



KCHR Library & Research Resource Centre

MEMBERSHIP APPLICATION FORM

KCHR has a well-stocked library and resource centre with a specialised collection of books on Kerala history and society. It is the mission of the Kerala Council for Historical Research (KCHR) to provide the learning resources needed to meet the academic and research demands of the Institution and the public.

Membership Privileges

1. You will be in the mailing list of KCHR.
2. You will have the facility to consult senior scholars in Kerala History/Culture
3. Members will be entitled to a laminated ID card.

Membership Fees (Valid for one year)

Students (Upto Post Graduate level)	- Rs.	100/-
Research Scholars	- Rs.	250/-
Individual Membership	- Rs.	500/-
Institutional Life Membership	- Rs.	10000/-
Institutional Annual Membership	- Rs.	2000/-

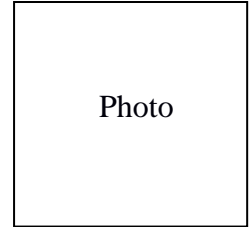
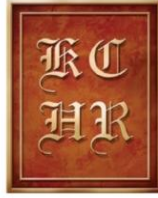
Account payee cheques to be made to 'The Director, KCHR, Thiruvananthapuram'.

For Foreign Nationals

Individual Annual Membership	:	\$ US 30
Institutional Life Membership	:	\$ US 1000
Institutional Annual Membership	:	\$ US 100

Documents Required

1. Application must be accompanied by a copy of proof of Identity and Institutional Identity Card of the applicant. (If applicable).
2. Two stamp size photographs



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1. Name : _____
2. Date of Birth & Gender : _____
3. Occupation : _____
4. *Academic Qualification : _____
5. Postal Address
Office : _____
Residence : _____
6. Telephone
Office : _____ Mobile _____
7. E-mail / Website : _____
8. Nationality : _____
9. Passport No
(for foreign nationals) : _____
10. Name of Referee : _____
11. Category of Membership : Annual (Students/Research Scholars/Individual/Institution/
Non Resident Indian/Foreign National/Others)
Life (Indian Institution/Foreign Institution)
12. Details of Payment
(Cash / DD / Cheque No.) : _____

Signature

*May add separate sheet for providing details of research interest/ area/ background etc.

For Office Use Only:

- Membership No. & Category : _____
Details of Payment: Cash / DD / Cheque No : _____
Receipt No. & Date : _____

Date:

Director