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 12th NOVEMBER 2020

(Applications received after the last date will not be accepted) Name in DLOCK latter

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	:	

:

- 5. Email id
- 6. Mobile No.

S/No	Subject(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.200/- (Two 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