

SIKKIM STATE ARCHIVES

Form I

- 1) Full Name: _____
 - 2) Father's Name: _____
 - 3) Mother's Name: _____
 - 4) Date of Birth: _____
 - 5) Nationality: _____
 - 6) Profession: _____
 - 7) Qualification: _____
 - 8) Purpose of Research (Kindly specify): _____

 - 9) Topic of Research: _____

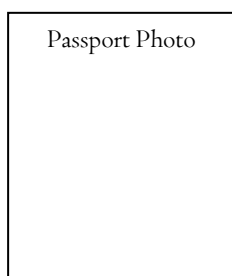
 - 10) University/Institution/Organisation affiliated to: _____

- II) Address:
Permanent _____

- Presently residing at _____

- Contact number: _____

I hereby request to use the records in the archives for the purpose of research and private consultation and not for any other purpose. I agree to comply with the rules and conditions in force. The above given information by me is true.



Signature of the Scholar

Date:

Time:

*Scholars are requested to attach a letter of recommendation from their university/institutes/organisation. Foreign scholars are requested to bring a letter of accreditation from the diplomatic representatives of their country or a letter from their university/institutes/organisation. A xerox copy of identification document is necessary for all.

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Form I

FOR OFFICE USE ONLY:

Form submitted by _____ on _____

Received and verified the application by

(Tear the page here)

SIKKIM STATE ARCHIVES

(Permission Slip)

Name: _____

Allowed to access the archives on: _____

Authorized signatory

*No photography allowed.

*Permission required to make duplicate copies.

*He/she will not be allowed to access the archives if information provided by scholar found false.

*The archives have the right to discretion.

*Carry Id card at all times.

*Time 10:00am-3:30pm.