



**COLLEGE OF MEDICAL TECHNOLOGY & ALLIED HEALTH SCIENCES  
SANJAY GANDHI POST-GRADUATE INSTITUTE OF MEDICAL SCIENCES,  
Raebareli Road, Lucknow -226014 (U.P.)**

**UNDERTAKING FOR MEDICAL FITNESS**

(for the purpose of joining as a B.Sc./M.Sc. Medical technology courses at the College of Medical Technology, & Allied Health Sciences, 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 "on illness" .This portion cannot be left blank.

Suppression of information about past illness will invite suitable disciplinary action)

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date: \_\_\_\_\_



**COLLEGE OF MEDICAL TECHNOLOGY & ALLIED HEALTH SCIENCES  
SANJAY GANDHI POST-GRADUATE INSTITUTE OF MEDICAL SCIENCES,  
Raebareli Road, Lucknow -226014 (U.P.)**

**UNDERTAKING FOR FULFILLMENT OF EDUCATIONAL QUALIFICATION**

(for the purpose of joining as a B.Sc./M.Sc. Medical technology courses at the College of Medical Technology, & Allied Health Sciences, Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow)

**Declaration by the candidate**

I hereby declare that

1. I have passed out the required educational qualification for admission to M.Sc. / B.Sc. course at College of Medical Technology & Allied Health Sciences, SGPGIMS Lucknow.
2. I further undertake that I will deposit the original certificate of qualifying examination at the time of joining the course as the same is not issued by the University/ Board so to me.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date: \_\_\_\_\_

## MEDICAL EXAMINATION FORM

For the purpose of joining as a BSc. Student at the College of Medical Technology & Allied Health Sciences, Sanjay Gandhi Post Graduate Institute of Medical Sciences,  
Lucknow – 226014

### 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 medical unfit by any medical authority before.

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

*(If not suffering any illness, state no illness, this portion cannot be left blank. Suppression of information about past illness will invite suitable disciplinary action)*

Date ----- 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 / Hydroceles ----- Genitalia -----

### Gynecological assessment:

Married / Unmarried: Children -----LMP ----- P/A ----- P/V -----

**Ophthalmic assessment:**

Without Glasses

With Glasses

Acuity of Vision :

L-----

-----

R-----

-----

Color Vision

L-----

-----

R-----

-----

**Investigation:**

Alb ----- Urine Examination: Sugar ----- M/E -----

Chest X- Ray PA -----

**Name and signatures:**

Physician -----

Gynecologist-----

Surgeon-----

Radiologists -----

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 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 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's)

Chairman Medical Board

**Joining report (to be filled in duplicate )**

With Reference to letter no. PGI/ER/ACAD/.....Date ..... I accepted the terms & conditions of the admission / approximant offer and submit my joining as a B.Sc technology student in the forenoon / afternoon of .....along with originals /photocopy (self –certified) of the following documents.

Certificate	Yes	No	NA
Proof of age			
High School certificate			
Inter Mediate (10+2 ) Mark Sheet			
Inter Mediate (10+2) Pass certificate			
Graduation Pass mark sheet and degree			
Migration Certificate in original No.....			
Fee deposit Received: Folio No.....Date .....Rs.....			
Certificate of Fitness from the medical Board of the Institute			
Character Certificates From to persons			
Marital declaration			
Bond on no Judicial revenue stamp Paper of Rs.100/- from not leaving the course in mid session			
Self declaration by Student on non Judicial stamp paper of Rs.10/-			
Declaration by parents Guardian non Judicial stamp paper of Rs.10/-			
Identification proof			
Attestation form Duly filled and signed by the student			
Original Admit card of Entrance Examination			
Eight passport size photographs			
Copy of duly filled up hostel Allotment form.			
Caste Certificate , if applicable			
Income certificate			
Domicile of Uttar Pradesh Certificate , In case of reserved category candidate			
Library form duly filled and signed			

Name

Signature

(Executive Register)

Date

(Signature of Nodal Officer, College of medical Technology with date )

Copy to following for Information and necessary action:

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

(Executive Register)

2. Personal file

## CERTIFICATE OF CUSTODY OF DOCUMENT

It is certify that the following documents of Mr. /Ms. \_\_\_\_\_ S /o, D /o, \_\_\_\_\_

Roll No. \_\_\_\_\_ have been received by the Institute in original as he/she has been admitted to MSc./BSc./BPT courses at the College of Medical Technology & Allied Health Sciences, SGPGIMIS, Lucknow for the session commencing from \_\_\_\_\_

