



**KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES
TELANGANA, WARANGAL - 506 002.**

RECRUITMENT NOTIFICATION

NOTIFICATION NO. 01/2026

**APPLICATIONS ARE INVITED FROM THE ELIGIBLE CANDIDATES FOR THE POST OF REGISTRAR IN
KNRUHS, WARANGAL, TELANGANA AS PER STATUTES 2 (B) OF KNRUHS ACT 2014.**

<u>SL.NO</u>	<u>NAME OF THE POST</u>	<u>QUALIFICATION</u>
01.	REGISTRAR	a) An academician in the field of medical sciences not lower in rank than of a Professor with a five-year standing (or) b) An officer not below the rank of Deputy Secretary in Government (or) c) An officer of the University in Telangana State not below the rank of Joint Registrar.

1. The Registrar shall hold office for a term of three years from the date of his/her appointment and he/she shall be eligible for reappointment for a second term.
2. The scale of pay of Registrar shall be the same as he/she was drawing in his/her original post or the Deputy Secretary to Government of Telangana or the scale of pay attached to the post of Registrar in other University.
3. Any other allowances as may be decided by the Executive Council.
4. The applicant must have 04 years of left over service.
5. The applicant must have administrative knowledge and should have knowledge over University Statutes & Act.
6. The applicant should be well-versed with NMC norms and guidelines.

Interested candidates who fulfill the above requirements may submit their application in the proforma enclosed with self-attested copies of the relevant certificates to **The Vice Chancellor, Kaloji Narayana Rao University of Health Sciences (KNRUHS), Auto Nagar Road, Warangal – 506 002 (T.G.) by 5.00 PM on or before 12.05.2026** by regd. post only along with two recent passport size photographs (one should be affixed on the appicate and another should be enclosed to the application) and two self-addressed envelopes. ***These applications should be submitted through proper channel with NOC from Head of the Department. No applications will be accepted directly at the University.***

UNIVERSITY WILL NOT BE RESPONSIBLE FOR ANY POSTAL DELAY.

Proforma of application is enclosed along with this notification.

Sd/-
**VICE CHANCELLOR
KNRUHS, WARANGAL**

Warangal.

Dated: 20.04.2026.



KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, WARANGAL

Application Form for the Post of Registrar

**Passport size
Coloured Signed
Photograph**

1.	Name in Full (in Capital Letters)							
2.	Father's/Husband's Name							
3.	Date of birth (Please attach true copy of certificate)		Day		Month		Year	
	Age on 01.06.2025							
4.	a) Marital Status: Married/Unmarried							
	b) Gender:							
5.	a) Permanent Address	b) Correspondence Address						
	Mobile No.:		E-Mail:					
6.	Nationality							
7.	Social Status							

A. Educational Qualification:

(Please attach self-attested photocopies of various Degrees/ Certificates/ Mark sheets):-

S. No.	Qualification Degree/ Certificate	Specialization	University/Institution/ Board	Year of passing	Division	Percentage of Marks
1.	Ph.D.					
2.	PG					
3.	UG					
4.	Intermediate					
5.	SSC (10 th)					

B. Experience: Academic/Administrative/Other

1. Details of Academic Experience:

Details of experience as Assistant Professor including Associate Professor or comparable experience in research establishment and/or other institutions of higher education.

(Please attach self-attested copies of proof)

Position/Designation	Name of Institution	From	To Till date	Total		AGP
				Years	Months	

2. Details of Administrative Experience:

(Please attach self-attested copies of proof)

Position/Designation	Name of Institution	From	To Till date	Total		AGP
				Years	Months	

3. Other Experience Computerized Administration / Finance / Establishment matters:

(Please attach self-attested copies of proof)

Position/Designation	Name of Institution	From	To Till date	Total		Pay & Pay Scale or AGP
				Years	Months	

C. Details of Publications:

Journal	Topic	Month and Year

D. Have you ever been suspended/ censured / dismissed previously in any post or any educational institutions If yes, give particulars:

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DECLARATION

“I hereby declare that the details given by me in the above application are true, complete and correct to the best of my knowledge and belief. In case any details are found to be false at a later date, action may be taken by the University as per Rules.

Place:.....
Date:.....

Signature of Applicant
Name:.....

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NO OBJECTION CERTIFICATE TO BE FURNISHED BY THE CANDIDATE.

Certified that Mr/Ms.....Son/Daughter of Shri.....
is a permanent employee and is presently holding the post of the
department..... This Department has no objection if he/she is
appointed as Registrar in KNRUHS on Foreign Service Deputation for a period of 3 years.

Signature of HOD with seal

Place:.....
Date:.....

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