



Sanjay Gandhi Postgraduate Institute of Medical Sciences

Raebareli Road, Lucknow 226 014

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0522-2494304, 5554

Advt No: I/13/ER/ACAD/ 82 /2020-21

Dated: 16th July, 2020

ADVERTISEMENT

Applications are invited on the prescribed format from eligible candidates for admission to “Masters in Hospital Administration (MHA)” course for the session starting from September, 2020.

Number of Seats: 06 (General-04, OBC-1, SC/T-1), subject to the changes by Govt. of UP

Duration of the Course: Two year, full time teaching program

Eligibility:

- (A) **Qualifications:** MBBS / BDS from an Institute/College recognized by MCI/DCI, Govt. of India.
- (B) **Age:**– The upper age limit for admission is 35 years as on 31st July 2020. Upper age limit is relaxable as per Govt. of U.P. rules in force at the time of admission.
- (C) **Fee:**- The applicants are required to enclose a non-refundable bank draft of any nationalized bank for Rs.1000/- in favor of “**Director, SGPGIMS (Academic A/c), Lucknow**”, payable at Lucknow.
- (D) **Mode of Selection:** Entrance Examination: MCQ based theory paper in English medium only.

Important Date lines:

Date of availability of information brochure & Advertisement on institute web site www.spggi.ac.in	18-07-2020
Last date for receiving Application Form along with enclosures 17:00h IST	03-08-2020
Date of Applicant's eligibility status through e-mail	04-08-2020
Date of dispatch of Admit cards by e-mail only	05-08-2020
Date of written examination:	09-08-2020
Date of Display of merit list of qualified candidates on website	11-08-2020
Date of Joining of selected candidates	21-08-2020 onwards

The filled application form with requisite fee is to reach, **The Executive Registrar, SGPGIMS, Raebareli Road, Lucknow -226014** along with all relevant documents in support of age, qualification, proof of recognition of professional degree from the relevant professional council, experience, reservation, etc and duly signed upon by the **candidate before the last date that is 03rd August, 2020**. Envelope should be super scribed with the Advertisement Number and “**Application for Entrance Exam to MHA Program September, 2020 Session**”.

Please note:

For information brochure and advertisement, please visit: SGPGIMS website www.spggi.ac.in

No individual correspondence shall be entertained pertaining to selection/admission. Candidates are requested to follow the instructions / information as contained in the prospectus as available on the institute website www.spggi.ac.in

For queries email at – erexam.spggi@gmail.com

SGPGIMS reserves right to cancel the admission process at any stage.

EXECUTIVE REGISTRAR

Sanjay Gandhi Postgraduate Institute of Medical Sciences

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APPLICATION FOR THE MASTERS IN HOSPITAL ADMINISTRATION (MHA) COURSE SEPTEMBER, 2020

1. Name :
2. Father's name :
3. Mother's name :
4. Date of birth :
5. Age as on 31.07.2020 :day.....month.....year
6. Gender :
7. Marital status: :
8. Category (SC/ST/OBC/Gen.) :
9. Address for correspondence :



:

:

:PIN CODE.....

10. Address - Permanent: :
- :
- :

Contact details: Landline Ph.....Mobile.....E- mail.....

11. 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

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ADMIT CARD For Entrance Examination for MHA Program September, 2020 Session

1. Name :
2. Father's name :
3. Date of birth :
4. Gender :
5. Marital Status :
6. Category (SC/ST/OBC/Gen.) :
7. Address for correspondence (with PIN code):
-
-
-



8. Signature of the Candidate :
9. Signature of the Candidate (During Examination):
10. Roll No :
11. Date & Time of Exam :
12. **Venue** :

Verified By (Exam Section):

Executive Registrar
SGPGIMS

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Identification Card For Entrance Examination for MHA Program September, 2020 Session

1. Name :
2. Father's name :
3. Date of birth :
4. Gender :
5. Marital Status :
6. Category (SC/ST/OBC/Gen.) :
7. Address for correspondence (with PIN code):
-
-
-



8. Signature of the Candidate :
9. Signature of the Candidate (During Examination):
10. Roll No :
11. Date & Time of Exam :

For Examination Centre only:

DATE & TIME	SIGNATURE OF CANDIDATE	SIGNATURE OF INVIGILATOR

Candidate Thumb Impression

LEFT THUMB IMPRESSION	RIGHT THUMB IMPRESSION

Invigilator's Signature