

Dated :

From,

To

The Hon.Secretary  
All India Chess Federation  
Room No.70, J.N.Stadium,  
Chennai - 600 003.

Dear Sir,

**Sub : - Medical Test for my Son / Daughter on \_\_\_\_\_**

This is to inform you that my son / daughter \_\_\_\_\_  
aged \_\_\_\_\_ is not having proper Date of Birth certificate or his  
/ her birth not registered within one year. As per All India Chess Federation's rules  
he / she should undertake the medial test to prove his / her age. We wish to  
undergo the medical test at any hospital decided by AICF including private hospital  
/ clinic to evaluate his / her age. We assure you to accept the results of the test  
and abide by it and shall participate in the tournaments as per the medical test  
results.

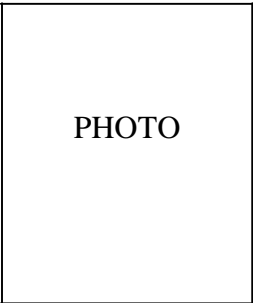
Thanking you

Yours faithfully

Signature of Parent

Mob. No :

Email Id :



**ALL INDIA CHESS FEDERATION**

1. Name Mr. / Ms. :-----
2. Son / Daughter of :-----
3. Sex :-----
4. Address for Communication :-----  
-----  
-----  
-----
5. Telephone with STD Code :-----
6. Fax with STD Code :-----
7. E-mail :-----
8. Date of Birth :-----
9. Name of School / College / Institute :-----
10. Mother's Name :-----
11. Name of the person accompanying :-----
12. Marks of identification (Scar/mole/deformity, etc.,)
  - a. -----
  - b. -----

Place :

Date :

Signature