

PAMA

Bridging the past, present and future

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. Details of the Project Personnel
Address, Telephone , _____
E Mail etc. _____

7. Details of Payment:

Signature

Place:

Date:

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

For Office Use only

Affiliation No. _____

Details of Payment: Cash/ Cheque/ DD No _____

Receipt No. & Date _____

Date :

Research Associate

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