Delhi Chess Association

(Affiliated to All India Chess Federation)

For Office Use Only
ID:
Date:

Registration form

(to be filled in Block letters only)

Passport size photo

NAME:

FATHER'S NAME

ADDRESS:

PHONE: MOBILE

Date of Birth DD.DD MM.MM Y.Y.Y.Y FIDE ID

EMAIL:

SEX: MALE ☐ FEMALE ☐

DECLARATION

1. I ..... S/o/D/o ..... residing at (Furnish complete address)
....
....
Declare that the particulars given above are true to the best of my knowledge and belief.

2. I also declare that I shall abide by the rules and regulations and decisions of the Delhi Chess Association / All India Chess Federation, as the case may be and co-operative with the officials in participating in tournaments / championships.

3. I also declare that I will not participate in any tournament/ championship, not authorised / not recognized by theDCA or its parent body AICF.

Date: Signature
Place:

DCA REGISTRATION RECEIPT

Name of Player .....

DCA ID: ..... Year: .....

Date: Authorized Signatory