MARKS VERIFICATION FORM (For NCHM&CT Component only)

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 16th February 2018 (Applications received after the last date will not be accepted)

	× 11		
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	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