### NGHMGT NATIONAL COUNCIL FOR HOTEL MANAGEMENT AND CATERING TECHNOLOGY, NOIDA

#### NCHMCT TRANSCRIPT GUIDELINES

Please follow the under mentioned procedure/ guidelines for issuance of NCHM transcript:

- 1. Fill up the prescribed transcript application form attached and send it to us with the following documents:
  - a) Scanned copies of ALL mark sheets & Degree / Diploma issued by NCHM only. (Provisional mark sheets are not accepted.)
  - b) Scanned copy of the WES form indicating your WES number (if applying for WES Canada)
  - c) Scanned copy of the Degree Certificate issued by IGNOU for verification.
  - d) Screenshot of the NEFT transfer receipt (which contains the transaction reference/ id / UTR No. with date)

Send us the duly filled application form along with the necessary documents to <a href="mailto:transcript.nchm@gmail.com">transcript.nchm@gmail.com</a> only. Avoid sending special emails to the Director (Studies) email address for transcript.

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

<u>Particulars</u>	Fee (in rupees)
Original transcript (for all courses except M.Sc. in HA)	500/-
Additional copy of transcript	150/- per copy
Postage charges International	1,500/- per copy*
Postage charges domestic	50/- per copy

<sup>\*</sup>We are sending **ONLY** the soft copy of the transcripts outside India (i.e. WES Canada/IQAS etc.) as per their guidelines due to Corona threat. Therefore, **no postage charges will be applicable for soft copies of transcripts sent in such cases.** 

**3. 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.

#### 4. Please note:

- Transcript will not be issued if documents are incomplete.
- All mark sheets are mandatory.
- Transcript will be issued within 30 working days from the date of receiving application with all required documents & complete payment.
- 1 (One) set of transcript will contain: (Transcript of NCHM component including brief of Course concerned, Teaching & Exam Scheme + verified copies of all NCHM Mark sheets only).
- NCHM will only send to WES the NCHM transcript and verified mark sheets issued by NCHMCT. For IGNOU transcript, you need to apply separately to IGNOU. (Check IGNOU website/ Contact IGNOU at <a href="http://www.ignou.ac.in/userfiles/Official%20Transcript%20form.pdf">http://www.ignou.ac.in/userfiles/Official%20Transcript%20form.pdf</a>)
- Ensure all the scanned copies are clear and legible. Mark sheet No. at top right corner and NCHM official signatures at the bottom should clearly be visible on your all mark sheets.
- Fee once paid will not be refunded. 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 उतीर्णः मोबाइ बैच {वर्ष)ः मोबाइ		
बैच {वर्ष): मोबाइ	ल नंबर:	
प्रेषण पता (जहाँ पर प्रतिलेख भेजी जानी है) :		
यदि प्रतिलेख की अतिरिक्त प्रतिलिपि / प्रतिलिपि		
यदि हाँ, तो कृपया पते और प्रतिलिपि / प्रतिलिपि	यों 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 <b>28861</b> 0	)1000127. खाता	धारक का नाम: NCHMCT/ राष्ट्रीय होटल प्रबंध
और खानपान प्रौद्योगिकी परिषद, नोएडा, बैंक क		
63, नोएडा (यू.पी.) - 201301, IFSC कोड - CN		
<u>केवल</u>	कार्यालय उपयोग	<del>के लिए</del>
अ) अभ्यर्थी के विवरणों की जाँच की गयी और र	प्तही पाया गया।	
		 तारीख के साथ AD (T) द्वारा सत्यापित
ब) अभ्यर्थी से राशि (रुपयों में)	रसीद संख्या	दिनांक
के माध्यम से प्राप्त हुई है।		



