



**WUS HEALTH CENTRE  
UNIVERSITY OF DELHI  
DELHI-110007**

CKPP--9-2018-50Pads

**Application form for membership to the WUS Health Centre (Permanent/Temp./Retd. Employees)  
Addition of the Name of Dependent(s)/Duplicate**

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

Dear Sir,

I, (.....) wish to avail the medical facilities provided at the Health Centre.. I agree to abide by the rules and regulation 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 I am not a member of any other Health Centre of University of Delhi.**

**Enclosures:**

1. The Age proof, Birth Certificate/School Certificate for the dependant beneficiaries.
2. Copy of University Employee I-card.
3. Two photographs of each dependant member.
4. Certificate from the respective department of spouse that he/she is not availing any medical facilities from his/her office (If spouse is working).
5. Copy of No Dues Certificate (only for retired employees)
6. Copy of the payment receipt (Payment is to be made through outline mode - *finance.du.ac.in* by all categories of employees).

**Applicant's Signature**

**(To be filled in by the Applicant)**

Name (in block letters).....Age.....Gender.....  
 Designation.....Department/College.....  
 Date of appointment.....Date of Retirement.....  
 Residential Address.....  
 .....Mobile No.....

S.No.	Name of the Family Members	Date of Birth	Marital Status	Relation	Income of the Members

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

Last Pay Drawn Rs.....in Level of Pay .....

- (i) I certify that the particulars filled in by the Applicant and the Office are correct to the best of my knowledge and belief. She/He may be granted Health Centre's Membership. The Health Centre contribution will be deducted from the salary of the applicant every month as per rules.
- (ii) Certified that the H.C. C in respect of Ms./Mr. \_\_\_\_\_ is being/has been deducted Rs. \_\_\_\_\_ per month w.e.f. \_\_\_\_\_ and being (regular)/ has been remitted to the University/ Centre.

**Sign & Seal of the HOD/Principal of College**

**(For the use of W.U.S. Health Centre)**

Online payment made vide Ref. ID. .... Dated.....

**Chief Medical Officer**

**W.U.S. HEALTH CENTRE  
UNIVERSITY OF DELHI  
DELHI-110 007**

TOKEN CARD NO. : \_\_\_\_\_

DATED : \_\_\_\_\_

**Issue of Health Book - Regular Employees / Retired Employees  
along with dependants**

**I hereby affix my family photograph for Health Books.**



**Name of Applicant**



**Name** \_\_\_\_\_

**Relation** \_\_\_\_\_



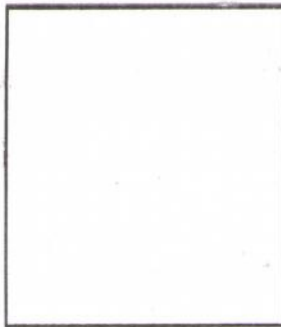
**Name** \_\_\_\_\_

**Relation** \_\_\_\_\_



**Name** \_\_\_\_\_

**Relation** \_\_\_\_\_



**Name** \_\_\_\_\_

**Relation** \_\_\_\_\_



**Name** \_\_\_\_\_

**Relation** \_\_\_\_\_

**Signature of Applicant**