

## Joining Report

(This is to be submitted on or before the date stipulated in the Admission Letter)

To

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

**Subject: Admission to DM/M.Ch. (Super-Specialty) Course in \_\_\_\_\_ for the session 2020.**

Sir,

I am admitted as a regular whole-time student in DM/M.Ch. \_\_\_\_\_ course at \_\_\_\_\_ vide mcc letter/ roll No. \_\_\_\_\_ dated \_\_\_ / \_\_\_ / 2020.

I am to inform that I have read the Rules and 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.

I have joined the above course on \_\_\_ / \_\_\_ / 2020 in the Department of \_\_\_\_\_ at \_\_\_\_\_ (College).

I submit myself to the disciplinary jurisdiction of the Vice-Chancellor and the several authorities of the University who may be vested with the authority to exercise discipline under the Act, the Statutes, the Ordinances and the rules that have been framed by the University from time to time in this behalf.

Yours faithfully,

Signature of the Candidate

Date: \_\_\_ / \_\_\_ / 2020

Name: \_\_\_\_\_

Phone/Mobile No. \_\_\_\_\_

Course: \_\_\_\_\_

Institution: \_\_\_\_\_

\_\_\_\_\_

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Certified that the above candidate has joined the Department of \_\_\_\_\_ at \_\_\_\_\_ as WHOLE TIME REGULAR student of \_\_\_\_\_ course on \_\_\_ / \_\_\_ / 2020.

**Head of the Department**  
(Seal)

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