



**ALL ORISSA CHESS ASSOCIATION**  
 Reg No.: 23209 / 78  
**PLAYER REGISTRATION FORM FOR THE YEAR 2011 - 2012**  
 ( To be filled in Block Letters )

1. Name : \_\_\_\_\_
2. Son / Daughter of : \_\_\_\_\_
3. Address for communication : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Telephone with STD Code : \_\_\_\_\_ Cell No : \_\_\_\_\_
5. Fax with STD Code : \_\_\_\_\_ Email ID : \_\_\_\_\_
6. Date of Birth (with proof) : \_\_\_\_\_ Date of Registration (DOB) : \_\_\_\_\_  
 (if not registered within 1 year the copy of Medical Check-up report conducted by AICF is to be attached)
7. Name of the District / Affiliated Unit to which the player belongs : \_\_\_\_\_
8. FIDE Rating : \_\_\_\_\_ FIDE ID No : \_\_\_\_\_ AICF Reg.No. \_\_\_\_\_
9. Titles if any : \_\_\_\_\_
10. Was any disciplinary action taken against you ? If yes, furnish details : \_\_\_\_\_

**Declaration**

1. I, \_\_\_\_\_ age \_\_\_\_\_ S/o / D/o. \_\_\_\_\_ 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 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 calender year.
3. I also declare that I will not participate in any un-authorized tournament / championship.
4. I opt for \_\_\_\_\_ District Chess Association for participating in chess activities in State.

Signature of Parents (minor players)

Signature of Player

Place :

Date :

<u>Official Use</u>									
AOCA Registration No. :								1	1
Authorized signature :									

**Note :** Application to be submitted along with two passport size photographs and a fee of ₹150/-.