

MARKS VERIFICATION FORM
(For NCHM&CT Component only)

SEM II of B.Sc. Program
REGULAR
EVEN SEMESTER TEE – 2016-2017

NATIONAL COUNCIL FOR HOTEL MANAGEMENT & CATERING TECHNOLOGY
A-34, Sector 62, NOIDA 201 309.

**THIS FORM IS REQUIRED TO BE SUBMITTED TO THE INSTITUTE
LATEST BY MONDAY THE 10TH JULY 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 ` _____

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

