

**Master's in Hospital Administration Program  
September 2020**



# PROSPECTUS



**Department of Hospital Administration  
Sanjay Gandhi Postgraduate Institute of Medical Sciences  
Lucknow, India**

**Important Date lines:**

Date of availability of information brochure & Advertisement on institute web site <b><a href="http://www.sgpgi.ac.in">www.sgpgi.ac.in</a></b>	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	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

**PLEASE NOTE:**

Display of above list, where ever applicable, shall be made available on the Notice Board of Administrative Block Building and SGPGIMS website **[www.sgpgi.ac.in](http://www.sgpgi.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 uploaded on the institute website **[www.sgpgi.ac.in](http://www.sgpgi.ac.in)**
- If a candidate selected for admission based on Provisional Merit List, fails to fulfill the admission requirements in due time, his/her seat will automatically be allotted to the next candidate in the order of merit/from waiting list.
- SGPGIMS reserves right to cancel the admission process at any stage.

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## **ABOUT THE INSTITUTE**

Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow is a University established under an Act of the Legislature of the State of Uttar Pradesh of 1983. The Institute is located on a 550-acre residential campus on Raebareli Road, Lucknow. The Institute is rated among the top medical institutions in the country. A highly skilled and dedicated faculty provides quality education and state-of-art patient care, and is involved in research that strives to meet the needs of the society. The Institute awards DM, MCh and MD degrees that are recognized by the Medical Council of India. It also offers PhD programs, Post-Doctoral Fellowships (PDF), Post-Doctoral Certificate Courses (PDCC), and Senior Resident positions in a number of specialties.

## **AIMS & OBJECTIVES**

In the field of postgraduate education, the most important function of the Institute is to provide opportunities for training teachers for medical colleges in the country in an atmosphere of research and enquiry. Postgraduate students are exposed to newer methods of teaching and given opportunities to actively participate in teaching exercises. The other important objectives of the Institute are to bring together in one place educational facilities of the highest order for the training of personnel in all the important branches of health activity and to attain self-sufficiency in postgraduate medical education. The educational principles and practices being adopted are those which are best suited to the needs of the nation.

## **DEPARTMENT OF HOSPITAL ADMINISTRATION**

Hospital plays a very important role in delivery of health care services. With advancement in the field of medicine hospitals are able to offer a wide variety of health services. Therefore, the role of hospital administration is increasing day by day for effective and efficient delivery of medical services. Patient's satisfaction, cost containment, quality medical care, are the main output forum of hospital delivery system which can be achieved by using the management concept and techniques by the trained/qualified hospitals administrator/ health care providers.

Department of Hospital Administration has been performing the teaching, training and research programs for the last 10 years. The academic department of hospital administration was established in 2008. The department has replaced One year full time Diploma in Hospital Administration program with Two Year MHA Program. Further, department intends to start MD in Hospital Administration, soon.

The Department of Hospital Administration is dedicated to teaching, training & research on all the issues that directly or, remotely relate to the hospital management / administration. The operational objectives of the department are to facilitate the patient care services, at all levels, in order to achieve excellence through evidence based administration. The Department of Hospital Administration is also actively involved in organizing training program / seminars for Central Govt. as well as State Govt. health services officers on various aspects of hospital administration and patient care management.

## I. Notification

Offline applications are invited on the prescribed format from eligible candidates for admission to “**Master’s in Hospital Administration (MHA)**” course for the session commencing from September,2020.

Program accreditation: Duly approved by University Grants Commission, New Delhi, Govt. of India

## II. Number of seats, Duration of course and Entry qualification required

- a. **Name of the Post-graduate Program:**Master’s in Hospital Administration (MHA)
- b. **No. of Seats** : 06 per academic year ie July to June of following year. (General-04, OBC-1, SC/ST-1) subject to the changes by Govt. of UP
- c. **Duration** : 2 years
- d. **Mandatory Eligibility Qualification:** MBBS/BDS from an institute/college recognized by MCI/DCI, Govt. of India

## III. Age

The upper age limit for admission is 35 years as on 31<sup>st</sup> July 2020. Upper age limit is relaxable as per Govt. of U.P rules in force at the time of admission.

