

**NO DUES CERTIFICATE FROM THE WUS HEALTH CENTRE,
UNIVERSITY OF DELHI**

(To be submitted on Retirement/ Death/ Change of Health Centre/Withdrawal of Membership)

1. Name Designation
2. College/InstituteDepartment
3. Member of the WUS Health Centre Since.
4. Token Card No.
5. Basic Pay as on date Rs. Member of CPF.....
6. Date of Retirement/death/change of health center/ withdrawal of membership... ..
7. Health Centre Contribution deducted @ Rs. P.M. up to.....

Please certify that the Health Centre Contribution has been deducted up to date and sent to the WUS Health Centre

In case the applicant has not been a member of the WUS Health Centre, please certify the same.

The information given above is correct as per office record.

Principal/ Head
(With Seal)

Note: The concerned employee should be directed to surrender the Token Card and all the Treatment Cards and obtain a 'No Dues Certificate'

WUS HEALTH CENTRE, UNIVERSITY OF DELHI
NO DUES CERTIFICATE

Certified that nothing is to be recovered from Mr/ Ms

Working inas.....

Having Token Card No.

Dealing Assistant

Date

CHIEF MEDICAL OFFICER