## **NATIONAL COUNCIL FOR HOTEL MANAGEMENT & CATERING TECHNOLOGY** A-34, Sector- 62, NOIDA - 201 309

## MARKS VERIFICATION FORM **B.Sc. HHA SEMESTER I (Regular)**

## LAST DATE FOR FORM SUBMISSION IN THE INSTITUTE: 1<sup>st</sup> May 2024 (Applications received after the last date will not be accepted)

| 1.                    | Name in BLOCK letters (As in ADMIT CARD) NCHM&CT Roll No. |       | :                                       |                                  |
|-----------------------|---|-------|---|----------------------------------|
| 2.                    |   |       | :                                       |                                  |
| 3.                    | Institute Name  |       | :                                       |                                  |
| 4.                    | Student's Addr  | ess   | :                                       |                                  |
|                       |   |       | -                                       |                                  |
|                       |   |       |   | Pin:                             |
| 5.                    | Email id  |       | :                                       |                                  |
| 6.                    | Mobile No.  |       | :                                       |                                  |
|                       |   |       |   |                                  |
| S/No                  | Subject(s) for Verification                               |       | Marks obtained (For institute use only) |                                  |
|                       | Subject<br>Code   | Subje | ect Name                                | (For institute use only)         |
| 1                     |   |       |   |                                  |
| 2                     |   |       |   |                                  |
| 3                     |   |       |   |                                  |
| 4                     |   |       |   |                                  |
| 5                     |   |       |   |                                  |
| 6                     |   |       |   |                                  |
| 7                     |   |       |   |                                  |
| 8                     |   |       |   |                                  |
| 9                     |   |       |   |                                  |
| 10                    |   |       |   |                                  |
| FEE                   | : Rs.300/-per subje                                       |       |   | <u> </u>                         |
|                       |   |       |   |                                  |
| Candidate's signature |   |       |   | Principal's Signature with stamp |
| Date                  | :   |       |   |                                  |
|                       |   |       |   |                                  |