

# 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)



#### STUDENT DECLARATION / AFFIDAVIT

(Mandatory at the Time of Admission)

### 1. STUDENT DETAILS

- Student Name: \_\_\_\_\_
- Father's / Husband's Name: \_\_\_\_\_
- Mother's Name: \_\_\_\_\_
- Date of Birth (DD/MM/YYYY): \_\_\_\_\_
- Course Name: \_\_\_\_\_
- Course Category / Department: \_\_\_\_\_
- Enrollment Number (if allotted): \_\_\_\_\_
- Study Centre Name & Code: \_\_\_\_\_

### 2. STUDENT DECLARATION

I, the undersigned student, hereby declare that I have carefully read, clearly understood and voluntarily accepted all rules, regulations, guidelines, policies and conditions of admission of Akhil Bhartiya Yog Avm Prakritik Chikitsa Sansthan (ABYPCS).

I further declare and confirm that:

- ABYPCS is an autonomous Yoga, Naturopathy and skill development institute, registered under the Societies Registration Act, XXI of 1860 (NCT of Delhi).
- The course in which I am seeking admission is conducted solely for Yoga, Naturopathy practice, wellness services, self-employment, private practice, business and skill-based professional work.
- This course is not meant for Government or Semi-Government employment, and no job guarantee, assurance or commitment has been made to me.
- I shall not claim any Government recognition, approval, employment benefit or legal entitlement on the basis of this course.
- I shall not file or support any legal, administrative or financial claim against ABYPCS, its management, representatives or study centres regarding employment, recognition or job assurance.
- The responsibility of the institute is limited to providing education, training, examination and certification as per its autonomous academic framework.
- All information provided by me is true, correct and complete. In case of any discrepancy, my admission/certification may be cancelled without refund.
- I am submitting this declaration voluntarily, without any pressure, coercion or inducement, and with full understanding of its legal implications.

### 3. PARENT / GUARDIAN DECLARATION

(For Minor Students / Wherever Applicable)

I, the undersigned parent/guardian, hereby declare that:

- I have read and understood all rules and conditions of ABYPCS.
- I understand that the course is for self-employment, wellness practice and skill development only.
- No Government job or employment assurance is applicable.
- I give my full consent for the admission of my ward and shall not raise any claim in future.

Parent / Guardian Name: \_\_\_\_\_

Relationship with Student: \_\_\_\_\_

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

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

---

#### 4. AADHAAR CONSENT DECLARATION

I hereby give my free and informed consent to ABYPCS to collect and use my Aadhaar details strictly for:

Identity verification

Admission and academic records

Examination and certification purposes

I understand that my data shall be handled as per applicable privacy and confidentiality norms.

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

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

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

---

#### 5. JURISDICTION CLAUSE

I hereby agree that any dispute or legal matter arising out of my admission, course, examination or certification shall be subject to the jurisdiction of competent courts at Ludhiana, Punjab only.

---

#### 6. AFFIDAVIT DECLARATION

- I solemnly affirm that all information provided by me is true and correct. This declaration shall be treated as an affidavit for academic and administrative purposes.

In case of any false statement:

- My admission/certification may be cancelled
- No fee shall be refunded

- Appropriate action may be taken as per law

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

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

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

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

## 7. FOR OFFICE USE ONLY

Verified By: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Office Seal:

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

**ABYPCS – Admission, Legal & Compliance Department**

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

Helpline: 78726-78726

AKHIL BHARTIYA YOG AVM PRAKRITIK CHIKITSA SANSTHAN  
NEW DELHI