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

क्रें,	हो.प्र.र	i. /	प्रशि.	/ Exam	/24	/
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आदेश

EVEN SEMESTER RE-APPEAR EXAMINATION FORM SUBMISSION FOR M.Sc.(HA), B.Sc.(HHA) & CCFPP 2nd, 4th & 6th SEMESTER STUDENTS.

S. No.	Exam	Late Fee	Form Submission	Exam Schedule w.e.f.
140.	D C CIVI CID C		Last Date	
	B.Sc.(HHA) 6 th Semester	Without Late Fee	20.02.2024	22.04.2024 to 29.04.2024
1	Re-appear End Term	_ Rs. 500/-	07.03.2024	(Date Sheet display on
	Examination in April 2024	Rs. 1000/-	22.03.2024	website)
	B.Sc.(HHA) 4 th Semester	Without Late Fee	20.02.2024	22.04.2024 to 30.04.2024
2	Re-appear End Term	Rs. 500/-	07.03.2024	(Date Sheet display on
	Examination in April 2024	Rs. 1000/-	22.03.2024	website)
	B.Sc.(HHA) 2 nd Semester	Without Late Fee	12.03.2024	13.05.2024 to 21.05.2024
3	Re-appear End Term	Rs. 500/-	28.03.2024	(Date Sheet display on
	Examination in May 2024	Rs. 1000/-	12.04.2024	website)
	CCFPP 2 nd Semester Re-	Without Late Fee	12.03.2024	13.05.2024 to 17.05.2024
4	appear End Term	Rs. 500/-	28.03.2024	(Date Sheet display on
	Examination May 2024	Rs. 1000/-	12.04.2024	website)
	M.Sc.(HA) 4 th Semester	Without Late Fee	14.02.2024	16.04.2024
5	Re-appear End Term	Rs. 500/-	01.03.2024	(Date Sheet display on
	Examination April 2024	Rs. 1000/-	16.03.2024	website)
	M.Sc.(HA) 2 nd Semester	Without Late Fee	20.02.2024	22.04.2024 to 24.04.2024
6	Re-appear End Term	Rs. 500/-	07.03.2024	(Date Sheet display on
	Examination April 2024	Rs. 1000/-	22,03.2024	website)

Fee: Rs. 300/- per subject (Theory) Rs. 500/- per subject (Practical)

संबंधित छात्रों को निर्देशित किया जाता है कि जो छात्र अपना re-appear 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।

क्र. हो.प्र.सं. / प्रशि. / Exam / 24 / 358 प्र प्रतिलिपि सूचनार्थ :-

- 1. श्री पी.कं. मोदी, विभाग प्रमुख, हो.प्र.सं. भोपाल।
- 2. श्रीमती आशा कोलेकर, विभाग प्रमुख, हो.प्र.सं. भोपाल।
- 3. लेखा विभाग, हो.प्र.सं. भोपाल।
- सभी संबंधित छात्रों को सूचनार्थ (वेबसाइट)

प्राचार्य दिनांक 12/2/24

प्राचार्य

EVEN SEMESTER END TERMEXAMINATION FORM

Academic Year 2023-2024

COURSE TITLE: THREE-YEAR B.Sc. HHA- SEMESTER-VI (FOR RE-APPEAR CANDIDATES ONLY)

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5.	Permanent residential address for correspondence																
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	4	BHM 354															
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REAPPEAR EXAMINATION FEE

- Theory @ Rs.300/- per subject (Forwarded to NCHM)
- Practical @ Rs.500/-&Mid-term IC (Theory) @ Rs.300/- per subject(Both retained by Institute)

9.	Give d	letails of examina	tion and related fees paid:	Examination Fee Late Fee (if any) Total Fee	
10.	a) b)		e name as written above by that the statements made in ge and belief.	me is correct.	
	c)	Certified that National Coun	I have read and understocil.	ood the Examinat	ion Rules of the
	Date:		(Sign	nature of the candid	date)
		C	ERTIFICATE BY PRINC	CIPAL	
1.	Certifi	ied that admission	to the semester was grante	ed as per NCHM&0	CT Rules.
2.	studen	ied that Mr./Ms at of this instituti s as laid down by	on and has satisfactorily of the Council.	is/was a b completed the pres	conafide full time scribed course of
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5.	Rs.		owing fee of the candida remitted to the Coun dated & Catering Technology (ma	cil through RTGS	vide UTR/IMPS
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Date:			Princi	pal's signature witl	n office seal
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		Dealing Assistant	Evacutiva Officer (S		ssistant Director (T)

EVEN SEMESTER END TERM EXAMINATION FORM

Academic Year 2023-2024

COURSE TITLE: THREE-YEAR B.Sc. HHA- SEMESTER-IV (FOR RE-APPEAR CANDIDATES ONLY)

