

# Joining Report

(50% Delhi University Quota/ 50% All India Quota/ Army Hospital (R&R))  
(Tick One Applicable)

The Assistant Registrar,  
Faculty of Medical Sciences,  
6<sup>th</sup> Floor, VPCI Building,  
University of Delhi,  
Delhi 110007.

Sub.: Admission to Post Graduate (MD/ MS/ Diploma/ MDS) course.....at  
..... for session 2020 under ..... Quota.

Sir,

Please refer to the Print Out of Online Registration Form (Copy enclosed) Admission Cum Fees Slip  
vide transaction ID..... dated ..... Regarding my provisional admission to  
..... Course in ..... College under ..... Quota.

I have read the Bulletin of Information 2020, Rules, Regulations and Ordinances relating to the above  
course joined. I agree to pursue the above course as a regular whole-time student for the duration of the course  
and has paid the University Fees for 1<sup>st</sup> year amounting to Rs. 15600/- with Transaction ID  
..... dated .....

I have joined the above course on (date) ..... in the Department of  
..... at..... college/hospital/institute.

Yours faithfully

(Signature of Candidate)

**Name:** .....  
**Enrollment No (Allotted by DU):** .....  
**NEET PG/MDS 2020 Roll No.:** .....  
**NEET PG/MDS 2020 AI Rank.:** .....  
**Category(UR/OBC/SC/ST)(PH):** .....  
**Round (I/II/Mopup/Final Mopup):** .....  
**Address:** .....  
.....  
.....  
**Mobile:** .....  
**Email** .....

Date: .....

Certified that the above candidate has joined the Department of..... in  
.....(College/Institute/Hospital) as a WHOLE TIME REGULAR student of  
..... Course on .....(date).

Head of Department

Principal/Dean/Director/Medical Superintendent.