## IV. Application Procedure

The information brochure can be downloaded from the Institute’s website ([www.sgpqi.ac.in](http://www.sgpqi.ac.in)) beginning 18-07-2020. The candidates should read the instructions carefully before filling up the form. They will have to submit a Fee of Rs. 1,000/- by Demand Draft in favor of “Director, SGPGIMS, Lucknow, Academic Account”. The filled-in application form with requisite fee is to reach, **The Executive Registrar, SGPGIMS, Raibareli 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 03<sup>rd</sup> August, 2020**. Envelope should be super scribed with the **Advertisement Number and “Application for Entrance Exam to MHA Program September,2020 Session”**.

## V. Entrance Test

1. Entrance Test shall be conducted at the venue, date and time specified by the Institute in the Hall Ticket.
2. Admit Cards for the entrance examination shall be sent by E-MAIL to eligible candidates whose applications are complete and accurate in all respects on or after 03<sup>rd</sup> August, 2020.

3. The selection shall be made based on the performance of the candidates at the Entrance Test.
4. The medium of examination will be English.
5. The type of questions will be MCQ type with a single correct option.
6. Total theory questions – 60 (1 mark for each correct answer)
7. Duration: 90minutes
8. Minimum qualifying marks (cut off marks) –
  - a. General Category - 50%
  - b. Reserved Category -45 %.
9. Candidate appearing for the entrance test will not be paid any travelling allowance.
10. Candidates indulging in malpractice during the entrance examination will be disqualified and their Admit Cards shall be confiscated. The marks of such candidates will not be displayed.
11. In case any candidate desires scrutiny of his result, he/she is required to submit an application in writing along with a fee of Rs. 3,000/- by demand draft in favor of "Director, SGPGIMS, Lucknow, Academic Account". The result will be made available within one week after the request is made. No request for scrutiny will be entertained after one week of publication of result.
12. Biometric information will be recorded in the examination hall. Please refer to the admit card for further details.

## **VI. Method of Selection**

1. Selection will be made based solely on the performance of the candidates at the entrance examination, i.e. the marks obtained in entrance examination.
2. In case of equality of marks in entrance examination, the following criteria shall be adopted in order of merit for deciding the order of merit of the candidates:
  - a) Percentage marks obtained in the Degree examination.
  - b) The candidate who is older.
3. The total marks obtained by the candidates in the entrance examination and the names of candidates selected for admission will be displayed on the notice board of the Institute/website on the date as mentioned in prospectus.
4. Institute is not responsible for any unforeseen events preventing the candidate from reaching for entrance examination/interview and the candidate will be considered absent under such circumstances.
5. Candidates found to be ineligible at any stage of examination will not be permitted to appear in the examination. In an unlikely event of any ineligible candidate appearing and/or being successful in the examination the results/candidate of such candidate shall be cancelled and/or deemed to be cancelled.

## **VII. Admission**

1. Qualified candidates shall have to come for admission on the dates notified in the prospectus.

2. Candidates have to report for admission **in person** with hall-ticket and all other required documents (As mentioned in the annexures) as per admission prospectus.
3. Non-attendance on the admission day shall render the candidate forfeiting his/her admission right.
4. No request for postponing the date of admission or request to appear at an earlier date shall be entertained.
5. In the event a candidate fails to report for the admission at the date and time specified, the seat shall be offered to the next merit candidate as per the admission prospectus.
6. All those candidates who are selected have to pay the fee and show the original certificates on the date of admission.
7. Failure to submit the required certificates or pay the fee shall render the candidate as forfeiting the seat and such seat shall be allotted to the next merit candidate as per admission rules.

