

Kerala Council of Historical Research



HELP DESK/ORIENTATION PROGRAMME FOR SOCIAL SCIENCE RESEARCHERS/INTERESTED INDIVIDUALS

REGISTRATION FORM

1. Name : _____
2. Age & Date of Birth : _____
3. Name of the Institution : _____
4. Postal Address
Office : _____
Residence : _____
5. Telephone:
Office : _____
Residence : _____
6. E-mail : _____
7. Nationality : _____
8. Educational Qualifications : _____
9. Area of Interest (If Registered for Ph.D, give details) : _____
10. Your expectations of the course (Mention if any specific help required) : _____

Place:
Date:

Signature

For Office Use only:

Registration No. _____

Details of Payment: Cash/ Cheque/ DD No _____

Receipt No. & Date _____

Date :

Director

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