**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 16TH 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: ____________________________  
   __________________________________________________________________  
   __________________________________________________________________  
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   Pin: ____________________________

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**FEE:** Rs.200/- (Two hundred) per subject.

Demand draft No. ____________________________ dated ____________________________ for ₹ ____________________________

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

National Council for Hotel Management & Catering Technology, Noida.  
30/07/18