MARKS VERIFICATION FORM  
(For NCHM&CT Component only)  

NATIONAL COUNCIL FOR HOTEL MANAGEMENT & CATERING TECHNOLOGY  
A-34, Sector 62, NOIDA 201309.  

THIS FORM IS REQUIRED TO BE SENT TO NATIONAL COUNCIL  
LATEST BY 06th October 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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<th>Marks after verification (For NCHM use only)</th>
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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)  
      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  

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