



डब्ल्यू. यू.एस. स्वास्थ्य केंद्र
W.U.S. HEALTH CENTRE
दिल्ली विश्वविद्यालय, दिल्ली - ११०००७
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>