

## **JOINING REPORT**

The Joint Registrar  
Faculty of Medical Sciences,  
6<sup>th</sup> Floor, VPCI Building,  
University of Delhi,  
Delhi - 110 007

**Sub.: Admission to Post-graduate (Degree/Diploma/MDS) Course**  
\_\_\_\_\_ at \_\_\_\_\_ **for the Session-2023.**

Sir,

Please refer to the Provisional Admission cum Fees Slip vide transaction ID \_\_\_\_\_ dated \_\_\_\_\_ regarding my provisional admission to \_\_\_\_\_ Course in \_\_\_\_\_ college.

I have read the Rules, Regulations and Ordinances relating to the above course. I agree to pursue the above course as a regular whole-time student for the duration of the course and have already paid the University fees for 1<sup>st</sup> year amounting to Rs. 15,900/-, as per details given above.

I have joined the above course on (date) \_\_\_\_\_ in the Department of \_\_\_\_\_ at \_\_\_\_\_ College/ Hospital/ Institute.

Yours faithfully,

**(Signature of the Candidate)**

Dr. (Ms/Mr.) \_\_\_\_\_

Address: \_\_\_\_\_

Phone no.: \_\_\_\_\_

Mobile no.: \_\_\_\_\_

Date: \_\_\_\_\_

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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 the Department**  
**(Seal)**

**Principal/Dean/Med. Supdt./Director**  
**(Seal)**