

# INFORMATION BROCHURE FOR Master's in Hospital Administration Program Beginning August 2016



Sanjay Gandhi Postgraduate Institute of Medical Sciences Lucknow, India

#### **Important Date lines:**

| Date for uploading of information brochure and commencement of online registration of applications and online payment | June 20, 2016              |
|---|----------------------------|
| Last date for payment of fee for online applications  | July 9, 2016, 13:00 h IST  |
| Last date for submitting online application forms   | July 11, 2016, 17:00 h IST |
| Last date for receiving hard-copy of application form along with enclosures at SGPGI                                  | July 12, 2016, 17:00 h IST |
| Display of application eligibility status on website  | July 14, 2016              |
| Admit cards available for download  | July 14, 2016              |
| Entrance examination  | July 17, 2016, 9:00 h IST  |
| Final result: Institute website   | July 20, 2016              |
| Start of classes  | August 1, 2016             |
| Last date for close of admissions   | September 30, 2016         |

- Mode of Payment: Through net banking, debit / credit card or through computer generated challan form in any branch of State Bank of India. Application fee for all categories: Rs. 1000 + Bank transaction charges as applicable. Bank draft will not be accepted.
- Online application form can be filled after one clear working day of registration and online payment of application fee through "State Bank Collect". Change of candidate's name, father's / spouse's name, date of birth, email id and contact number in online application form is not permitted.
- Online application form once submitted cannot be altered.

#### PLEASE NOTE:

- Display of above list, where ever applicable, shall be made available on SGPGIMS website www.sgpgi.ac.in or at http://5.9.254.185/
- 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 or at http://5.9.254.185/
- 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 Aug 2016.

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 i.e. July to June of following year. (General-04, OBC-01, SC/T-01) subject to the changes by Govt. of UP
- d. **Duration**: 2 years
- e. **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 30<sup>th</sup> Dec 2016. 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.sgpgi.ac.in or http://5.9.254.185/ between 20<sup>th</sup> June 2016 and 9<sup>th</sup> July 2016. The candidates should follow the instructions in the brochure carefully while filling up the form.

The candidates need to first pay the application fee online, latest by 9<sup>th</sup> July, 2016, 13:00 hours failing which it is not possible for apply. The application form will become available for online filling after a gap of one working day (for instance, if fee is deposited on Saturday, June 25 2016, the form will become available on Tuesday, June 28, 2016, after a gap of one working day, i.e. Monday); the Institute will send an SMS / email to each payee when the online form become available. The deadline for filling the online form is 11<sup>th</sup> July, 2016 at 5:00 pm.

After online submission, the candidate must take a print out of the completed application form, sign it at the requisite places, and send to Executive Registrar, SGPGI, Raebareli Road, Lucknow 226014 along with documents in support of age, qualifications, MBBS/BDS degree and its recognition by MCI/DCI, domicile and caste and any documents related to sponsorship. The candidate must self-attest all enclosures with his/her signatures. The printed application forms along with the enclosures must reach by 13<sup>th</sup> July, 2016, by speed post, registered post or courier. The envelope should be superscribed with the "Advertisement number" and "Application for entrance examination of Masters in Hospital Administration".

Only those who complete all the steps (pay the fees, complete the online form, and send the printed form with enclosures by the above deadline) will be eligible for the entrance examination.

#### **How to Fill the Online Application Form**

Open the home page of SGPGI at www.sgpgi.ac.in

Click on the link that announces the admission to B.Sc. Nursing course

On the "Online form submission" tab click on "Register and Pay Online". The State Bank of India, 'State Bank Collect', page will open

Accept "Terms and Conditions", "Proceed", select "Category" as application fee, select the

CORRECT "Advertisement Number", fill details of payment and submit

Verify details and confirm transaction

Pay fees using options provided

A transaction alert will be sent to your registered mobile number from state bank collect for successful payment of fees.

Another alert (SMS) from SGPGI will be sent to your registered mobile number within one to two days for allowing you to fill online application form

Log on to the website at www.sgpgi.ac.in

On the tab, "Online form submission", select "on line application for MHA candidates"

Fill the transaction number / State bank collect reference number and your date of birth

The main form will open, partially populated with some personal details. Complete it and upload scanned photograph, signature and other relevant documents in JPG format.

