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

THIS FORM IS REQUIRED TO BE SUBMITTED TO THE INSTITUTE
LATEST BY WEDNESDAY THE 16TH AUGUST 2017
(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 ₹ _____

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