

CHESS AS! CIATION KERALA

(Reg. o.S.333/05)

ARBITER REGISTRATION FORM FOR THE YEAR - 20_____

РНОТО	

(To	be	filled	in	Block	L	etters)
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1.	Name Mr. / Ms.	DOB :				
2.	Father / Husband Name	:				
3.	Address for communication	:				
4.	Telephone with STD Code	Cell No :				
5.	Email ID	:Languages known:				
7	Name of the District to which the Arbiter belongs	:				
8	FIDE Rating	:FIDE ID No :				
9	Titles if any	:IA / FA / Sr NA				
10	Was any disciplinary action taken against you? If yes, furnish details:					
1.	I, that the particulars given above are	ageS/o / D/odeclare true to the best of my knowledge and belief.				
2.	/ State Chess Association / Federar	he rules and regulations and the latest amendments and decisions of the District tion as the case may be and cooperate with the officials in participating in State apionships. I also declare that I will not officiate/Organize any un-authorized				
Place	:					
Date	:	Arbiters' Signature				
	Recon	nmendation from District Chess Association				
Mr. / N	Ms	belongs to our state and his / her knowledge and performance				
as Arb	iter is	Please tick the appropriate				
Excell	ent Very Good	Good Moderate				

Signature of the District Secretary with seal

Note: Application to be submitted along with a fee of Rs.500/- . All Payments should be paid by Demand Draft favoring Chess Association Kerala, Kottayam. For Migration from one District Association to another, the No Objection Certificate of the former District Association has to be obtained before getting registered with the new Association.