

8. Details of the Examination(s) Passed:

S. No.	Exam Passed	Year	Name of Board/ University	Name of School/college	Subject	Max. Marks	Marks Obtained	Percentage of Marks	Remarks
1.	10 th								
2.	12 th								
3.	Graduation								
4.	Post Graduation								
5.	Any other Qualification								

9. Details of current employment (if any) :

Name of Organization	Name of the Post	Present Pay & Grade	Nature of Appointment	Date of Joining	Remarks

10. Entrance Examination Fee of Rs. 2000/- can be deposited in Cash at the cash counter of the Accounts Department of the University. Receipt of deposition of Rs. 2000/- is to be enclosed with the downloaded application form before submission.

11. Rs. 2000/- can also be deposited in below mentioned Bank account of the University through NEFT/RTGS –
Mahatma Gandhi University of Medical Sciences & Technology, Jaipur
A/c No. – 83911010000026
Bank – Syndicate Bank
Branch – MG University, Sitapura, Jaipur
IFS Code – SYNB0008391

In case of deposition of Rs. 2000/- through NEFT/RTGS, please furnish following details -

UTR No.

Name of Account Holder from whose account the amount is remitted

12. Duly filled in downloaded application form can be sent by post or submitted in person in the office of the Principal, Mahatma Gandhi College of Hospital Administration, Mahatma Gandhi University of Medical Sciences & Technology Campus, RIICO Institutional Area, Sitapura, Tonk Road, Jaipur – 302022.

List of Enclosures

- (1) Self attested photocopy of class 10th Certificate/marks sheet showing date of birth and class 12th certificate/marks sheet.
- (2) Self attested photocopy of the Marks sheet of the qualifying graduate level examination.
- (3) No objection certificate/permission from the present employer for two years regular, full time MHA program, if applicable.
- (4) Photocopy of Cash Receipt/Details of NEFT/RTGS.
- (5) Caste Certificate, if applicable, along with domicile certificate.

OBC/MBC Non Creamy layer Certificate shall be valid only if its issue date is within twelve months prior to the notified last date of submission of the Admission Application Form.

Please Tick (✓) the documents you have annexed.

DECLARATION/UNDERTAKING

I declare that all the information furnished by me in the application form is true to the best of my knowledge. If any information found false, my application may be rejected.

I will bring and submit my original Certificates and Marks sheets, Caste Certificate and other Undertakings/ Declarations etc at the time of personal interview.

I will join MHA program only after submission of permission/NOC from my employer (applicable only for in service applicants)

Date _____

Place _____

Signature of the applicant

**No Objection Certificate from the Employer
(for in service candidates only)**

This is to endorse the application of Mr/Ms/Dr..... for full time regular, two years MHA program. If selected, he/she will be permitted to join the MHA program in Mahatma Gandhi College of Hospital Administration, a Unit of Mahatma Gandhi University of Medical Sciences and Technology, Jaipur.

Date

Place

Head of the Organization/Institution

(with seal)

Note –

Incomplete application forms and the application forms received late (after the last date) due to any reason including postal delay shall not be accepted.

Application Form shall not be accepted without fee of Rs. 2000/-.

For further updates please see **www.mgumst.org** regularly. For queries, contact us on email ID- mgcoha@mgumst.org or **Mobile - 7073143999, 0141-2770798 (extn 243)**