



# Kerala Council for Historical Research

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## APPLICATION FORM FOR FELLOWSHIP FOR INDEPENDENT RESEARCH - WOMEN

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	Date of Birth (DD/MM/YYYY)	
3 (a)	Address for Correspondence	
(b)	Permanent address (if different from the address for correspondence)	
(c)	Telephone No. / Mobile No. ----- E-mail Address	

### 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**

<b>From</b>	<b>To</b>	<b>Designation</b>	<b>Organisation</b>

**PUBLICATIONS IF ANY**

<b>Title of Publication</b>	<b>Publication details</b>	<b>Year</b>

**PROPOSAL DETAILS**

Proposed Research Topic (attach synopsis)	
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**REFEREE DETAILS**

<b>Sl. No.</b>	<b>Name</b>	<b>Designation</b>	<b>Address</b>
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**