

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 NO DUES & AUTHORIZATION NOC

(Mandatory After Course Completion)

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: _____
- Course Name: _____
- Course Category / Department: _____

- Session / Batch: _____
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3. NOC & DECLARATION BY STUDY CENTRE

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

- The above-named student has successfully completed the prescribed course conducted under Akhil Bhartiya Yog Avm Prakritik Chikitsa Sansthan (ABYPCS) through our study centre.
 - All academic, administrative and financial dues of the student towards the study centre have been fully cleared, and no liability remains pending.
 - We hereby issue this No Dues & Authorization NOC in favour of the student and ABYPCS.
 - We irrevocably authorize ABYPCS to process and issue to the student, whenever required:
 - Course Completion Certificate
 - Marksheet
 - Provisional Certificate
 - Duplicate Certificate / Marksheet
 - Verification responses to any authority or organization
 - Any other academic or record-related service
 - We further declare that no financial claim, fee demand or dispute shall be raised in future by the study centre against ABYPCS or the student.
 - We understand and accept that this NOC shall be treated as final clearance and permanent authorization, and all responsibilities of the study centre regarding student dues stand fully closed upon issuance of this document.
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4. DECLARATION REGARDING FUTURE CLAIMS

We hereby undertake that we shall not object to, dispute or interfere with any academic, administrative or verification-related service provided by ABYPCS to the above-mentioned student on the basis of this NOC.

AUTHORIZED SIGNATORY OF STUDY CENTRE

Name of Authorized Person: _____

Designation: _____

Signature & Seal: _____

Date: _____

5. FOR OFFICE USE ONLY (ABYPCS)

NOC Received On: _____

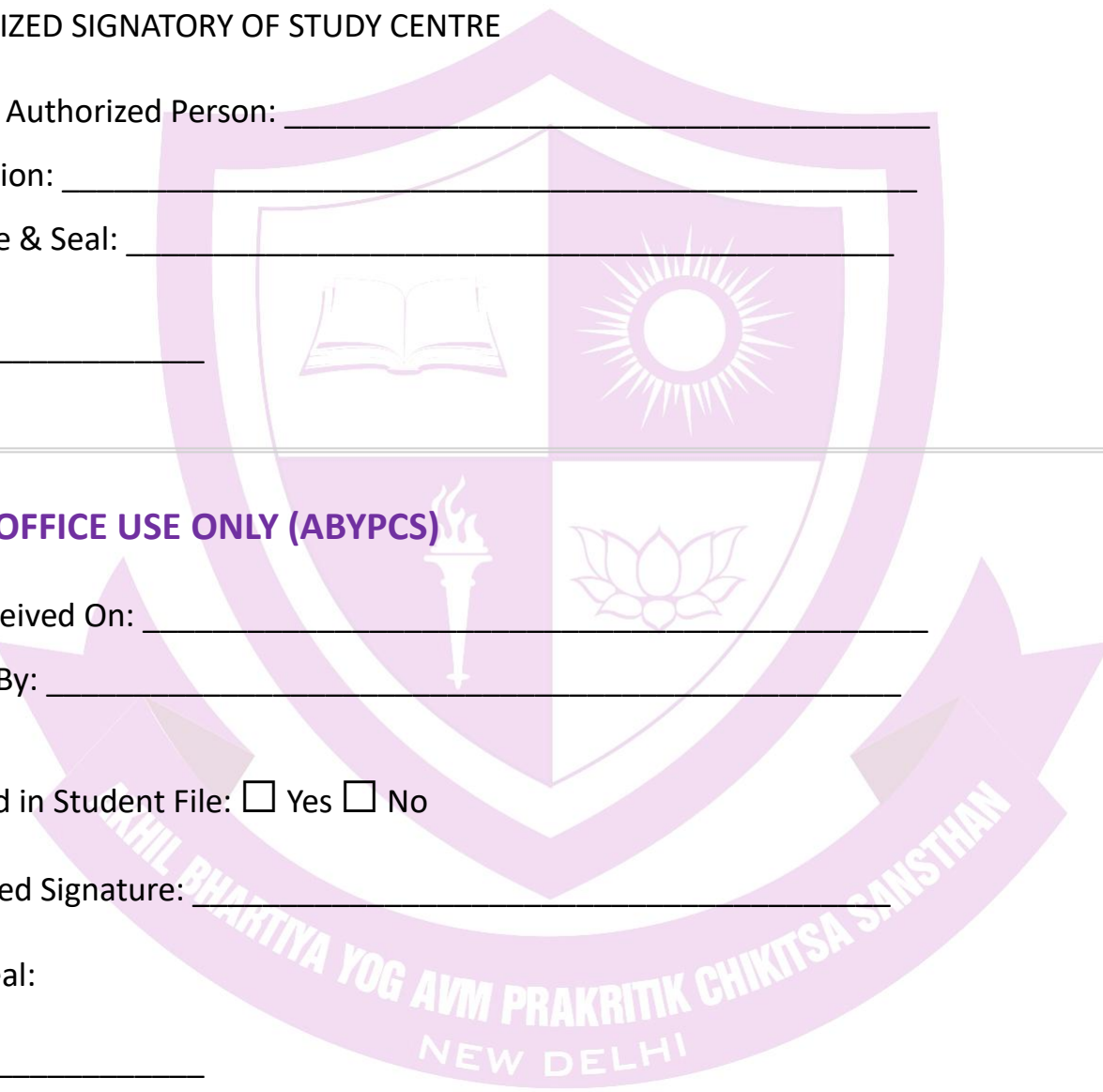
Verified By: _____

Recorded in Student File: Yes No

Authorized Signature: _____

Office Seal:

Date: _____



IMPORTANT NOTE

- This NOC is mandatory for final academic record closure of the student.
- Any claim raised by the study centre after issuance of this NOC shall be treated as invalid and non-binding.
- ABYPCS shall not be responsible for any dispute arising due to false or incorrect declaration by the study centre.

ABYPCS – Academic & Administration Department

Website: www.abypcs.com

Helpline: 78726-78726

