

# Kerala Council for Historical Research



## ACADEMIC AFFILIATION - REGISTRATION DETAILS:

Affiliation is granted subject to approval of the KCHR Executive Council.

Upon the completion of the research, scholars must submit a copy of the thesis/report/publication to the Council.

## Facilities offered to the scholars and the Affiliated Institutions

Access to the KCHR library and research resource centre

Assistance in academic research/Malayalam language learning/ancient Indian scripts

Lectures and Seminar facilities

## Fees

(Per Project)

Fees for Individual Academic Affiliation: \$ (US) 100/-.

Fees for Institution Academic Affiliation: \$ (US) 1000/- *plus* five percent of the total project outlay as overhead charges.

Please return the completed form by post to:

The Director  
Kerala Council for Historical Research  
P.B. No. 839, Nalanda, Vylloppilly Samskrithi Bhavan  
Thiruvananthapuram 695003  
Phone: 0471-2310409 / 5574988 Fax : 0471-2310409  
E-mail: [kchr@sancharnet.in](mailto:kchr@sancharnet.in)  
Website: [www.keralahistory.ac.in](http://www.keralahistory.ac.in)

# 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.

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**For Office Use Only** :

Affiliation No. :

Details of Payment: Cash/ Cheque/ DD No : \_\_\_\_\_

Receipt No. & Date : \_\_\_\_\_

Date :

Director

# Kerala Council for Historical Research



## ACADEMIC AFFILIATION FORM (*Institutions*)

1. Name of Institution : \_\_\_\_\_
2. Address for : \_\_\_\_\_  
Communication \_\_\_\_\_
4. Academic Activities \* : \_\_\_\_\_
- Research Project for : \_\_\_\_\_  
which affiliation is sought
- Total project outlay : \_\_\_\_\_
- Research Personnel : \_\_\_\_\_
- Reference : \_\_\_\_\_
5. Projects undertaken : \_\_\_\_\_  
previously with affiliation  
Details \_\_\_\_\_
6. Contact Persons : \_\_\_\_\_  
Telephone : (O) \_\_\_\_\_ (R) \_\_\_\_\_
7. E-Mail : \_\_\_\_\_
8. Website : \_\_\_\_\_
9. Are you a member of : YES  NO   
KCHR Friend's Forum?

10. Details of Payment:

Place:

Date:

Signature

\*May add separate sheet for providing the details of research interest/ are /background/ contributions etc.

**For Office Use only**

Affiliation No. \_\_\_\_\_

Details of Payment: Cash/ Cheque/ DD No. \_\_\_\_\_

Receipt No. & Date \_\_\_\_\_

Date :

Director

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