

FARE FELLOWSHIP COMPLETION FORM

Name of FARE Fellow: _____

FARE ID: _____

Dept: _____

Email ID: _____

Ph.D Roll No: _____

Date of Joining FARE: _____

Date of Term Completion: _____

Travel Support Availed (Yes / No): If Yes Mentioned the amount: _____

Contingency Availed (Yes / No): If Yes Mentioned the amount: _____

**** Note: Please attached the No-Dues copy from FARE Fellowship program**

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Signatures: _____ (Student) _____ (Thesis Supervisor) _____ (Head of the Department)

For Official Use Only

No of Days Leave Taken:

1. Personal Leave: _____ 2. Casual Leave: _____ 3. Medical Leave: _____

Verified by
Dealing Assistant/Suptd.
PG Section

Recommended by
AR/JR
(Academic Affairs)

Approved
Dean
(Academic Affairs)