KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES:
WARANGALTELANGANA STATE: 506 002

BRIDGE COURSE IN CERTIFICATE PROGRAM COMMUNITY HEALTH EXAMINATIONS NOTIFICATION, JUNE 2023

Lr.No: 686/KNRUHS/Exams/Notifications/2023   Date: 18.05.2023

Sub: - KNRUHS – Exams – Conduct of Examination for Bridge Course in Certificate Program Community Health for BAMS MLHPs in the month of JUNE, 2023 – Issue of Notification - Reg.

Ref: - Orders of the Vice – Chancellor, Dated: 17.05.2023

The Notification is issued for registration of candidates to appear Examination for Bridge Course in Certificate Program Community Health for BAMS MLHPs commencing on **11th JUNE 2023.**

Eligibility to appear for Examinations, JUNE 2023:

➢ The BAMS students selected as BAMS MLHP's and under gone training and completed in Certificate Program Community Health at designated study centers in Districts are eligible to appear for the ensuing examination.

Registration Link:

The Registration link will be published on the University Website on 19.05.2023 and Registration link will be active from 19.05.2023 to 25.05.2023

EXAMINATIONS TIME-TABLE

Sl.No	Date	Day	Subject	Time
1	11.06.2023	SUNDAY	**PAPER – I (70 MARKS)**	**2:00 PM to 5:00 PM (3 HOURS)**
			PAPER- II (70 MARKS)	

Note :
- **Examination shall be conducted in Computer Based (Online) and consist of Multiple-Choice Questions.**
- **All the questions will be of one best / correct response type having four alternatives.**
- **Each answer with correct response shall be awarded one mark.**
- **There is no negative mark for incorrect response.**
- **Zero mark will be given for the questions not answered.**
- **Choose the most appropriate answer.**

**The Examination will be conducted on 11-06-2023 from 2:00 PM to 5:00 PM at a Centre
The Details of the Centre shall be provided in the HALL TICKET.**

Download of Hall Tickets:
The eligible candidate shall download the hall ticket through online from 05-06-2023 from the link

provided in the website http://knruhs.telangana.gov.in.

Procedure of Registration and application flow:

Application User Manual Template

1. Please click on the Registration Link. Please do fill in the requested details. Post registration you will get a Registration Number and Password (to your registered email id).
2. Post registration Click on Go to Application Form (Top right-side corner) or Click on Applicant Login use Login Id & Password (Password is your Date of Birth DD/MM/YYYY).
3. In the Application form it will show you the all your details filled during registration form then it will ask to select the Study Center Location then upload your Photo and Signature
4. Finally give the captcha and submit.

Registration Link:

**The Registration link will be published on the University Website on 19.05.2023
and Registration link will be active from 19.05.2023 to 25.05.2023**

**Students can only submit the application with the Mail Id and Mobile Number
submitted at the training centers**

A. Please click on the Registration Link. Please do fill in the requested details.

Soon After filling all the details, you will get.

B. Declaration: Click on "I Agree" & Enter Captcha & Click on Submit

Declaration

I declare the information provided by me is true in all respect and in case any information found to be false, my application would stand cancelled automatically.

☑ I Agree

Vw7rimC

Vw7rimC

Note: Captcha is case insensitive.

SUBMIT

C. Soon after Submit Button Alert Pop-Up Notification will applier, need to click on "OK"

REGISTRATION FORM FOR Certificate Program Community Health - KNRUHS

REGISTRATION

Note:
Important communication will be

⚠ Alert!

The information once submitted can not be modified. Click on 'OK' if you have verified the information to be correct and to submit else click 'Close' to review again and then to Submit.

OK   Close

Declaration

Note   ✕   CIENCES

Registered successfully.
Registration No. is 23000019
Please note it for future reference.
An email and SMS has been sent containing Registration Number/Login ID and password.

KNRUHS Application   APPLICATION   ⟶ LOGOUT

APPLICANT DE

Close

D. Log-in page:

KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES

TELANGANA STATE, WARANGAL

Login

Login to Fill/Submit/View Application Form

USER ID: *

23000019

PASSWORD(DD/MM/YYYY): *

Enter Password

5brawre

Type 7 characters as shown in image
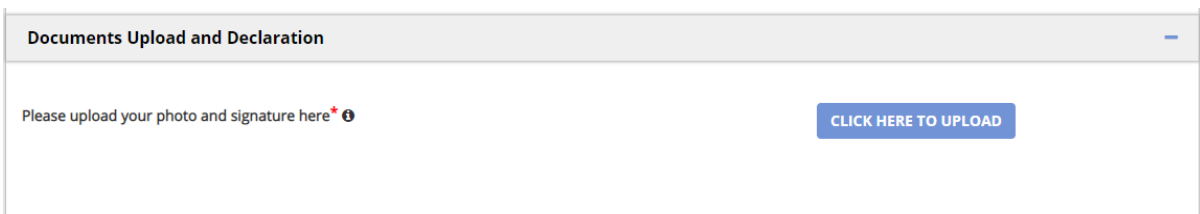
LOGIN

