

Research Request Form

AGEHI Resource Center - SACHET

Form # _____

Name _____

Age (Optional) _____

Gender _____

N.I.C # _____

Institution/Organization _____

Address/E-Mail _____

Signatures of the researcher: _____

Telephone: _____

FAX _____

Research Subject _____

What kind of help you need from SACHET/AGEHI Resource Center?

Where would you apply your research?

Do you intend to publish your research?

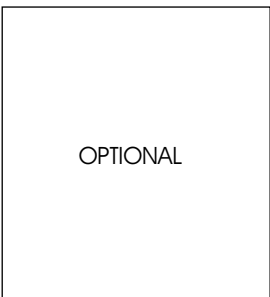
Certification from Head of department or supervisor/Organisation

Undertaking: I hereby acknowledge that AGEHI Resource center will be quoted in the references and i take the responsibility that students will not misuse the research material of AGEHI Resource Center.

Designation: _____

Name: _____

Signatures



NOTE: If you intend to publish your research, you ought to acknowledge AGEHI Resource Center - SACHET