



# ALL ODISHA CHESS ASSOCIATION

Regd No. : 23209 / 78

Application for Financial Assistance for Participating in National Championship  
Matches as Selected Participant of AOCA for Year 20\_\_ / 20\_\_  
( to be filled in **BLOCK LETTERS** )

1. Name of Participant : \_\_\_\_\_
2. Son / Daughter of : \_\_\_\_\_
3. Postal Address : \_\_\_\_\_  
( with Mobile No. ) \_\_\_\_\_  
\_\_\_\_\_
4. AOCA ID : \_\_\_\_\_ Email ID : \_\_\_\_\_
5. Participated in Event : \_\_\_\_\_  
( U7 / U9 / U11 / U13 / U15 / U17 / U19 / U25 / Women / Nat. Challenger )
6. Entry fee paid : \_\_\_\_\_
7. Journey Details ( to and fro 2<sup>nd</sup> Sleeper Class Charges ) : \_\_\_\_\_  
Nearest Railway Station from Home Town : \_\_\_\_\_  
Nearest Railway Station from Place of Tournament : \_\_\_\_\_
8. Account No. : \_\_\_\_\_  
Name of the Acc. Holder : \_\_\_\_\_  
Bank Name : \_\_\_\_\_  
Branch Name : \_\_\_\_\_ IFSC Code : \_\_\_\_\_

## DECLARATION

I, \_\_\_\_\_ S/o / Do \_\_\_\_\_  
declare that the particulars given above are true to the best of my knowledge and belief. I also  
declare that I will abide AOCA rules / guidelines amended from time to time.

Signature of Parent ( for minor participant )

Signature of Participant

Place:

Date:

**Enclosure:** Copy of Event Certificate.  
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## ACQUITTANCE

Received an amount of ₹ \_\_\_\_\_ /- ( Rupees \_\_\_\_\_ )

Signature of Parent ( for minor participant )

Signature of Participant

-----**OFFICIAL USE**-----