

Kerala Council for Historical Research

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APPLICATION FORM FOR THE POST OF RESEARCH ASSOCIATES

Affix here a passport size photograph

Advt. NoPost No		
Post applied for		
	Name in full (in block letters)	
••	Name in fair (in block letters)	
2.	Gender	
3.	Date of Birth	
4.	Mailing Address	
	Pin code	
	Tel. NoMobile No	
	E:mail	
5.	Permanent Address	
Pin code		

6. Nationality	
7. State of Domicile	
8. Do you belong to SC/S1	Г/OBC/PH?
9. Educational Qualification	ons
Additional Qualification	าร
10. If you are employed emoluments.	d give details of the present employment and
	ntment, what notice period would you require for
12. Names and the address	
Enclosures	
Note: Recommendations from closely acquainted with the apprehended preferably be obtained	two referees, not related to the applicant, who are scholars blicant's academic training, accomplishments and capabilities, d attached with this application; or the referees may be nendations directly to the Director by email.
Date:	(Signature of Applicant)
	For office use only
Application No :	
Date of receipt:	
Remarks :	DIRECTOR

DIRECTOR KCHR