

FORM - II

**FORM OF APPLICATION FOR ADMISSION TO THE RESEARCH ROOM IN
STATE ARCHIVES, ANDHRA PRADESH**

**To,
The Commissioner,
Andhra Pradesh State Archives,
Government of Andhra Pradesh,
Tarnaka,
HYDERABAD-500 007.**

Sir,

I request you to permit me to consult the records in the Andhra Pradesh State Archives in connection with my research and I promise to comply with the rules and conditions in force there.

1. Name : Sri/Smt./Kum.
(in Block Letters)
2. Academic Qualifications :
3. Profession :
4. Designation :
(in full)
5. Nationality.Domicile :
6. Topic of research and Period covered :
7. Period for which admission is sought :
8. Address (i) Local :
(ii) Permanent :

9. STATION :
DATE :

Signature of Research Scholar

10. Recommended by ** (Name) :

11.

Seal :

Signature & Designation
of the recommending person
(University Authority)

** Not necessary in case of member of the Indian Historical Records Commission and Professors and Readers of recognised Universities.