



# Kerala Council for Historical Research

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## APPLICATION FOR WORKSHOP/TRAINING FOR REVISION OF Ph.D THESIS

Affix Self  
Attested  
Photo

- 1 Name of the Applicant : \_\_\_\_\_
- 2 Sex : Male  Female  Other
- 3 Date of Birth (DD/MM/YYYY) : ..... .....
- 4 Present Designation : \_\_\_\_\_
- 5 Postal Address  
Office : \_\_\_\_\_  
\_\_\_\_\_
- Residence : \_\_\_\_\_  
\_\_\_\_\_
- 6 Telephone  
Office : \_\_\_\_\_
- Residence : \_\_\_\_\_
- 7 E-mail : \_\_\_\_\_
- 8 Nationality : \_\_\_\_\_
- 9 Title of the Ph.D Dissertation  
(attach a one page abstract  
of the Dissertation) : \_\_\_\_\_  
\_\_\_\_\_
- 10 Name of the Research  
Supervisor : \_\_\_\_\_
- 11 Name of the University  
where the thesis was  
submitted : \_\_\_\_\_  
\_\_\_\_\_
- 12 Year of Award of Ph.D.  
Degree : \_\_\_\_\_

13 Fellowship received for undertaking the Research : \_\_\_\_\_  
\_\_\_\_\_

14 Publications (if any) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15 Other relevant information ( if any) : \_\_\_\_\_  
\_\_\_\_\_

Place:  
Date :

Signature of the applicant

Enclosures:

The application form must be accompanied by

1. A detailed Academic Vitae of the applicant
2. Detailed synopsis