

Kerala Council of Historical Research



SHORT TERM COURSE IN INDIAN EPIGRAPHY

REGISTRATION FORM

1. Name : _____

2. Age & Date of Birth : _____

3. Postal Address

Office : _____

Residence : _____

4. Telephone:

Office : _____

Residence : _____

5. E-mail : _____

6. Nationality : _____

7. Educational Qualifications : _____

8. Whether employed, If Yes, details : _____

9. Purpose of Study : _____

10. Scheme Preference : 1. Evening Class (1 ½ hrs to 2 hrs)
2. Morning Class (1 ½ hrs to 2 hrs)
3. Week End /Holidays : Saturday
Afternoon & Sunday full.

11. Additional information (if any) : _____

Place:

Date:

Signature of the applicant

For Office Use only:

Registration No: _____

Details of Payment: Cash/ Cheque/ DD No_____

Receipt No. & Date _____

Date :

Director

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