Advt.No.: I/21 /ER/ACAD/2026-27

APPLICATION FOR THE MASTERS IN HOSPITAL ADMINISTRATION (MHA) COURSE -2026

Recent Photo

1. Name : .....
2. Father's name : .....
3. Mother's name : .....
4. Date of birth : .....
5. Age as on 11.7.2026 : .....day.....month ..... year
   (Date of entrance examination)
6. Gender : .....
7. Marital status: : .....
8. Category (SC/ST/OBC/UR/EWS.) : .....
9. Address for correspondence with PIN code) : .....
   : .....
   : .....
   :.....
10. Address - Permanent: :.....
    :.....
    :.....

11. Contact details: Landline- ..... Mobile- .....Email-.....

12.Educational qualifications (High school onwards) Attach attested photo copies

S. No.	Year	Board/University	Examination passed	Aggregate %	Major subjects

12. No Objection Certificate from employer (if applicable): Yes/No

13. Experience in health care industry, if any:

S. No.	From	To	Organization	Designation	Nature of assignment

16.	Details of online payment :	Amount	Transaction ID	Date of Transaction
		Rs. -		

14. Annual Income of Parent/guardian :

15. Any other relevant information :

I hereby affirm that the above information is true and if any discrepancy is found in future suitable action may be taken as per the institutional rules and regulations.

Place :

(Signature of the candidate)

Date :

List of Enclosures:

1. Provisional/Final Degree Certificate.
2. Marks Memos of Degree.
3. Transfer certificate / Migration certificate of Degree.
4. Professional council registration certificate as applicable.
5. Certificates from High School onwards.
6. Bonafide and conduct certificate for 3 years immediately preceding the qualifying exam from the Head of Institutions.
7. 10th class marks memo showing full name and date of birth.
8. Caste Certificate, if applicable.
9. Fees to be paid.
10. NOC from the appointing authority (in case of in-service candidates).

MEDICAL EXAMINATION FORM
for the purpose of joining/admission
Sanjay Gandhi Post Graduate 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 by hypertension, diabetes etc. I also declare that I have not been considered medically unfit by any medical authority before.

I declare that I have been suffering from.....
.....for the last.....years.

(If not suffering from any illness, state 'NO illness'. This portion can not be left blank. Suppression of information about past illness will invite suitable disciplinary action)

Dated_____ Name _____
Signature_____

Designation_____

MEDICAL EXAMINATION

Height ----------cm. Weight ----------kg.

Apparent age.....Yrs. B.P...... Pulse.....

JVP..... Edema feet..... Varicose Veins.....

CVS.....Chest.....CNS.....

Abd:.....Lungs.....Hernia / Hydrocoele.....

Genitalia.....

Gynaecological assessment:

Married /unmarried: Children.....LMP.....

P/A.....P/V.....

Ophthalmic assessment:	**Without Glasses**	**With Glasses**
Acuity of vision	L ----------	----------
		--
	R.....	----------
Colour Vision	L----------	----------
	R	----------

Investigations:

Alb.....Urine Examination : 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
2. Cough/prolonged expectoration
3. Chest pain
4. Hemoptysis (Blood in cough)
5. Jaundice
6. Breathlessness
7. Swelling over body
8. Blood in vomit or stools
9. Unusually irregular periods
10. Mental illness
11. Previous operations or accidents
12. Previous hospitalization &reasons
13. Allergies
14. Unconsiousness -focal / general seizure
15. Hypertension
16. Tuberculosis
17. Heart disease
18. Diabetes.
19. Bronchial asthma / COPD
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 Post GraduateInstitute 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_____years.

(Signature of candidate) **Chairman, Medical Board**

Attested by:

Date .....

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

MARITALDECLARATION

(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 thatin 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 I shall be liable to be dismissed from service.

_____

Signature_____

Date_____