

***KERALA STATE UNDER – 14***  
***ONLINE EXPOSURE CHESS CHAMPIONSHIP 2020***  
***OPEN & GIRLS***

***Organized by:***  
***Chess Association Alappuzha***

***On Behalf of***  
***Chess Association Kerala***

***Date: 02/09/2020***  
***The Championship will start by 9.30am***

***Playing Platform: Lichess***

***PRIZE***

***Top 5 in the ranking will be awarded with Certificates***  
***Along with one day free online coaching camp from a recognized coach.***

## **Rules and Regulations:**

1. Age Limit: Players should be born on or after 1.1.2006
2. Two players in each category from every affiliated District Association of CAK.
3. Any other player who remits the prescribed Special Entry Fee of Rs.100/-
4. Entry Fee Structure:  
Ordinary entry: Nil/-  
Special entry: Rs.100/-
5. Registration of Players with CAK: All participants in the Championship should be registered with CAK for the year 2020.
6. All entries including special entries should come through the concerned district association on or before 30<sup>th</sup> August 2020 and all participants should be a registered player of the concerned affiliated District Association.
7. How to Register:  
Fill up the registration form given in the following page in block letters and email it to shajichess@yahoo.com.
8. System of Play:  
Tournament will be played as 6 round Swiss system on Lichess.
9. All the rules and regulations pertaining to the playing platform Lichess will be applicable for this game.
10. Time Control: 25 minutes + 5 seconds increment (Break between rounds – 10 minutes)
11. Committee of 3 members will be appointed to examine the games of all championship winners for Fair Play Constraints.

12.The organizers shall not be responsible in case of any network failure during the game.

13.Using Engines/ External help is strictly prohibited and players found guilty will be removed from the prize list and next eligible person will be considered for the prize. Moreover, the prohibited player's Lichess ID will be blocked and he/she will not be eligible to participate in any future online Championships organized by Chess Association Kerala.

14.Winners list will be published on the 7<sup>th</sup> September, 2020 after scrutinizing the games.

*Note: Chess Association Kerala request all the parents / guardians of the participants to assure fair play without using any external support. The intention of this championship is to discover and nurture our talented children, as to maintain their competitive spirit in this current pandemic situation where a usual age category Championship is not viable.*

**For further details contact:**

Shaji P. M. at +91 94 9525 7277

Email Id: shajichess@yahoo.com (Completed registration forms can be sent to this email)

**3 Member committee**

**Committee Members:**

V. N. Vishwanathan: Chairman

(CEO: CAK and Former Kerala Senior Champion)

Sooraj M. R.: Former Kerala Senior Team Member

Jismon Mathew: Chairman Arbiter Commission - CAK

**Mode of Payment:** Google pay number +91 94 9525 7277 (Shaji P. M.)

(Mention the player's Name and Lichess ID while paying)



## CHESS ASSOCIATION - KERALA

Reg: S333-05

Aaryattuparambil building, Behind  
Andhra Bank Kanjikuzhy,  
Kottayam- 686004

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### PLAYER'S REGISTRATION/ APPLICATION FORM (For the period 1<sup>st</sup> January 2020 to 31<sup>st</sup> Dec 2020, Rs.100 per player)

Name of Applicant (BLOCK LETTER)	Male/Female
Name of Father	
Member of which District Association	
Age as on 01 <sup>st</sup> Jan, & Date of Birth	
Permanent Address	
Mobile	
WhatsApp Number	
Email	

1. I.....S/O/D/O .....  
Residing at .....  
(Furnish full 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  
Chess Association Kerala/ All India Chess Federation, and I will co-operate  
with the officials in participation in the chess tournaments/ championships.

Place:

Date:

Name and Signature of Player/ Parent

(After paying the Registration fee, insist on receiving the signed receipt below)

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***REGISTRATION FORM***

(To be filled in Block letters)

1. Name : \_\_\_\_\_
2. Male/Female : \_\_\_\_\_
3. Category Preferred (Open/Girls) : \_\_\_\_\_
4. Address for communication : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Name of School : \_\_\_\_\_
6. Lichess ID : \_\_\_\_\_
7. FIDE ID (If any) : \_\_\_\_\_
8. Contact No : \_\_\_\_\_
9. WhatsApp Contact Number : \_\_\_\_\_
10. Email Id : \_\_\_\_\_
11. Date of Birth : \_\_\_\_\_

*(Please provide a copy of Birth Certificate as proof)*

**Declaration**

I \_\_\_\_\_ age \_\_\_\_\_ S/O or D/O \_\_\_\_\_  
\_\_\_\_\_ declare that the particulars given above are true to the  
best of my knowledge and belief.

Place:

Date:

Signature