

## Kaloji Narayana Rao University of Health Sciences

### User Manual

Note: Images are showing in this document is for sample purpose only



**Login**

1

2 [Forgot Password?](#)

### Login Page:

1. Enter the Login ID: The user needs to input their username in the designated field.
2. For first time Users Click on "Forgot Password": By clicking this option, a new password will be generated and sent to the user's registered email address. After login with the new password the user can change the password for future login.



Kaloji Narayanarao University of Health Sciences  
Telangana, Warangal.

#### Reset Password

- 1   
yuvaraju.c@gradiious.com [Login?](#)
- 2

### Login Page- Reset Password:

1. **Enter the Username:** The user needs to input their username in the designated field.
2. **Click on "Reset Password":** By selecting this option, a new password will be generated and sent to the user's registered email address.

## User Pages

The screenshot displays the user interface of the Kaloji Narayana Rao University of Health Sciences portal. The header includes the university's name and logo. The main content area features the details for the Army College of Dental Sciences, including contact information and a 'NEW REQUEST' button. Below this is a 'My Requests' section with a table of requests.

Request ID	College Name	Request Date	Status
AR0026YMA5Q	Army College of Dental Sciences	11/03/2025	✓ Paid
AR002ACKRTC	Army College of Dental Sciences	11/03/2025	✓ Paid
AR0027LHQ55	Army College of Dental Sciences	10/03/2025	✓ Approved

### Affiliation Login:

1. View College Details: After logging in, the user can view the details of the specific college.
2. Request College Affiliation: The user can click on "New Request" to apply for college affiliation.

## User Pages

Razorpay Dashboard x KNRUHS x +

knruhs.edumatrixerp.com/requests/new

**Kaloji Narayana Rao University of Health Sciences**  
Telangana, Warangal.

← Back

**Army College of Dental Sciences**

College Phone: 9000678084 | Website: | Email: srinivas2k@gmail.com | Management: Private | Principal Name: | College Code: AR002 | Principal No.:

Address: Army College of Dental Sciences, ACDS Nagar, Secunderabad – 500087

Academic Year: 2025-26

**Disclaimer:** Please complete the affiliation request carefully and review it thoroughly before submitting it. Make sure all provided details are accurate and up to date to avoid any delays in processing. Double-check that all required documents are attached before final submission.

I have read and accepted the above instructions.

Type here to search | 30°C | 11:47 AM | 3/12/2025

### Affiliation Page:

1. **Read the Disclaimer:** The user must read the disclaimer to avoid any mistakes before proceeding with the affiliation process.
2. **Agree to Terms:** The user needs to click the checkbox to continue with the affiliation.
3. **Continuation Button:** The user can select the "Continuation" button to apply for affiliation for already existing courses with number of seats in a particular institute affiliated to the University. This button will be accessible only during scheduled time period issued by the University.
4. **Provisional Button:** The user can select the "Provisional" button to apply for enhancement of intake, reduction of intake for particular course or starting of a new course.
5. **Consent Button:** The user can select the "Consent" button to apply for Consent of Affiliation for starting of a new course or the enhancement of intake in an already existing course.

## User Pages

The screenshot shows a web browser window with the URL [knruhs.edumatixerp.com/requests/new](http://knruhs.edumatixerp.com/requests/new). The page header includes the KNRUHS logo and the text "Kaloji Narayana Rao University of Health Sciences, Telangana, Warangal." Below the header, there is a "Back" button and a form for "Army College of Dental Sciences". The form contains the following fields:

- College Phone: 9000678084
- Website: [Website](#)
- Email: [srinivas2k@gmail.com](mailto:srinivas2k@gmail.com)
- Management: Private
- Principal Name: [Principal Name](#)
- College Code: AR002
- Principal No.:
- Address: Army College of Dental Sciences, ACDS Nagar, Secunderabad – 500087

Below the form, there is an "Academic Year" dropdown menu set to "2025-26". A disclaimer states: "Disclaimer: Please complete the affiliation request carefully and review it thoroughly before submitting it. Make sure all provided details are accurate and up to date to avoid any delays in processing. Double-check that all required documents are attached before final submission." A checkbox labeled "I have read and accepted the above instructions." is checked. There are three radio buttons for "Consent": "Consent" (selected), "Provisional", and "Continuation". Below the radio buttons, there is a "For:" section with two radio buttons: "Add Courses / New College" (selected) and "Increase Seats". At the bottom, there is a "Select Program:" section with radio buttons for "UG" and "PG". The Windows taskbar is visible at the bottom of the browser window, showing the search bar, taskbar icons, and system tray with the date and time "11:48 AM 3/12/2025".

