# 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:

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## DCA REGISTRATION RECEIPT

Name of Player .....

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

Date: Authorized Signatory