



डब्ल्यू. यू. एस. स्वास्थ्य केंद्र
W.U.S. Health Centre
 दिल्ली विश्वविद्यालय, दिल्ली-110007
 University of Delhi, Delhi-110007

कृपया पासपोर्ट
 साइज़ फोटो
 चिपकाये

T.C. No. D- _____ /R- _____

Application Form for Membership of Students (Non-Resident/Resident)

(To be filled in by the applicant)

Name(in block letters).....Age.....Gender.....

College/Department.....Course.....Roll No.....

Home/Hostel Address.....

.....Mobile No.

I.....with to register my name with the
 W.U.S. Health Centre to avail a sum of Rs. _____ as membership fees for the session.

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

Dt(_____) in the Hostel. (Attach a copy of the Receipt)

Signature of Student

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

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 with the
 Head of the Institution/Hostel**

(FOR HEALTH CENTRE USE)

Online payment made : Yes/No

Date of online payment _____

Chief Medical Officer

Section Officer

Dealing Assistant

Note :-

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 student Rs. 240/- per academic session.

1. Attach a photocopy of the fee receipt and Identity Card and Two Passport size photographs.
2. Above fee shall be deposited through online mode under <http://app.du.ac.in/fee/index.php/fee/fee-payment-miscellaneous/register>