

**INDIAN INSTITUTE OF TECHNOLOGY KANPUR**  
**FARE Fellow Contingency Reimbursement**  
**Direct Payment Form (Up to Rs.50,000/-)**

The Officer In-charge (F&A)  
 IIT Kanpur

|                         |  |                 |  |
|-------------------------|--|-----------------|--|
| Name of the FARE Fellow |  | Department      |  |
| FARE ID                 |  | Date of Joining |  |
| Contact Number          |  |                 |  |

| S. No. | Invoice No. | Date | Item Details        | Amount (Rs.) | Stock Reg. Page No. |
|--------|-------------|------|---------------------|--------------|---------------------|
|        |             |      |                     |              |                     |
|        |             |      |                     |              |                     |
|        |             |      |                     |              |                     |
|        |             |      |                     |              |                     |
|        |             |      |                     |              |                     |
|        |             |      |                     |              |                     |
|        |             |      |                     |              |                     |
|        |             |      | <b>Total Amount</b> |              |                     |

This is to certify that the above claims are being made (with bills/receipts/details in the attached sheets) for the **FARE Fellow Contingency budget** (i.e. related to research) and may be **reimbursement**  Or **direct party payment**  from balance funds available in my contingency account.

**Date:**

**Signature of the FARE Fellow**

**Supervisor**  
Name:

**HOD**

**JR/DR/AR (AA)**

**DOAA / ADAA**

Enclosure:

*For official use in the Finance and Accounts Section only*

|                          |                    |                    |                          |
|--------------------------|--------------------|--------------------|--------------------------|
| Passed for an amount of: |                    |                    |                          |
| Assistant                | Jr. Superintendent | Sr. Superintendent | Deputy Registrar (F & A) |

**Declaration – Cum- Undertaking (Mandatory)**  
**(To be filled by Supervisor)**

I hereby declare that Mr. / Ms. ....FARE ID .....  
Roll No. .... Department ..... has purchased / used  
contingency funds for following .....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

In case the candidate withdraws from the FARE fellowship without prior intimation or clearance of no-dues, any excess payment or dues arising from this travel shall be **borne and settled by the Supervisor.**

Signature of Supervisor: .....  
P.F. No. ....  
Department: .....