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 06 st October 2021							
(Applications received after the last date will not be accepted)							

	· · · ·		1
1.	Name in BLOCK letters (As in ADMIT CARD)	:	
2.	NCHM&CT Roll No.	:	
3.	Institute	:	IHMCT & AN
4.	Student's Address	:	
			Pin:
5.	Email id	:	

:

- 6. Mobile No.

S/No	Si	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.300/- (Three 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.