#### **VIII. Fee Structure(As scheduled below)**

S.No	Items	1st year Installments (Rs.)		2nd year Installments (Rs.)	
		1st	2nd	1st	2nd
1.	Admission fee	5000	...	...	....
2.	Course Fee	20,000	20,000	20,000	20,000
3.	Examination Fee	...	2,500	...	2,500
4.	Enrolment Fee	500	...	...	...
5.	Degree/Diploma Certificate fee	...	300	....	300
6.	Migration Certificate Fee	...	....	....	300
7.	Caution Money(Refundable)	10,000	...	...	...
8.	Library Fee	250	250	250	250
9.	Total	35750	23050	20250	23350

1. There will be other fee e.g. Hostel etc payable as per Institute rules. The fee once paid is not refundable under any circumstance.
2. The in-service candidates shall also be required to pay the above fee. Non-payment of tuition fee will entail discontinuation of the course.
3. For in-service candidates who are pursuing studies and who cannot produce the original certificates at the time of admission have to bring Xerox copies of the original certificates duly attested by the controlling authorities of the institution/organisation, where they are working. They shall also produce a certificate from the institution/organization where they are working, that they have no objection to the candidate's admission to the Master's in Hospital Management course at SGPGIMS and in the event of selection of the candidate to the courses he/ she shall be relieved immediately. Failure to submit the above certificates shall render the candidate ineligible.
4. The selected in-service candidates should submit relieving order along with attested copies of certificates, fee at the time of admission failing which he/she forfeits the right to admission and the seat shall be offered to the next candidate in the merit list.
5. In all matters relating to selections and admission, the decision of the Institute shall be final and binding on the candidates and selection cannot be questioned after admissions are closed.

6. The candidates who resign from the course under this clause shall not be considered for any other program of SGPGIMS during the same academic year. The training undergone prior to resignation shall not be counted for any other purposes, nor any certificate will be provided thereof.

## IX. After Admission

1. The selected candidate shall join the course by the date prescribed. In case the selected candidate does not report by the date, the next candidate in the order of merit will be selected in his/her place. No. extension of time will be entertained.
2. The candidate shall not register for any other Degree/Diploma and continue the studies concurrently while doing the present course.
3. The course is a **full time course**. The candidate shall be full time student. No student is allowed to do any private practice or consultation or gainful employment. "All the candidates joining the course shall work as 'full time students' during the period of training and shall attend not less than 85% (eighty five percent) of the imparted training during each academic year including assignments, full time responsibilities and participation in all facets of the educational process."
4. The institute/hospital/department shall fix duties and responsibilities of students from time to time. They will be required to pursue such works as may be needed in the legitimate interest of patient care administration in the hospital.
5. All selected candidates must maintain a logbook recording their day-to-day academic/administrative activities, which are to be submitted to the Dean through Proper Channel once in six months.
6. The selection of each student will be subject to medical fitness. The Medical Board appointed by the Institute will decide the medical fitness. The decision of the Medical Board shall be final. If a candidate is disqualified by the Medical Board of SGPGIMS, the fee paid by her/him at the time of admission will be refunded.
7. The students shall maintain strict discipline during the period of study/training program in terms of conduct rules of the SGPGIMS. Violation of the conduct rules will result in the cancellation of the admission of the candidate apart from invoking the terms and conditions of the bond. The candidate shall not resort to any strikes during the period of their study in dereliction of their duties or air their views criticizing the policies of the Institute either before the print or Electronic Media or anywhere.
8. All students shall adhere to be Institutional rules and violation of rules will be viewed seriously.
9. The admission stands closed by the prescribed date and the courses shall commence from the notified date. Due to unforeseen reasons if a seat falls vacant within the period of closure of admissions, the candidate next in order of merit as per rules will be considered for admission.
10. The candidates must complete the final examination within a period of 1 additional year from the date of admission to the course, failing which the candidate will be required to re-register for course after getting himself/herself selected for the course.
11. Institute reserves the right to change the schedule after due notification.



12. Resultant vacancies shall be filled by the candidates belonging to the same category as those who vacated the corresponding seat.

#### **X. Salary / Stipend**

No salary/stipend will be paid to any MHA student during the entire duration of the course

#### **XI. Hostel Accommodation**

Hostel may be provided, subject to availability.