1. High School (10<sup>th</sup>) Mark Sheet & Certificate \_\_\_\_\_
2. Intermediate (10+2) Mark Sheet & Certificate \_\_\_\_\_
3. BSc. Mark Sheet & Passing Certificate \_\_\_\_\_

Candidate Signature

Executive Registrar

## CERTIFICATE OF CUSTODY OF DOCUMENT

It is certify that the following documents of Mr. /Ms. \_\_\_\_\_ S /o, D /o, \_\_\_\_\_

Roll No. \_\_\_\_\_ have been received by the Institute in original as he/she has been admitted to MSc./BSc./BPT courses at the College of Medical Technology & Allied Health Sciences, SGPGIMIS, Lucknow for the session commencing from \_\_\_\_\_

1. High School (10<sup>th</sup>) Mark Sheet & Certificate \_\_\_\_\_
2. Intermediate (10+2) Mark Sheet & Certificate \_\_\_\_\_
3. BSc. Mark Sheet & Passing Certificate \_\_\_\_\_

Candidate Signature

Executive Registrar

From	To	Residential address in full (i.e. Village, Thana & District or House No. & Street / Road and Town	Name of the District Hqtr., of the place mentioned in the preceding column

5.	Name (in full & aliases, if any)	Nationality (by Birth & or by domicile)	Place of birth	Occupation (if employed give designation & official address.)	Present postal address (if dead, give last Address)	Permanent Home Address
	i) Father (Name in Full) ii) Mother iii) Wife/Husband iv) Brother(s) v) Sister(s)					

5. (a) Information to be furnished with regard to sons and / or daughters in case they are studying / living in a foreign country.

Name Nationality which (By Birth and / Or by Domicile)	Place of Birth	Country in which studying / studying / living with Full Address	Date from which Studying / Living in the country mentioned in the previous column

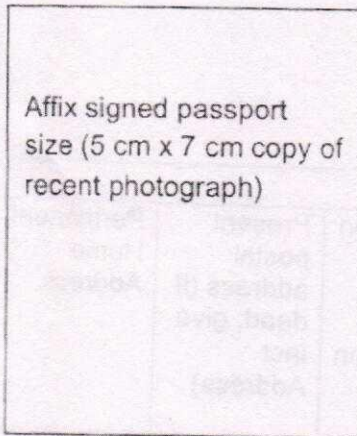
6. Nationality :

7. (a) Date of Birth :  
 (b) Present Age :



## 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.**



2. If detained, arrested, prosecuted, bound down, fined, convicted, debarred, acquitted, etc. Subsequent to the completion and submission of this form, the details of communicated immediately to the authorities to whom the attestation form has been sent earlier, falling which it will be deemed to be a suppression of factual information.
3. If the fact that false information has been furnished 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 letters) with aliases, if any (Place indicate if you have added or dropped in any stage any part of your name of surname.	
2.	Present address in full (i.e. Village, Thana and Distt. Or House No., Lane / Street Road and Town)	
3.	(a) Home address in full (i.e. Vill., Thana and Distt. Or House No., Lane / Street / Road and Town have of Distt. Hqr.	
	(b) If originally a resident of Pakistan / Bangladesh (erstwhile East Pakistan), the address in that country and the date of migration to Indian Union.	

4. Particulars of places (with period of residence) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan), particulars of all places where you have resided for more than one year after attaining the age of 21 years should be given.

11. (a) Are you holding or have any time held an appointment under the Central Govt. or State Govt. or a quasi-Govt. body 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		Designation, emoluments & Nature of employment	Full name / address of	Reasons for leaving previous service
From	To			

(b) If the previous employment was under the Govt. of India / State Govt./an undertaking owned or Controlled by the Govt. of India or a State Govt. an Autonomous Body / University / Local Body, if you had left service on giving one month's notice under Rule 5 of the Central Service (temporary service) Rules 1965 or any similar corresponding rules or where any disciplinary proceeding framed against you, or had you been called upon to explain you conduct in any matter at the time you give notice of termination of service or at a subsequent date (s) before your service.