### Applying for Affiliation:

1. **Select Affiliation Type:** The user clicks on the required affiliation option based on their needs.
2. **Specify Details:** After selecting the affiliation request, the user needs to choose the appropriate radio button to either add a course/new college or to increase seats.

## User Pages

**Army College of Dental Sciences**

College Phone: 9000678084 | Website | Email: srinivas2k@gmail.com | Management: Private | Principal Name: | College Code: AR002 | Principal No.:

Address: Army College of Dental Sciences, ACDS Nagar, Secunderabad – 500087

Academic Year: 2025-26

**Disclaimer:** Please complete the affiliation request carefully and review it thoroughly before submitting it. Make sure all provided details are accurate and up to date to avoid any delays in processing. Double-check that all required documents are attached before final submission.

I have read and accepted the above instructions.

Consent |  Provisional |  Continuation

For :  Add Courses / New College |  Increase Seats

Select Program :  UG |  PG

Select PG Type :  SUPER SPECIALITY |  MDS |  MD/MS

Select	PG MDS Course	Existing Seats	Add/Remove Seats	Total
<input type="checkbox"/>	ORAL & MAXILLOFACIAL SURGERY	0	- 0 +	0

### Consent Request:

1. **Consent request:** After selecting the consent request, the user needs to choose the appropriate radio button to either add a course/new college or to increase seats.
2. **Select Affiliation Type:** The user clicks on the required affiliation option based on their needs.
3. **Choose Program:** The user selects either the UG or PG radio button based on their request.
4. **Select Course Type:** If the user selects a program type, they then need to choose the corresponding course type.

## User Pages

Select Program :  UG  PG

Select PG Type :  SUPER SPECIALITY  MDS  MDIMS

Select	PG MDS Course	Existing Seats	Add/Remove Seats	Total
<input checked="" type="checkbox"/>	ORAL MEDICINE & RADIOLOGY	0	- 3 +	3
<input checked="" type="checkbox"/>	ORAL & MAXILLOFACIAL SURGERY	0	- 4 +	4
<input type="checkbox"/>	CONSERVATIVE DENTISTRY & ENDODONTICS	0	- 0 +	0
<input type="checkbox"/>	ORTHODONTICS & DENTOFACIAL ORTHOPAEDICS	0	- 0 +	0
<input type="checkbox"/>	PROSTHODONTICS AND CROWN & BRIDGE	0	- 0 +	0
<input type="checkbox"/>	PERIODONTOLOGY	0	- 0 +	0
<input type="checkbox"/>	PEDODONTICS & PREVENTIVE DENTISTRY	0	- 0 +	0
<input type="checkbox"/>	ORAL PATHOLOGY & MICROBIOLOGY	0	- 0 +	0
<input type="checkbox"/>	PUBLIC HEALTH DENTISTRY	0	- 0 +	0

SAVE & CONTINUE

### Consent Request:

1. **Select the Required Course:** The user selects the course they need.
2. **Check Existing Seats:** The user reviews the current number of seats available.
3. **Adjust Seats:** If necessary, the user can click the add button to increase or decrease the number of seats.
4. **Upload Essentiality Certificate:** Once the seats are confirmed for the specific course, the user uploads the Letter of Permission (LOP) for that course.
5. **Save Details:** After filling in all the required details, the user clicks on the "Save & Continue" button.

## User Pages

KNRUHS

knruhs.edumatixerp.com/requests/new

ORAL PATHOLOGY & MICROBIOLOGY 0 - 0 + 0

PUBLIC HEALTH DENTISTRY 0 - 0 + 0

SAVE & CONTINUE

### Required Documents

Essentiality\_Certificate (if multiple courses, merge all in single pdf)

MDS AFFILIATION SCHE... 0.90 MB Upload Successful

Requisition\_Letter

MBBS REVISED SCHEDUL... 1.03 MB Upload Successful

Faculty\_Information Template

KNRUHS\_affiliation\_r... 0.48 MB Upload Successful

Previous LOP of the course (Optional)

MBBS REVISED SCHEDUL... 1.03 MB Upload Successful

SUBMIT AFFILIATION REQUEST

Type here to search

33°C

ENG IN 5:35 PM 3/6/2025

### Consent required document:

1. **Upload Required Documents:** The user uploads the documents mentioned in the document list.
2. **Submit Affiliation:** Once the documents are uploaded, the user clicks on the "Submit" button.
3. Once the documents uploaded for consent affiliation. User need to get approval from the Admin for document verification.

