



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

Application form of membership of WUS Health Centre for Duplicate Health Booklet (s)

The Chief Medical Officer
W.U.S. Health Centre,
University of Delhi, Delhi-110007

Token Card No.

Dated.....

Sir,

I hereby declare that my original health booklet (s) has/have been lost. In case, my health booklet (s) are found at later stage, I shall return the same to W.U.S. Health Centre.

I further undertake that Appropriate Authority will be free to initiate any action against me in the event of misuse of Health Booklet (s) by me.

Applicant's Name (in block letters)Age..... Date of Birth..... Gender.....

Designation.....Department/College.....Date of appointment.....

Date of Retirement/Death/VRS..... Residential Address.....

.....Permanent Address.....

.....Mobile No.....

Details of Family Member whose booklet is to be issued :

S.No.	Name of Dependent Members	Date of Birth	Age	Relation	Marital Status	Monthly Income

<i>Attested by Head of the Department/ Principal with Seal</i>	<i>Attested by Head of the Department/ Principal with Seal</i>	<i>Attested by Head of the Department/ Principal with Seal</i>	<i>Attested by Head of the Department/ Principal with Seal</i>	<i>Attested by Head of the Department/ Principal with Seal</i>
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Name _____ Name _____ Name _____ Name _____ Name _____

Relation _____ Relation _____ Relation _____ Relation _____ Relation _____

Applicant's Signature

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

This is to certify that as per service record, Dr./Smt./Sh..... is drawing Basic Pay.....in the Pay Level..... and particulars filled by the applicant are correct to the best of my knowledge and belief.

Sign. & Seal of the HOD/Principal of College

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

Chief Medical Officer

Section Officer

Dealing Assistant

Enclosures:

1. Payment receipt of Rs. 25/- per booklet. (payment is to be made on University website fee.du.ac.in).
2. Paste one photograph in the space given above and attach one extra photograph.