You will require to have scanned copies of your photograph, signature, and all relevant documents as separate files which you need to upload

When uploading is completed, click on "Final submit". You are not allowed to change information after final submission

Print application form and attach self attested supporting documents and post to the Executive Registrar

Please enter CORRECT 10 digit mobile no., email-id, candidate name, date of birth and father's name while filling your online "register and pay online" form. Any editing / rectification / amendment are NOT allowed after registration and online payment. It is your responsibility to fill correctly. No telephonic /personal request, in this regard, will be entertained.

#### **Application Fee and Mode of Payment**

Through Net banking, Debit / Credit card or through a computer generated challan form in any branch of State Bank of India. Application fee for all categories is Rs 1000 + Bank transaction charges as applicable. Application fee once paid is not refundable either in full or in part under any circumstances.

Checklist

Please arrange your application in the following order and firmly tag before dispatch to the Institute.

Print out of the online application form along with Identification cum Attendance card and paste similar passport size recent coloured photograph at the appropriate places

Matriculation certificate / age proof certificate.

Intermediate (10+2) or equivalent mark sheet /certificate issued by the concerned Board Caste certificate from the competent authority (if applicable).

Domicile of Uttar Pradesh, certificate issued by competent authority.

Envelope should be super scribed with the **Advertisement Number and "Application for Entrance Exam to MHA Program Aug 2016 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. Hall Tickets (Admit cards) for the entrance examination shall NOT be sent. These need to be downloaded using the registration / transaction number and date of birth
- 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 hall-tickets 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 favour 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, ie 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  $-20^{th}$  July2016
- 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/candidature of such a candidate shall be cancelled and/or deemed to be cancelled any time after selection including after joining the course.

#### 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 <u>in person</u> 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 submit 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.
- 8. The candidates joining the course will have to submit a bond as per the format given at Annexure-II, that they shall complete the course failing which the conditions of the bond shall be invoked.

#### VIII. Fee Structure

- 1. Rs.80,000/- (Rupees eighty thousand only) in two equal installments of Rs 40,000/- payable annually. First installment should be paid on the date of admission. Second, installment fee should be paid before the commencement of 2<sup>nd</sup> year classes.
- 2. There will be other fees e.g. examination, hostel, degree, library, caution money (refundable) etc also payable. The admission fee once paid is not refundable under any circumstance.
- 3. The in-service candidates shall also be required to pay the above fee. Non-payment of tuition fee will entail discontinuation of the course.
- 4. For in-service candidates who are pursuing studies and who cannot deposit 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.
- 5. The selected in-service candidates should submit relieving order along with original certificates, fee and bond 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.
- 6. 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.
- 7. All the candidates joining the course shall execute a bond in the prescribed form on a non-judicial stamped paper of Rs.100/- value along with two sureties not below the rank of Gazetted Officer to ensure completion of the prescribed period of training or in default to pay the bond amount to SGPGIMS.
- 8. 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 original certificates submitted by the candidates shall not be returned to the candidates till they complete their course of study and appear for the final examination or on fulfilling the conditions mentioned in section VIII above.
- 2. 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.
- 4. The candidate shall not register for any other Degree/Diploma and continue the studies concurrently while doing the present course.
- 5. 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."
- 6. 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.
- 7. 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.
- 8. 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.
- 9. 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.
- 10. All students shall adhere to be Institutional rules and violation of rules will be viewed seriously.
- 11. 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.
- 12. 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.
- 13. Institute reserves the right to change the schedule after due notification.
- 14. 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 and bond amount shall be recovered.

#### 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 30 September 2016. 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.
- 2. The original certificates of candidates shall not be returned till they complete the course of study and appear for the Final Examinations.