---

1 Your New Application has been submitted with Request ID GR004MT3TBV successfully.

2 [Click here to goto Homepage](#)

---

### Consent Requested id:

1. Consent Request Submission: The request has been submitted, and a new request ID is generated to track the consent affiliation request process.
2. Return to Home Page: Once the request has been submitted, click on the "Home" button to go back to the home page.

## User Pages

**Army College of Dental Sciences**

College Phone: 9000678084 | Website | Email: srinivas2k@gmail.com | Management: Private | Principal Name: | College Code: AR002 | Principal No.: | Address: Army College of Dental Sciences, ACDS Nagar, Secunderabad – 500087

Academic Year: 2025-26

**Disclaimer:** Please complete the affiliation request carefully and review it thoroughly before submitting it. Make sure all provided details are accurate and up to date to avoid any delays in processing. Double-check that all required documents are attached before final submission.

I have read and accepted the above instructions.

For :  Add Course  Increase / Decrease Seats

Select Program :  UG  PG

Select PG Type :  SUPER SPECIALITY  MDS  MD/MS

Select	PG MDS Course	Existing Seats	Add/Remove Seats	Total	LOP	Save
<input type="checkbox"/>	ORAL PATHOLOGY & MICROBIOLOGY	12	- 0 +	12	Upload LOP	SAVE

### Provisional Request:

1. **Provisional request:** After selecting the Provisional request, the user needs to choose the appropriate radio button to either add course or to increase/decrease seats.
2. **Select Affiliation Type:** The user clicks on the required affiliation option based on their needs.
3. **Choose Program:** The user selects either the UG or PG radio button based on their request.
4. **Select Course Type:** If the user selects a program type, they then need to choose the corresponding course type.

## User Pages

Disclaimer: Please complete the affiliation request carefully and review it thoroughly before submitting it. Make sure all provided details are accurate and up to date to avoid any delays in processing. Double-check that all required documents are attached before final submission.

I have read and accepted the above instructions.

For:  Add Course  Increase / Decrease Seats

Select Program:  UG  PG

Select PG Type:  SUPER SPECIALITY  MDS  MD/MS

Select	PG MDS Course	Existing Seats	Add/Remove Seats	Total	LOP	Save
<input checked="" type="checkbox"/>	ORAL PATHOLOGY & MICROBIOLOGY	12	5	17	<input type="button" value="upload..."/>	<input type="button" value="SAVE"/>
<input type="checkbox"/>	PUBLIC HEALTH DENTISTRY	9	0	9	<input type="button" value="Upload LOP"/>	<input type="button" value="SAVE"/>
<input type="checkbox"/>	ORAL MEDICINE & RADIOLOGY	4	0	4	<input type="button" value="Upload LOP"/>	<input type="button" value="SAVE"/>
<input type="checkbox"/>	CONSERVATIVE DENTISTRY & ENDODONTICS	3	0	3	<input type="button" value="Upload LOP"/>	<input type="button" value="SAVE"/>
<input type="checkbox"/>	PROSTHODONTICS AND CROWN & BRIDGE	3	0	3	<input type="button" value="Upload LOP"/>	<input type="button" value="SAVE"/>
<input type="checkbox"/>	PERIODONTOLOGY	3	0	3	<input type="button" value="Upload LOP"/>	<input type="button" value="SAVE"/>
<input type="checkbox"/>	ORAL & MAXILLOFACIAL SURGERY	2	0	2	<input type="button" value="Upload LOP"/>	<input type="button" value="SAVE"/>
<input type="checkbox"/>	ORTHODONTICS & DENTOFACIAL ORTHOPAEDICS	2	0	2	<input type="button" value="Upload LOP"/>	<input type="button" value="SAVE"/>
<input type="checkbox"/>	PEDODONTICS & PREVENTIVE DENTISTRY	2	0	2	<input type="button" value="Upload LOP"/>	<input type="button" value="SAVE"/>

