



Kerala Council for Historical Research

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APPLICATION FOR FELLOWSHIP TO REVISE 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. University where the thesis was submitted:

12. Year of Award of Ph.D. Degree:

13. Fellowship Received, if any, for undertaking the Research:

14. Details of published articles based on the thesis
(attach off-prints of 2 latest articles):

15. Name and Address of the Institution where employed:

16. Other Relevant Information (if any):

Place:

Date :

Signature of the applicant

Enclosures:

The application form must be accompanied by

1. A copy of the Thesis/dissertation
2. A detailed academic vitae of the applicant.