

Inter Office No. PGI/ER/ACAD/ 1941 /2025

Immediately

To : HOD, Biostatistics & Health Informatics, SGPGIMS.
From : Executive Registrar, SGPGI.
Date : 28-06-2025
Subject: Request to upload the required documents for counselling for provisional admission in MHA course 2025

This is to inform that as a result of entrance examination on 13th June 2025 for admission in MHA course 2025 date of document verification and counselling for provisional admission is scheduled to be held on 4th July 2025(Friday) at the HG Khorana Auditorium, Lecture Theatre (Ground floor), of the Institute (SGPGIMS, Lucknow).

In this respect ,in continuation of Inter Office Memo No PGI/ER/ACAD/1905/2025 dated 25-06-2025, it is requested to kindly upload the following formats required from the candidates for admission to the MHA course -2025 for information of the candidates:

- 1- Format of Application form for admission in Master in Hospital Administration course -2025
- 2- Format of Medical Examinaiton form. (Medical is to be conducted from Medical Board of the SGPGIMS, Lucknow)
- 3- Format of Character Certificate
- 4- Format of Marital Declaration.

Encl: As above.


(Col. Varun Bajpai)
Executive Registrar

Before

APPLICATION FOR THE MASTERS IN HOSPITAL ADMINISTRATION (MHA) COURSE-2025

- # Recent Photo

12. Educational qualifications (If high school onwards) Attach attested photocopies

[illegible]

MEDICAL EXAMINATION FORM for joining

Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow Declaration by the candidate

I hereby declare that I am not suffering from any disease including bodily deformity, infectious disease, chronic illness such as hypertension, diabetes etc. I also declare that I have not been considered medically unfit by any medical authority in the past. **OR**

I declare that I have been suffering from
for the last years.
(If not suffering from any illness, state 'no illness'. This portion cannot be left blank. Suppression of information about past illness will invite suitable disciplinary action)

Name Signature

Designation Dated

MEDICAL EXAMINATION

Height (cm)	Weight (Kg)	
Apparent age (years)	Pulse (/min)	BP (mmHg)
JVP	Edema feet	Varicose veins
CVS	Chest	CNS
Abd	Genitalia	Hernia/hydrocele

Gynaecological assessment:	Married /unmarried	Children
LMP	P/A	P/V

Ophthalmic assessment:	Without Glasses	With Glasses
Acuity of vision	L	L
	R	R
Colour vision	L	L
	R	R

Investigations:

Urine: Albumin	Sugar	M/E
Chest X-Ray PA		

Names and signatures:

Physician	Gynecologist
Surgeon	Radiologist
Pathologist	Ophthalmologist

Chairperson Medical Board

Check list: Cross out (X), those not present and tick (✓) those present

History of

- | | |
|----------------------------------|--|
| 1. Prolonged fever | 11. Previous operations or accidents |
| 2. Cough/prolonged expectoration | 12. Previous hospitalization & reasons |
| 3. Chest pain | 13. Allergies |
| 4. Hemoptysis (Blood in cough) | 14. Unconsciousness -focal or general seizures |
| 5. Jaundice | 15. Hypertension |
| 6. Breathlessness | 16. Tuberculosis |
| 7. Swelling over body | 17. Heart disease |
| 8. Blood in vomit or stools | 18. Diabetes. |
| 9. Unusually irregular periods | 19. Bronchial asthma / COPD |
| 10. Mental illness | 20. Skin eruptions |

Any others, not included in this list

Family history:

Diabetes	Hypertension
Tuberculosis	Heart Disease
Any other (specify)	

MEDICAL FITNESS CERTIFICATE FOR GOVERNMENT SERVICES

I do hereby certify that the members of the Medical Board of Sanjay Gandhi Postgraduate Institute of Medical Sciences, have examined to Sri/Smt/Km as a candidate for employment/training/confirmation in the Department of as and have not discovered that he /she has any disease communicable or otherwise, constitutional weakness or bodily infirmity except

Name or nature of illness / infirmity / disability:

I consider the person FIT / UNFIT for employment/confirmation in the Department of as The candidate's age according to his/her statement is years and by appearance is years.

(Signature of candidate)

Chairman, Medical Board

Attested by:

Date

This certificate needs to be issued /signed by two separate Officers
CERTIFICATE OF CHARACTER

Certified that I have known Dr.....Son/daughter of
Shri.....for the last.....years.....
Months & that the best of my knowledge & belief he/she bears reputed character & has no antecedents which
render him unsuitable for employment in this Institute.

Dr.....is not related to me.

Place:.....Signature.....

Dated:.....Designation.....

District Magistrate or Sub-Divisional
Magistrate or Gazetted Officer

CERTIFICATE OF CHARACTER

Certified that I have known Dr.....Son/daughter of
Shri.....for the last.....years.....
Months & that the best of my knowledge & belief he/she bears reputed character & has no antecedents which
render him unsuitable for employment in this Institute.

Dr.....is not related to me.

Place:.....Signature.....

Dated:.....Designation.....

District Magistrate or Sub-Divisional
Magistrate or Gazetted Officer

MARITAL DECLARATION

(Tick relevant portion and strike out portions not applicable)

I, Dr. _____ declare as under:-

- (i) That I am Bachelor/Widower/Married/Divorced.
- (ii) That I am married & have only one husband/wife living
/that I am married to a person who has no other wife living.
- (iii) That I am married & have more than one wife.

That I am married to a person who has another wife living I request that in view of the reasons stated below:

I may be granted exemption from the operation of restriction on the recruitment to service of persons having more than one wife living or having married to a person having more than one wife living.

I solemnly affirm that the above declaration is true & I understand that in even of the declaration being found to be incorrect after my appointment shall be liable to be dismissed from service.

Signature _____

Date