

MARKS VERIFICATION FORM
(For NCHM&CT Component only)

SEM I of 3-year B.Sc. in H&HA
RE-APPEAR
ODD SEMESTER TEE – 2016-2017

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 17TH MARCH 2017**

(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: _____

| 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.

Demand draft No. _____ dated _____ for Rs. _____

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

