



TAMIL NADU STATE CHESS ASSOCIATION

Application Form

State Arbiter Examination 2024

Photo
(Compulsory)

Centre Opted _____

Name of the Participant: _____
(in Block letters)

Date of Birth: _____ Age as on 10.03.2024 / 17.03.2024 _____

Son/Daughter of: _____

Address: _____

District: _____

e-mail: _____

Mobile: _____ Whatsapp no.: _____

FIDE Id (if any) _____ Rating: _____

TNSCA Registration (if any): _____ Mother Tongue: _____

DECLARATION

1. I, _____ aged _____ 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 / State Chess Association / Federation as the case may be and cooperate with the officials in participating in District, State and National Tournaments / Championships.

3. I opt for _____ District Chess Association for participating in all chess activities.

Place:

Date: _____ Signature of the applicant

Recommended and forwarded to Tamil Nadu State Chess Association

Name of the District Chess Association:

Signature of District Secretary:

Seal of the district chess association: