FARE RESIGNATION FORM

Name of FARE Fellow: _____

FARE ID: _____

Dept: _____

Email ID: _____

Ph.D Roll No: _____

Date of Joining FARE: _____

Date of Intimation of Resignation From FARE: _____

Last Working Day From FARE: _____

Notice Period Served (No of Days): _____

Reason for Resigning From FARE: _____

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 program***

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

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For Official Use Only

No of Days Leave Taken:

Academic: Personal: Casual: Medical:

_____	_____	_____
Verified by	**Recommended by**	**Approved**
Dealing Assistant/Suptd.	JR/DR/AR	Dean/Associate Dean
PG Section	(Academic Affairs)	(Academic Affairs)