

**WUS HEALTH CENTRE (MAIN CAMPUS)
UNIVERSITY OF DELHI
DELHI-110007**

Application for membership of the WUS Health Centre (Permanent/Temp./Retd.)/Addition of the name of dependants

The Chief Medical Officer,

WUS Health Centre,
University of Delhi,
Delhi-110007.

Token Card No.

Dated.....

Dear Sir,

I, () wish to avail the medical facilities provided at the Health Centre. I agree to abide by the rules and regulations 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:

1. I am not a member of any other Health Centre of University of Delhi.
2. I am a member of South/West/East Health Centre and my Token Card No..... is submitted herewith.
3. Enclose the age proof (Birth Certificate/High School Certificate) in case the beneficiary is of more than 20 years of age. Affidavit from component authority for unemployed Children.
4. Please attach passport size photograph of all the Members/Dependents

Signature

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

Name (in block letters)Age.....Sex.....
DesignationDepartment.....
Date of appointment..... Date of Retirement.....
Residential Address.....
.....Ph. No.

S.No.	Name of the family members	Age	Relation	Income of member	Married/Unmarried
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(To be filled in by the Office of the Applicant)

Present Last Basic Pay.....
Grade.....Date of increment.....

- (1) Certified that the Health Centre Contribution in respect of Sh./Ms..... is being/has been deducted @ Rs. p.m. w.e.f.....and being (regularly)/ has been remitted to the University/Centre vide Ch. No.....dated.....
- (2) I certify that the particulars filled in by the Applicant are correct as per office record.. He/She may be admitted to the Health Centre. The Health Centre contribution will be deducted from the salary of the applicant every month according to the rules.

Chief Medical Officer

Head of the Institution
Signature with Seal