#### **XII. Leave**

1. The candidates are eligible for leave accruing out of Sundays and Closed Holidays notified by the Institute during every calendar year. If a candidate is absent for more than the stipulated holidays, he/she shall be treated as deemed to have discontinued the Program, as per the rules. However, a candidate will be eligible for sick leave recommended by the Medical Board constituted by the institute, if needed.

2. In the case of candidate availing maternity leave, they shall undergo extra training to the extent of period covered by the absence before they are permitted to take the examination.

3. If a candidate absent for more than 05 days without sanction of leave, he/she shall be treated as deemed to have discontinued the Program.

#### **XIII. Discontinuation of the Course**

1. Candidates are permitted to discontinue the course under the following conditions without any penalty.

- a) Illness certified by the Medical Board of the Institute
- b) Failing in three attempts in the exit examination conducted by the Institute.

#### **XIV. Examinations**

The candidates will have to appear for such examinations as prescribed by the Institute from time to time. Supplementary examination will be held 6 months after annual examination.

#### **XV. Closure of Admissions**

1. The admissions shall stand closed within 01 months from the date of commencement of the course. The duration of the course shall be calculated from the date of commencement of the course without any reference to the date of joining of any individual.

#### **XVI. Termination of training and dismissal**

A candidate admitted to the course shall be liable for dismissal at any time before the completion of the course on account of negligence, failure to attempt to the prescribed studies and duties, insubordination, misconduct or any other offences amounting to moral turpitude on the part of the candidate which in the opinion of the Head of the Institute makes it undesirable to continue the candidate in the Institute.

### **XVII. Powers of Dean**

Notwithstanding anything contained in these rules, the Dean of the Faculty of the Institute may at any time before completion of the course either on his own motion or on the application of any person after due and proper enquiry and after giving the person 2 weeks' time from the date of receipt of the show cause notice to submit the written explanation and on personal hearing order the cancellation of admission to the course, if in his/her opinion, such candidate has furnished incorrect particulars/or false information in the application or in the document attached thereto or in the statements made either before the authority in charge of admissions or the Dean or any other manner. Against any such order of the Dean, the appeal shall be made to the Director, SGPGIMS, Lucknow.

### **XVIII. Anti-Ragging Act**

Ragging is prohibited in the Educational Institutions as per UGC Guidelines. If any incident of ragging comes to the notice of the authority, subject to the explanation of the concerned student, it will be dealt with strictly in accordance with the pertinent rules.

**List of Certificates to be submitted/shown at the time of admission:**

1. Provisional/Final Degree Certificate
2. Marks Memos of Degree
3. Transfer certificate / Migration certificate of Degree
4. Bonafide and conduct certificate for 3years immediately preceding the qualifying exam from the Head of Institutions.
5. 10th class marks memo
7. Caste Certificate if applicable (please note that the certificate issued should not be older than six months)
8. Fees to be paid as mentioned in prospectus
9. Relieving order from the appointing authority (in case of in-service candidates)
10. Professional council registration certificate as applicable
11. NOC from relieving authority (for in service candidates)

**PROFORMA FOR ENDORSEMENT BY THE EMPLOYER**

(Certificate to be produced by in-service candidates)

It is certified that Mr./Mrs. \_\_\_\_\_ S/o. / D/o.  
\_\_\_\_\_ Is employed as  
\_\_\_\_\_ (Designation) Since \_\_\_\_\_ at  
\_\_\_\_\_ (A Government of Uttar Pradesh/ Autonomous  
Body / Public Sector Organisation / A Govt. of India). It is further certified that the  
undersigned has no objection to the application of Mr./Mrs. \_\_\_\_\_  
being considered by SGPGIMS for admission into Master's in Hospital Administration  
course for the year 2020 and if selected he/she will be relieved within the prescribed time  
limit as per the Rules from our office for the entire period of study.

