

MARKS VERIFICATION FORM
(For NCHM&CT Component only)

**M.SC., SEM IV of M.Sc. HOSPITALITY
ADMINISTRATION –SESSION 2019-20**
Regular & re appear Students

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 12th NOVEMBER 2020**

(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. : _____

| 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.

A total sum of Rs. _____ sent via

- a) Demand Draft No. _____ dated _____ drawn on (Bank) _____ branch in favour of "National Council for Hotel Management & Catering Technology, NOIDA"

OR

- b) NEFT/RTGS to Saving Bank Account No. **2886101000127** Bank – **Canara Bank**, Address- 1A/40, H Block, Sector -63, NOIDA (U.P)- 201301, IFSC - CNRB0002886, UTR No. _____ dated _____.

Date: _____

Candidate's signature

FOR NCHM&CT USE

An amount of Rs. _____ received as per above UTR No./DD No.

Accountant/Cashier

