

PAMA

Bridging the past, present and future

ACADEMIC AFFILIATION FORM (Individuals)

1. Name : _____

2. Age & Sex : _____

3. Nationality : _____

4. Academic Designation: _____
& Address _____

5. Academic Qualification* : _____

Area of Research _____

Research Project _____

Research Supervisor *if any*

Reference : _____

Duration of the Project : _____

6. Address for
Communication : _____

7. Telephone : (O) _____ / (R) _____

Fax

8. E Mail : _____

9. Website : _____

10. Details of Payment :

11. Details of Passport :

Passport No.

Country:

Issued at

Date of Issue:

Date of Expiry

12. Details of Visa :

Issue Date

Duration

Purpose for which issued

13. Referees : 1. _____

2. _____

Place:

Signature

Date:

***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, a request for affiliation on the institutional letterhead of the scholar and a reference letter from your supervisor / guide.**

For Office Use Only :

Affiliation No. :

Details of Payment: Cash/ Cheque/ DD No _____ dtd _____

Receipt No. & Date _____

Date :

Research Associate