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)
Council Roll No Institute Name		(Photograph to be attested by Principal)	
1. Name of the candidate in English (full name in BLOCK letters)			
First name Middle name			Surname
(Please note that the name writter 2. Student's Mobile No.	above should be same as given in	your +2 CBSE/	Board Certificate)
3. Student's Email id:			
4. Father's / Mother's Name			
5. Permanent residential address for correspondence :			
5. Termanent residential address for correspondence .			
	Pin: Alternat	e/Landline No)
6. Date of Birth (by Christia	Date of Birth (by Christian era) 7. Sex: Ma		ıle/Female
	Centre opted for appearing in		
Candidate's signature			
Date: Principal's signature with office seal			
	FOR NCHMCT USE		
Fee received	Examination particulars Checked & Verified		mination Hall ion ticket issued.
Dealing Assistant	Executive Officer (S)		Assistant Director (T)