



Affix a passport size photograph (4.5 cm x 3.5 cm)

ALL ODISHA CHESS ASSOCIATION

Reg : 23209 / 78

PLAYER REGISTRATION FORM FOR THE YEAR 20__ - 20__ (To be filled in BLOCK LETTERS)

1. Name
2. Son / Daughter of
3. Address for communication
4. Telephone (with STD CODE) Mobile :
5. Email ID :
6. School/College (If Student)
7. Date of Birth (with proof) DOB Reg. Date : (if not registered within 1 year the copy of Medical Check-up report conducted by AICF is to be attached)
Blood Group :
8. Name of the District / Affiliated Unit to which the player belongs
9. AOCA ID 10.AICF ID
11. FIDE ID FIDE Rating
12. Was any disciplinary action taken against you ? If yes, furnish details : _____
Date :

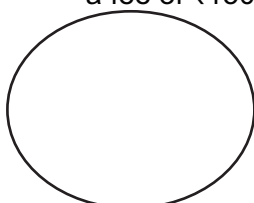
DECLARATION

- [I] I, _____ age _____ S/o / D/o. _____
declare that the particulars given above are true to the best of my knowledge and belief.
- [II] I also declare that I shall abide by the rules and regulations and the latest amendments and decisions of the District Chess Association / State / Federation as the case may be and co-operate with the officials in participating in State and National Tournaments / Championships. In addition I declare that I will not register with any other state/Affiliated Unit of AICF for the calendar year.
- [III] I also declare that I will not participate in any un-authorized tournament / championship.
- [IV] I opt for _____ District Chess Association for participating in all chess activities in State.

Parent's Signature (minor player)

Player's Signature

Note : Application to be submitted along with Date of Birth Certificate, one passport size photographs and a fee of ₹150/-



M.R. No. **dt.**..... **OFFICIAL USE**

AOCA Registration No. :

Authorised Signature :