

अखिल भारतीय योग एवं प्राकृतिक चिकित्सा संस्थान

Akhil Bhartiya Yog Avm Prakritik Chikitsa Sansthan (ABYPCS)

All India Institute of Yoga & Naturopathy

(An Autonomous Yoga, Naturopathy & Skill Development Institute)
Registered under the Societies Registration Act, XXI of 1860 (NCT of Delhi)



APPLICATION FOR REGISTRATION RENEWAL

1. STUDENT DETAILS

- Student Name (Block Letters): _____
- Father's / Husband's Name: _____
- Mother's Name: _____
- Date of Birth (DD/MM/YYYY): _____
- Registration Number: _____
- Contact Number: _____
- Email ID: _____

2. COURSE DETAILS

- Course Name: _____
- Course Category / Department: _____

- Mode of Study: Regular Distance Online
- Session / Batch: _____
- Study Centre Name & Code: _____
- Original Date of Admission: _____

3. REASON FOR REGISTRATION RENEWAL

(Tick applicable and provide details)

- Course validity expired
- Examination not completed
- Training delayed
- Personal / Medical reason
- Other (Specify): _____

Detailed Explanation: _____

4. STUDENT DECLARATION

I, the undersigned student, hereby apply for renewal of my registration with Akhil Bhartiya Yog Avm Prakritik Chikitsa Sansthan (ABYPCS) and declare that:

- Registration renewal is subject to approval by the Head Office.
- Renewal does not guarantee examination eligibility unless all academic and administrative norms are fulfilled.
- All applicable renewal fees are non-refundable under any circumstances.
- The course is intended for Yoga, Naturopathy practice, wellness services, self-employment and skill-based professional work only.
- No claim for Government or Semi-Government job eligibility shall be applicable.

I agree to abide by all rules, regulations and decisions of ABYPCS.

Student Signature: _____

Student Name: _____

Date: _____

5. STUDY CENTRE VERIFICATION & RECOMMENDATION

I hereby verify that the above-mentioned student details are correct as per study centre records.

Study Centre Recommendation:

Recommended Not Recommended

Remarks: _____

Study Centre Head Name: _____

Designation: _____

Signature & Seal: _____

Date: _____

6. APPROVAL (FOR HEAD OFFICE USE ONLY)

Application Received On: _____

Verified By (Name & Designation): _____

Registration Renewal Status: Approved Not Approved

Validity Extended Upto: _____

Remarks: _____

Approved By (Head Office Authority): _____

Designation: _____

Signature & Office Seal: _____

Date: _____

IMPORTANT NOTE

- Registration renewal is granted solely at the discretion of the Head Office.
- Approval does not create any future right, claim or entitlement.
- ABYPCS reserves the right to reject any application without assigning reason.

ABYPCS – Admission & Registration Department

Website: www.abypcs.com

Helpline: 78726-78726

AKHIL BHARTIYA YOG AVM PRAKRITIK CHIKITSA SANSTHAN
NEW DELHI