

**FORMAT FOR UP-GRADATION OF CHOICE OF INSTITUTE IN THE  
SECOND ROUND OF COUNSELLING**

Name of Candidate :- \_\_\_\_\_ JEE ROLL NUMBER:- \_\_\_\_\_

Admission Center:- \_\_\_\_\_

Sir,

- i. I have been allotted seat in the 1<sup>st</sup> round of Counseling at \_\_\_\_\_ and I have deposited the amount of Rs. 57,500/- through On-line Debit/Credit Card .
- ii. I would like to upgrade my choice of Institute for allotment of seat in Second round of counseling.
- iii. I am fully aware that in the event of allotment of seat in the up-graded choice of Institute in the 2<sup>nd</sup> round of counseling, I shall have no claim on earlier allotted seat and it will automatically be cancelled.
- iv. Willingness for up-gradation in 2<sup>nd</sup> round = Yes No

Signature of candidate:- \_\_\_\_\_

Date:- \_\_\_\_\_

## UNDERTAKING

**(For Candidate who has yet to submit passing certificate of 10+2 for various reasons)**

I, \_\_\_\_\_ JEE Roll Number \_\_\_\_\_  
son/daughter of \_\_\_\_\_ state that my result of 10+2  
examination is yet to be declared by the Board. I undertake to submit my 10+2 pass  
certificate on or before **30<sup>th</sup> September, 2017** to the allotted Institute.

I understand that my admission is provisional to the allotted institute and is liable to be  
cancelled in case of failure to submit the 10+2 pass certificate by **30<sup>th</sup> September, 2017**

I further understand that in case of cancellation of my provisional admission, I shall have no  
claim over refund of fee, except caution money

(Parent's/Guardian Signature)

(Candidate's Signature)

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

### For use by Admission Center

Admission Center: \_\_\_\_\_

Name & Signature of Official(ACs) \_\_\_\_\_

## WITHDRAWAL/REFUND FEE REQUEST FORM

I want to withdraw from the allotted seat at IHM/SIHM \_\_\_\_\_ . Kindly allow me to withdraw from the allotted Institute and refund my fee according to NCHM Rule 11.2 of withdrawal / refund policy. I understand that :

- i. Seat allotted to me in 1<sup>st</sup>/ 2<sup>nd</sup> Counselling shall automatically be cancelled as per my willingness and in future I shall have no claim on this seat.
- ii. My fees shall be refunded within 45 days as per the refund policy of NCHMCT.

Roll Number: \_\_\_\_\_ AIR \_\_\_\_\_ Name : \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mob No: 1 \_\_\_\_\_ 2. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ PIN \_\_\_\_\_

**Please ensure providing same bank account details as provided at the time of withdrawal as the refund shall be affected in that account only**

1. Name of Account Holder: \_\_\_\_\_

2. Name of Bank & Branch \_\_\_\_\_

3. SB A/c Number: \_\_\_\_\_

4. IFSC Code \_\_\_\_\_

(Please attach a copy of cancelled cheque/Passbook & Receipt of Counselling FEE)

(Parent's Signature)

(Applicant Signature)

# UNDERTAKING

(For Candidate who has paid fees on-line but the same has not been credited in NCHMCT A/c due to transaction failure or otherwise)

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I, \_\_\_\_\_ have made payment of fees, amounting to Rs.57,500/- (*Rupees fifty seven thousand five hundred only*) through debit/credit card, but as per online report in portal the same has not yet been credited into NCHMCT account whereas the amount has been debited from my/our account no. \_\_\_\_\_ Transaction details \_\_\_\_\_ on dt. \_\_\_\_\_ (proof if any be attached).

However, I undertake to pay fees of Rs.57,500/- through Demand Draft drawn in favour of **NCHMCT** payable at NOIDA/ NEW DELHI if online payment of fees is failed or bounce-back latest by \_\_\_\_\_, failing which my provisional admission is liable to be cancelled and I shall have no claim for the seat allotted to me.

Signature of candidate: \_\_\_\_\_

Name : \_\_\_\_\_

Roll No: \_\_\_\_\_

Institute allotted(Provisionally)

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

**(FORMAT FOR MEDICAL CERTIFICATE)****CERTIFICATE**

*(To be completed and signed by a registered MBBS Doctor and presented by the candidate at the time of Admission)*

Certified that I have in general and also in regard to following infectious diseases examined Mr/Ms. \_\_\_\_\_ (whose signature is given below) Son/Daughter of Sh. \_\_\_\_\_ Resident of \_\_\_\_\_

DiseaseFinding

- a) Infectious skin diseases
- b) Psoriasis Foliate
- c) Tuberculosis
- d) Trachoma
- e) Venereal disease
- f) HIV

and find that he/ she is not suffering from any of the above diseases.

I also certify that after examination I find that Mr./ Ms. \_\_\_\_\_ is fit to undergo course of study in Hospitality and Hotel Administration.

\_\_\_\_\_

(Signature of Candidate)  
Practitioner)

\_\_\_\_\_

(Signature of Registered Medical

Seal \_\_\_\_\_

Registration No: \_\_\_\_\_

**(Prescribed Format for OBC Certificate)****FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS / ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri / Smt. / Kum. \_\_\_\_\_ Son /  
 Daughter of Shri /Smt. \_\_\_\_\_ of  
 Village/Town \_\_\_\_\_ District/Division \_\_\_\_\_ in  
 the State/Union Territory \_\_\_\_\_ belongs to the \_\_\_\_\_ Community  
 which is recognised as a backward class under the Government of India, Ministry of Social Justice and Empowerment's  
 Resolution No. \_\_\_\_\_ dated \_\_\_\_\*. Sh/ Smt/ Kumari  
 \_\_\_\_\_ and /or his/her family ordinarily reside(s) in the  
 \_\_\_\_\_ District/ Division of the \_\_\_\_\_ State/ Union Territory.  
 This is also to certify that he/she does not belong to the persons/ sections (Creamy Layer) mentioned in Column 3 of the  
 Schedule to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93-Estt.(SCT) dated  
 08/09/93\*\* .

Dated: \_\_\_\_\_

District Magistrate /

Deputy Commissioner etc.

Seal

**NOTE:**

*\*The authority issuing the certificate may have to mention the details of Resolution of Govt of India, in which the caste of the candidate is mentioned as OBC.*

*\*\*As amended from time to time.*

**Note:** *The term " Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.*

***This certificate should not be issued earlier than one year, should be issued after April-2016 onwards .***