## 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 01<sup>st</sup> JUNE 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	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

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