MARKS VERIFICATION FORM

(For NCHM&CT Component only)

SEM II of CCCFPP ODD SEMESDTER ETE – 2018-2019

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 07th October 2019

(Applications received after the last date will not be accepted)

| | (пррпеци | ions received arter | the last date will hot be | decepted) |
|---------------------------------------------------------------------------------|--------------------------------------------------------|----------------------|--------------------------------|---------------------|
| 2. | Name in BLOCK le (As in ADMIT CAF NCHM&CT Roll N | RD) | | |
| 3. | Institute | : | IHMCT & AN | |
| 4. | Student's Address for Correspondence | or : | | |
| | | | F | |
| S/No | Subject | (s) for Verification | Marks Marks after verification | |
| | Subject Code | Subject Name | obtained | (For NCHM use only) |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| FEE : Rs200/- (₹ 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 |
| | | | | |