MARKS VERIFICATION FORM

(For NCHM&CT Components only)

SEM IV of B.Sc. in H&HA Course **EVEN SEM ETE - 2021-22** (Reappear Students 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 22nd JUNE 2022 THROUGH INSTITUTE CONCERNED

(Applications received after the last date will not be accepted) Name in BLOCK letters (As in ADMIT CARD) NCHM&CT Roll No. 2. 3. Institute IHMCT& AN Student's Address 4. _____ Pin: _____ Email id 5. 6. Mobile No. (Please write **T/P** to indicate Theory/Practical subject in the "Subject Code" Column below): Subject(s) for Verification S/No Marks Marks after verification Subject Code Subject Name obtained (For NCHM use only) 1 2 3 4 5 6 **FEE**: Rs.300/- (Three hundred) per subject. A total sum of Rs. _____ credited 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) Candidate's Signature Date :_____ FOR NCHMCT USE ONLY

received towards the Marks verification fee vide Receipt No.

An amount of Rs. ___

_____ dated _____.

Accountant /Cashier