

Kerala Council for Historical Research



ACADEMIC AFFILIATION FORM (*Individuals*)

1. Name : _____
2. Age & Gender : _____
3. Postal Address
Office : _____
Residence : _____
4. Telephone
Office : _____
Residence : _____
5. E-mail : _____
6. Nationality : _____
7. Academic Designation : _____

8. Academic Qualification * : _____

Area of Research : _____
Research Project : _____

Research Supervisor *if any* : _____
Reference : _____
Duration of the Project : _____

9. Website : _____

10. Are you a member of
KCHR Friend's Forum? : YES NO

11. Details of Payment :

12. Passport Details :

No.

Country:

Issued at

Date of Issue:

Date of Expiry

Place:

Date:

Signature

*Please attach a copy of academic vitae providing the details of research interest/
area/background/contributions etc. In case of foreign scholars, attach relevant pages of passport / visa and a
request for affiliation on the institutional letterhead of the scholar.

For Office Use Only :

Affiliation No. :

Details of Payment: Cash/ Cheque/ DD No : _____

Receipt No. & Date : _____

Date :

Director