## MARKS VERIFICATION FORM (For NCHM&CT Component only)

SEM VI of B.Sc. Program Re-appear students EVEN TEE – April 2019

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

## LAST DATE FOR RECEIPT OF FORM AT INSTITUTE LATEST BY 19<sup>TH</sup> AUGUST 2019

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

| <ol> <li>2.</li> </ol>  | Name in BLOCK letters : (As in ADMIT CARD) NCHM&CT Roll No. : |                           |            |                          |
|---|---|---------------------------|------------|--------------------------|
| 3.  | Institute :   |                           | IHMCT & AN |                          |
| 4.  | Student's Address for :<br>Correspondence :                   |                           |            |                          |
|   |   |                           | Pin:       |                          |
| S/No  | Sub   | oject(s) for Verification | Marks      | Marks after verification |
|   | Subject Code  | Subject Name              | obtained   | (For NCHM use only)      |
| 1   |   |                           |            |                          |
| 2   |   |                           |            |                          |
| 3   |   |                           |            |                          |
| 4   |   |                           |            |                          |
| 5   |   |                           |            |                          |
| 6   |   |                           |            |                          |
| <b>FEE</b> : ₹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 ₹ towards the verification fee received.                           |   |                           |            | ation fee received.      |
|   |   |                           |            | Cashier                  |