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

Immediately

То

HOD, Biostatistics & Health Informatics, SGPGIMS.

From:

Executive Registrar, SGPGI.

Date:

29-06-2025

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 13<sup>th</sup> June 2025 for admission in MHA course 2025 date of document verification and counselling for provisional admission is scheduled to be held on 4<sup>th</sup> 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

#### Advt. No .: I/03/ER/ACAD/2025-26

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

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2. Fathe	er's name	:			Recent Photo
3. Moth	er's name	:			
l. Date	of birth	·			
. Age a	as on 01.6.	2025 :	daymon	th year	ra V
Gend	der	1			
7. Marit	tal status:	:			
3. Categ	gory (SC/S	ST/OBC/UR/EWS.)	· · · · · · · · · · · · · · · · · · ·		
9. Addr	ess for cor	respondence with PIN	code) :		
			:		
			:		
			:		
10. Addı	ress-Perma	nent: :			
11. Con	tact details		:Mobile		
		:Landline	:Mobile	Email	
		:Landline	:MobileMobilenwards)Attachattestedphotoc	Email	
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7. No Objection Certificate from employer (if applicable):Yes/No 8. Experience in health care industry, if any: Nature of assignment Organization Designation То From S. No. Date of Transaction Transaction ID Details of online Amount 16. payment: Rs.-1. Annual Income of Parent/guardian 2. Any other relevant information Iherebyaffirmthattheaboveinformationistrueandifanydiscrepancyisfoundinfuturesuitable action may be taken as per the institutional rules and regulations. (Signature of the candidate) Place Date List of Enclosures: Provisional/Final Degree Certificate. 1. Marks Memos of Degree. 2. Transfer certificate/Migration certificate of Degree. 3. Professional council registration certificate as applicable. 4. Certificates from High School onwards. 5. Bonafideandconductcertificatefor3yearsimmediatelyprecedingthe qualifying 6. exam from the Head of Institutions. 10thclassmarksmemoshowingfullnameanddateofbirth. 7. Caste Certificate, if applicable.

NOC from the appointing authority (in case of in-service candidates).

8.

9.

10.

Fees to be paid.

## MEDICAL EXAMINATION FORM for joining

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

hereby declare that I am not suffering thronic illness such as hypertension, dia	abetes etc. I also decla	iding bodi re that I ha	ily deformity, infectious dis ave not been considered me	sease, edically
unfit by any medical authority in the pa	st. <b>OR</b>			
declare that I have been s	uffering from			
for the	last			years.
(If not suffering from any illness, s information about past illness will in	state 'no illness'. Th nvite suitable discipl	his portio inary acti	on cannot be left blank. ion)	Suppression of
Name				
Designation	Dated			
	MEDICAL EXA	MINATIO	ON	
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			
Ophthalmic assessment:	Without Glasses		With Glasses	
Acuity of vision	L R		L R	
Colour vision	L R			
Investigations:				
Urine: Albumin				
Names and signatures:				
Physician	Gyr	necologis	t	
Surgeon	Rad	liologist .		
Pathologist	Opł	nthalmolo	ogist	

Chairperson Medical Board .....

Check list: Cross out (X), those not pr	resent and tick (v.) those present
History of	11. Previous operations or accidents
1. Prolonged fever	•
2. Cough/prolonged expectoration	12. Previous hospitalization & reasons
3. Chest pain	13. Allergies
4. Hemoptysis (Blood in cough)	14.Unconsiousness -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
Family history:	
Diabetes	Hypertension
Tuberculosis	Heart Disease
Any other (specify)	
Sciences, have examined to Sri/Smt/Km	Medical Board of Sanjay Gandhi Postgraduate Institute of Medical as a candidate for spartment of
	ve not discovered that he /she has any disease communicable or
otherwise, constitutional weakness or bodily	
on tours	
Name or nature of illness / infirmity / disabi	lity:
I consider the person FIT / UNFIT for employ	/ment/confirmation in the Department of
The candidate's as	a good direct birth and the Department of
	e 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 CERTIFICATEOFCHARACTER

Certified that I have known Dr	Son/daughter of
Shri	for the lastyears
Months & that the best of my knowledge & bo	elief he/she bears reputed character & has no antecedents whic
render him unsuitable for employment in this	
Dr	is not relate dome.
Place:	Signature
Dated:Des	signation
	District Magistrate or Sub-Divisional
	Magistrate or Gazetted Officer
CERTIFICATEOFCHARACT	TER
o de la Albana known Dr	Son/daughter of
Shri	for the lastyearsyears
Months & that the best of my knowledge & bo	elief he/she bears reputed character & has no antecedents which
render him unsuitable for employment in this	institute.
Dr	is not related tome.
Place:S	Signature
Dated:Do	esignation

District Magistrate or Sub-Divisional

Magistrate or Gazetted Officer

### MARITALDECLARATION

MARITALDECLARATION
(Tick relevant portion and strike out portions not applicable)
I, Drdeclare 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