### Provisional submission:

1. **Select the Required Course:** The user selects the course they need.
2. **Check Existing Seats:** The user reviews the current number of seats available.
3. **Adjust Seats:** If necessary, the user can click the add button to increase or decrease the number of seats.
4. **Upload LOP:** Once the seats are confirmed for the specific course, the user uploads the Letter of Permission (LOP) for that course.
5. **Save Details:** After filling in all the required details, the user clicks on the "Save" button.
6. **Once the details are filled then user click on "save and continue" button.**

1 Required Documents

Requisition\_Letter

Payment-Details (8).... Upload Successful  
59.75 MB

Faculty\_Information [Template](#)

Payment-Details (9).... Upload Successful  
61.35 MB

Consent or Previous Affiliation Order

Payment-Details (9).... Upload Successful  
61.35 MB

2

SUBMIT AFFILIATION REQUEST

**Provisional required Document:**

1. Upload Required Documents: The user uploads the documents mentioned in the document list.
2. Submit : Once the documents are uploaded, the user clicks on the "Submit" button.

---

1 Your New Application has been submitted with Request ID GR004MT3TBV successfully.

2 [Click here to goto Homepage](#)

---

### Provisional Requested id:

1. Provisional Request Submission: The affiliation request has been submitted, and a new request ID is generated to track the provisional affiliation request process.
2. Return to Home Page: Once the request has been submitted, click on the "Home" button to go back to the home page.

## User Pages

**Army College of Dental Sciences**

College Phone: 9000678084 | Website: | Email: srinivas2k@gmail.com | Management: Private | Principal Name: | College Code: AR002 | Principal No.:

Address: Army College of Dental Sciences, ACDS Nagar, Secunderabad – 500087

Academic Year: 2025-26

**Disclaimer:** Please complete the affiliation request carefully and review it thoroughly before submitting it. Make sure all provided details are accurate and up to date to avoid any delays in processing. Double-check that all required documents are attached before final submission.

I have read and accepted the above instructions.

Select Program :  UG  PG  
Select PG Type :  MDS

Select	PG MDS Course	Existing Seats	Add/Remove Seats	Total	LOP	Save
<input checked="" type="checkbox"/>	ORAL PATHOLOGY & MICROBIOLOGY	12	- 0 +	12	<input type="button" value="Upload LOP"/>	<input type="button" value="SAVE"/>

### Continuation Applying:

1. **Select the Required Course:** The user selects the course they need.
2. **Check Existing Seats:** The user reviews the current number of seats available.
3. **Adjust Seats:** If necessary, the user can click the add button to increase or decrease the number of seats.
4. **Upload LOP:** Once the seats are confirmed for the specific course, the user uploads the Letter of Permission (LOP) for that course.
5. **Save Details:** After filling in all the required details, the user clicks on the "Save" button.

## User Pages

Disclaimer: Please complete the affiliation request carefully and review it thoroughly before submitting it. Make sure all provided details are accurate and up to date to avoid any delays in processing. Double-check that all required documents are attached before final submission.

I have read and accepted the above instructions.

Select Program :  UG  PG  
Select PG Type :  MDS

Select	PG MDS Course	Existing Seats	Add/Remove Seats	Total	LOP	Save
<input checked="" type="checkbox"/>	ORAL PATHOLOGY & MICROBIOLOGY	12	0	12	MDS A...	SAVE
<input checked="" type="checkbox"/>	PUBLIC HEALTH DENTISTRY	9	0	9	MDS A...	SAVE
<input checked="" type="checkbox"/>	ORAL MEDICINE & RADIOLOGY	4	0	4	MDS A...	SAVE
<input checked="" type="checkbox"/>	CONSERVATIVE DENTISTRY & ENDOODONTICS	3	0	3	MDS A...	SAVE
<input checked="" type="checkbox"/>	PROSTHODONTICS AND CROWN & BRIDGE	3	0	3	MDS A...	SAVE
<input checked="" type="checkbox"/>	PERIODONTOLOGY	3	0	3	MDS A...	SAVE
<input checked="" type="checkbox"/>	ORAL & MAXILLOFACIAL SURGERY	2	0	2	MDS A...	SAVE
<input checked="" type="checkbox"/>	ORTHODONTICS & DENTOFACIAL ORTHOPAEDICS	2	0	2	MDS A...	SAVE
<input checked="" type="checkbox"/>	PEDODONTICS & PREVENTIVE DENTISTRY	2	0	2	MDS A...	SAVE

### Continuation Submission:

1. Complete All Required Fields: The user fills in all the required fields as per the request.
2. Save and Continue: The user clicks on the "Save and Continue" button to proceed to the next step.

