

## DEPENDENT FORM FOR FARE FELLOWS

I ..... hereby declare that the following are members of my family, who are wholly dependent on me.

Sl No	Full Name	Relationship	Date of Birth in dd/mm/yy (ATTACH PROOF)	Occupation

The particulars of dependent members of my family as given above are correct. If any statement is found untrue, I shall be liable for disciplinary action.

**Please Note: Dependents of FARE Fellows's are only applicable for (spouse & children). Please refer to the Office Order No. A(P)/FARE/2024-25/IITK-OR-HC-02 uploaded on the DoAA Website for more details.**

Thanking you.

Sincerely,

Name:

Date:

- FARE ID:
- PhD Email ID:
- Department:
- Mobile Number:

**Please fill and submit the application in hard copy to DoAA office with duly forwarded from thesis supervisor and HoD.**

.....  
Signatures: (Student)

.....  
(Thesis Supervisor)

.....  
(Head of the Department)