



past for a positive future

Kerala Council for Historical Research

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APPLICATION FORM FOR THE POST OF RESEARCH ASSOCIATES

Affix here a
passport size
photograph

Advt. No.Post No.

Post applied for.....

1. Name in full (in block letters)

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2. Gender

3. Date of Birth.....

4. Mailing Address.....

.....

.....Pin code.....

Tel. No.....Mobile No.....

E:mail.....

5. Permanent Address.....

.....

.....

.....Pin code

6. Nationality.....

7. State of Domicile.....

8. Do you belong to SC/ST/OBC/PH?

9. If you are employed give details of the present employment and emoluments.

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10. If selected for appointment, what notice period would you require for joining the post?

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11. Names and the addresses of two Referees:

(i)

(ii)

Enclosures

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Note: Recommendations from two referees, not related to the applicant, who are scholars closely acquainted with the applicant's academic training, accomplishments and capabilities, should preferably be obtained attached with this application; or the referees may be requested to send their recommendations directly to the Director by email.

Date:

(Signature of Applicant)

For office use only

Application No :.....

Date of receipt:.....

Remarks :

**DIRECTOR
KCHR**