

WUS HEALTH CENTRE
UNIVERSITY OF DELHI
DELHI-110007



FOR NON RESIDENT/RESIDENT STUDENT

T.C.No. D.....
R

Application for Membership

(To be filled in by the applicant)

Name (in block letters).....Age.....Sex.....
College/Department.....Class.....Roll No.....
Home/Hostel Address.....
Home/Hostel Address.....
.....Phone No.

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 regulation 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 and Photo Copy of Identity Card and Two Passport size photographs.)

I have already paid Rs. at WUS Health Centre Contribution Vide R.No. (_____) dt (_____) in 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.

Rates of Health Centre Contribution

For resident student Rs.240/- per academic session.
for Non-resident students Rs.120/- per academic session.
(For Ph.D./M. Phil students Rs. 240/- per academic session.)

For Non-resident student

Received Rs. _____ for WUS Health Centre fee
Vide R.No. _____ dated _____

Signature of Cashier/S.O. with stamp
of the Department/Institution

Signature and Seal of the
Head of the Institution/Hostel

(FOR HEALTH CENTRE USE)

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

Chief Medical Officer

Section Officer