

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)



UNDERTAKING / AFFIDAVIT FORM

(Mandatory at the Time of Admission)

STUDENT DETAILS

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

UNDERTAKING & AFFIDAVIT

I, the undersigned student, do hereby solemnly affirm and undertake as under:

- That I have applied for admission in the above-mentioned course of Akhil Bhartiya Yog Avm Prakritik Chikitsa Sansthan (ABYPCS) through regular, distance or online mode, and I fully understand the nature, scope and limitations of such mode of education.
- That I have carefully read, understood and accepted the complete course structure, duration, syllabus, examination pattern, evaluation system and certification process as prescribed by the institute.
- That I fully understand and accept that all fees paid are non-refundable and non-adjustable under any circumstances, including discontinuation, absence in examinations or personal reasons.
- That I agree to abide by all rules, regulations, academic norms, examination guidelines and administrative decisions of the institute, as amended from time to time.
- That I clearly understand that the institute is autonomous in nature, and the course pursued is meant only for Yoga, Naturopathy practice, wellness services, self-employment, private practice, entrepreneurship and skill-based professional work.
- That I shall not claim any Government or Semi-Government employment, job guarantee, recognition or legal entitlement on the basis of this course.
- That I confirm that all information, documents and declarations submitted by me are true, correct and complete to the best of my knowledge.
- That in case any information or document is found to be false, incorrect, misleading or suppressed, my admission and certification may be cancelled at any stage without refund, and the institute shall not be liable for any consequences.
- That I understand that the institute shall not be responsible for any loss, claim or damage arising due to my failure to follow prescribed rules, schedules or examination requirements.
- I hereby submit this undertaking and affidavit voluntarily, without any pressure or coercion, and with full understanding of its legal implications.

Place: _____

Date: _____

Student Signature: _____

Student Name: _____

FOR OFFICE USE ONLY

Verified By: _____

Authorized Signature: _____

Office Seal:

Date: _____

ABYPCS – Admission & Legal Compliance Department

Website: www.abypcs.com

Helpline: 78726-78726



AKHIL BHARTIYA YOG AVM PRAKRITIK CHIKITSA SANSTHAN
NEW DELHI