

**W.U.S. HEALTH CENTRE
UNIVERSITY OF DELHI**

NO DUES CERTIFICATE

(To be submitted on Termination of Membership/Proceeding on Deputation/Resignation/Retirement/Death)

1. Name of the employee Designation
2. College/InstituteDepartment
3. Date of Retirement/Death/Resignation
4. Are you member of any W.U.S. Health Centre ?
(In case of 'No', kindly, attach recent salary slip)
5. If Yes, Health Centre Token Card No. Date of Membership

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief.

(Signature of Employee)

Note: W.U.S. Health Centre member is directed to surrender all the Health Booklets issued to her/him along with this form.

To be filled by the Department/College/Institute

(strike out in case of non-member)

6. Monthly Health Centre Contribution (HCC) deducted (prior to 6th CPC) Rs..... per month w.e.f.
to
7. Details of HCC deducted by the Department/College/Institute :

Details of HCC as per 6th CPC	Details of HCC as per 7th CPC
Grade Pay as on 23.06.2009	Level of pay as on 01.02.2017
HCC deducted Rs.....per month from to	HCC deducted Rs..... per month from to
(In case of increase in Grade Pay due to Promotion/MACP) : (Kindly, attach order of Promotion)	(In case of increase in Level due to Promotion/MACP) : (Kindly, attach order of Promotion)
Date of Promotion Grade Pay	Date of Promotion Level of Pay
HCC deducted Rs..... per month w.e.f. to	HCC deducted Rs..... per month w.e.f. to
Amount recovered by the Department/College : Rs.	Amount recovered by the Department/College :Rs.

The particulars from S.No. 1 to 7 have been verified from the office records and found in order .

Signature of HOD/Principal (With Seal)

For use of W.U.S. Health Centre

Category : 1. If Member Total No. of books issued
2. Non-Member

Signature of Dealing Assistant

**W.U.S. HEALTH CENTRE
UNIVERSITY OF DELHI
(Clearance Certificate)**

Certified that nothing is due against Sr. Prof./Prof./Dr./Smt./Sh.
Designation.....working in..... .S/he has deposited
₹ for the month of and recovery amounting Rs.w.e.f.
..... toS/he has deposited Health Booklets and Rs. for
misplaced booklet(s). Online payment made vide Ref. ID. Dated

SECTION OFFICER