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 30th SEPTEMBER 2021  
(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. : 

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FEE: Rs.300/- (Three hundred) per subject.  
A total sum of Rs. _______ sent via  
   a) Demand Draft No. _______ dated _______ drawn on (Bank)  
   National Council for Hotel Management & Catering Technology, NOIDA”  
   OR  
   b) NEFT/RTGS to Saving Bank Account No. 2886101000127 Bank  
   Address- 1A/40, H Block, Sector -63, NOIDA (U.P)- 201301, IFSC  
   CNRB0002886, UTR No. _______ dated _______.  
   Date: _______  

FOR NCHM&CT USE  
An amount of Rs. _______ received as per above UTR No./DD No.  
Accountant/Cashier  

National Council for Hotel Management & Catering Technology, NOIDA  
15/09/21