



ALL INDIA CHESS FEDERATION

Reg : 125 / 1958

Hall No. 70, Jawahar Lal Nehru Stadium, Chennai 600003

Website: www.aicf.in / Email: indianchessfed@gmail.com

Phone : +91-44-25382121 / +91-44-65144966

For PIO's / OCI card holders

(These players cannot participate in tournaments [like district/ state/ National selections] which lead to the selection of Indian National Team)

PASSPORT
SIZE PHOTO

PLAYER REGISTRATION FORM FOR THE YEAR: _____

(TO BE FILLED IN BLOCK LETTERS ONLY AND BOLD FIELDS ARE MANDATORY)

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|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NAME | | | | | | | | | | | | | | | | | | | |
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|-----------------------|------------------|----------------------------|-----------------|
| DATE OF BIRTH: | FIDE ID*: | FIDE RATING/ TITLE: | AICF ID: |
|-----------------------|------------------|----------------------------|-----------------|

Citizen of

| | | | |
|--|--|------------------------|--|
| SON / DAUGHTER OF: | | | |
| ADDRESS: | | | |
| MOBILE PHONE: <i>FOR SMS ALERTS:</i> | | TELEPHONE/ FAX: | |
| STATE / AFFILIATED UNIT | | MOTHER TONGUE: | |
| EMAIL ADDRESS: | | | |

Was any disciplinary action taken against you? If yes, furnish details: _____

DECLARATION

- I, _____ age _____ S/o / _____ declare that the particulars given above are true to the best of my knowledge and belief.
- 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 tournaments
- I opt for _____ State Chess Association for participating in all chess activities.

Place: Chennai

Date:

Signature of the player

Note: Application to be submitted along with a fee of Rs.250/- . All Payments should be paid through online using our payment portal. For Migration from one Affiliated Unit / State Association to another, the No Objection Certificate of the former Affiliated Unit is to be obtained before getting registered with the new Association.

Recommendation from State Chess Association

Name of the Secretary, signature and Seal