#### 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.

### (Copies of all documents are to be attested by a Gazetted officer)

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

#### **ANNEXURE - 11**

| 100/-                          |                      |                 |                                       |                                       |
|--------------------------------|----------------------|-----------------|---------------------------------------|---------------------------------------|
| This bond is exec              | uted on thisd        | lay of2         | 2016 by Mr/Ms                         | S/o/D/o                               |
|                                |                      |                 |                                       | d as "STUDENT' in favour of the       |
| Executive Registrar, SGPGIMS". | , Sanjay Gandhi Pos  | stgraduate Ins  | titute of Medical Scie                | ences, Lucknow hereafter called as    |
|                                | student selected fo  | r the course o  | of Masters in Hospi                   | ital Administration in SGPGIMS for    |
| the session beginning          |                      |                 | ·                                     |                                       |
| WHEREAS the SGP                | GIMS has prescribe   | ed/stipulated   | the condition in adr                  | mission prospectus that the studen    |
|                                |                      |                 | • •                                   | lacs only) in favour of the Executive |
| •                              |                      | •               |                                       | of cancellation/discontinuance of the |
|                                |                      | · ·             |                                       | WHEREAS the student selected has      |
| •                              |                      | •               |                                       | e into force from date of admission.  |
| This Bond is execute           | ea in the presence ( | or the rollowin | g witness.                            |                                       |
|                                |                      |                 |                                       |                                       |
|                                |                      |                 |                                       | (Signature of the student)            |
| \\/:tmage 1.                   |                      |                 |                                       |                                       |
| Witness 1:                     |                      |                 |                                       |                                       |
| Witness 2:                     |                      |                 |                                       |                                       |
|                                |                      |                 |                                       |                                       |
| (with full name and            | permanent address    | 5)              |                                       |                                       |
| We, the Gazetted of            | fficers / faculty:   |                 |                                       |                                       |
| 1)                             | S/o                  | 1               | R/o                                   |                                       |
| working as                     |                      |                 |                                       |                                       |
|                                |                      |                 |                                       |                                       |
|                                |                      |                 | R/o                                   |                                       |
| •                              |                      | •               |                                       | the Bond executed by Mr/Ms            |
|                                |                      | •               |                                       | w. We undertake the liability of the  |
|                                |                      |                 | · · · · · · · · · · · · · · · · · · · | received by the student / executor o  |
| will pay the said am           |                      |                 |                                       | obligations under the said bond, we   |
| · •                            |                      |                 |                                       | ss on this day of2016.                |
| The Jareties have s            | igned this bond in t | ne presence o   | Title following withes                | 33 011 1113 ddy 012010.               |
| Witness: 1 }                   |                      |                 |                                       | Sureties: 1                           |
| (with full name and            |                      |                 |                                       |                                       |
| permanent address              | )                    |                 |                                       |                                       |
| Witness: 2 }                   |                      |                 |                                       | Sureties: 2                           |
| vviti 1633. Z }                |                      |                 |                                       | (With rubber stamp)                   |
|                                |                      |                 |                                       | · [7                                  |

Specimen form of bond to be executed by the candidate on Non- Judicial stamp paper of Rs.

NB: 1. Sureties should be two permanent employees not below the rank of Gazetted Officers.

2. Sureties must be other than the witnesses.

## 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<br>(De                    |                           | mployed    | as                   | <del>-</del><br>  |   |
| sinc                         | :e                        |            |                      |   | at  |
| Indi<br>Mr.,<br>Mas<br>relie | ia).  <br>/Mrs.<br>ster′s | in Hospita | r certifi<br>I Admir | ed that the undersigned has no considered by being considered by istration course for the year 2016 ed time limit as per the Rules from | objection to the application of SGPGIMS for admission into and if selected he/she will be |
|                              |                           |            |                      |   | Signature of the Employer   |
|                              |                           |            |                      | (1)   | lame in Full & Designation)   |

#### List of ORIGINAL Certificates to be submitted 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 3 years immediately preceding the qualifying exam from the Head of Institutions.
- 5. 10th class marks memo
- 7. Social Status Certificate as applicable (please note that the certificate issued should be dated on or after Jan 2016)
- 8. Fees to be paid as mentioned in prospectus
- 9. Relieving order from the appointing authority (in case of in-service candidates)
- 10. Bond as prescribed in Annexure II
- 11. Professional council registration certificate as applicable
- 12. NOC from relieving authority (for in service candidates)

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

#### Annexure - V

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.

| Description   | Instructions               |
|---|----------------------------|
| Following forms need to be submitted at the time of joining:      |                            |
| Marital declaration form  | Fill these, & have         |
| Character certificate from two authorized persons                 | Annex 2 attested from      |
| Attestation form with identity certificate                        | your usual place of stay   |
| ·   | / most recent employer     |
| After your documents have been verified, these need to be filled  |                            |
| Medical Examination form  | Familiarize yourself       |
| Joining report form   | with these forms as this   |
| Hostel accommodation form   | will be required of you    |
| Document submission form  |                            |
| The following documents are filled after joining                  |                            |
| Medical facility (write an application with photo copy of I-card) | Familiarize yourself and   |
| Library form  | fill out relevant portions |
| Identity card form  | 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) Students Section, (Tel 0522-249 5511). 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 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, Prof. Manoj Jain, Deptt. of Pathology, C Block, Main Hospital building 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 Mr Sanjay Dua, 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 of the concerned 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, Near "A" Block in the Main Hospital Block.

