

FORM VIII
KERALA LEGISLATURE LIBRARY, THIRUVANANTHAPURAM

Application for Research and Reference facility

1. Name :
2. Occupation :
3. Institutional Address :
4. Telephone Number :
5. Residential Address :
6. Telephone No. :
7. Educational Qualifications :
8. Subject area of Research : Ph. D/M.Phil
9. Nature of Research :
10. Name and Address of the Research :
 Guide/Sponsoring Authority :
11. Any other information :

Place :

Date :

Signature of the Applicant

DECLARATION

I.....hereby declare that I shall abide by the rules and regulations of the Kerala Legislature Library. The use of Legislature Library will be duly acknowledged. A copy of the thesis/any other publication brought out on the basis of the above research work shall be forwarded to the Legislature Library free of cost.

Place :

Date :

Name and Signature

CERTIFICATE

This is to certify that Mr./Mrs./Ms. is a bona fide research scholar ofUniversity/Institute. He/She is doing research under my supervision and the topic of research is

Place:

Date:

Name of Guide :

Signature of Guide :

(with seal)

For Official use

No.

Recommendation of the Reference Section :

Admitted/Rejected/Kept in abeyance

Secretary.