

9. Give details of examination and related fees paid: Examination Fee
 Late Fee (if any)
Total Fee
10. a) Certified that the name as written above by me is correct.
 b) I hereby declare that the statements made in the application are true to the best of my knowledge and belief.
 c) **Certified that I have read and understood the Examination Rules of the National Council.**

Date: _____

(Signature of the candidate)

CERTIFICATE BY PRINCIPAL

1. Certified that admission to the semester was granted as per NCHM&CT Rules.
2. Certified that Mr./Ms. _____ is/was a bonafide full time student of this institution and has satisfactorily completed the prescribed course of studies as laid down by the Council.
3. Certified that Examination Rules have been explained to the candidate and undertaking obtained for having understood the same.
4. Certified that Admit Card for the Examination will be issued to the candidate only after satisfying that he/she fulfils the attendance requirements as laid down in Examination Rules of National Council for Hotel Management (mandate form attached).
5. Certified that the following fee of the candidate is included in the amount of Rs. _____ remitted to the Council through RTGS vide UTR/IMPS No. _____ dated _____ in favour of National Council for Hotel Management & Catering Technology (mandate form attached).

Examination Fee Rs.....
 Late Fee (if any) Rs.....
 Total Fee Rs.....

Date: _____

Principal's signature with office seal

FOR NCHM&CT USE

Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____ <div style="text-align: right;">Dealing Assistant</div>	Examination particulars Checked & Verified <div style="text-align: center;">Executive Officer (S)</div>	Examination Hall Admission ticket issued. <div style="text-align: center;">Assistant Director (T)</div>
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IHMCTAN MUMBAI

Academic Year - 2021-22 Semester -

FEE PAID - FILL APPROPRIATE

CASH – RECEIPT NO DATED –.....

D.D. – NO.- BANK-..... DATED –.....

NEFT – TRANSACTION ID -..... DATED-.....

(KINDLY SCAN THE RECEIPT TOO AND ATTACH A COPY WITH THE SCANNED FORM WHILE SENDING IT TO THE PRESCRIBED EMAILS GIVEN BELOW)

EMAIL ADRESSES TO SEND SCANNED COPIES:

1. madkarshilpa@gmail.com
2. admin@ihmctan.edu
3. examroom@ihmctan.edu
4. albina@ihmctan.edu
5. cashier@ihmctan.edu

BANK DETAILS:

By WIRE TRANSFER (RTGS/NEFT)

Name of the beneficiary: INSTITUTE OF HOTEL MANAGEMENT, CATERING TECHNOLOGY &A N

Name of the bank: STATE BANK OF INDIA **Branch:** SHIVAJI PARK BRANCH

Bank IFS Code: SBIN0001429 **Account No.** 10419537220

Type of Account: Current Account