



AJMER DISTRICT CHESS ASSOCIATION

(Affiliated To All Rajputana Chess Association & Sports Council) ajmerdistrictchessassociation@gmail.com

PLAYER REGISTRATION FORM FOR THE YEAR – 200 – 200 (To be filled in Block Letters)

1.	Name Mr. / Ms.	:
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	: Mother Tongue:
7	Name of the School/College/Office or Place:	
8	FIDE Rating	:FIDE ID No:
9	Titles if any	:
10	Was any disciplinary action ta	ken against you? If yes, furnish details:
		<u>Declaration</u>
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 State / District Chess Association / Federation as the case may be and cooperate with the officials in participating in State and National Tournaments / Championships.	
3.	I also declare that I will not participate in any un-authorized tournament / championship	
4.	I opt for	District/State Chess Association for participating in all chess activities.
Place:		
Date :	:	Signature
	Application to be submitted al nts should be paid by Cash.	ong with a fee of Rs.100/ Two Photograph & Copy Of Date of birth certificate. A

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