**Signature of the Employer  
(Name in Full & Designation)  
With Official Seal**

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

**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 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

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

14. Experience in health care industry, if any:

S. No.	From	To	Organization	Designation	Nature of assignment

15.	Details of bank draft:	Amount	DD.Number	Issuing Bank & Branch	Date of issue
		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 :

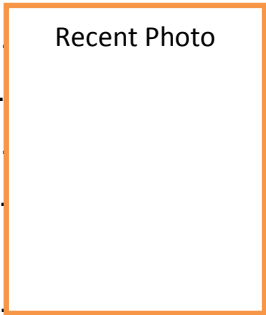
**List of Enclosures:**

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).

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

**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**

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

**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): .....

Recent Photo

8. Signature of the Candidate : .....

9. Signature of the Candidate (During Examination): .....

10. Roll No : .....

11. Date &amp; 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:**



**Information regarding joining procedures and formalities for Students (MHA Program)**

Welcome to SGPGI. Please download and read this document carefully. Each annexure should be printed back to back (i.e. use both sides of a paper) and then you need to fill out relevant portions. At the time of joining the administration will need to sight all original documents (as stated in letter of offer of admission) and also bring along photocopies and at least 6 photos.

<b>Description</b>	<b>Instructions</b>
<b>Following forms need to be submitted at the time of joining:</b> Marital declaration form Character certificate from two authorized persons	Fill these, & have Annex 2 attested from your usual place of stay / most recent employer
<b>After your documents have been verified, these need to be filled</b> Medical Examination form Joining report form Hostel accommodation form Document submission form	Familiarize yourself with these forms as this will be required of you
<b>The following documents are filled after joining</b> Medical facility (write an application with photo copy of I-card) Library form Identity card form	Familiarize yourself and fill out relevant portions in advance

Prospectus describes the documents required in originals or copies. Be sure to have them, else you may be denied joining.

Come to the 2<sup>nd</sup> floor of the Administrative block (10AM to 4PM) on the **notified date of joining** and meet Mr.Mukesh Srivastava (Assistant Administrative Officer) /Ms Renu Misra, (Upper Division Assistant) Examination Section, (Tel 0522-249 4304,5554). They will debrief you and help out with forms as required.

For medical examinations, it is best you start early in the day (say by 10.00 AM) as you will need to go to the departments of Pathology, Radiology and Ophthalmology in the Main Hospital building and thereafter to the General Hospital for Physician, Surgeon and Gynecologist assessment as relevant. When all tests and assessments are over, the Chairman, Medical Board, Dr. A.K. Bhatt, M.S., PMSSY Block, will sign your medical certificate.

After clearance from the Medical Board please report back to Administrative block who will then authorize and ask you to collect fee book from, Assistant Accounts Officer (Research), Room no. 209-B, First Floor. The requisite fee as laid down in the Prospectus is to be deposited with the State Bank of India, PGI Branch as per details available in fee book.

After deposition of fee please report to Administrative Block again. Your joining formalities will now include documentation, verification from original documents and deposit of original documents, if applicable. All formalities related to joining are to be completed here.

Once your joining is accepted in the administrative block and signed by the Executive Registrar (ER), you will be asked to report to the Head, Department along with the joining report and once signed upon by the HOD concerned, it will be sent to the ER by the O/o of the HOD.

Please report to Mr. J. Joseph, in the Office of Head of the Department of Hospital Administration, New Library Complex.

In case of any difficulty, solicit help from Dr. R. Harsvardhan, HoD, Hosp. Admin./ Dr. V.D Upadhyaya, Sub Dean (Exam) / Dr. Soniya Nityanand, Executive Registrar in that order.

We hope you will have a pleasant and fruitful stay at SGPGIMS.

**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

## Annexure – 2

### SANJAY GANDHI POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES, Raebareli Road, Lucknow –226014

#### Application For Hostel Accommodation

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_
2. Department \_\_\_\_\_
3. Designation \_\_\_\_\_
4. Marital status \_\_\_\_\_
5. Date of joining \_\_\_\_\_
6. Duration of course/project \_\_\_\_\_
7. Date of tenure end \_\_\_\_\_
8. Complete permanent address with telephone nos \_\_\_\_\_

Affix recent  
Photo (passport  
size) duly  
attested by HOD  
(Signature with  
seal)

9. Complete address of local guardian with telephone no \_\_\_\_\_
10. Person name with telephone no. To be contacted in emergency: \_\_\_\_\_
11. Self mobile no./land line no. \_\_\_\_\_

I .....give the undertaking that I would abide by the P. G. Hostel rules and any instructions given by warden/ provost.

