



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 dirts-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>	<u>Fee (in rupees)</u>
Duplicate Mark sheet (for all courses except M.Sc. in HA)	300/- 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.



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