

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

**SEM II (Regular) 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  
**02<sup>nd</sup> 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 : \_\_\_\_\_  
\_\_\_\_\_ Pin: \_\_\_\_\_
- Email id : \_\_\_\_\_
- 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