## User Pages

1 Required Documents

Requisition\_Letter

Payment-Details (8)... 59.75 MB Upload Successful

Faculty\_Information [Template](#)

Payment-Details (9)... 61.35 MB Upload Successful

Consent or Previous Affiliation Order

Payment-Details (9)... 61.35 MB Upload Successful

2

SUBMIT AFFILIATION REQUEST

### Continuation submission:

1. Upload Required Documents: The user uploads the documents mentioned in the document list.
2. Submit: Once the documents are uploaded, the user clicks on the "Submit" button.

---

1 Your New Application has been submitted with Request ID GR004MT3TBV successfully.

2 [Click here to goto Homepage](#)

---

### Continuation Requested id:

3. Continuation Request Submission: The affiliation request has been submitted, and a new request ID is generated to track the affiliation request process.
4. Return to Home Page: Once the request has been submitted, click on the "Home" button to go back to the home page.

1 Inspection fee

Course	Total Seats	Fee	Late Fee %	Late Fee Amount	Total Fee (including Late fee)	GST	GST Amount	Total
ORAL MEDICINE & RADIOLOGY	11	25000	0	0	25000	18	4500	29500
ORAL & MAXILLOFACIAL SURGERY	4	25000	0	0	25000	18	4500	29500

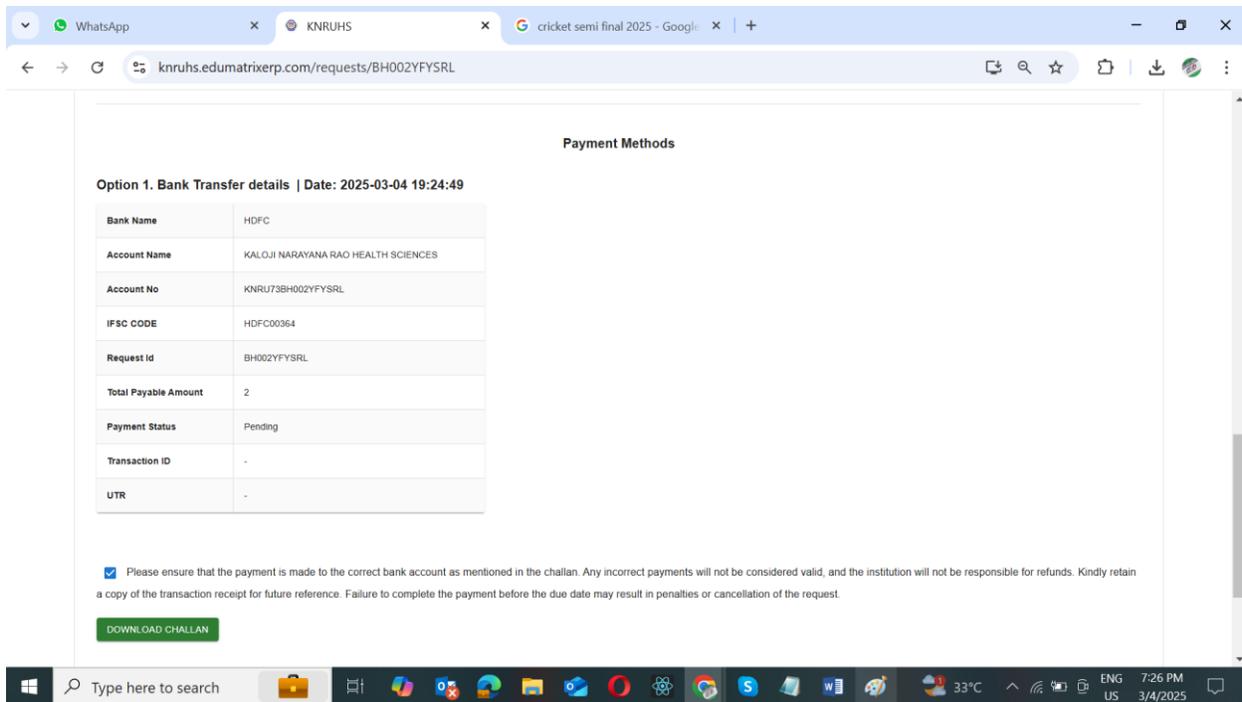
2 Affiliation fee

Course	Total Seats	Fee	Late Fee %	Late Fee Amount	Total fee (including late fee)	GST	GST Amount	Total
ORAL MEDICINE & RADIOLOGY	11	50000	0	0	50000	18	9000	59000
ORAL & MAXILLOFACIAL SURGERY	4	50000	0	0	50000	18	9000	59000
CONSERVATIVE DENTISTRY & ENDODONTICS	3	50000	0	0	50000	18	9000	59000
PROSTHODONTICS AND CROWN & BRIDGE	10	50000	0	0	50000	18	9000	59000
PERIODONTOLOGY	3	50000	0	0	50000	18	9000	59000

