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 staple)

(Photograph to be attested by Principal)

Council Roll No | | | | | | | | | | Institute Name_____

1. Name of the candidate in English (full name in BLOCK letters)

First name | Middle name | Surname

(Please note that the name written above should be same as given in your +2 CBSE/Board Certificate)

2. Student's Mobile No. | | | | | | | | | | |

3. Student's Email id : _____

4. Father's / Mother's Name _____

5. Permanent residential address for correspondence : _____

_____

_____Pin: _____ Alternate/Landline No._____

6. Date of Birth (by Christian era) _____ 7. Sex: Male/Female | |

8. Give details of the exam Centre opted for appearing in the exams:
IHM/FCI _____

Candidate's signature _____

Date: _____ Principal's signature with office seal

_____

FOR NCHMCT USE

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