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 27th February 2020**

	(Applications received after the last date will not be accepted)							
1.	Name in BLOCK letters	:						
2	(As in ADMIT CARD)							
2.	NCHM&CT Roll No.	:						
3.	Institute	:	IHMCT & AN					
4.	Student's Address for Correspondence	:						

Pin: _____

S/No	Si	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.200/- (Two hundred) per subject.

Demand draft No. _____ dated _____ for Rs. _____

drawn on (Bank)	branch	in favour	of

National Council for Hotel Management & Catering Technology, Noida is attached.

Date: _____

Candidate's signature

FOR NCHM&CT USE

An amount of Rs. ______ towards the verification fee received.

Cashier