

WUS HEALTH CENTRE
UNIVERSITY OF DELHI
DELHI-110007

FOR RESIDENT STUDENT

T.C.No.D
R

Application for Membership

(To be filled in by the applicant)

Name (in block letters)..... Age..... Sex.....
Department..... Class

Roll No..... 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 photocopy of the fee receipt and Photo Copy of Identity Card).

I have already paid Rs. at WUS Health Centre Contribution Vide Receipt No. (.....) dated (.....) in the Department. (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 recommend him for registration in the WUS Health Centre.

Rates of Health centre Contribution
for student Rs.240/- per academic session
(to be deposited in the Health Centre)

Signature and Seal of the
Head of the Institution

(FOR HEALTH CENTRE USE)

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

Chief Medical Officer

Recipient