



**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 10<sup>th</sup> /12<sup>th</sup> 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:

<b>Particulars</b>	<b>Fee (in rupees)</b>
Name correction on Certificate issued by NCHMCT	500/- per certificate
Name correction on Mark sheet (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.

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**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



**DUPLICATE MARKSHEET / CERTIFICATE GUIDELINES**

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

1. Fill up 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](mailto:drs-nchm@nic.in) and [adt-nchm@nic.in](mailto:adt-nchm@nic.in) only.

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

<b>Particulars</b>	<b>Fee (in rupees)</b>
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) \_\_\_\_\_

NCHMCT Roll No: \_\_\_\_\_ Institute/College Name: \_\_\_\_\_

Degree/Diploma awarded: \_\_\_\_\_

Batch year(s): \_\_\_\_\_ Mobile No: \_\_\_\_\_

Dispatch Address: (on which Duplicate mark sheet needs to be sent):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## NCHMCT TRANSCRIPT GUIDELINES

1. **Transcript:** A transcript is a legal document that contains the student's academic record with detailed list of subjects/course studied, exams passed and grade scored. One set of transcript contains certified record of NCHM component including brief of Course concerned, Teaching & Exam Scheme and verified copies of all NCHM Mark sheets or Diploma certificate, if applicable. It is for information of all the candidates that universities generally demands the transcripts directly from the university/institutions where the candidate had studied. Hence, all candidates are suggested to mention the address in application form accordingly.

2. **Procedure:** Please follow the below mentioned procedure/ guidelines for issuance of NCHM transcript:

Fill up the prescribed NCHM transcript application form attached to these guidelines and send it to us with the following documents (preferably in a pdf/ jpeg files):

- Scanned copies of all mark sheets (Semesterwise/ yearwise) & Diploma Certificate (if applicable) issued by NCHM only. Provisional mark sheets/certificates issued by institutes are not accepted for the purpose of issuing transcripts.
- Scanned copy of the Academic Record Request form such as WES/IQAS/ICAS/CES/ICES etc. indicating your reference number, if the university/agency so demands.
- Screenshot of the payment receipt (NEFT/IMPS/Google pay/Paytm etc.) which invariably contain the transaction reference no./ UTR No. with date.

Send us the scanned and clear copies of duly filled application form along with the relevant documents to [transcript.nchm@gmail.com](mailto:transcript.nchm@gmail.com) only. Avoid sending special emails to the Director (Studies) email address for transcript.

3. **Transcript Fee:** The fee for transcript would be applicable as under:

<u>Particulars</u>	<u>Fee (in rupees)</u>
Original transcript (for all courses except M.Sc. in HA)	1,000/-
Additional copy of transcript	300/- per copy
Postage charges International (if applicable)	1,500/- per copy*
Postage charges domestic	50/- per copy

\*We have switched to sending only the soft copy of the transcripts outside India due to Corona threat. Therefore, **no postage charges will be applicable for soft copies of transcripts** sent in such cases.

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

Contd...

5. **Please note:**

- i. Transcript will not be issued if documents are incomplete.
- ii. All mark sheets (NCHM issued) are mandatory.
- iii. Transcript will be issued within 30 working days from the date of receiving application with all required documents & complete payment.
- iv. NCHM will only send NCHM transcripts and verified mark sheets issued by NCHMCT to the designated place. For IGNOU transcript (in case a candidate has studied B.Sc. in H&HA and obtained the Degree certificates from IGNOU), you need to apply separately to IGNOU. (Check IGNOU website/ Contact IGNOU at <http://www.ignou.ac.in/userfiles/Official%20Transcript%20form.pdf>)
- v. Ensure all the scanned copies are clear and legible. Mark sheet No. at top right corner and NCHM official's signatures at the bottom should clearly be visible on your all mark sheets.
- vi. Fee once paid will not be refunded in any case. Please ensure your documents are complete in all respect before applying for transcript.

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## राष्ट्रीय होटल प्रबंध और खानपान प्रौद्योगिकी परिषद, नोएडा

### प्रतिलेख आवेदन पत्र

अभ्यर्थी का नाम (अंक-पत्र के अनुसार) \_\_\_\_\_

NCHMCT रोल नंबर: \_\_\_\_\_ संस्थान/ कॉलेज का नाम: \_\_\_\_\_

डिग्री / डिप्लोमा उतीर्ण: \_\_\_\_\_

बैच {वर्ष}: \_\_\_\_\_ मोबाइल नंबर: \_\_\_\_\_

ईमेल पता : \_\_\_\_\_

प्रेषण पता (जहाँ पर प्रतिलेख भेजी जानी है) : \_\_\_\_\_

यदि प्रतिलेख की अतिरिक्त प्रतिलिपि / प्रतिलिपियाँ चाहिए {@300+50 प्रति प्रतिलिपि} : हाँ / नहीं  
यदि हाँ, तो कृपया पते और प्रतिलिपि / प्रतिलिपियों की संख्या का उल्लेख करें:

