

# 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)



BACK PAPER / SUPPLEMENTARY EXAMINATION FORM

(For Re-Appearence in Examination)

#### 1. STUDENT DETAILS

Student Name (Block Letters): \_\_\_\_\_

Father's / Husband's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Enrollment Number: \_\_\_\_\_

Registration Number (if applicable): \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Category / Department: \_\_\_\_\_

Study Centre Name & Code: \_\_\_\_\_

#### 2. EXAMINATION DETAILS

Subject Name(s): \_\_\_\_\_

Type of Examination:

Back Paper  Supplementary

Exam Session (Month / Year): \_\_\_\_\_

Examination Centre (if applicable): \_\_\_\_\_

### 3. FEE DETAILS

Examination Fee Amount: ₹ \_\_\_\_\_

Payment Mode:  Online  Cash  DD

Transaction ID / DD No.: \_\_\_\_\_

Date of Payment: \_\_\_\_\_

### 4. STUDENT DECLARATION

I hereby declare that I am applying for the above-mentioned Back Paper / Supplementary Examination as per the rules and regulations of **Akhil Bhartiya Yog Avm Prakritik Chikitsa Sansthan (ABYPCS)**.

I understand and accept that:

- Examination fee once paid is non-refundable under any circumstances.
- Appearance in examination is subject to eligibility verification and approval.
- Passing the examination does not alter the autonomous and self-employment-oriented nature of the course.

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

Student Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

## 5. RECOMMENDATION BY STUDY CENTRE

Certified that the above-mentioned student is eligible and has cleared all applicable dues related to this examination.

Study Centre Name: \_\_\_\_\_

Authorized Signatory Name: \_\_\_\_\_

Signature & Seal: \_\_\_\_\_

Date: \_\_\_\_\_

## 6. FOR OFFICE USE ONLY (ABYPCS)

Application Received On: \_\_\_\_\_

Verified By: \_\_\_\_\_

Eligibility Status:  Eligible  Not Eligible

Exam Session Approved: \_\_\_\_\_

Admit Card Issued:  Yes  No

Signature (Examination Department): \_\_\_\_\_

## IMPORTANT INSTRUCTIONS

- Incomplete forms shall be rejected without processing.
- Examination fee is strictly non-refundable.
- Admit card shall be issued only after official approval by the Examination Department.

## ABYPCS – Examination Department

Website: [www.abypcs.com](http://www.abypcs.com)

Helpline: 78726-78726