



## Sanjay Gandhi Postgraduate Institute of Medical Sciences

Raebareli Road, Lucknow 226 014

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**Advt No: I/12/ER/ACAD/2021-22**

**Dated: 12<sup>th</sup> July,2021**

### ADVERTISEMENT

Applications are invited on the prescribed format from eligible candidates for admission to "Masters in Hospital Administration (MHA)" course for the session starting from September 2021

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

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

#### **Eligibility:**

- (A) **Qualifications:** MBBS / BDS from an institute/college recognized by MCI/DCI, Govt. of India.
- (B) **Age** – The upper age limit for admission is 35 years as on 31<sup>st</sup> July 2021. Upper age limit is relaxable as per Govt. of U.P. rules in force at the time of admission.
- (C) **Fee:** The applicants are required to enclose a non-refundable bank draft of any nationalized bank for Rs.1000/- in favour of "**Director, SGPGIMS (Academic A/c), Lucknow**", payable at Lucknow.
- (D) **Mode of Selection:** Entrance Examination: MCQ based theory paper in English medium only.

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

Date of availability of information brochure & Advertisement on institute web site <b>www.sgpqi.ac.in</b>	16 <sup>th</sup> July, 2021
Last date for receiving Application Form along with enclosures 17:00h IST	10 <sup>th</sup> August, 2021
Date of Applicant's eligibility status through e-mail	16 <sup>th</sup> August, 2021
Date of dispatch of Admit cards by e-mail	18 <sup>th</sup> August, 2021
Date of written examination:	22 <sup>nd</sup> August, 2021
Date of Display of merit list of qualified candidates on website	23 <sup>rd</sup> August, 2021
Date of Joining of selected candidates	24 <sup>th</sup> August, 2021 onwards

The filled-in application form with requisite fee is to reach, **The Executive Registrar, SGPGIMS, Raebareli Road, Lucknow -226014** along with all relevant documents in support of age, qualification, proof of recognition of professional degree from the relevant professional council, experience, reservation, etc and duly signed upon by the **candidate before the last date that is 10<sup>th</sup> August, 2021**. Envelope should be superscribed with the Advertisement Number and "**Application for Entrance Exam to MHA Program for 2021**".

#### **Please note:**

For information brochure and advertisement, please visit: SGPGIMS website [www.sgpqi.ac.in](http://www.sgpqi.ac.in)

No individual correspondence shall be entertained pertaining to selection/admission. Candidates are requested to follow the instructions / information as contained in the prospectus as available on the institute website [www.sgpqi.ac.in](http://www.sgpqi.ac.in)

For queries email at – [erexam.sgpqi@gmail.com](mailto:erexam.sgpqi@gmail.com)

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

**EXECUTIVE REGISTRAR**

**Advt.No.: I/12/ER/ACAD/2021-22**

**APPLICATION FOR THE MASTERS IN HOSPITAL ADMINISTRATION (MHA) COURSE FOR THE YEAR-2021**

1. Name : .....
2. Father's name : .....
3. Mother's name : .....
4. Date of birth : .....
5. Age as on 31.7.2021 : .....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



Advt.No.: I/12/ER/ACAD/2021-22

**ADMIT CARD For Entrance Examination for MHA Program for the year -2021**

- 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/12/ER/ACAD/2021-22

**Identification Card For Entrance Examination for MHA Program for the year -2021**

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): .....



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

**For Examination Centre only:**

DATE & TIME	SIGNATURE OF CANDIDATE	SIGNATURE OF INVIGILATOR

Candidate Thumb Impression

LEFT THUMB IMPRESSION	RIGHT THUMB IMPRESSION

**Invigilator's Signature:**