

**Closing date of Application
December 30th, 2012**

Application No:



Kerala Council for Historical Research

Vyloppilly Samskriti Bhavan, PB No. 839, Nalanda, Thiruvananthapuram -3,
Phone/Fax – 0471 – 2310409 / 6574988
e-mail : kchrtvm@gmail.com. www.keralahistory.ac.in

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size
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APPLICATION FORM FOR KCHR Ph.D FELLOWSHIP

✓ Tick the relevant box wherever provided

PERSONAL DETAILS

1.	Name of the candidate (in block letters)	
2.	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
3.	Date of Birth (DD/MM/YYYY)	
4(a)	Father's Name	
(b)	Mother's Name	
5(a)	Address for Correspondence	
(b)	Permanent address (if different from the address for correspondence)	
(c)	Telephone No. / Mobile No.	
	E-mail Address	
6.	Nationality	
7(a)	Religion & Community	
(b)	Category	General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> PC <input type="checkbox"/> VC <input type="checkbox"/>

ACADEMIC RECORD

8.	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

From	To	Designation	Organization

PROPOSAL DETAILS

9.	(a) Proposed Research Topic (Attach Synopsis and your suggestions regarding a Supervisor separately)	
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REGISTRATION DETAILS

10.	Name of institution where registered with date of registration OR Name of the institution where intend to register	
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REFEREE DETAILS

Sl. No.	Name	Designation	Address
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**