MARKS VERIFICATION FORM **(For NCHM&CT Component only)**	**SEM VI of B.Sc. Program** **Re-appear students** **EVEN TEE – April 2019**

NATIONAL COUNCIL FOR HOTEL MANAGEMENT & CATERING TECHNOLOGY
A-34, Sector 62, NOIDA 201 309.

LAST DATE FOR RECEIPT OF FORM AT INSTITUTE
LATEST BY 19TH AUGUST 2019
(Applications received after the last date will not be accepted)

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1.   Name in BLOCK letters   :   _____
     (As in ADMIT CARD)
2.   NCHM&CT Roll No.   :   _____

3.   Institute   :   IHMCT & AN _____

4.   Student's Address for   :   _____
     Correspondence   _____
                           _____
                           _____ Pin: _____

S/No	Subject(s) for Verification		Marks obtained	Marks after verification (For NCHM use only)
	Subject Code	Subject Name		
1				
2				
3				
4				
5				
6				

FEE: ₹200/- (Two hundred) per subject.

Demand draft No. _____ dated _____ for ₹ _____

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 ₹ _____ towards the verification fee received.

Cashier