

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)



NO OBJECTION CERTIFICATE (NOC) REQUEST FORM

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: _____
- Contact Number: _____
- Email ID: _____

2. TYPE OF NOC REQUIRED

(Please tick as applicable)

Academic NOC

Training NOC

3. PURPOSE OF NOC

(Please specify clearly)

4. STUDENT DECLARATION

I, the undersigned student, hereby request issuance of the above-mentioned NOC from Akhil Bhartiya Yog Avm Prakritik Chikitsa Sansthan (ABYPCS) and declare that:

- The NOC is being requested strictly for academic or training-related purposes only.
- I have no pending academic, administrative or financial dues with the institute or study centre.
- The NOC, if issued, shall not be construed as Government recognition, job guarantee or employment assurance.
- Issuance of NOC does not alter the autonomous nature of the institute or the self-employment-oriented objective of the course.
- I shall not raise any legal, administrative or financial claim against ABYPCS based on issuance or non-issuance of the NOC.

I understand that issuance of NOC is subject to verification of records and approval by competent authority.

Place: _____

Date: _____

Student Signature: _____

Student Name: _____

5. RECOMMENDATION BY STUDY CENTRE

Certified that the above-mentioned student has no pending dues and the request for NOC is recommended.

Study Centre Name: _____

Authorized Signatory Name: _____

Signature & Seal: _____

Date: _____

6. FOR OFFICE USE ONLY (ABYPCS)

Application Received On: _____

Verified By: _____

Dues Status: Cleared Not Cleared

NOC Type Approved: Academic Training

Approval Status: Approved Rejected Pending

Approved By (Competent Authority): _____

Designation: _____

Signature & Office Seal: _____

Date: _____

IMPORTANT NOTE

- Issuance of NOC is purely at the discretion of ABYPCS.

- Incomplete applications shall not be processed.
- NOC does not confer any statutory recognition, equivalence or employment entitlement.

ABYPCS – Academic & Administration Department

Website: www.abypcs.com

Helpline: 78726-78726