In case of any difficulty, solicit help from Prof. Hem Chandra, HoD, Hosp. Admin./ Dr R Harsvardhan, Assist Prof., Hosp Admin./ Dr. Rakesh Agarwal, Sub Dean (Student Affairs) / Dr. Shaleen Kumar, Executive Registrar in that order.

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

# **CERTIFICATE**

(TO BE SUBMITTED IN DUPLICATE)

| This is to certify that the following documents of Dr.  |  |
|---|--|
| S/o, W/o, D/o   | have been received by the Institute in                       |
| original as he/she has decided to pursue MHA  |  |
| Administration at the Sanjay Gandhi Postgraduate  | Institute of Medical Sciences, Lucknow                       |
| for the session commencing from Jan 2016.   |  |
| <ol> <li>High School/Date of Birth certificate</li> <li>M.B.B.S. Degree</li> <li>Medical Registration</li> </ol>  |  |
| Signature of Candidate  |  |
|   | Executive Registrar  |
| UNDERTAK  | ING  |
| (TO BE SUBMITTED IN   | DUPLICATE)   |
| I, Drunderstand<br>retained by the SGPGIMS, Lucknow and the same<br>MHA Program unless I, Dr<br>Lucknow Rs. 2,00,000/- (Rs. Two Lac only) irrespe<br>course or not. | will not be returned before completion ofpay to the SGPGIMS, |
| Hall ticket Number:   |  |
| Permanent Address:  |  |
|   |  |
|   |  |

Signature of candidate

# 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       |           |           | year       | s              |
| months & that the best of my knowledge        | & belief | he/she     | bears     | reputed   | characte   | r & has no     |
| antecedents which render him unsuitable for e | mployme  | nt in this | Institute | Э.        |            |                |
|   |          |            |           |           |            |                |
| Dr  | is       | not rela   | ted to n  | ne.       |            |                |
|   |          |            |           |           |            |                |
| Place:  | Signatur | e          |           |           |            |                |
|   |          |            |           |           |            |                |
| Dated:  | Designa  | tion       |           |           |            |                |
|   |          |            |           |           |            |                |
|   |          |            |           |           |            |                |
|   |          |            | Distr     | ict Magis | trate or S | ub-Divisional  |
|   |          |            |           | Magistra  | ate or Gaz | zetted Officer |
|   |          |            |           | _         |            |                |
| CERTIFICAT                                    | TE OF C  | CHARA      | CTEF      | ₹         |            |                |
| Certified that I have known Dr                |          |            |           |           | Sor        | /daughter of   |
| Shri  |          |            |           |           |            | J              |
| months & that the best of my knowledge        |          |            |           |           |            |                |
| antecedents which render him unsuitable for e | mployme  | nt in this | Institute | ·<br>∋.   |            |                |
|   |          |            |           |           |            |                |
| Dr  | is       | not rela   | ted to m  | ne.       |            |                |
|   |          |            |           |           |            |                |
| Place:  | Signatur | e          |           |           |            |                |
|   |          |            |           |           |            |                |
| Dated:  | Designa  | tion       |           |           |            |                |
|   |          |            |           |           |            |                |

District Magistrate or Sub-Divisional Magistrate or Gazetted Officer

#### **Attestation Form**

Warning: The furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification and is likely to render the candidate unfit for employment under the Govt.

