



**WUS HEALTH CENTRE  
UNIVERSITY OF DELHI  
DELHI-110007  
FOR NON RESIDENT/ RESIDENT STUDENT**

T.C.No.D.....  
R

**Application for Membership**

(To be filled in by the applicant)

Name (in block letters)..... Age..... Sex.....  
College/Department..... Class..... Roll No.....  
Home/Hostel Address.....

I ..... wish to register my name with the WUS Health Centre to avail the facilities offered by it. I agree to abide by the rule and regulations framed by the University. I am willing to pay a sum of Rs..... as membership fees for the session.

(Attach a photo copy of the fee receipt, Photo Copy of Identity Card and Two Passport size photographs.)

I have already paid Rs ..... at WUS Health Centre Contribution Vide R.No.(.....)  
dt. (.....) in the Hostel. (Attach a copy of the Receipt.

Signature

Certified that the particulars given above by the applicant are correct to the best of my knowledge. I recommend him for registration in the WUS Health Centre.

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 Students Rs. 240/- per academic session

**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 of the  
Head of the Institution/Hostel

**(FOR HEALTH CENTRE USE)**

Received a sum of Rs. \_\_\_\_\_ vide Receipt No. \_\_\_\_\_ Dated \_\_\_\_\_

Medical Administrator

Section Officer