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 15th February 2019 (Applications received after the last date will not be accepted)

Direct applications also accepted

1. 2.	Name in BLOCK letters (As in ADMIT CARD) NCHM&CT Roll No.		:			
3.	Institute		:	IHMCT & AN		
4.	Student's Address for : Correspondence		:			
				Pin:		
S/No	Subject(s) for Verification				Marks	Marks after verification
	Subject Code	Subject Code Subject Name		e	obtained	(For NCHM use only)
1						

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

Date: _____

drawn on (Bank)

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

Candidate's signature

_____ branch in favour of

FOR NCHM&CT USE

Demand draft No. _____ dated _____ for Rs. _____

An amount of Rs.______towards the verification fee received.

Cashier

National Council for Hotel Management & Catering Technology, Noida.