Affix self attested
Passport Size Photograph

- 1. If detained, convicted, debarred etc, subsequent to the completion and submission of this form, the details should be communicated immediately to the Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow or the authority to whom the attested form has been sent earlier as the case may be, failing which it will be deemed to be a suppression of factual information.
- If the fact that false information has been furnished or that there
  has been furnished or that there has been suppression of any
  factual information in the attestation form comes to notice at any
  time during the service of a person his services would be liable to
  be terminated.

| 1. Name in full (in block capitals) with    | Surname              |                           |
|---|----------------------|---------------------------|
| aliases, if any (please indicate if you     |                      |                           |
| have added or dropped in any stage any      |                      |                           |
| part of your name or surname)               |                      |                           |
|   |                      |                           |
|   |                      |                           |
|   |                      |                           |
| 2. Present Address in full (i.e. Village TI | hana & District or H | ouse Number, Lane/Street/ |
| Road and Town).                             |                      |                           |

- 3. (a) Home Address in full (i.e. Village, Thana & District or house Number, Lane/Street/Road & Town & name of District Headquarters)

| rticulars of place               | e (with pariods        | of residen              | cos) whore you h                          | navo rosidod for                               | r more than      |
|----------------------------------|------------------------|-------------------------|---|--|------------------|
| at a time during                 |                        |                         |   |  |                  |
| cular or all places              |                        | e resided f             | or more than one                          | e year after atta                              | nining the ag    |
| ears should be giv<br>From       | To                     | Residentia              | l address in full                         | Name of  | the Dist         |
|                                  |                        | ,                       | Thana & Distt.                            | Headquarter of                                 | •                |
|                                  |                        | or House r<br>Road & To | no. Lane/Street,<br>wn)                   | mentioned Proceeding Co                        | in th            |
|                                  |                        | 11044 4 10              | ••••                                      | r rooccanig Co                                 | ··               |
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|                                  |                        |                         |   |  |                  |
|                                  |                        |                         |   |  |                  |
|                                  |                        |                         |   |  |                  |
| S.No                             | Nationality            |                         | •   | Present  |                  |
| S.No<br>Name                     | by birth &             | or Birth                | (if employed                              | l Postal                                       | Permaner<br>Home |
|                                  | •                      | or Birth                | (if employed<br>gives design              | l Postal<br>Address (if                        |                  |
|                                  | by birth &             | or Birth                | (if employed<br>gives design<br>& Officia | l Postal<br>Address (if<br>I deal give         | Home             |
|                                  | by birth &             | or Birth                | (if employed<br>gives design              | l Postal<br>Address (if<br>I deal give<br>last | Home             |
|                                  | by birth &             | or Birth                | (if employed<br>gives design<br>& Officia | l Postal<br>Address (if<br>I deal give         | Home             |
| Name  1) Father                  | by birth &             | or Birth                | (if employed<br>gives design<br>& Officia | l Postal<br>Address (if<br>I deal give<br>last | Home             |
| 1) Father 2) Mother              | by birth & by domicile | or Birth                | (if employed<br>gives design<br>& Officia | l Postal<br>Address (if<br>I deal give<br>last | Home             |
| Name  1) Father                  | by birth & by domicile | or Birth                | (if employed<br>gives design<br>& Officia | l Postal<br>Address (if<br>I deal give<br>last | Home             |
| 1) Father 2) Mother 3) Wife/Hush | by birth & by domicile | or Birth                | (if employed<br>gives design<br>& Officia | l Postal<br>Address (if<br>I deal give<br>last | Home             |
| 1) Father 2) Mother              | by birth & by domicile | or Birth                | (if employed<br>gives design<br>& Officia | l Postal<br>Address (if<br>I deal give<br>last | Home             |

3. (b) If originally a resident of Pakistan, the address in that country & the date of migration

<sup>5. (</sup>a) Information to be furnished with regard to son(s) in case they are studying/living in a foreign country.

