

MARKS VERIFICATION FORM
(For NCHM&CT Component only)

SEM VI of 3-Year B.Sc. in
HHA – 2019-20
Re-appear Students

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 23th November 2020

(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. : _____

| 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 | | | | |
| 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

