<table>
<tr><td>**MARKS VERIFICATION FORM**
(For NCHM&CT Component only)</td><td>**SEM IV of B.Sc. Program**
Regular students
EVEN SEMESTER TEE – 2014-2015</td></tr>
</table>

NATIONAL COUNCIL FOR HOTEL MANAGEMENT & CATERING TECHNOLOGY
A-34, Sector 62, NOIDA 201 309

THIS FORM IS REQUIRED TO BE SENT TO NATIONAL COUNCIL
LATEST BY TUESDAY THE 21ST JULY 2015
(Applications received after the last date will not be accepted)

1. Name in BLOCK letters   :   _____
    (As in ADMIT CARD)
2. NCHM&CT Roll No.   :   _____

3. Institute   :   IHMCT & AN _____

4. Student's Address for   :   _____
    Correspondence   _____
                                   _____
                                   _____ Pin: _____

S/No	Subject(s) for Verification		Marks obtained	Marks after verification (For NCHM use only)
	Subject Code	Subject Name		
1				
2				
3				
4				
5				
6				
7				

FEE: Rs.200/- (Two hundred) per subject.

Demand draft No. _____ dated _____ for Rs. _____

drawn on (Bank) _____ branch in favour of

National Council for Hotel Management & Catering Technology, Noida is attached.

Date: _____   Candidate's signature

FOR NCHM&CT USE

An amount of Rs. _____ towards the verification fee received.

                                                              Cashier