

NATIONAL COUNCIL FOR HOTEL MANAGEMENT AND CATERING TECHNOLOGY, NOIDA

DUPLICATE MARKSHEET / CERTIFICATE GUIDELINES

Please follow the under mentioned procedure/guidelines for issuance of NCHM Duplicate mark sheet:

- 1. Fillup the prescribed duplicate mark sheet/Certificate application form attached and send it to us with the following documents:
 - a) Scanned copy of the Duplicate mark sheet request form.
 - b) Scanned copy of FIR.
 - c) Scanned copy of Payment details.

Send us the duly filled application form along with the necessary documents to **drs-nchm@nic.in** and **adt-nchm@nic.in** only.

2. **Duplicate mark sheet:** The fee for duplicate mark sheet/Certificate would be applicable as under:

<u>Particulars</u>	Fee (in rupees)
Duplicate Mark sheet (for all courses except M.Sc. in HA)	400/- per mark sheet
Duplicate Certificate issued by NCHMCT	500/- per certificate
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 duplicate mark sheet/Certificate Application form attached.
- 4. Please note:
 - Duplicate mark sheet will not be issued if documents are incomplete.
 - Duplicate mark sheet will be issued within 30 working days from the date of receiving application with all required documents & complete payment.
 - Ensure all the scanned copies are clear and legible.
 - Fee once paid will not be refunded. Please ensure your documents are complete in all respect before applying for duplicate mark sheet/Certificate.



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DUPLICATE MARKSHEET / CERTIFICATE APPLICATION FORM APPLIED FOR: MARKSHEET **CERTIFICATE** Candidate Name (IN CAPITAL – as per mark sheet)_____ NCHMCTRollNo:_____Institute/College Name: ____ Degree/Diploma awarded: ____Mobile No:____ Batchyear(s):____ Dispatch Address: (on which Duplicate mark sheet needs to be sent): Amount paid:____ Transaction details with UTRNo: 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 $b) \quad The amount of rupe es \underline{\hspace{1cm}} have been received from the candidate vide Receipt$ No._____Dated____. Accountant signature & date