

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)



CERTIFICATE / MARKSHEET CORRECTION

(For Correction in Academic Records)

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: _____
- Study Centre Name & Code: _____
- Contact Number: _____
- Email ID: _____

2. DOCUMENT DETAILS

Type of Document:

Marksheet

Certificate

Provisional Certificate

Other Certificate

Document Number (if available): _____

Date of Issue: _____

3. DETAILS OF CORRECTION REQUIRED

Sr. No.	Particular	Incorrect Entry	Correct Entry
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

4. REASON FOR CORRECTION

Typographical Error

Spelling Mistake

Data Entry Error

Change as per Valid Documents

Other (Specify): _____

Detailed Explanation: _____

5. DOCUMENTS ATTACHED

Copy of Original Marksheet / Certificate/Other

Valid ID Proof (Aadhaar / Govt. ID)

Supporting Document for Correction (10th Certificate / Affidavit etc.)

Fee Receipt

Study Centre Recommendation

6. FEE DETAILS

Correction Fee Amount: ₹ _____

Payment Mode: Online Cash DD

Transaction ID / DD No.: _____

Date of Payment: _____

7. STUDENT DECLARATION

I, the undersigned student, hereby declare that:

- The information provided for correction is true, correct and supported by valid documents
- The correction requested is genuine and necessary
- I understand that correction is subject to verification and approval by ABYPCS
- I accept that only permissible corrections shall be made as per institute norms
- I shall not misuse the corrected document in any manner

I further understand that:

- Fees once paid are non-refundable
- The institute reserves the right to reject the request in case of discrepancy or insufficient proof

Student Signature: _____

Student Name: _____

Date: _____

8. RECOMMENDATION BY STUDY CENTRE

Certified that the student's request has been verified with available records and supporting documents, and is recommended for correction.

Study Centre Name: _____

Authorized Signatory Name: _____

Signature & Seal: _____

Date: _____

9. FOR OFFICE USE ONLY (ABYPCS)

Application Received On: _____

Verified By: _____

Correction Status: Approved Rejected Pending

Correction Approved For: _____

Revised Document Number: _____

Date of Issue: _____

Signature (Academic / Examination Department): _____

IMPORTANT NOTE

Corrections shall be made only after complete verification of records and documents

Major changes (Name / DOB) may require affidavit or legal proof

Original document may be required for cancellation before issuing revised copy

ABYPCS reserves the right to accept or reject any correction request

ABYPCS – Academic & Examination Department

Website: www.abypcs.com

Helpline: 78726-78726

