MARKS VERIFICATION FORM  
(For NCHM&CT Component only)  

SEM VI of B.Sc. Program  
RE-APPEAR CANDIDATES  
EVEN SEMESTER TEE – 2014-2015  

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 FRIDAY THE 24TH JULY 2015  
(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>
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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  
10/07/15