- |         |  |        |
|---------|--|--------|
| 12. (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 bound down?   | Yes/No |
| (e)     | Have you ever been fined by a Court of Law?  | Yes/No |
| (f)     | Have you ever been convicted by a Court of law for any offence ?   | Yes/No |
| (g)     | Gave you ever been debarred from any Examination or restricted by any University or any other educational authority / institution ?              | Yes/No |
| (h)     | Have you ever been debarred / disqualified by any Public Service Commission / Staff Selection Commission for any of its examination / selection? | Yes/No |
| (i)     | Is any case pending against you in any Court of Law at the time of filling up this Attestation Form ?  | Yes/No |
| (j)     | Is any case pending against you in any University or any other educational authority/institution at the  | Yes/No |



time of filling up this Attestation Form ?

- (k) Whether discharged / expelled / withdrawn                      Yes/No  
From any training / institution under the  
Government or otherwise ?
- (ii) If the answer to any of the above mentioned question is "Yes" (give full particulars of the case / arrest / detention / fine / conviction / punishment, etc. and /or the nature of the case pending in the Court / University / Educational Authority, etc. at the time of filling up this Attestation 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.

13. Name of two responsible persons of your locality or two references to whom you are known.

1.

2.

---

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which might impair my fitness for employment under Government.

**Signature of the Candidate**

**Place:**

**Date :**

## IDENTITY CERTIFICATE

(Certificate to be signed by any of the following)

- i. Gazetted Officer of Central Government or State Govt.
- ii. Members of Parliament or State Legislative belonging to the constituency where the candidate or his parent / guardians ordinarily resident.
- iii. Sub-Divisional Magistrate /Officers.
- iv. Tehsildars or Naib Deputy Tehsildars authorized to exercise magisterial power .
- v. Principal / Headmaster of the recognized School/College/Institution where the candidate studied last.
- vi. Post Masters
- vii. Block Development Officer
- viii. Panchayat Inspectors.

Certified that I have known Shri / Smt./Kum. \_\_\_\_\_  
\_\_\_\_\_ Son / Daughter of Shri \_\_\_\_\_  
\_\_\_\_\_ for the last \_\_\_\_\_ Years \_\_\_\_\_ months  
and that to the best of my knowledge and belief the particulars furnished by him / her are correct.

Signature  
Designation or Status & Address

Place:

Date :

### TO BE FILLED BY OFFICE

- i) Name, Designation and Full Address of the appointment authority
- ii) Post for which the candidate is being considered.

**BOND FOR THE CANDIDATE ADMITTED TO BSC. IN MEDICAL TECHNOLOGY COURSES AT COLLEGE  
OF MEDICAL TECHNOLOGY & ALLIED HEALTH SCIENCES, SANJAY GANDHI POST GRADUATE  
INSTITUTE OF MEDICAL SCIENCES LUCKNOW**

**(On a non-judicial stamp paper of RS. 100/-)**

Know all me by these present that we, Mr/Km. ----- (Name of Students S/o or D/o  
Mr----- R/o ----- at present a selected candidate of B.Sc. -----  
in college of medical technology and allied health sciences at Sanjay Gandhi Post Graduate institute  
of Medical Sciences, Lucknow-226014 (hereinafter called the student of B.Sc. in -----  
) and

Mr./ Ms. ----- (Name of Father) S/o----- ( here in after called the  
surety) do hereby jointly and severally bind ourselves to Sanjay Gandhi post graduate institute of  
medical , Lucknow -226014 (hereinafter called the SGPGIMS)on demand without any demure claim ,  
proceeding the some not exceeding. 2, 50,000/- (Rupees Two lakhs fifty thousand only) with in the  
period of two weeks form the date of such demand.

Whereas the above named Mr/Km.----- (Name of Students) has been selected in  
college of medical technology and allied health sciences against the BSc in-----  
course of four years including internship of one year commencing from-----2020

Whereas the above named the students has undertaken to join the above course on the condition  
that he/she not leave the course o in between the mid-term of the entire secession of the four year.

And whereas the above named has also undertaken that if he / she resign one leaves the course  
from the commencement of the session and shall be enforceable for any arising thereafter subject in  
the following clauses.

Provided that on request of the above named students and/or surety if the sgpgims extended the  
time for making the above noted sum of Rs.2,50,000/- ( Rupees Two lakhs fifty thousand only ), this  
bond shall remain effective and in force till such payment is made. However the bond executed by  
the above maned students and the surety shall remain effective binding and enforceable till the time  
of decision FROM SGPGIMS not to enforce the same y order of the competent authority.

