

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)



COURSE COMPLETION CERTIFICATE REQUEST FORM

(For Issue of Course Completion Certificate)

1. STUDENT DETAILS

- Student Name (Block Letters): _____
- Father's / Husband's Name: _____
- Mother's Name: _____
- Date of Birth (DD/MM/YYYY): _____
- Gender: Male Female Other
- Category: General SC ST OBC Other

2. COURSE & ACADEMIC DETAILS

- Course Name: _____
- Course Category / Department: _____
- School / Faculty Name: _____
- Duration of Course: _____
- Mode of Study: Regular Distance Online

- Session / Batch: _____
- Enrollment Number: _____
- Registration Number (if applicable): _____
- Year of Admission: _____
- Year of Completion: _____

3. EXAMINATION & TRAINING STATUS

- All theory examinations passed
- All practical and viva examinations passed
- Internship / Practical training completed (if applicable)

4. PURPOSE OF CERTIFICATE

- Self Employment
- Skill Practice
- Business / Private Practice
- Personal Record
- Other (Specify): _____

5. FEE DETAILS

- Certificate Fee Amount: ₹ _____
- Payment Mode: Online Cash DD
- Transaction ID / DD No.: _____

- Date of Payment: _____

6. DOCUMENTS ATTACHED

- Final Marksheet Copy
- Practical / Internship Completion Certificate (if applicable)
- ID Proof
- Fee Receipt
- No Dues Certificate from Study Centre
- Any Other Supporting Document: _____

7. STUDENT DECLARATION

- I hereby declare that I have successfully completed all academic, practical and training requirements of the above-mentioned course as per the norms of Akhil Bhartiya Yog Avm Prakritik Chikitsa Sansthan (ABYPCS).
- I clearly understand and accept that the Course Completion Certificate is issued for:
- Yoga, Naturopathy practice, wellness services, self-employment and skill-based professional purposes only
- It does not imply Government or Semi-Government employment eligibility

Student Signature: _____

Date: _____

8. RECOMMENDATION BY STUDY CENTRE

Certified that the above-mentioned student has completed all course requirements and has no pending dues.

Study Centre Name: _____

Authorized Signatory Name: _____

Signature & Seal: _____

Date: _____

9. FOR OFFICE USE ONLY (ABYPCS)

Application Received On: _____

Verified By: _____

Status: Approved Rejected Pending

Certificate Issue Date: _____

Certificate Number: _____

Dispatch Mode: By Post By Hand Other _____

Signature (Academic / Examination Department): _____

IMPORTANT INSTRUCTIONS

- Certificate shall be issued only after complete verification of records.
- Incomplete or incorrect applications shall be rejected without processing.
- Processing time shall be as per institutional norms and policies.

ABYPCS – Academic & Examination Department

Website: www.abypcs.com

Helpline: 78726-78726