

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

**SEM III 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.**

THIS FORM IS REQUIRED TO BE SENT TO NATIONAL COUNCIL  
**LATEST BY 06<sup>TH</sup> FEBRUARY 2023**  
(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. : \_\_\_\_\_

(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

