

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)



REVALUATION / RECHECKING APPLICATION FORM

(For Revaluation of Answer Sheets)

1. STUDENT DETAILS

- Student Name (Block Letters): _____
- Father's / Husband's Name: _____
- Mother's Name: _____
- Enrollment Number: _____
- Registration Number (if applicable): _____
- Course Name: _____
- Course Category / Department: _____
- Study Centre Name & Code: _____
- Contact Number: _____
- Email ID: _____

2. EXAMINATION DETAILS

Examination Type: Annual Semester Supplementary Back Paper

Exam Session (Month / Year): _____

Roll Number: _____

3. SUBJECT(S) FOR REVALUATION

Sr. No.	Subject Name	Subject Code	Marks Obtained
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

4. TYPE OF REQUEST

- Revaluation (Rechecking of answer sheet with re-assessment)
- Rechecking (Verification of totaling / unchecked answers only)

5. FEE DETAILS

Revaluation Fee (Per Subject): ₹ _____

Total Subjects Applied: _____

Total Fee Paid: ₹ _____

Payment Mode: Online Cash DD

Transaction ID / DD No.: _____

Date of Payment: _____

6. STUDENT DECLARATION

I, the undersigned student, hereby apply for revaluation / rechecking of my examination answer sheet(s) and declare that:

- I understand that revaluation is limited to verification, reassessment and totaling as per institute norms
- I accept that marks may increase, decrease or remain unchanged after revaluation
- I agree that the revaluated result shall be final and binding
- I understand that revaluation does not guarantee any change in marks

Fees paid for revaluation are non-refundable under any circumstances

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

Student Signature: _____

Student Name: _____

Date: _____

7. RECOMMENDATION BY STUDY CENTRE

Certified that the above-mentioned student's details have been verified and the request for reevaluation is recommended.

Study Centre Name: _____

Authorized Signatory Name: _____

Signature & Seal: _____

Date: _____

8. FOR OFFICE USE ONLY (ABYPCS)

Application Received On: _____

Verified By: _____

No. of Subjects Approved: _____

Approval Status: Approved Rejected Pending

Reevaluation Completion Date: _____

Result Updated: Yes No

Signature (Examination Department): _____

IMPORTANT INSTRUCTIONS

Application must be submitted within prescribed time limit after result declaration

Only eligible subjects shall be considered for reevaluation

Reevaluation result shall be treated as final

Incomplete applications shall be rejected without processing

ABYPCS – Examination Department

Website: www.abypcs.com

Helpline: 78726-78726