

**MARKS VERIFICATION FORM**  
(For NCHM&CT Component only)

**SEM VI OF 3-YEAR**  
**B.SC. IN HHA – 2019-20**  
Regular & re appear Students

**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 12<sup>th</sup> NOVEMBER 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. : \_\_\_\_\_

S/No	Subject(s) for Verification		Marks obtained	Marks after verification (For NCHM use only)
	Subject Code	Subject Name		
1				
2				
3				
4				
5				
6				
7				

**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

