

THOOTHUKUDI DISTRICT CHESS ASSOCIATION

28th FIDE RATED CHESS TOURNAMENT

1. Fide ID : _____
2. Name of the Player : _____
3. Age & Date of Birth : _____
4. Sex : _____ Male / Female
5. Address to which communication is to be sent : _____

6. Telephone No. / E-mail ID : _____
7. Representing District / State : _____
8. Participating Category : _____ Medalist / Non-medalist
9. FIDE Rating : _____
10. Accreditations / Achievements : _____

11. Whether Employed / Student Businessman / House wife please give details : _____
12. Whether AICF Registration fee is paid for 2015-2016 : _____ Yes / No (If yes, give number & proof)
13. Whether TNSCA Registration fee is paid for 2015-2016 : _____ Yes / No (If yes, give number & proof)
14. Whether Accommodations is required : _____ Yes / No
15. **Remittance Details** :
 - Tournament Registration Fee : _____ Rs.
 - AICF Registration Fee : _____ Rs.
 - TNSCA Registration Fee : _____ Rs.
 - For Amenities (Rs. ~~200~~X No. of person) : _____ Rs.
 - Total Amount : _____ Rs.

No. _____

OFFICE USE
Room No. : _____

Draft No. _____

Dated : _____

Drawn on : _____

Signature of the Player