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 24th January 2017 (Applications received after the last date will not be accepted)

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