

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)



LATE ADMISSION APPROVAL FORM

(For Admission After Cut-Off Date)

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: _____

2. COURSE DETAILS

Course Name: _____

Course Category / Department: _____

Mode of Study: Regular Distance Online

Session / Batch: _____

Study Centre Name & Code: _____

Proposed Date of Admission: _____

3. JUSTIFICATION BY STUDY CENTRE

(Reason for Late Admission)

I hereby certify that the above-mentioned student is eligible for admission as per ABYPCS norms and that the delay in admission is due to genuine reasons.

I further confirm that:

- The student has been fully informed about the autonomous nature of ABYPCS.
- The course is strictly for Yoga, Naturopathy practice, wellness services, self-employment and skill-based professional work.
- No promise of Government or Semi-Government employment has been made.

Study Centre Head Name: _____

Designation: _____

Signature & Seal: _____

Date: _____

4. STUDENT CONSENT & DECLARATION

I, the undersigned student, hereby give my consent for admission after the cut-off date.

I clearly understand and accept that:

- My admission is being considered as a special case, subject to approval by Head Office.
- Late admission may affect academic schedule, training duration and examination eligibility.
- Fees once paid are non-refundable under any circumstances.
- The course is not meant for Government or Semi-Government employment.
- Write Reason _____

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

Student Signature: _____

Student Name: _____

Date: _____

5. RECOMMENDATION & APPROVAL (FOR OFFICE USE ONLY – ABYPCS)

Application Received On: _____

Verified By (Name & Designation): _____

Eligibility Status: Recommended Not Recommended

Remarks: _____

Approved By (Head Office Authority): _____

Designation: _____

Signature & Office Seal: _____

Date: _____

IMPORTANT NOTE

- Late admission is granted only at the discretion of ABYPCS Head Office.
- Approval of this form does not create any future right or claim.
- ABYPCS reserves the right to reject late admission without assigning any reason.

ABYPCS – Admission Department

Website: www.abypcs.com

Helpline: 78726-78726