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 04TH JULY 2016

(Applications received after the last date will not be accepted)

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1.	Name in BLOCK letters
	(As in ADMIT CARD)
2	NOUN (0 OT D 11 N

NCHM&CT Roll No. 2.

3. Institute IHMCT & AN _____

4. Student's Address for Correspondence

Pin:

S/No	Sı	ubject(s) for Verification	Marks	Marks after verification
	Subject Code	Subject Name	obtained	(For NCHM use only)
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 f	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