

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

**NO DUES CERTIFICATE**

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

1. Name ..... Designation .....
2. College/Institute .....Department .....
3. Date of Retirement/Death/Resignation .....
4. Are you member of any W.U.S. Health Centre ? .....  
**(In case of 'No', please 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..... P.M.From ..... to .....
7. Details of HCC deducted by the Department/College/Institute :

Details of HCC as per 6 <sup>th</sup> CPC	Details of HCC as per 7 <sup>th</sup> CPC
Grade Pay ..... as on 23.06.2009	Level of pay ..... as on 01.01.2017
HCC deducted Rs..... P.M. From ..... to .....	HCC deducted Rs..... P.M. From ..... to .....
(In case of increase in Grade Pay due to Promotion/MACP) :	(In case of increase in Level due to Promotion/MACP) :
Date of Promotion ..... Grade Pay .....	Date of Promotion ..... Level of Pay .....
HCC deducted Rs..... P.M. From ..... to .....	HCC deducted Rs..... P.M. From ..... 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 Mr./Ms. ....Designation.....  
Working in..... She/he has deposited ₹ ..... for the  
month of ..... and recovery amounting to Rs. ....from ..... to .....  
She/he has deposited ..... Health Booklets and Rs. .... for ..... misplaced booklet(s).  
Online payment made vide Ref. ID. .... Dated .....

**SECTION OFFICER**