National Council for Hotel Management & Catering Technology A-34, SECTOR 62, NOIDA-201309

APPLICATION FOR CHANGE OF CENTRE

Academic Year 2024-2025

(Please ensure that you are eligible for change of centre before filling up this form)

CHANGE OF CENTRE FEES – Rs.500/- ONE TIME (This form must be routed through institute concerned only)					Paste Passport Size Photograph.			
				(Do	not stap	ple)		
	ouncil Roll No Institute Name					(Photograph to be attested by Principal)		
		English (full name in BLOC Middle name	CK letters)		C			
First		Middle name			Surnar	ne		
(Ple	ease note that the name writte	n above should be same as given i	r vour + 2 CBSE/	/Board C	ertifica	te)		
2.	Student's Mobile No.					(,)		
3.	Student's Email id :							
4.	Father's / Mother's Name							
5.	Permanent residential ad	ldress for correspondence : _						
		Pin: Alterna	te/Landline No	0				
6.	Date of Birth (by Christian era) 7. Sex: Ma			ale/Fem	ale			
		Centre opted for appearing i						
Candida	ate's signature							
Date: _			ncipal's signati	ure with	offic	e seal		
		FOR NCHMCT USE						
Fee re	ceived	Examination particulars	Exa	mination	Hall			

Fee received	Examination particulars Checked & Verified	Examination Hall Admission ticket issued.
Dealing Assistant	Executive Officer (S)	Assistant Director (T)

A-34, Sector-62, Institutional Area, NOIDA – 201 309 e-mail: dirs-nchm@nic.in