**Affiliation fee structure:**

1. **Review Fee Structure:** After receiving approvals from the admin, the user can check the fee structure. This includes the fees for the specific college and courses that were applied for, along with the inspection fee and affiliation fee.

## User Pages



The screenshot shows a web browser window with the URL [knruhs.edumatrixerp.com/requests/BH002YFYSRL](http://knruhs.edumatrixerp.com/requests/BH002YFYSRL). The page title is "Payment Methods". Under "Option 1. Bank Transfer details | Date: 2025-03-04 19:24:49", there is a table with the following information:

Bank Name	HDFC
Account Name	KALOJI NARAYANA RAO HEALTH SCIENCES
Account No	KNRU73BH002YFYSRL
IFSC CODE	HDFC00364
Request Id	BH002YFYSRL
Total Payable Amount	2
Payment Status	Pending
Transaction ID	-
UTR	-

Below the table, there is a checkbox that is checked, with the text: "Please ensure that the payment is made to the correct bank account as mentioned in the challan. Any incorrect payments will not be considered valid, and the institution will not be responsible for refunds. Kindly retain a copy of the transaction receipt for future reference. Failure to complete the payment before the due date may result in penalties or cancellation of the request." Below this text is a green button labeled "DOWNLOAD CHALLAN".

### Payment option1:

1. **Download Challan:** The user clicks on the "Download Challan" button to obtain the payment document.
2. **Pay Fee at Bank:** The user pays the fee at their respective bank.
3. The college can also add the account to their online banking and make the payment. The transaction will be reflected in the portal within 30 minutes.
4. **Verify Payment:** Once the payment is made, the Payment status on the bank details page will display as "Paid."
5. **Download PDF:** The user can then click on the "Download PDF" button for reference after the Payment status on the bank details page displays as "Paid".

Submit the downloaded PDF attested by the college authorities along with necessary attachments to the University in offline for further process.

## Payment option2:

The screenshot shows a web browser window with the URL `knruhs.edumatrixerp.com/requests/BH002YFYSRL`. The page content is as follows:

Account No	KNRU73BH002YFYSRL
IFSC CODE	HDFC00364
Request Id	BH002YFYSRL
Total Payable Amount	2
Payment Status	Pending
Transaction ID	-
UTR	-

Please ensure that the payment is made to the correct bank account as mentioned in the challan. Any incorrect payments will not be considered valid, and the institution will not be responsible for refunds. Kindly retain a copy of the transaction receipt for future reference. Failure to complete the payment before the due date may result in penalties or cancellation of the request.

[DOWNLOAD CHALLAN](#)

**Option 2: Payment Gateway - (Online / UPI / Debit & credit cards)**

[CLICK HERE PAY ₹ 2](#)

Your affiliation request has been successfully submitted. Please note that this submission is only for processing purposes and does not serve as proof of affiliation. The final affiliation will be issued by the University after verifying the submitted documents and payments (if applicable). Until then, this submission holds no legal rights or validity.

At the bottom of the browser window, there is a green bar with the text "DOWNLOAD PAGE AS PDF" and a Windows taskbar showing the date and time as 7:28 PM on 3/4/2025.

6. **Payment Gateway:** The user clicks on the "CLICK HERE PAY" option button to obtain the payment, then it will redirect to the HEDFC Payment gateway, where the college can pay the affiliation free through Online / Debit Card / Credit Card / UPI. The transaction will be reflected in the portal within 30 minutes.
7. **Verify Payment:** Once the payment is made, the Payment status on the bank details page will display as "Paid."
8. **Download PDF:** The user can then click on the "Download PDF" button for reference after the Payment status on the bank details page displays as "Paid".

Submit the downloaded PDF attested by the college authorities along with necessary attachments to the University in offline for further process.