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 23RD AUGUST 2018
(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 for Correspondence: ____________________________________
   _______________________________________________________________________
   ____________________________________ Pin: __________________________

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<th>S/No</th>
<th>Subject(s) for Verification</th>
<th>Marks obtained</th>
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FEE: Rs.200/- (Two hundred) per subject.
Demand draft No. __________________ dated __________________ for Rs. ________________
drawn on (Bank) __________________________________________________________ branch in favour of
National Council for Hotel Management & Catering Technology, Noida is attached.

Date: _______________  Candidate’s signature

FOR NCHM&CT USE
An amount of Rs. ___________________________ towards the verification fee received.

Cashier

08/08/18