



# ALL INDIA CHESS FEDERATION

## CHECKMATE COVID

### APPLICATION FORM

APPLICANT DETAILS		
Surname:	Name:	Middle Name:
Email ID:	Date of Birth:	Mobile No.:
Address:		
District:	State:	Alternate No:
Profession:	Annual Income:	Chess Credentials: (Player/Arbiter/Official)
CHESS REGISTRATION DETAILS		
FIDE ID:		
ACCOUNT DETAILS		
Name:	Account No:	Bank Name:
Account Type: (Savings/Current)	IFSC:	Branch:
Please attach a clear copy of a cancelled cheque or passbook of the mentioned account		

MEDICAL DOCUMENTS REQUIRED	
For Hospitalization	For Home Quarantine
<ul style="list-style-type: none"><li>• Case History/Report</li><li>• Hospital &amp; Medical Bills (if available)</li></ul>	<ul style="list-style-type: none"><li>• RT-PCR Test Report</li></ul>

I certify that the above information is true to the best of my knowledge.

Full Name:

Relation with the Patient:

Phone No.:

Email ID:

Please mail the form along with supporting documents to [checkmatecovid@aicf.in](mailto:checkmatecovid@aicf.in)

AICF's 24 x 7 helpline numbers : 9718028329, 9884272638 & 9999414358