# NATIONAL COUNCIL FOR HOTEL MANAGEMENT AND CATERING TECHNOLOGY, NOIDA

### TRANSCRIPT APPLICATION FORM

Candidate Name (IN CAPITAL – as	er mark sheet)
NCHMCT Roll No:	Institute/College Name:
Degree/Diploma awarded:	
Batch year(s):	Mobile No:
Dispatch Address: (on which transcri	needs to be sent):
If Additional copy/copies of transcript	equired: YES\ NO
If yes, then please mention the addre	s and No. of copy/copies {@150+50} required:
WES/IQAS/ICAS/ICES Number) :	
Amount paid:	
Transaction details with UTR No:	dated
(Attach proof of payment i.e. Screens	ot)
	rcil for Hotel Management & Catering Technology, NOIDA, address: 1A/40, H BLOCK, SECTOR-63, NOIDA (U.P)- 201301,
Candidate signature & date	
	FOR OFFICE USE ONLY
a) The particulars of the candidate I	ve been verified and found correct.
	Verified by AD(T) with date
b) The amount of rupees No dated	have been received from the candidate vide Receip.
	Accountant signature & date



Toronto, ON M5B 1J3

Canada

# **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.

WES Reference No. (required)					
Last/Family Name	First/Given Name				
Lasvranniy Name	Filst/Given Name				
Previous Name (if applicable)	Date of Birth (dd/mm/yyyy)	E-mail			
Institution Name	Country	Dates Attended			
		From To (mm/yyyy) (mm/yyyyy)			
Degree Name (if applicable)	Year of Award (if applicable)	Major (IIIII/yyyy)			
Student ID or Roll Number at sending institution (if applicable)					
hereby authorize the release of my academic rec	ords to World Education S	ervices.			
Applicant's signature:		Date:			
Sign and seal the envelope across the back flat Institution Name:	ap.				
Degree obtained: (if applicable)	Date awa	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 atta	ched to this form.				
Please send this form and academic records direc	ctly to WES at the address	below:			
WES Reference No					
World Education Services					



# **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:**

<b>9</b>			
HEN Sending Your Documents:			
☐ Make sure that all documents that are sent to WES are clear and legible.			
☐ Make sure that academic records include the correct spelling of your name. The WES evaluated will indicate the name and date of birth shown on your academic records.	tior		
☐ Make sure that your transcripts are complete. Transcripts must show: all subjects taken, grareceived for each subject, and for each year you were in the program.	des		

# W

	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.
_	Cond only and entire records in and by we are reited and entire in established. WEC does not

☐ Send only academic records issued by recognized academic institutions. WES does not evaluate occupational or trade qualifications.

☐ Make sure that your WES reference number is indicated on all envelopes.

### **Please Do NOT Send:**

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



### INTERNATIONAL QUALIFICATIONS ASSESSMENT SERVICE

### **Request of Academic Records**

This form should be used to request the release of academic records by an academic institution. Each applicant needs to contact the academic institution directly. Please fill-in Section A and submit the form to the registrar or other authorized authority in the institution where you received your credential(s).

Section A (Fo	or applicants)					
Last/Family Name		First N	ame			
Previous Last/Fam	ily Name (if applicable)		First N	ame		
Institution Name	T	1	Country			
Dates Attended:	From	To:			Year Awarded:	
Degree Name			Major			
Student ID at the I	nstitution:		IQAS F	Referenc	e Number:	
I hereby authorize	e the release of my acader	nic records to t	he Intern	national	Qualification Assesme	nt Service (IQAS).
Applicant's signa	ture:			_Date: _		
	or authorized officials					
The person named above requests that the academic records be released to International Qualification Assessment Service (IQAS). The released records should show all subjects completed and all grades/marks awarded for all years of study. Please complete this form, package it with the academic record(s) in a sealed envelope that is signed and stamped with the institution's official seal across the back flap.						
the back hap.						
Institution Name				Degree Awarded		
First and Last Name of official completing the form (please print)			ıt)	Program length		Date Awarded
Title				Telephone		Email
The academic records are enclosed with this form: Yes □						
Authorized signature			Seal:			Date:
Please send the package to: International Qualifications Assessment Service (IQAS)						
9th floor, 9942 108 Street						
Edmonton, AB T5K 2J5 Canada						