## 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 22<sup>nd</sup> SEPTEMBER 2021

(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	Su	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/- (Rupees Three Hundred only) 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 Bank Canara Bank, Account Holder Name - NCHMCT, Address- 1A/40, H Block, Sector -63, NOIDA (U.P)- 201301, IFSC -CNRB0002886 bearing UTR No. \_\_\_\_\_\_ dated \_\_\_\_\_.

Date:\_\_\_\_\_

Candidate's signature

## FOR NCHM&CT USE ONLY

An amount of Rs.\_\_\_\_\_\_received as per above UTR/ DD No. \_\_\_\_\_\_

towards the verification fee.

Accountant/Cashier