| 6. Nationality    |                        |            |              |      |       |       |         |    |
|-------------------|------------------------|------------|--------------|------|-------|-------|---------|----|
|                   |                        |            |              |      |       |       |         |    |
| 7. (a) Date of    | Birth                  |            | (a)          |      |       |       |         |    |
| (b) Presen        | t Age                  |            | (b)          |      |       |       |         |    |
| 8. (a) Pla        | ce of birth District & | & state in | (a)          |      |       |       |         |    |
| which situated    |                        |            |              |      |       |       |         |    |
| (b) District &    | state to which you b   | elong      | (b)          |      |       |       |         |    |
|                   |                        |            |              |      |       |       |         |    |
| (c) District      | & state to which yo    | our father | (c)          |      |       |       |         |    |
| originally belong |                        |            |              |      |       |       |         |    |
| 9 (a) Your Ro     | eligion                |            |              |      |       |       |         |    |
|                   |                        |            |              |      |       |       |         |    |
| (b) Are yo        | u a member of a S      | cheduled   |              |      |       |       |         |    |
| Caste/ Scheduled  | Tribe? Answer Yes      | or No & if |              |      |       |       |         |    |
| the answer is Yes | state the name there   | eof        |              |      |       |       |         |    |
| 10. Educational ( | Qualification showin   | g places   | of education | with | years | in S  | Schools | &  |
| Colleges since 15 | year of Age            | •          |              |      |       |       |         |    |
| Name of School/   | College Date of e      | ntering    | Date         | of   | Exami | natio | n passe | ed |
| with full         | J                      | J          | leaving      |      |       |       | •       |    |
|                   |                        |            | J            |      |       |       |         |    |

Country in which

with full address

living

studying/

Date

country

studying/living

previous column

from

which

the

in

mentioning

Nationality by Place

or of birth

birth

domicile

Name

<sup>11. (</sup>a) Are you holding or have anytime held an appointment under the Central or State Govt. or Semi- Govt. or a Quasi-Govt., or an autonomous body, or a public undertaking or a private firm or Institution/if so, give full particulars with dates of employment, up-to date.

| Period | To | Designation,            | Full    | name | &  | Reasons  | for      |
|--------|----|-------------------------|---------|------|----|----------|----------|
| From   |    | employments & nature of | Address | 3    | of | leaving  | previous |
|        |    | Employment              | employ  | er   |    | service. |          |

11. (b) If the previous employment was under the Govt. of India or State Govt./an undertaking owned or controlled by the Govt. of India or a State Govt./ an autonomous body/University Local Body.

If any had left service on giving a month's notice under Rule 5 of the Central Civil Services (Temporary Service) Rule, 1965, or any similar corresponding rules were any disciplinary processing framed against you, or has you been called upon to explain you conduct in any matter at the time you gave notice of termination of services) or at a subsequent date, before your service actually terminated?

| 12 (i) (a) | Have you ever been arrested?                             | Yes/No |
|------------|--|--------|
| (b)        | Have you ever been prosecuted?                           | Yes/No |
| (c)        | Have you ever been kept under detention?                 | Yes/No |
| (d)        | Have you ever been bund down?                            | Yes/No |
| (e)        | Have you ever been fined by a Court of Law?              | Yes/No |
| (f)        | Have you ever convicted by Court of Law for any offence? | Yes/No |

- (g) Have you ever been debarred from & examination or rusticated by Yes/No any university?
- (h) Have you ever been debarred/ disqualified by any Public Service Yes/No Commission from appearing at its examination/selection?
- (i) Is any case pending against you in any Court of Law at the time of Yes/No filling up this Attestation Form?
- (j) Is any case pending against you in any University or any other Yes/No educational authority/Institution at the time of filling up this Attestation Form?
- 12 (ii) If the answer to any of the above mentioned questions is "Yes" give full particular of the case/arrest/detention/fine conviction/sentence/punishment etc. and/or the nature of the case pending in the Court University/Educational Authority etc., at the time of filling up this form.
- Note: (i) Please also see the "warning" at the top of this Attestation Form.
- (ii) Specific answers to each of the questions should be given by striking out "Yes" or "No" as the case may be.

| 2.   |
|--|
|  |
| mplete to the best of my knowledge & npair my fitness for employment under |
| -  |
|  |
| ent:   |
| elonging to the constituency where the resident:                           |
|  |
| to exercise magisterial powers:  |
| ol/College/Institute where the candidate                                   |
|  |
|  |
|  |
|  |

| Certified                       | that |       |        |        |      | ha  | ve   |          |      | kn      | own |
|---------------------------------|------|-------|--------|--------|------|-----|------|----------|------|---------|-----|
| Shri/Smt./Kumari/Dr             |      |       |        |        |      |     |      | son/daug | yhte | er/wife | of  |
| Shri                            |      | for   |        | th     | е    |     | I    | last     |      |         |     |
| yearsparticulars furnished by h |      |       | the    | best   | of   | my  | kno  | owledge  | &    | belief  | the |
| Place                           |      | Signa | ure_   |        |      |     |      |          |      |         |     |
| Date                            |      | Desig | natior | or sta | atus | & a | ddre | ess      |      |         |     |

### TO BE FILLED BY THE OFFICE

- (I) Name, designation & full address of the appointing authority.
- (II) Post for which the candidate is being considered.