PROVIDED always that the liability of the surety herein shallot be discharged/impaired by reason of  
the time being granted by any another act o=r any act of forbearance act of the sgpgims or any  
person authorized by the whatever ort without the consent or knowledge of surety nor shall it be  
necessary for the SGPGIMS to sue the above named students before suing above named for the  
amount or part of the amount due hereunder.

The decision of the director SGPGIMS shall be final on any dispute that may arise. All disputes shall  
be subject to Jurisdiction of Hon'ble High Court of Allahabad Lucknow Bench.

SIGNED ECXECUTED AND DELIVERED ON ----- DAY OF ----- IN OERESENCR OF  
FOLLOWINF WITNESS.

WITNESSES

1-----

2-----

STUDENT-----

SURETY-----

EXECUTIVE REGISTRAR

DEAN

**SELF-DECLARATION BY THE PARENTS / GAURDIAN**  
**(On a non-judicial stamp paper of RS. 10/-)**

I ----- (full name of parents / guardians) father mother guardians of-----  
(full name of the students with admission details) having been admitted to-----  
(name of course), educational institutes (hereinafter called the regulations) carefully read and full  
understood the provisions contained in said regulations.

2. that I have particular perused the regulations and am aware as to what constitute raging.

3. That I have also in particular perused penal clauses of the regulation and am fully aware of the  
penal and administrative action that is liable to be taken against my ward in case he/she is o=found  
guilty of or abetting ragging activity or passively or being part of a conspiracy to promote a ragging  
activity or passively or being part of a complicity to promote ragging.

4. I hereby solemnly aver and undertaken that:

(a) My ward will not indulge in any behaviour to act that may be constituted as the ragging under  
clause 8 of the Regulations.

(b) my ward will not participate in or abet to propagate through any act of commission or omission  
that may be constituted as a=ragging under the clauses 8 of the regulations.

5. I hereby affirm that if found guilty of ragging my ward in liable for punishment accordingly to  
clause 8.4 of the regulations without prejudice to any other criminal actions that may e taken against  
my ward under any penal law or any law for the time of the time being in force.

6. I hereby that my ward has been expelled or debarred from admission in any institute in the  
country on account of found being guilty of abetting or being part of a conspiracy to promote against  
and future affirm that if in case the declaration is found to be untrue the admission of may ward is  
liable to be cancelled.

Declaration this ----- day of ----- month of ----- year-----

**Signature of student**

Name-----

Address-----

Telephone / Mobile No. -----

**VERIFICATION**

Verified that the contents of this self-declaration are true to the best of my  
knowledge and no part of the self-declaration is false and nothing has been concealed or  
misstated therein.

Verified at-----of this----- (day) of----- (month) of----- (year)

**Signature of father/mother/guardian**

**SELF-DECLARATION BY THE STUDENT**  
**(On a non-judicial stamp paper of RS. 10/-)**

I----- So/Do----- having been admitted to-----  
(name of course), have received a copy of the UGC Regulations on Cumbering the Menace of Ragging in higher educational the provision contained in the said regulation.

2. That I have perused the regulations and i am aware as to what constitute raging.

3. That I have also in particular perused penal clauses of the regulation and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is o=found guilty of or abetting ragging activity or passively or being part of a conspiracy to promote a ragging activity or passively or being part of a complicity to promote ragging.

4. I hereby solemnly aver and undertaken that:

(a) I will not indulge in any behaviour to act that may be constituted as the ragging under clause 8 of the Regulations.

(b) I will not participate in or abet to propagate through any act of commission or omission that may be constituted as a=ragging under the clauses 8 of the regulations.

5. I hereby affirm that if found guilty of ragging my ward in liable for punishment accordingly to clause 8.4 of the regulations without prejudice to any other criminal actions that may e taken against my ward under any penal law or any law for the time of the time being in force.

6. I hereby that my ward has been expelled or debarred from admission in any institute in the country on account of found being guilty of abetting or being part of a conspiracy to promote against and future affirm that if in case the declaration is found to be untrue the admission of may ward is liable to be cancelled.

Declaration this----- day----- of month of ----- year-----

**Signature of student**

Name-----

Address-----

Telephone / Mobile No. -----

**VERIFICATION**

Verified that the contents of this self-declaration are true to the best of my knowledge and no part of the self-declaration is false and nothing has been concealed or misstated therein.

Verified at-----of this----- (day) of----- (month) of----- (year)

**Signature of father/mother/guardian**