

Kerala Council for Historical Research



ACADEMIC AFFILIATION FORM (*Institutions*)

1. Name of Institution : _____
2. Address for : _____
Communication _____

4. Academic Activities * : _____
- Research Project for : _____
which affiliation is sought
- Total project outlay : _____
- Research Personnel : _____
- Reference : _____
5. Projects undertaken : _____
previously with affiliation
Details _____

6. Contact Persons : (O) _____ (R) _____
Telephone
7. E-Mail : _____
8. Website : _____
9. Are you a member of : YES NO
KCHR Friend's Forum?

10. Details of Payment:

Place:

Date:

Signature

*May add separate sheet for providing the details of research interest/ are /background/ contributions etc.

For Office Use only

Affiliation No. _____

Details of Payment: Cash/ Cheque/ DD No. _____

Receipt No. & Date _____

Date :

Director

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