New? Register Here

E. Login by using User ID and Password shared to your registered email ID (Login ID is your Registration Number & Password is your Date of Birth in the format of DD/MM/YYYY) "/" is mandatory between the Date of Birth

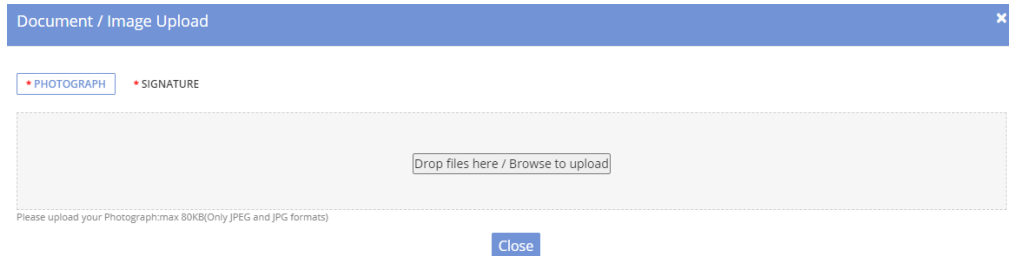F. After login successfully, you will see all your personal details filled by you in registration form.

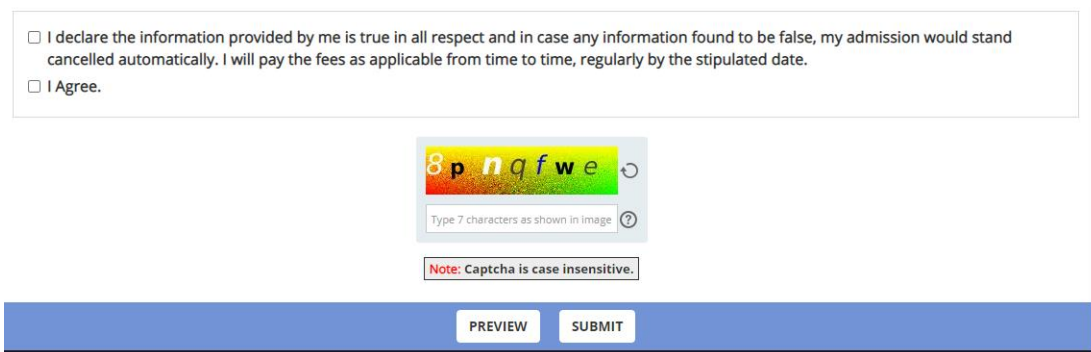G. Scroll down till Other Details Tab, Here you can select your Study Center Location

Other Details   −

Place of Study Center*

Place of Study Center   ▾

H. Next go to Documents Upload and Declaration Tab then Click on **CLICK HERE TO UPLOAD**

Documents Upload and Declaration   −

Please upload your photo and signature here* ❶   **CLICK HERE TO UPLOAD**

I. Here you can upload your Photo & Signature, the file max size is 80KB and it should be in JPEG or JPG formats only.

Document / Image Upload   ✕

* PHOTOGRAPH   * SIGNATURE

Drop files here / Browse to upload

Please upload your Photograph:max 80KB(Only JPEG and JPG formats)

Close

J. Once completed the uploading process, select the below check boxes and give captcha then click on Submit.

☐ I declare the information provided by me is true in all respect and in case any information found to be false, my admission would stand cancelled automatically. I will pay the fees as applicable from time to time, regularly by the stipulated date.
☐ I Agree.

8 p n q f w e ↺

Type 7 characters as shown in image ❓

Note: Captcha is case insensitive.

PREVIEW   SUBMIT

Once Submit the application you will get a confirmation mail so that your application submitted successfully.

HELP DESK NUMBERS:-

For technical problems :+91 - 9490823776

**Controller of Examinations
KNRUHS, TS, Warangal**

To
The Commissioner,
Family Welfare, Telangana State

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With a request to circulate among the students/District training centers head concerned and to Display in the notice boards

<u>**Copy to:**</u>

1. The Joint Registrar (Modern Medicine), Academic Wing, KNRUHS
2. The Finance Wing, KNRUHS
3. PA to Registrar/PS to Vice Chancellor, KNRUHS
4. TCS iON