



past for a positive future

Kerala Council for Historical Research

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APPLICATION FORM

Affix here a
passport size
photograph

Advt. No.Post No.

Post applied for.....

1. Name in full (in block letters)

Dr./Mr./Ms.....

2. Date of Birth.....

3. Mailing Address.....

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.....Pin code.....

Tel. No.....Mobile No.....

E:mail.....

4. Permanent Address.....

.....

.....

.....Pin code

5. Marital Status.....6. Nationality.....

7. State of Domicile.....

8. Do you belong to SC/ST/OBC/PH?

9. If you are employed give details of the present employment and emoluments.

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10. If selected for appointment, what notice period would you require for joining the post?

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11. Names and the addresses of two Referees:

(i)

(ii)

Enclosures

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Note: Recommendations from two referees, not related to the applicant, who are scholars closely acquainted with the applicant's academic training, accomplishments and capabilities, should preferably be obtained in sealed envelopes and attached with this application; or the referees may be requested to send their recommendations directly to the Director, KCHR, by post and not by email.

Date:

(Signature of Applicant)

For office use only

Application No :

Date of receipt:

Remarks :

**DIRECTOR
KCHR**