

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 SELF EMPLOYMENT ACCEPTANCE FORM

(Mandatory at the Time of Admission)

1. STUDENT DETAILS

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

2. COURSE & ADMISSION DETAILS

- Course Name: _____
- Course Category / Department: _____
- Mode of Study: Regular Distance Online
- Session / Batch: _____
- Study Center Name & Code: _____

3. STUDENT DECLARATION & ACCEPTANCE

I, the undersigned student, hereby solemnly declare, acknowledge and clearly accept that:

- I have taken admission in the above mentioned course purely for self employment, yoga, naturopathy practice, vocational training, skill development and professional knowledge purposes only.
 - I fully understand and accept that ABYPCS is an autonomous Yoga & Naturopathy and skill development institute, and the courses are designed strictly for practical knowledge, wellness practice and self-employment purposes.
 - I clearly acknowledge that ABYPCS does not provide, promise or guarantee any Government Job, Semi-Government Job or statutory employment eligibility.
 - I confirm that no verbal, written, printed, digital or implied assurance regarding employment has been given to me by the institute, its management, staff, counselors or study centers.
 - I understand that the certificate/diploma issued is intended for self practice, wellness services, private sector work, entrepreneurship or skill-based opportunities, subject to applicable laws.
 - I hereby agree that I shall not file any complaint, FIR, legal notice or case against the institute regarding job claims.
 - I accept that fees once paid are non-refundable under any circumstances.
 - I confirm that my admission is taken with my own free will and full understanding.
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4. STUDENT CONFIRMATION

I hereby confirm that the above declaration is true and correct.

- Student Signature: _____
- Student Name: _____
- Date: _____
- Place: _____

5. STUDY CENTER VERIFICATION

- Study Center Name: _____
- Authorized Person Name: _____
- Designation: _____
- Signature & Seal: _____
- Date: _____

6. FOR OFFICE USE ONLY (ABYPCS)

- Form Received On: _____
- Verified By: _____
- Recorded in Student File: Yes No
- Authorized Signature: _____
- Office Seal:
- Date: _____

IMPORTANT NOTE

- This form is a mandatory part of admission records.
- Any future claim against this declaration shall be treated as invalid.
- ABYPCS shall not be responsible for any dispute arising due to misunderstanding.

ABYPCS – Academic & Administration Department

Website: www.abypcs.com

Helpline: 78726-78726

