



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

D.U.P.-515-2-16-20 Pds

Application for membership in the WUS Health Centre (Permanent/Retd./Contractual/Temp. Employees)  
Addition of the Name of Dependents/Duplicate

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

Token Card No. ....

Dear Sir,

Dated.....

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 :

1. I am not a member of any other Health Centre of University of Delhi.
2. Enclose the age proof, Birth Certificate/School Certificate for the dependant beneficiaries.
3. Enclose copy of University Employee I-Card.
4. Two photographs of each dependant member.
5. Certificate from the respective deptt. of spouse that he/she is not availing any medical facilities from his/her office (If he/she is working)
6. Cheque should be prepared in favour of the Registrar, University of Delhi, (for Retd. employee)
7. Attach copy of No Dues Certificate (only for retired 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 Member	Date of Birth	Marital Status	Relation	Income of the Member
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**(To be filled in by the Office of the Applicant)**

Present Last Pay Scale.....Grade Pay.....

Pay Band.....Date of Increment.....

- (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 admitted to the Health Centre. The Health Centre contribution will be deducted from the salary of the applicant every month according to the prevailing rules.
- (ii) Certified that the H.C. Contribution in respect of Ms./Sh.....is being/has been deducted ₹ .....p.m. w.e.f. ....and being (regularly)/ has been remitted to the University/Centre vide Ch. No. ....Dated.....

**Sign & Seal of the Departmental Head/Institution**

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

Receipt No. ....Cheque No. ....dated.....amount ₹ .....

**Chief Medical Officer**

Signature of Cashier.....


**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**