

MARKS VERIFICATION FORM
(For NCHM&CT Component only)

SECOND YEAR
ACADEMIC SESSION – 2009-2010

NATIONAL COUNCIL FOR HOTEL MANAGEMENT & CATERING TECHNOLOGY
A-34, Sector 62, NOIDA 201 301.

THIS FORM IS REQUIRED TO BE SENT TO DIRECTOR OF STUDIES
NATIONAL COUNCIL LATEST BY 16TH AUGUST 2010
(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 | | | | |

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

