

**MARKS VERIFICATION FORM**  
(For NCHM&CT Components only)

SEM I of 3-year B.Sc. (HHA)  
ODD SEM ETE – 2022-23  
(Regular & Reappear Students)

**NATIONAL COUNCIL FOR HOTEL MANAGEMENT & CATERING TECHNOLOGY**  
**A-34, Sector 62, NOIDA 201309.**

**LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE:-**  
**08<sup>TH</sup> MARCH 2023**

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

- Name in BLOCK letters : \_\_\_\_\_  
(As in ADMIT CARD)
- NCHM&CT Roll No. : \_\_\_\_\_
- Institute : IHMCT& AN \_\_\_\_\_
- Student's Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
PIN: \_\_\_\_\_
- Email id : \_\_\_\_\_
- Mobile No. : \_\_\_\_\_

(Please write **T/P** to indicate Theory/Practical subject in the "Subject Code" Column below)

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.300/- (Three hundred) per subject.

A total sum of Rs. \_\_\_\_\_ transferred to Saving Bank **Account No. 2886101000127**,  
Account Holder Name: National Council for Hotel Management & Catering Technology, NOIDA, Bank  
Name: **CANARA BANK**, Branch address: 1A/40, H BLOCK, SECTOR-63, NOIDA (U.P) - 201301,  
**IFSC- CNRB0002886**, MICR Code:110015178. (Please attach screenshot of the payment)

Candidate's Signature

Principal's Signature with stamp

Date : \_\_\_\_\_

**FOR NCHMCT USE ONLY**

An amount of Rs. \_\_\_\_\_ received as per above UTR/DD No. \_\_\_\_\_ towards  
the verification fee.

Accountant /Cashier

