

# 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)



DUPLICATE MARKSHEET / CERTIFICATE REQUEST

## 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: \_\_\_\_\_
- Session / Batch: \_\_\_\_\_

## 2. DOCUMENT REQUIRED

(Please tick as applicable)

- Duplicate Marksheet
- Duplicate Course Completion Certificate

Duplicate Provisional Certificate

Duplicate Other Certificate (Write Name) \_\_\_\_\_

### 3. REASON FOR REQUEST

(Please tick and specify)

Lost

Damaged

Misplaced

Other Reason (Specify): \_\_\_\_\_

Details: \_\_\_\_\_

### 4. FEE DETAILS

Duplicate Document Fee Amount: ₹ \_\_\_\_\_

Payment Mode:  Online  Cash  DD

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

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

### 5. DOCUMENTS ATTACHED

Copy of Original Marksheet / Certificate (if available)

Copy of FIR / Self Declaration (in case of loss)

ID Proof (Aadhaar / Valid ID)

Fee Receipt

Recommendation from Study Centre

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## 6. STUDENT DECLARATION

I, the undersigned student, hereby declare that the information provided above is true and correct to the best of my knowledge and belief.

I understand and accept that:

- Issuance of duplicate document is subject to verification of institute records.
- Duplicate marksheet/certificate is issued only for academic, personal record and reference purposes.
- Fees paid for duplicate documents are non-refundable under any circumstances.
- ABYPCS reserves the right to reject the application in case of discrepancy, misrepresentation or misuse.
- I further declare that if the original document is found at any later stage, I shall not misuse or present both original and duplicate simultaneously.

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

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

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

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## 7. RECOMMENDATION BY STUDY CENTRE

Certified that the above-mentioned student identity and records have been verified and the request is recommended.

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

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

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

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

### 8. FOR OFFICE USE ONLY (ABYPCS)

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

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

Approval Status:  Approved  Rejected  Pending

Document Issued On: \_\_\_\_\_

Duplicate Document Number: \_\_\_\_\_

Dispatch Mode:  By Post  By Hand  Other \_\_\_\_\_

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

### IMPORTANT INSTRUCTIONS

- Duplicate documents will be issued only after complete verification.
- Processing time shall be as per institute norms.
- Incomplete applications shall be rejected without processing.

### ABYPCS – Academic & Examination Department

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

Helpline: 78726-78726