

JOINING REPORT

The Assistant Registrar
Faculty of Medical Sciences,
6th Floor, VPCI Building,
University of Delhi,
Delhi – 110 007

Sub.: Admission to Post-graduate (Degree/Diploma/MDS) Course
_____ **at** _____ **for the Session-2025.**

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 1st year amounting to Rs. 16,200/-, 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.: _____

Email Id: _____

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)