

WUS HEALTH CENTRE (MAIN CAMPUS)
UNIVERSITY OF DELHI
DELHI-110007

Application Form for Membership to the WUS Health Centre
(For Permanent/Temp/Retd./Addition of the name of dependants)

The Chief Medical Officer,
WUS Health Centre,
University of Delhi,
Delhi-110007

Token Card No.....
Dated.....

Dear Sir,

I, (_____) wish to avail the medical facilities provided at the Health Centre. I agree to abide by the rules and regulations of the WUS Health Centre as framed by the Executive Council and also agree to have the necessary contribution deducted from my salary every month. I undertake that:

1. I am not a member of any other Health Centre of University of Delhi.
2. I am a member of South/West/East Health Centre and my Health Book No..... is submitted herewith.
3. I am enclosing the age proof (Birth Certificate/High School Certificate) in case the beneficiary is of more than 20 years of age.
4. I am enclosing two passport size photograph of each member of my family.

Name (in Block Letters).....
Sex.....Age (Date of Birth).....
Designation.....Department.....
Date of Appointment.....Date of Retirement.....
Residential Address with Landline/ Mobile Phone Numbers.....
.....
.....

S.No.	Name of the family Member	Age	Marital Status	Relation	Income of the Members
.....
.....

(Signature)

(To be filled in by the Office of the Applicant)

Present Last Basic Pay.....
Grade..... Date of increment.....

1. Certified that the WUS Health Centre Contribution in respect of Sh./Ms..... is being/has been deducted @ Rs. p.m. w.e.f.....and being (regularly) has been remitted to the University/Centre vide Ch. No.....dated.....
2. I certify that the particulars filled in by the Applicant are correct as per office record. He/She may be admitted to the Health Centre. The Health Centre contribution will be deducted from the salary of the applicant every month according to the rules.

Head of the Institution
Signature with Official Seal

Chief Medical Officer
Signature with Office Seal

WUS HEALTH CENTRE , UNIVERSITY OF DELHI ,DELHI-110007

FOR NON RESIDENT and RESIDENT STUDENTS

Application for Membership

Token Card No.....

Date.....

(To be filled in by the applicant)

NameAge.....Sex.....

College.....Class.....Subject.....Roll No

Hostel.....Home Addresses.....

I wish to register my name with the WUS Health Centre to avail the facilities offered by it. I agree to abide by the rule and regulations framed by the University. I am willing to pay a sum of Rs..... as membership fees for the session.

(Attach a photo copy of the fee receipt, Photo Copy of Identity Card. And two Passport Size Photographs)

I have already paid Rs..... At WUS Health Centre Contribution Vide Receipt.No.(.....) dated. (.....) in the Hostel. (Attach a copy of the Receipt.

Signature

Certified that the particulars given above by the applicant are correct to the best of my knowledge. I recommend him for registration in the WUS Health Centre.

Signature and Official Seal
of the Head of the Institution / Hostel

Rates of Health Centre Contribution
For Resident student Rs.240/- per academic session
For Non-resident student Rs.120/- per academic session
(to be deposited in the Health Centre)

(FOR HEALTH CENTRE USE)

Received a sum of Rs. _____ vide Receipt No. _____ Dated _____

Section Officer

Chief Medical Officer
Signature with Official Seal