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 RE(JUIRED TO I	BE SENT TO	NATIONAL	COUNCIL
Ι	LATEST BY 2	21 th MARCH	2021	

(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	:	
			Pin:
5.	Email id	:	

:

- 6. Mobile No.

S/No	Si	Subject(s) for Verification		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.

A total sum of Rs. _____ sent via

a) Demand Draft No. _____ dated _____ drawn on (Bank) branch in favour of "National

Council for Hotel Management & Catering Technology, NOIDA" OR

b) NEFT/RTGS to Saving Bank Account No. 2886101000127 Bank - Canara Bank, Address- 1A/40, H Block, Sector -63, NOIDA (U.P)- 201301, IFSC - CNRB0002886, UTR No._____dated____

Date:

Candidate's signature

FOR NCHM&CT USE

An amount of Rs._____ received as per above UTR No./DD No.

Accountant/Cashier

National Council for Hotel Management & Catering Technology, Noida.