

OFFICE OF THE PRINCIPAL, IHMCT&AN, HYDERABAD – 500 007.

IHM(H)/U-III/Cir./2022-23

23.02.2023

CIRCULAR

Sub: Marks Verification form SEM-I (Regular/Reappear exams) 2022-23 – Reg.

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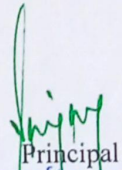
All the students who have appeared for SEM-I (Regular/Reappear exams) of B.Sc. in H&HA 2022-23, are hereby informed that the results are displayed on student's notice board and also on Institute's website for the information of students. Students who wish to get their marks verified from National Council are required to collect the blank marks verification form from Office (Academic Section) or download the form from Institute's website i.e., www.ihmhyd.org.

A total sum of Rs.300/- (Rupees Three Hundred only) per subject/per paper has to be transferred through online to the bank account mentioned on the verification form on or before 08.03.2023 and the same to has be submitted to the academic section with the transaction details.

For Students Notice Board.

GP
23/2

23/2


Principal

प्रधानाचार्य/PRINCIPAL
होटल मैनेजमेंट कॅटरिंग संस्थान
प्रौद्योगिकी एवं एप्लाइड न्यूट्रिशन सोसायटी
INSTITUTE OF HOTEL MANAGEMENT CATERING
TECHNOLOGY & APPLIED NUTRITION SOCIETY
भारत सरकार के पर्यटन मंत्रालय
Govt. of India, Ministry of Tourism
'एफ' पंक्ति, डी. डी. कालोनी, /'F' Row, D.D. Colony,
विद्यानगर, हैदराबाद/Vidyanagar, Hyderabad-500 007

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:-
08TH 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

