

**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.....

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 R.No.(.....)
dt. (.....) 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.

Rates of Health Centre Contribution
For Resident student Rs. 240/- per academic session
For Non-resident student 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 _____

Medical Administrator

Section Officer