

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)



EXAMINATION APPLICATION FORM

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

Enrollment Number: _____

Registration Number (if applicable): _____

Contact Number: _____

Email ID: _____

COURSE DETAILS

Course Name: _____

Course Category / Department: _____

Mode of Study: Regular Distance Online

Session / Batch: _____

Year / Semester: _____

Study Centre Name & Code: _____

EXAMINATION DETAILS

Type of Examination:

Annual Semester Supplementary Back Paper

Exam Session (Month / Year): _____

Subjects Applied For:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

FEE DETAILS

Examination Fee Amount: ₹ _____

Late Fee (if applicable): ₹ _____

Total Fee Paid: ₹ _____

Payment Mode: Online Cash DD

Transaction ID / DD No.: _____

Date of Payment: _____

STUDENT DECLARATION

I, the undersigned student, hereby declare that the information provided in this examination application form is true, correct and complete.

I understand and accept that:

- I am eligible to appear in the examination as per ABYPCS norms.
- Examination fee once paid is non-refundable under any circumstances.
- Appearance in examination is subject to verification and approval by the institute.
- Use of unfair means or violation of examination rules may lead to cancellation and disciplinary action.

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

Place: _____

Date: _____

Student Signature: _____

Student Name: _____

RECOMMENDATION BY STUDY CENTRE

Certified that the above-mentioned student is eligible and has fulfilled all academic and administrative requirements.

Study Centre Name: _____

Authorized Signatory Name: _____

Signature & Seal: _____

Date: _____

FOR OFFICE USE ONLY (ABYPCS)

Application Received On: _____

Verified By: _____

Eligibility Status: Eligible Not Eligible

Exam Roll Number Issued: _____

Admit Card Issued: Yes No

Signature (Examination Department): _____

IMPORTANT INSTRUCTIONS

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

ABYPCS – Examination Department

Website: www.abypcs.com

Helpline: 78726-78726

AMUL PARTIYA YOG AVM PRAKRITIK CHIKITSA SANSTHAN
NEW DELHI