

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

Application Form for Membership in the WUS Health Centre (Permanent/Temp./Retd.Employees )  
Addition of the name of dependants/ Duplicate

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

Token Card No.....

Dated.....

Dear Sir,  
I, ( ) wish to avail the medical facilities provided at the Health Centre. I agree to abide by the rules and regulations 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 Two Photograph of each member.
4. Certificate from the respective deptt. of spouse that he/she is not availing any medical facilities form his/her
5. Office (If he/she is working).

(Signature)

**(To be filled by the Applicant)**

Name (in Block Letters).....Age..... Sex.....

Designation.....Department/College.....

Date of Appointment/Date of Retirement.....

Residential Address.....

.....Phone No.....

S.No.	Name of the family Members	Date of Birth	Marital Status	Relation	Income of the Member

(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. He/She 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 rules.
- (ii) Certified that the H.C. Contribution in respect of Sh./Ms. ....is being/has been deducted ₹ .....p.m. w.e.f. .... and being (regularly)/ has been remitted to the University/Centre vide Ch.No..... dated.....

**Chief Medical Officer**

**Seal of the Institution**

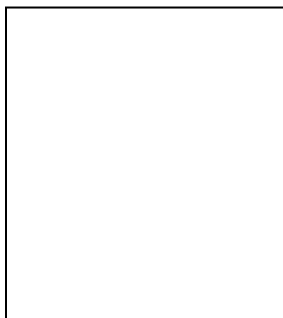
**WUS HEALTH CENTRE  
UNIVERSITY OF DELHI  
DELHI – 110 007**

**TOKEN CARD NO. :** \_\_\_\_\_

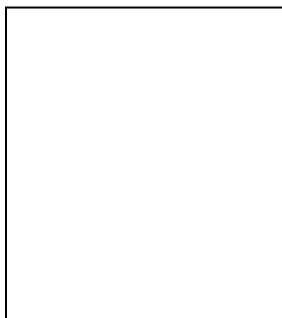
**DATED:** \_\_\_\_\_

**Issue of Health Book – Regular Employees/Retired Employees  
along with dependants**

**I hereby affix my family photographs for Health Books.**

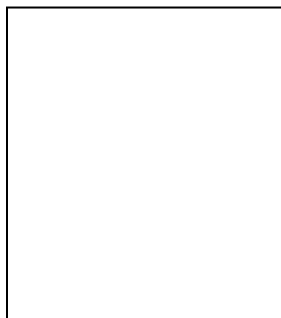


**Name of Applicant**



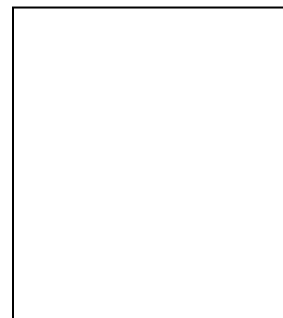
**Name** \_\_\_\_\_

**Relation** \_\_\_\_\_



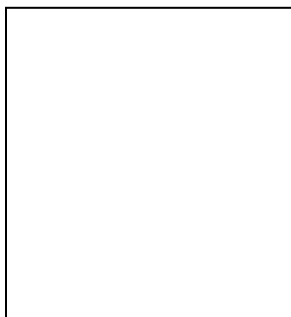
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**Relation** \_\_\_\_\_



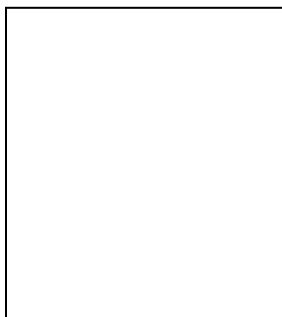
**Name** \_\_\_\_\_

**Relation** \_\_\_\_\_



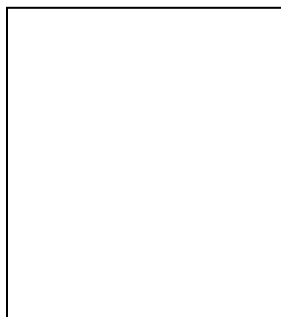
**Name** \_\_\_\_\_

**Relation** \_\_\_\_\_



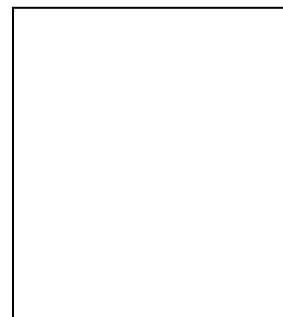
**Name** \_\_\_\_\_

**Relation** \_\_\_\_\_



**Name** \_\_\_\_\_

**Relation** \_\_\_\_\_



**Name** \_\_\_\_\_

**Relation** \_\_\_\_\_

**Signature of Applicant**