**HOD (SIGNATURE WITH SEAL)**

**APPLICANT'S  
SIGNATURE**

**(REMARK OF PROVOST)**

### Annexure – 3

#### Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow

Joining Report (To be filled in Duplicate)

With reference to letter no. PGI/ER/ACAD/...../2020 Dated ..... I accept the terms & conditions of the Admission offer and submit my joining as a Student of Master's in Hospital Administration course in Hospital Administration Department in the Forenoon/ Afternoon of .....along with the originals/photocopy (self-certified) of the following documents:

1. Certificate of age proof.
2. MBBD/BDS/ AYUSH Degree.
3. Registration proof from Relevant Professional Council of India/State Council.
4. Caste certificate, if applicable
5. Original NOC from the previous employer, if previously employed
6. Relieving certificate from the last employer.
7. Migration certificate in original No. \_\_\_\_\_
8. Fee deposit Receipt: Folio No.....  
Date.....Rs.....
9. Certificate of fitness from the Medical Board of the Institute
10. Character certificates from two persons
11. Marital declaration.
12. Identification proof
13. Original admit card of entrance examination
14. 04 passport size photographs
15. Copy of duly filled up hostel allotment form.


**Signature of candidate**

He/ She is directed to report to the concerned Head of the Department with immediate effect on \_\_\_\_\_ (Forenoon / Afternoon) for duty as assigned.

Executive Registrar

Signature of concerned HOD with date & stamp

Copy to following for information and necessary action:

1. Provost SGPGI (To report with the hostel allotment forms)
2. Personal file

Executive Registrar

## Annexure – 4

Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow  
Central Library

### MEMBERSHIP FORM

Category (Pl. Tick)

Faculty       SR DM       SR MCH       SR H S       J R       PH D Student

Project Fellow       EMO       Officer       Staff       Student

Pool Officer

Name (Surname: In Block letter)

Middle Name

Forename

Dept..... Designation..... Ad hock/Permanent.....

Address (Present) .....

.....

Address (Permanent) .....

.....

Phone/Mobile..... E-mail ID.....

HOD Signature with Seal

Applicant's Signature

### For Extramural Project Fellows/Ph.D. Fellows/Pool Officer/Students

The undersigned take the responsibility for the no dues of this applicant. In case he/she leaves the Institute without returning the books/journals, I undertake to replace the borrowed books/journals

Principal Investigator  
Coordinator  
(Extramural Project)

A.O. (Research Cell)  
(Intramural Project)

Principal/Course

### For Office Use Only

Membership No.....  
Signature

Card Issued on.....

Librarian's

**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 I shall be liable to be dismissed from service.

\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_

**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               | 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 / general seizure |
| 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 Post Graduate 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 \_\_\_\_\_ years.

(Signature of candidate)

**Chairman, Medical Board**

Attested by:

Date -----

## Annexure – 7

### Proforma for Identity Card

(Must be filled in Block letters)

**MIU  
SGPGIMS**

**Student ID No.** \_\_\_\_\_

**Card No.** \_\_\_\_\_

(for office use only)

Valid from \_\_\_\_\_ to \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Department \_\_\_\_\_

Blood Group \_\_\_\_\_

Intercom No. \_\_\_\_\_

Previous Card No. \_\_\_\_\_

(in case of loss)

Permanent Address & \_\_\_\_\_

Telephone No. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name & Address of the \_\_\_\_\_

Person to be intimated \_\_\_\_\_

In case of emergency/Local Address & \_\_\_\_\_

Telephone No. \_\_\_\_\_

**Photo**

35 mm X 45 mm

**Signature of Applicant**

**Recommendation by HOD**

**Academic Section  
(Executive Registrar Office)**