## MARKS VERIFICATION FORM (For NCHM&CT Component only)

M.Sc. HA Semester-III

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

## THIS FORM IS REQUIRED TO BE SUBMITTED TO THE INSTITUTE LATEST BY 18<sup>th</sup> APRIL 2024 received after the last date will not be a

(			<i>F)</i>
Institute Name	:		
Student's Address	: <u> </u>		
			Pin:
Email id	: <u> </u>		
Mobile No.	:		
/No Subject(s) for Verification		Marks	Marks after verification
Subject Code	Subject Name	obtained	(For NCHM use only)
Rs.300/-per subject (For	warded to NCHMCT)		
Candidate's signature  Date:		Princi	ipal's Signature with stamp
	Name in BLOCK let (As in ADMIT CAR NCHM&CT Roll No Institute Name Student's Address  Email id Mobile No.  Subject(s Subject Code	Name in BLOCK letters : (As in ADMIT CARD) NCHM&CT Roll No. :	(As in ADMIT CARD) NCHM&CT Roll No. :  Institute Name : Student's Address :  Email id : Mobile No. :  Subject(s) for Verification Marks Subject Code Subject Name obtained  Rs.300/-per subject (Forwarded to NCHMCT)  ate's signature Principal Princ