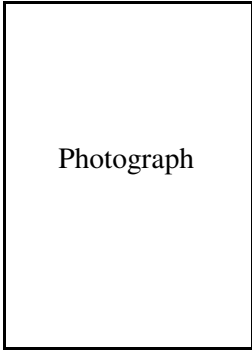


**WUS HEALTH CENTRE
UNIVERSITY OF DELHI
DELHI 110 007**

**FOR RESIDENT STUDENT
MIRANDA HOUSE HOSTEL**

Application for Membership



T. C. No.
(Office use)

Name		
Date of Birth		Age:
Course & Year		Roll No.:
Address	Miranda House Hostel	
Email		
Mobile		
<p>I wish to register my name with the WUS Health Centre to avail of the facilities offered by it. I agree to abide by the rules and regulations framed by the University. The WUS Membership Fees of Rs.240 per academic session has already been paid as part of the Hostel Fee.</p>		
<p style="text-align: right;"><i>Signature</i></p>		
<p>Certified that the particulars given above by the applicant are correct to the best of my knowledge. I recommend her for registration in the WUS Health Centre.</p>		
<p style="text-align: right;">Signature and Seal of the Head of the Institution/ Hostel</p>		