

# 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)



#### CHANGE OF STUDY CENTRE FORM

(For Transfer of Study Centre)

### 1. STUDENT DETAILS

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

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

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

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

Contact Number: \_\_\_\_\_

Email ID: \_\_\_\_\_

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

### 2. COURSE DETAILS

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

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

Mode of Study:  Regular  Distance  Online

Session / Batch: \_\_\_\_\_

### 3. EXISTING STUDY CENTRE DETAILS (OLD CENTRE)

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

Study Centre Code: \_\_\_\_\_

Centre Address: \_\_\_\_\_

### 4. PROPOSED STUDY CENTRE DETAILS (NEW CENTRE)

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

New Study Centre Code: \_\_\_\_\_

Centre Address: \_\_\_\_\_

### 5. REASON FOR CHANGE OF STUDY CENTRE (Write in Brief)

\_\_\_\_\_  
\_\_\_\_\_

### 6. STUDENT DECLARATION

I, the undersigned student, hereby declare that the request for change of study centre is made voluntarily.

I understand and accept that:

- Change of study centre is subject to approval by ABYPCS.
- Academic schedule, training arrangements and examination processes may be affected.
- No fee shall be refunded or transferred due to change of study centre.
- The decision of ABYPCS shall be final and binding.

I agree to abide by all rules, regulations and decisions of Akhil Bhartiya Yog Avm Prakritik Chikitsa Sansthan (ABYPCS).

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

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

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

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### 7. RECOMMENDATION BY EXISTING STUDY CENTRE (OLD CENTRE)

Certified that the above-mentioned student has no pending academic or financial dues with the existing study centre.

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

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

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

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### 8. ACCEPTANCE BY PROPOSED STUDY CENTRE (NEW CENTRE)

Certified that the proposed study centre agrees to accept the student and comply with all institutional rules and responsibilities.

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

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

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

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### 9. APPROVAL (FOR OFFICE USE ONLY – ABYPCS)

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

Verified By (Name & Designation): \_\_\_\_\_

Approval Status:  Approved  Not Approved

Approved By (Head Office Authority): \_\_\_\_\_

Designation: \_\_\_\_\_

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

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

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### **IMPORTANT INSTRUCTIONS**

Change of study centre is permitted only after written approval from ABYPCS.  
Unauthorized change shall be treated as a serious violation of institutional norms.

ABYPCS reserves the right to reject any request without assigning reasons.

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### **ABYPCS – Academic & Admission Department**

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

Helpline: 78726-78726

