



GUIDELINES FOR NAME CORRECTION IN NCHMCT ISSUED MARKSHEET/DIPLOMA CERTIFICATE

Please follow the under mentioned procedure/ guidelines for issuance of Name Correction in NCHMCT issued Mark sheet / Certificate:

1. Fill up the prescribed Name Correction application form attached and send it to us with the following documents:
 - a) Copy of 10th /12th mark sheet/ certificate attested by gazetted officer.
 - b) In case wrong record entry at college level, email required from the college authority
 - c) Affidavit
 - d) Photo copy of Payment details.
 - e) Original marksheet / certificate, if issued by NCHMCT where name needs to change.

Send filled application form along with the necessary documents to **National Council for Hotel Management & Catering Technology**, A-34, Sector-62, Noida -201309.

2. **Name Correction :** The fee for Name correction would be applicable as under:

Particulars	Fee (in rupees)
Name correction on Certificate issued by NCHMCT	500/- per certificate
Name correction on Marksheet (for all courses except M.Sc. in HA)	400/- per mark sheet
Postage charges International	1,500/- per copy
Postage charges domestic	50/- per copy

3. **Payment mode:** The fee needs to be credited to Council's account through online mode/ NEFT only as per details mentioned in Name Correction Application form attached.

4. **Please note:**

- Name correction will not be carried out if documents are incomplete.
- Name correction will be carried out within 30 working days from the date of receiving application with all required documents & complete payment.
- Fee once paid will not be refunded. Please ensure your documents are complete in all respect before applying for Name Correction.



NAME CORRECTION APPLICATION FORM

APPLIED FOR :

MARKSHEET

CERTIFICATE

Candidate Correct Name (IN CAPITAL – as per mark sheet) _____

Candidate Incorrect Name (IN CAPITAL – as per printed document) _____

NCHMCT Roll No: _____ Institute/College Name: _____

Degree/Diploma awarded: _____

Correction on :

Batch year(s): _____ Mobile No: _____

Amount paid: _____

Transaction details with UTR No: _____ dated _____

(Attach proof of payment i.e. Screenshot)

**(Note: Amount is to be credited to Saving Bank A/c No. 2886101000127,
Account Holder Name: National Council for Hotel Management & Catering Technology, NOIDA,
Bank Name: CANARA BANK, Branch address: 1A/40, H BLOCK, SECTOR-63, NOIDA (U.P)- 201301,
IFSC- CNRB0002886, MICR Code:110015178)**

Candidate signature & date

FOR OFFICE USE ONLY

a) The particulars of the candidate have been verified and found correct.

Verified by AD(T) with date

b) The amount of rupees _____ have been received from the candidate vide Receipt
No. _____ Dated _____.

Accountant signature & date