

JOINING REPORT

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

To

The Deputy Registrar
Faculty of Medical Sciences
6th Floor, VPCI Building
University of Delhi
Delhi – 110007

**Sub.: Admission to DM/M.Ch. (Super-Specialty) Course in _____
for the session 2017.**

Sir,

I am admitted as a regular whole-time student in DM/M.Ch. _____ course
at _____ vide mcc letter No. _____ dated ___/___/2017.

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 ___/___/2017 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

Date: ___/___/2017

Signature of the Candidate

Name: _____

Phone/ Mobile No. _____

Course: _____

Institution: _____

Certified that the above candidate has joined the Department of _____ at
_____ as a WHOLE TIME REGULAR student of _____ course on
___/___/2017

**Head of the Department
(Seal)**

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