



AKHIL BHARTIYA YOG AVM PRAKRITIK CHIKITSA SANSTHAN

Revaluation Form

Roll No. _____ Enrollment No. _____

Student's Name _____

Father's Name _____

Mother's Name _____ DOB _____

Institute Name _____

Course Name _____ Session _____

Subject for Revaluation:

Subject	Marks obtained
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____

Student's Signature

Principal's Signature with Seal

➤ Fee per subject— Rs 500/-