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

Annex – 4

# **Application For Hostel Accommodation**

| 1. Name:                          | Age:                         | Gender:                       |
|-----------------------------------|------------------------------|-------------------------------|
| 2. Department                     |                              |                               |
| 3. Designation                    |                              | Affix recent Photo (passport  |
| 4. Marital status                 |                              | size) duly<br>attested by HOD |
| 5. Date of joining                |                              | (Signature with seal)         |
| 6. Duration of course/project     |                              | 333.7                         |
| 7. Date of tenure end             |                              |                               |
| 8. Complete permanent addres      | s with telephone nos         |                               |
|                                   |                              |                               |
| 9. Complete address of local g    | uardian with telephone no    |                               |
| 10. Person name with telephone    | e no. To be contacted in eme | ergency:                      |
| 11. Self mobile no./land line no. |                              |                               |
| I                                 | •                            | would abide by the P. G.      |
| HOD (SIGNATURE WITH SE            | EAL)                         | APPLICANTS<br>SIGNATURE       |
| (REI                              | MARK OF PROVOST)             |                               |

# Annex – 5

### Joining Report (To be filled in Duplicate)

|        | With reference to appointment/admission letter no. PGI/ER/ACAD   | )/                     |          | /20          | dated       |
|--------|--|------------------------|----------|--------------|-------------|
|        | , I accept the terms & conditions of offer and join as a S   | Senior / J             | unior Re | sident (HS / | PDCC / DM   |
| / MC   | h) in Department in Forenoon/ Afternoon  | of                     |          | alc          | ng with the |
| follow | ving self-certified documents:   |                        |          |              |             |
|        |  | To be filled by office |          |              | ]           |
| No.    | Document   | Yes                    | No       | NA           |             |
| 1.     | Certificate of age proof.  |                        |          |              | -           |
| 2.     | MBBS degree  |                        |          |              | -           |
| 3.     | MD/MS degree   |                        |          |              | -           |
| 4.     | Proof of recognition of MD/MS degree from Medical Council of India   |                        |          |              | 1           |
| 5.     | Proof of registration of MD/MS degree with MCI or state medical council                                    |                        |          |              | -           |
| 6.     | Certificate of fitness from the Medical Board of the Institute   |                        |          |              | -           |
| 7.     | Fee deposit Receipt: No  |                        |          |              | -           |
| 8.     | Declaration  |                        |          |              |             |
| 9.     | Character certificates from two persons  |                        |          |              |             |
| 10.    | Marital certificate  |                        |          |              | -           |
| 11.    | Declaration of dependents  |                        |          |              | 1           |
| 12.    | Identification proof (PAN card, driving licence, aadhar card or passport)                                  |                        |          |              | 1           |
| 13.    | Original admit card of entrance examination  |                        |          |              | -           |
| 14.    | Six passport size photographs  |                        |          |              | 1           |
| 15.    | Hostel allotment form  |                        |          |              | -           |
| 16.    | Caste certificate, if applicable   |                        |          |              | -           |
| 17.    | Original NOC from previous employer, if previously employed  |                        |          |              | -           |
| 18.    | Relieving certificate from the last employer   |                        |          |              | -           |
| 19.    | Migration certif (original, no (for MD/DM/MCh/PDCC/ PDF)   |                        |          |              | ]           |
| He/sh  | ne should report for duty to Head of the Department immediately on   |                        | (        | -N / AN).    |             |
| Signa  | ature of the student with date   | (Ехе                   | cutive R | egistrar)    |             |
| Signa  | ature of HOD with date   |                        |          |              |             |
| After  | HOD's signatures, the form will be returned to the Academic Section.                                       |                        |          |              |             |
|        | to following for information and necessary action: byost SGPGI (To report with the hostel allotment forms) |                        |          |              |             |

2. Personal file

Page 27 of 32

### Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow Central Library MEMBERSHIP FORM

