होटल प्रबंध खानपान प्रौद्योगिकी एवं पोषण आहार संस्थान 1100 आवास गृह, भोपाल — 462016

क्रं. हो.प्र.सं./प्रशि./24/ ३787

भोपाल, दिनांक रि.ते. 8 2024

आदेश

MID TERM EXAMINATION FORM SUBMISSION FOR B.Sc.(HHA) 5th, 3rd & 1st SEMESTER FAIL & ABSENT STUDENTS.

S. No.	Exam	Last Date of Form Submission	Exam Schedule w.e.f.
1	B.Sc. (H&HA) 5 th Semester Mid Term Examination in September 2024.	31.08.2024	04.09.2024 to 09.09.2024 (Date Sheet display on website)
2	B.Sc. (H&HA) 3 rd Semester Mid Term Examination in September 2024	31.08.2024	04.09.2024 to 09.09.2024 (Date Sheet display on website)
3	B.Sc. (H&HA) 1 st Semester Mid Term Examination in September 2024	20.09.2024	30.09.2024 to 04.10.2024 (Date Sheet display on website)

• Fee: Rs. 300/- per subject (Theory)

संबंधित छात्रों को निर्देशित किया जाता है कि जो छात्र अपना Re-Mid Term Subject का परीक्षा फॉर्म भरना चाहते है, वह संस्था में स्वयं उपस्थित होकर अपना परीक्षा फॉर्म जमा करें।

Institute website: www.ihmbhopal.ac.in पर उपलब्ध HDFC Bank के शुल्क भुगतान लिंक के माध्यम से शुल्क का भुगतान कर शुल्क रसीद एवं परीक्षा फॉर्म फोटो सहित email ID: training@ihmbhopal.ac.in पर Scan कर उक्त वर्णित तिथि के अंदर भेजें।

क्रं. हो.प्र.सं. / प्रशि. / 24 / २२४२ ०। २० २२४२ ०३ प्रतिलिपि सूचनार्थः —

- 1. श्रीमती आशा कोलेकर, विभाग प्रमुख, हो.प्र.सं. भोपाल।
- 2. लेखा विभाग, होटल प्रबंध संस्थान, भोपाल।
- 3. संबंधित छात्रों को सूचनार्थ। (सूचना पटल / वेबसाइट)

भोपाल, दिनांक रूरी है 2024

प्राचार्य



Institute of Hotel Management, Catering Technology & Applied Nutrition 1100 Quarters, Bhopal 462016

ODD SEMESTER MID TERM EXAMINATION FORM

Academic Year 2024-2025

COURSE TITLE: THREE-YEAR B.Sc. IN H&HA- SEMESTER- V (FAIL & ABSENT CANDIDATES ONLY)

	eil Roll I	(Photograph to be attested by Principal)		
	Vame of	the candida	te in English (full name in BLOCK letters) Middle name	
FIISt	name		Middle name	Surname
(Ple	ase note t	that the name v	vritten above should be same as given in your +2 CBSE/B	toard Certificate)
		's Mobile No		ioard certificate)
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-			4. 90.00.00	
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(Give det	sails of subject		Please tick
(Subject	ect(s) reappearing for:	
[S.No.	Subject Code	ect(s) reappearing for: Subject	Please tick
(S.No.	Subject Code BHM311	Subject Advance Food Production Operations-I	Please tick
	S.No.	Subject Code BHM311 BHM312	Subject Advance Food Production Operations-I Advance Food & Beverage Operations-I	Please tick
	S.No. 1 2 3	Subject Code BHM311 BHM312 BHM313	Subject Subject Advance Food Production Operations-I Advance Food & Beverage Operations-I Front Office Management-I	Please tick
	S.No. 1 2 3 4	Subject Code BHM311 BHM312 BHM313 BHM314	Subject Advance Food Production Operations-I Advance Food & Beverage Operations-I Front Office Management-I Accommodation Management-I	Please tick

Signature of the candidate



Institute of Hotel Management, Catering Technology & Applied Nutrition 1100 Quarters, Bhopal 462016

ODD SEMESTER MID TERM EXAMINATION FORM

Academic Year 2024-2025

COURSE TITLE: THREE-YEAR B.Sc. IN H&HA- SEMESTER- III (FAIL & ABSENT CANDIDATES ONLY)

First nam (Please) 2. Stud 3. Stud 4. Fath 5. Perr	ne of the candidate in the land the land the name writte dent's Mobile No. [dent's Email id :	English (full name in BLOCK letters) Middle name n above should be same as given in your +2 CB dress for correspondence Pin: Mobile No.		
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5. Perr		dress for correspondence		
	nanent residential ad			
		Pin: Mobile No.		
6. Give	e details of subject(s)	reappearing for:		
S.1	No. Subject Code	Subject	Please tick Theory Paper	
1	BHM201	Food Production Operations	, , , , , ,	
2	2 BHM202	Food & Beverage Operations		
3	BHM203	Front Office Operations		
4	BHM204	Accommodation Operations		
5	BHM205	Food & Beverage Controls		
6	BHM206	Hotel Accountancy		
7	BHM207	Food Safety & Quality		
- M	id-term IC Theory @ Rs	REAPPEAR EXAMINATION FEE .300/- per subject		



Institute of Hotel Management, Catering Technology & Applied Nutrition 1100 Quarters, Bhopal 462016

ODD SEMESTER MID TERM EXAMINATION FORM

Academic Year 2024-2025

COURSE TITLE: THREE-YEAR B.Sc. IN H&HA- SEMESTER- I (JNU/IGNOU) (FAIL & ABSENT CANDIDATES ONLY)

LAST DAT	LAST DATE FOR SUBMISSION OF FORM: 20.09.2024					Paste Passport Size Photograph. (Do not staple)		
Council Roll No Name of the	Council Roll No Name of the candidate in English (full name in BLOCK letters)							
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(Please note that	the name written above should l	pe same as given in v	Jour +2 CRSE	/Board (ertif	icate)		
2. Student's N				Dourd (Citii	icate		
5. Student's E	mail id :							
4. Father's / N	1other's Name							
6. Give details	Pin: s of subject(s) reappearing	Mobile N for:	0					
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- Mid-term I	REAPPEA C Theory @ Rs.300/- per subject	R EXAMINATION ct	FEE					
Fee Receipt	No	Date	Total Fee	Re				