MARKS VERIFICATION FORM	2nd year of B.Sc. (HHA) Program
(For NCHM&CT Components only)	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
> **26th JULY 2022 through Institute concerned.**
> (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. : _____

7. 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