2016

| Category (Pl. Tick)   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Faculty SR DM SR MCH  | SR H S J R PH D Student                                    |  |  |  |  |  |
| Project Fellow EMO  | Officer Staff Student Student                              |  |  |  |  |  |
| Pool Officer Name (Surname: In Block letter) Middle Name Forename  Dept Designation   | Ad hock/Permanent  |  |  |  |  |  |
| A 11 (D)  |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |
| 1   | Research Cell) Principal/Course Coordinator mural Project) |  |  |  |  |  |
| For Office Use Only   |  |  |  |  |  |  |
| Membership No Card Is   | ssued on Librarian's Signature                             |  |  |  |  |  |

# **MARITAL DECLARATION**

(Tick relevant portion and strike out portions not applicable)

| I, Dr               | declare as unde   | er:-                   |
|---------------------|---|------------------------|
| (i) That I am Ba    | chelor/ Widower /Married/Divorced.  |                        |
| • •                 | arried & have only one husband/wife living narried to a person who has no other wife                            |                        |
| (iii) That I am ma  | arried & have more than one wife.   |                        |
| That I am ma        | arried to a person who has another wife lives stated below:   | ving I request that in |
| recruitment to serv | ranted exemption from the operation ovice of persons having more than one was naving more than one wife living. |                        |
| even of the declara | firm that the above declaration is true & ation being found to be incorrect after my nissed from service.       |                        |
|                     |   |                        |
|                     | Signature   |                        |
| Date                |   |                        |

# 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.

| Name                       | Signature          |                  |
|----------------------------|--------------------|------------------|
| Designation                | Dated              |                  |
| ME                         | DICAL EXAMINATION  |                  |
| Height (cm)                | Weight (Kg)        |                  |
| Apparent age (years)       | Pulse (/min)       | BP (mmHg)        |
| IVP                        | 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<br>R             |                  |
| Colour vision              | L                  |                  |
|                            | R                  |                  |
| Investigations:            |                    |                  |
| Urine: Albumin             | Sugar              | M/E              |
| Chest X-Ray PA             |                    |                  |
| Names and signatures:      |                    |                  |
| Physician                  | Gynecologis        | t                |
| Surgeon                    | Radiologist        |                  |
| Pathologist                | Ophthalmol         | ogist            |

| 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.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   |
| Any others, not included in this list            |  |
| Family history:                                  |  |
| Diabetes   | Hypertension   |
| Tuberculosis                                     | Heart Disease  |
| Any other (specify)                              |  |
|  |  |
| I do hereby certify that the members of the M    | Iedical Board of Sanjay Gandhi Postgraduate Institute of Medical |
|  | as a candidate for   |
|  |  |
|  | partment of as   |
| and  | have not discovered that he /she has any disease communicable    |
| or otherwise, constitutional weakness or bodi    | ly infirmity except  |
| Name or nature of illness / infirmity / disabili | ity:   |
|  |  |
|  |  |
|  |  |
| Landa de Company Effe (LINIETE Company)          |  |
| •  | yment/confirmation in the Department of                          |
| as The candidate                                 | e's age according to his/her statement is years and by           |
| appearance is years.                             |  |
|  |  |
|  |  |
| (Signature of candidate)                         | Chairman, Medical Board  |
| Attested by:                                     | Chairman, Medicai Doura  |
| ruested by.                                      |  |
| Date   |  |

Check list: Cross out (X), those not present and tick ( $\checkmark$ ) those present

| MIU (Must be filled in Block letters) SGPGIMS   |    |                          |                      |
|---|----|--------------------------|----------------------|
| Student ID No   |    | Card No                  |                      |
|   |    | (for                     | office use only)     |
| Valid from  | to |                          |                      |
| Name Designation  |    |                          |                      |
| Designation   |    | Intercom No.             |                      |
| Blood Group   |    | Previous Card<br>(in cas | d No.<br>se of loss) |
| Permanent Address &   |    |                          | Photo                |
| Telephone No.   |    |                          | 35 mm X 45 mm        |
| Name & Address of the Person to be intimated In case of emergency/Local Address & Telephone No. |    |                          |                      |

Signature of Applicant Recommendation by HOD

**Proforma for Identity Card** 

Academic Section (Executive Registrar Office)