



Kerala Council for Historical Research

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APPLICATION FOR FELLOWSHIP TO POST DOCTORAL RESEARCH

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 : _____

- 10 Name of the University : _____
where the thesis was
submitted _____
- 11 Year of Award of Ph.D. : _____
Degree _____

12 Fellowship received for undertaking the Research : _____

13 Proposed area of Post-doctoral Research and Title (Attach synopsis) : _____

14 Name of University where registered for Post-doctoral Research with date of registration _____

15 Publications (if any) _____
: _____

16 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. A two-page write-up on the proposed research.