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 05th June 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. : ___________________________________________  

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**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