## 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 1	English (full name in BLOC	K letters)	1 mm pm)	
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 :				
	<b>.</b>			
	lress for correspondence :			
1	Pin: Alternate	e/Landline No	0	
6. Date of Birth (by Christia	Date of Birth (by Christian era) 7. Sex: Male/Female			
	Centre opted for appearing in			
Candidate's signature				
Date:	Princ	cipal's signati	are with office seal	
	FOR NCHMCT USE			
Fee received	Examination particulars		mination Hall	
	Checked & Verified	Admiss	sion ticket issued.	
Dealing Assistant	Executive Officer (S)		Assistant Director (T)	