

MARKS VERIFICATION FORM
(For NCHM&CT Components only)

SEM II (Reappear) of B.Sc. (HHA) Program
EVEN SEM ETE - 2021-22

NATIONAL COUNCIL FOR HOTEL MANAGEMENT & CATERING TECHNOLOGY
A-34, Sector 62, NOIDA - 201309

This form is required to be sent to National Council latest by
08th AUG 2022 through Institute concerned.
(Applications received after the last date will not be accepted)

- Name in BLOCK letters
(As in ADMIT CARD) :
- NCHM&CT Roll No. :
- Institute : IHMCT& AN _____
- Student's Address : _____

- Email id : _____ Pin: _____
- Mobile No. :
- Please write T/P to indicate Theory/Practical subject in the "Subject Code" Column below:

| 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.300/- (Three hundred) per subject.

A total sum of Rs. _____ credited to Saving Bank Account No. **2886101000127**, Account Holder Name: National Council for Hotel Management & Catering Technology, NOIDA, Bank Name: **CANARA BANK**, Branch address: 1A/40, H BLOCK, SECTOR-63, NOIDA (U.P) - 201301, **IFSC-CNRB0002886** against UTR No. _____ on (date) _____

Date : _____

Candidate's Signature

FOR NCHMCT USE ONLY

An amount of Rs. _____ received towards the Marks verification fee vide Receipt No. _____ dated _____

Accountant /Cashier

