any possible change.

9. The rules and regulations governing the eligibility conditions for participation, etc. in the Inter-Ministry Tournament are available on the website of the Department of Personnel & Training (<https://dopt.gov.in/about-us/wings-or-division-in-dopt/welfare-divisons>).

10. The participant must ensure that he/she is physically fit to engage in the specified sports activities. In the event of any unfortunate accidents or incidents occurring during the course of the events, the CCSCSB will not be held responsible or liable in any manner.


(Satyendra Singh)
Secretary (CCSCSB)

To,

1. All Welfare Officers in the Ministries/Departments.
2. Shri Ajay Kumar, Convenor – Wrestling - 9211440000

Central Civil Services Cultural & Sports Board
(Department of Personnel & Training)

APPLICATION FORM FOR INTER MINISTRY TOURNAMENT

1. Name of the Cultural/Sports Event: **Inter Ministry Wrestling (Men & Women) and Greco Roman (Men) Tournament 2025-26**
2. Name of the Ministry/Dept with:
Complete Address
3. Details of the participants:
 - (a) Team Event:

S.No	Name	Date of Birth	Mobile No.	Identity Card No. (also enclose a photocopy)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

4. Details of Manager & Captain

- (a) Name of the Captain with Tele No. :
- (b) Name of the Manager with Tele No. :
- (c) Address for correspondence :

Signature (Welfare Officer)

(Rubber Stamp)

Name
Tele. No (O)
e-mail if any

VERIFICATION CERTIFICATE

This Ministry intends to enter a team for the Inter-Ministry Tournaments/Competition. Accordingly, the entry form duly filled up is sent herewith. I hereby undertake on behalf of the Ministry to abide by the rules and instruction of the Tournament/Competition.

2. I certify that the participants mentioned in this form are employees of this Ministry/Department. No member of the team is a casual / daily wage employee. All the players are eligible to participate in the tournament/competition as per eligibility criteria laid down by the Board. In case if it is found that any member of the team is not eligible and is included in the team, the team will be automatically disqualified from the tournament/competition without any notice to this ministry/ department.

3. I also undertake the responsibility to ensure that this Ministry's team after being entered in the Tournament/Competition will participate in the Tournament/Competition and at any stage would not refuse to participate or withdraw from the Tournament/Competition without prior approval of the Board.

Signature (Welfare Officer)
(Rubber Stamp)

Name

Tele. No (O)

e-mail if any

Full Correspondence address.....