

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)



STUDY CENTRE DECLARATION FORM

(Mandatory for Affiliated Study Centres)

1. STUDY CENTRE DETAILS

- Study Centre Name: _____
- Study Centre Code: _____
- Centre Address: _____
- Contact Number: _____
- Email ID: _____

2. STUDENT DETAILS

Student Name (Block Letters): _____

Father's / Husband's Name: _____

Mother's Name: _____

Enrollment Number (if allotted): _____

Course Name: _____

Course Category / Department: _____

3. DECLARATION BY STUDY CENTRE

We, the undersigned authorized representatives of the above-mentioned study centre, hereby declare and undertake that:

- We are an affiliated study centre of Akhil Bhartiya Yog Avm Prakritik Chikitsa Sansthan (ABYPCS) and are functioning strictly in accordance with all applicable rules, regulations and guidelines issued by the institute.
 - Prior to admission, all admission forms, student declarations, undertakings and related documents have been properly explained to the student in a language understood by him/her.
 - The student has filled the admission form in his/her own handwriting wherever applicable, or has provided a verified signature after full understanding of all terms and conditions.
 - We have not made any false, misleading or exaggerated assurance regarding Government / Semi-Government job, Government recognition, job guarantee, placement or statutory approval.
 - We have clearly informed the student that ABYPCS is an autonomous Yoga & Naturopathy and skill development institute, and all courses are intended strictly for self-employment, wellness practice, private work, entrepreneurship and skill-based professional purposes.
 - We understand and accept that any violation, misrepresentation or false commitment may lead to cancellation of affiliation, legal action and disciplinary measures as deemed appropriate by ABYPCS.
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4. STUDENT CONFIRMATION

I, the undersigned student, hereby confirm that:

- All admission-related forms, declarations and institutional rules have been clearly explained to me by the study centre.
- I have understood and accepted all terms and conditions.
- No promise of Government or Semi-Government job, recognition or employment guarantee has been made to me.

Student Signature: _____

Student Name: _____

Date: _____

5. AUTHORIZED SIGNATORY OF STUDY CENTRE

Name of Authorized Person: _____

Designation: _____

Signature & Seal: _____

Date: _____

6. FOR OFFICE USE ONLY (ABYPCS)

Verified By: _____

Approved By: _____

Signature & Office Seal: _____

Date: _____

AKHIL BHARTIYA YUG AVM PRAKRITIK CHIKITSA SANSTHAN
NEW DELHI

IMPORTANT NOTE

- This declaration is mandatory for all affiliated study centres.
- Any false declaration shall be treated as a serious violation of institutional policy.
- ABYPCS reserves the right to take strict action, including cancellation of affiliation.

ABYPCS – Academic & Affiliation Department

Website: www.abypcs.com

Helpline: 78726-78726

