

# 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)



## PHYSICALLY HANDICAPPED (PwD) CANDIDATE DECLARATION FORM

(For Special Category Verification)

### 1. STUDENT DETAILS

Student Name (Block Letters): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Complete Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Enrollment Number (if allotted): \_\_\_\_\_

Course Name: \_\_\_\_\_

### 2. PHYSICALLY HANDICAPPED STATUS

Are you a Physically Handicapped (PwD) Candidate?

Yes  No

If Yes, fill the following:

Type of Disability: \_\_\_\_\_

Percentage of Disability: \_\_\_\_\_

Certificate Issuing Authority: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

### 3. DOCUMENT ATTACHMENT (MANDATORY)

Government-Issued Disability Certificate

(Issued by Civil Surgeon / District Medical Board / Govt. Hospital)

### 4. STUDENT DECLARATION

I, the undersigned, hereby declare that the information provided regarding my disability status is true and correct and supported by valid Government-issued documents.

I understand and accept that:

- **Only verified Government certificates shall be considered valid**
- **Submission of false information may lead to rejection / cancellation of admission or benefits**
- **The institute reserves the right to verify authenticity at any stage**

Place: \_\_\_\_\_

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

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

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

### 5. FOR OFFICE USE ONLY

Disability Certificate Verified:  Yes  No

Verified By (Name & Designation): \_\_\_\_\_

Remarks: \_\_\_\_\_

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

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

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### **IMPORTANT NOTE**

- Only certificates issued by competent Government authority shall be accepted
- Self-attested copy must be submitted; original may be demanded for verification
- Benefits (if any) are subject to successful verification
- Attach Government Certificate

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### **ABYPCS – Examination Department**

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

Helpline: 78726-78726

