



Dr.N.MAHALINGAM CHESS ACADEMY

Affiliated to Coimbatore District Chess Association

PHOTO

REGISTRATION FORM

Event Name _____

Event Type _____ Event Date _____ Registration Fee (Rs.) _____

Name _____

Contact Number _____ Date of Birth DD/MM/YYYY _____

Gender Male / Female Email ID _____

Qualification _____

School / College _____

Organisation _____

Primary Address _____

Temporary Address _____

Chess Rating _____ Level Based Rating 1 2 3 4 5

Prizes Won _____

Parent's Name _____

Parent's Contact Detail _____

Parent's Occupation Detail _____