

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

**MARKS VERIFICATION FORM – B.Sc. HHA SEMESTER VI**  
**(Supplementary)**  
**(FOR NCHMCT COMPONENTS ONLY)**

**LAST DATE FOR FORM SUBMISSION IN THE INSTITUTE:**

**29<sup>th</sup> September 2025**

(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 Name : \_\_\_\_\_
4. Student's Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Pin: \_\_\_\_\_
5. Email id : \_\_\_\_\_
6. Mobile No. : \_\_\_\_\_

| S/No | Subject(s) for Verification |              |        |           | Marks obtained |
|------|-----------------------------|--------------|--------|-----------|----------------|
|      | Subject Code                | Subject Name | Theory | Practical |                |
| 1    |                             |              |        |           |                |
| 2    |                             |              |        |           |                |
| 3    |                             |              |        |           |                |
| 4    |                             |              |        |           |                |
| 5    |                             |              |        |           |                |
| 6    |                             |              |        |           |                |
| 7    |                             |              |        |           |                |

**FEE:** Rs.300/-per subject (Forwarded to NCHMCT)

Candidate's signature

Principal's Signature with stamp

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

