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 **07th JUNE 2022 THROUGH INSTITUTE CONCERNED** (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	S	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 against UTR No.
________ on (date) _______.

Date :_____

Candidate's Signature

FOR NCHMCT USE ONLY

An amount of Rs. ______ received as per above UTR/DD towards the Marks verification fee vide Receipt No. ______ dated _____.

Accountant /Cashier