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**APPLICATION FOR RESEARCH SCHOLARS**

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| Photo |

Prof/Dr/Mr./Ms/Rev:

……………………………………………………………………….........

Age :………………………………..

Qualification :………………………………………………….....

Designation :…………………………………………………….

Residential Address :………………………………………………………………………….

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Mob.No. :………………………………………………………………………….

E-mail :………………………………………………………………………….

Office/College Address :………………………………………………………………………….

University :………………………………………………………………………….

Research Guide :………………………………………………………………………….

Research Topic :………………………………………………………………………….

**DECLARATION**

I hereby declare that the above details are correct. I agree to comply with all the rules of the Library & Information Centre, Mount Carmel College of Teacher Education for Women, Kottayam

Signature………………………….. Date……………………

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Signature of the Librarian Date……………………