

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)



MIGRATION / TRANSFER CERTIFICATE REQUEST FORM

(For Issue of Migration Certificate / Transfer Certificate)

1. STUDENT DETAILS

- Student Name (Block Letters): _____
- Father's / Husband's Name: _____
- Mother's Name: _____
- Date of Birth (DD/MM/YYYY): _____
- Registration Number: _____
- Roll Number (If Issued): _____
- Contact Number: _____
- Email ID: _____

2. COURSE & ACADEMIC DETAILS

- Course Name: _____
- Course Category / Department: _____

- Mode of Study: Regular Distance Online
- Session / Batch: _____
- Study Center Name & Code: _____
- Year / Semester Completed: _____
- Examination Status: Completed Appeared Pending

3. TYPE OF CERTIFICATE REQUIRED

- Migration Certificate
- Transfer Certificate

Purpose for which certificate is required: _____

4. REASON FOR REQUEST

- Admission to another institution
- Change of course / career path
- Personal reasons
- Discontinuation of studies
- Other (Specify): _____

Detailed Explanation: _____

5. STUDENT DECLARATION

I, the undersigned student, hereby apply for issuance of the above-mentioned certificate and declare that:

- Issuance of Migration / Transfer Certificate is subject to verification and approval by ABYPCS.
- All fees, dues and obligations towards the institute must be fully cleared.
- Issuance of certificate does not imply completion, equivalence or recognition of any degree.
- The course pursued was for Yoga, Naturopathy practice, wellness services, self-employment and skill-based professional purposes only.
- No claim for Government or Semi-Government job eligibility shall be applicable.

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

Student Signature: _____

Student Name: _____

Date: _____

6. STUDY CENTER VERIFICATION & RECOMMENDATION

I hereby verify that the above details are correct as per study center records.

Student Fee Status: Cleared Pending

Academic Status: Completed Not Completed

Recommendation: Recommended Not Recommended

Remarks: _____

Study Center Head Name: _____

Designation: _____

Signature & Seal: _____

Date: _____

7. APPROVAL (FOR HEAD OFFICE USE ONLY)

Application Received On: _____

Verified By (Name & Designation): _____

Certificate Approved:

Migration Certificate Transfer Certificate Not Approved

Certificate Issue Date: _____

Mode of Issue:

Physical Copy Digital Copy

Remarks: _____

Approved By (Head Office Authority): _____

Designation: _____

Signature & Office Seal: _____

Date: _____

IMPORTANT NOTE

Certificate will be issued only after complete verification of records.
ABYPCS reserves the right to reject the application in case of dues or discrepancies.
Issuance of certificate does not create any academic, legal or employment claim.
Processing time and applicable charges shall be as per institute norms.

ABYPCS – Examination & Certification Department

Website: www.abypcs.com

Helpline: 78726-78726

