

REGISTRATION FORM



S.R. CHESS CENTRE

(Regd. No. 18302/132 /2013-2014)

(The First Professional Chess Coaching Centre in ODISHA)

(Affiliated to All Odisha Chess Association)

Date : _____

1. Name of the Student in Full : _____
(Capital Letter)

2. Date of Birth : _____

3. Date of Registration : _____

4. Place of Birth : _____

5. Religion : _____

6. Sex: male / Female : _____

7. Name of the School / College : _____

8. Educational Qualification : _____

9. Name of Father: _____

Occupation : _____ Age : _____

Office Address : _____

Designation : _____ Contact No. : _____

E-mail : _____

10. Name of Mother : _____

Occupation : _____ Age : _____

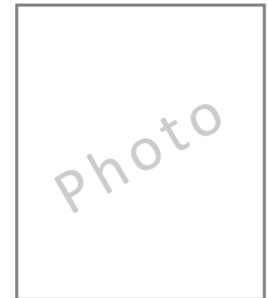
Office Address : _____

Designation : _____ Contact No. : _____

E-mail : _____

11. Present Address : _____

12. Permanent Address : _____



Signature of Father / Mother / Guardian

Signature of the Student