MARKS VERIFICATION FORM (For NCHM&CT Components only)

NATIONAL COUNCIL FOR HOTEL MANAGEMENT & CATERING TECHNOLOGY A-34, Sector 62, NOIDA 201309.

THIS FORM IS REQUIRED TO BE SENT TO NATIONAL COUNCIL LATEST BY 25th MARCH 2022

(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	:	
			pin:
5.	Email id	:	
6.	Mobile No.	:	

(Please write **T/P** to indicate Theory/Practical subject in the "Subject Code" Column below)

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 to Saving Bank Account No. 2886101000127, Account Holder Name: National Council for Hotel Management & Catering Technology, NOIDA, Bank Name: CANARA BANK, Branch address: 1A/40, H BLOCK, SECTOR-63, NOIDA (U.P) - 201301, IFSC- CNRB0002886, MICR Code:110015178)

Ι	Date :		Candidate's Signature		
	FOR NCHMCT USE ONLY				
	An amount of Rs	received as per above UTR/DD No	towards		
	the verification fee.				
		A	Accountant /Cashier		
	National Council for Hotel Manag	gement & Catering Technology, Noida	10/03/2022		