WES/IQAS/ICAS/ICES संख्या : \_\_\_\_\_

भुगतान की गई राशि : \_\_\_\_\_

लेनदेन विवरण / UTR नंबर: \_\_\_\_\_ दिनांक \_\_\_\_\_

(नोट: राशि को बचत बैंक खाता संख्या **2886101000127**, खाता धारक का नाम: NCHMCT/ राष्ट्रीय होटल प्रबंध और खानपान प्रौद्योगिकी परिषद, नोएडा, बैंक का नाम: **केनरा बैंक**, शाखा पता: 1 ए / 40, एच ब्लॉक, सेक्टर - 63, नोएडा (यू.पी.) - 201301, IFSC कोड - CNRB0002886, MICR कोड: 110015178 में जमा करना है)

अभ्यर्थी के हस्ताक्षर और तारीख

### केवल कार्यालय उपयोग के लिए

अ) अभ्यर्थी के विवरणों की जाँच की गयी और सही पाया गया।

\_\_\_\_\_ तारीख के साथ AD (T) द्वारा सत्यापित

ब) अभ्यर्थी से राशि (रुपयों में) \_\_\_\_\_ रसीद संख्या \_\_\_\_\_ दिनांक \_\_\_\_\_ के माध्यम से प्राप्त हुई है।

\_\_\_\_\_ लेखाकार हस्ताक्षर और तारीख



**TRANSCRIPT APPLICATION FORM**

Candidate Name (IN CAPITAL – as per mark sheet) \_\_\_\_\_

NCHMCT Roll No: \_\_\_\_\_ Institute/College Name: \_\_\_\_\_

Degree/Diploma awarded: \_\_\_\_\_

Batch year(s): \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email address \_\_\_\_\_

Dispatch Address: (on which transcript needs to be sent): \_\_\_\_\_

If Additional copy/copies of transcript required (Please tick) : YES\ NO

If yes, then please mention the address and No. of copy/copies {@300+50 per copy} required:

WES/IQAS/ICAS/ICES Number) : \_\_\_\_\_

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





# Academic Records Request Form

**A. For Applicants:** This form is provided to facilitate the release of your academic records by your academic institution. You are responsible for contacting your academic institution directly.

- 1) Complete the top part of this form. You must include your WES reference number.
- 2) Submit this form to the registrar/controller of examinations or other authorized official where you obtained your credential(s).
- 3) Print additional copies of this form as necessary.

<b>WES Reference No. (required)</b>		
Last/Family Name	First/Given Name	
Previous Name (if applicable)	Date of Birth (dd/mm/yyyy)	E-mail
Institution Name	Country	Dates Attended From _____ To _____ (mm/yyyy) (mm/yyyy)
Degree Name (if applicable)	Year of Award (if applicable)	Major
Student ID or Roll Number at sending institution (if applicable)		

I hereby authorize the release of my academic records to World Education Services.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B. For Authorized Officials:** The person named above requests that their academic records be released to World Education Services. His or her records/statement of marks should show all subjects completed and all grades/marks awarded for all years of study.

- 1) Please complete this form.
- 2) Place this form and academic record(s) in an envelope.
- 3) Sign and seal the envelope across the back flap.

Institution Name:	
Degree obtained: (if applicable)	Date awarded: (month/yr)
Name of Official Completing Form: (please print or type)	Title:
Telephone:	Email:

Authorized signature and seal: \_\_\_\_\_ Date: \_\_\_\_\_

Yes. The applicant's academic records are attached to this form.

Please send this form and academic records directly to WES at the address below:

**WES Reference No.** \_\_\_\_\_  
 World Education Services  
 Attention: Documentation Center  
 2 Carlton Street, Suite 1400  
 Toronto, ON M5B 1J3  
 Canada

## Document Submission Checklist

Please use this checklist as a guide to ensure that the documents meet WES requirements. Documents not received as specified will delay your credential evaluation.

### Remember to:

- Carefully follow the **document requirements** for your country of education.
- Use the **Academic Records Request Form** (optional).

### BEFORE Sending Your Documents:

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- Make sure that your transcripts are complete. Transcripts must show: all subjects taken, grades received for each subject, and for each year you were in the program.
- Make sure that academic records include the correct spelling of your name. The WES evaluation will indicate the name and date of birth shown on your academic records.
- Make sure that all documents that are sent to WES are clear and legible.

### WHEN Sending Your Documents:

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- Make sure that your WES reference number is indicated on all envelopes.
- Make sure that your transcripts are placed in an envelope that is signed and sealed across the back flap by the institution preparing the documents.
- Send only academic records issued by recognized academic institutions. WES does not evaluate occupational or trade qualifications.

### Please Do NOT Send:

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- Personal photocopies of transcripts.
- Original documents, unless specifically requested by WES.
- Documentation regarding non-formal training or work experience.