



PUBLIC OFFICERS' WELFARE COUNCIL

Promoting the welfare of Public Officers and their families

Our Ref: POWC/FBF/24

Date: 05 February 2024

From: *Welfare Events Organiser, Public Officers' Welfare Council*

To: *Supervising Officers i/c Ministries/Departments*

11-ASIDE FOOTBALL FESTIVAL 2024

The Public Officers' Welfare Council (POWC) is proposing to organise an 11-Aside Football Festival for **male Public Officers only** during the month of **April/May 2024**.

2. The 11-Aside Football Festival will be organised in two different categories as follows:
 - a) Men Civil Service 11-Aside Football Festival;
 - b) Men Disciplined Forces 11-Aside Football Festival; and
3. The Festival will be played on a **pool league cum knock-out system**.
4. The exact date and venue for the holding of the Festival will be communicated to participating teams in due course. Participating teams should make their own arrangement for transport as well as release of players/officials from their respective Ministry/Department for training purposes and official matches. **Merging of teams will be allowed between two Ministries/Departments only**.
5. Ministries/Departments willing to participate in the above Festival are requested to fill in the Participation Form at Annex A and submit same together with relevant documents to the **Welfare Events Organiser, Public Officers' Welfare Council, 12th Floor, SICOM Building 2, Corner Chevreau and Reverend Jean LeBrun Streets, Port Louis, by 15 March 2024** at latest.
6. **The Participation Form should be endorsed by the Supervising Officer and should bear the seal of the participating Ministry/Department. In case of non-compliance, the participation form will not be considered by the POWC.**
7. Team Managers are requested to submit the players' License Cards of their respective teams to the POWC for renewal by **Friday 05 April 2024** at latest and collect same before the start of the Festival. Public Officers, who do not possess a valid player's License Card, will not be allowed to play in the Festival. The player's License Card should be presented to match officials prior to the kick-off of each match. A meeting and the drawing of lots will be scheduled at the POWC on a date to be communicated to team managers in due course. The System of Play and the Rules and Regulations of the Festival will be communicated on the same day. The POWC reserves the right to cancel the 11-Aside Festival in case of any unforeseen circumstance.
8. It would be appreciated if you could arrange for the contents of this Circular Letter be brought to the attention of Public Officers serving in your Ministry/Department. POWC Website: <http://powc.govmu.org>.

For any additional information, the undersigned can be contacted on **208 6658/208 0157** (office hours only).

N. Macarchand
for Welfare Events Organiser

Copy to: *Presidents of Staff Welfare Associations*

Participation Form

Ministry/Department:

Address:

Jerseys: Colour 1 Colour 2

Team Manager: Tel: Mobile:

Email Address: Fax:

Sports Coach: Tel: Mobile:

Email Address: Fax:

Bank Account Name of Staff Welfare Association

Bank Account Number Bank Name:

| | <i>Name of Players</i> | <i>National Identity No.</i> | <i>Designation</i> | <i>Actual Posting</i> |
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- N.B:**
- (1) *Each participating team, after having played all their matches, will be entitled to a grant of Rs 1500 which will be credited in the bank account of its Staff Welfare Association.*
 - (2) *We, the undersigned, acknowledge having taken cognizance of the Rules and Regulations of the POWC Football Festival and undertake to comply with.*
 - (3) *We understand that the decision of the Board of the Public Officers' Welfare Council shall be final and irrevocable.*
 - (4) *We certify that the players mentioned above are Public Officers and the information submitted is true.*

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|------------------------------|------------|-------|-------------|
| Name of Team Manager: | Signature: | Date: | Contact No: |
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| Name of HR Representative: | Signature: | Date: | Contact No: |
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| Name of Supervising Officer: | Signature: | Date: | Contact No: |
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