



**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 my Health Booklet (s).

**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 made :**

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>				
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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**

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

**Chief Medical Officer**

**Section Officer**

**Dealing Assistant**

**Enclosures:**

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