



Kerala Council for Historical Research

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APPLICATION FORM FOR KCHR Ph.D FELLOWSHIP

Affix Self
Attested
Photo

- ✓ Please read the instructions given in the information brochure before filling up the form
- ✓ Tick the relevant box wherever provided

PERSONAL DETAILS

1.	Name of the candidate (in block letters)	
2.	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
3.	Date of Birth (DD/MM/YYYY)	
4.	(a) Address for Correspondence	
	(b) Permanent address (if different from the address for correspondence)	
	(c) Telephone No. / Mobile No.	
	E-mail Address	
5.	Nationality	
6.	(a) Religion & Community	
	(b) Category	General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Others <input type="checkbox"/> PC <input type="checkbox"/> VC <input type="checkbox"/>

ACADEMIC RECORD

Educational Qualification	Name of the University	Subjects	Year of passing the Exam	Class obtained	Percentage of Marks
B.A / B.Sc or other					
MA/M.Sc or other					

M.Phil					
Other (Please specify)					

WORK EXPERIENCE IF ANY

From	To	Designation	Organization

PUBLICATIONS IF ANY

Title of Publication	Publication details	Year

PROPOSAL DETAILS

Proposed Research Topic (attach synopsis)	
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REGISTRATION DETAILS

Name of University where registered with date of registration	
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REFEREE DETAILS

Sl. No.	Name	Designation	Address
1.			
2.			

I hereby certify that all the factual information provided above is correct. If at any time it is found to be incorrect, my admission may be cancelled.

Place :

Date :

Signature of the candidate

FOR OFFICE USE

Verification and Remarks:

**DIRECTOR
KCHR**