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

MARKS VERIFICATION FORM - B.Sc. HHA SEMESTER VI (FOR NCHMCT COMPONENTS ONLY)

LAST DATE FOR FORM SUBMISSION IN THE INSTITUTE: 09th JULY 2024

| | (App | nications i | eceived after | the last date | will not be | accepted) | |
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| 1. | Name in BLOCK letters (As in ADMIT CARD) NCHM&CT Roll No. | | : | | | | |
| 2. | | | : | | | | |
| 3. | Institute Name | | : | | | | |
| 4. | Student's Address | | : | | | | |
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| - | E 1111 | | | |] | Pin: | |
| 5. | Email id | | : | | | | |
| 6. | Mobile No. | | : | - | | | |
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| S/No | Subject(s) for Verification | | | | | Marks | |
| | Subject Code | | Subject Name | e | Theory | Practical | obtained |
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| FEE: | Rs.300/-per subj | ect (Forwa | rded to NCHM | CT) | | | |
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