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2	BHM 202							
3	BHM 203							
4	BHM 204	Accommoda	tion Ope	erations				
5	BHM 205	Food & Beve	erage Co	ontrol				
6	BHM 206	Hotel Accou	ntancy					
7	BHM 207			ty				
8	BHM 208	Industrial Tra	aining					
	Name rirst name (Please no Stude Stude Fathe Perm Date Give S. No. 1 2 3 4 5 6	Without Late fee With Late fee of I With Late fee of I With Late fee of I Color of I Name of the candid First name (Please note that the name Student's Mobile I Student's Email id Father's / Mother's Permanent residen Date of Birth (by Color of I S. Subject No. Code 1 BHM 201 2 BHM 202 3 BHM 203 4 BHM 204 5 BHM 205 6 BHM 206 7 BHM 207	With Late fee of Rs.500/- With Late fee of Rs.1000/- ncil Roll No	With Late fee of Rs.500/- With Late fee of Rs.1000/- meil Roll No Institute Name Name of the candidate in English (full na first name (Please note that the name written above should be soon Student's Mobile No. Student's Email id: Father's / Mother's Name Permanent residential address for corresponding of S. Subject No. Code 1 BHM 201 Food Production Operation of Section Section Section Operation of Section Section Operation Operatio	With Late fee of Rs.500/- With Late fee of Rs.1000/- With Late fee of Rs.1000/- With Late fee of Rs.1000/- Date of Birth (by Christian era) Give details of subject(s) reappearing for: S. Subject No. Code BHM 201 Food Production Operations BHM 203 Front Office Operations BHM 204 Accommodation Operations BHM 205 Food & Beverage Control BHM 206 Hotel Accountancy 7 BHM 207 Food Safety & Quality	With Late fee of Rs.500/- : 07/03/2024 With Late fee of Rs.1000/- : 22/03/2024 meil Roll No	With Late fee of Rs.500/- With Late fee of Rs.1000/- Institute Name Name of the candidate in English (full name in BLOCK letters) Middle name Please note that the name written above should be same as given in your +2 CBSE/E Student's Mobile No. Student's Email id: Father's / Mother's Name Permanent residential address for correspondence Pin: Alternate/Landline No. Date of Birth (by Christian era) Give details of subject(s) reappearing for: S. Subject No. Code 1 BHM 201 Food Production Operations 2 BHM 202 Food & Beverage Operations 3 BHM 203 Front Office Operations 4 BHM 204 Accommodation Operations 5 BHM 205 Food & Beverage Control 6 BHM 206 Hotel Accountancy 7 BHM 207 Food Safety & Quality	Without Late fee With Late fee of Rs.500/- With Late fee of Rs.1000/- With Late fee of Rs.1000/- Institute Name Name of the candidate in English (full name in BLOCK letters) Institute Name Name of the candidate in English (full name in BLOCK letters) Institute Name Name of the candidate in English (full name in BLOCK letters) Institute Name Name of the candidate in English (full name in BLOCK letters) Institute Name Name of the candidate in English (full name in BLOCK letters) Institute Name Name of the candidate in English (full name in BLOCK letters) Institute Name Name of the candidate in English (full name in BLOCK letters) Institute Name Ins

REAPPEAR EXAMINATION FEE

- Theory @ Rs.300/- per subject (Forwarded to NCHM)
- Practical @ Rs.500/- & Mid-term IC (Theory) @ Rs.300/- per subject (Both retained by Institute)

9.	Give d	etails of examina	tion and related fees paid:	Examination Fee Late Fee (if any) Total Fee	
10.	a) b)		e name as written above by that the statements made in ge and belief.	me is correct.	
	c)	Certified that National Coun	I have read and understocil.	ood the Examinat	ion Rules of the
	Date: _		(Sign	nature of the candid	late)
		C	ERTIFICATE BY PRINC	CIPAL	
1.	Certific	ed that admission	to the semester was grante	d as per NCHM&O	CT Rules.
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		Dealing Assistant	Executive Officer (S)) As	ssistant Director (T)

EVEN SEMESTER END TERM EXAMINATION FORM

Academic Year 2023-2024

COURSE TITLE: THREE-YEAR B.Sc. HHA – SEMESTER-II (FOR RE-APPEAR CANDIDATES ONLY)

	LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE											Paste Passport			rt				
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- Theory @ Rs.300/- per subject (Forwarded to NCHM)
- Practical @ Rs.500/- & Mid-term IC (Theory) @ Rs.300/- per subject (Both retained by Institute)

9.	Give o	details of examina	tion and related fees paid:	Examination Fee
10.	a)	Certified that the	e name as written above by	me is correct.
	b)		that the statements made in	n the application are true to the best
	c)	•	I have read and understo	od the Examination Rules of the
	Date:		(Sign	nature of the candidate)
		C	ERTIFICATE BY PRINC	IPAL
1.	Certif	ied that admission	to the semester was grante	d as per NCHM&CT Rules.
2.		ied that Mr./Msnt of this instituti s as laid down by		is/was a bonafide full time completed the prescribed course of
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5.	Rs No.		remitted to the Counc	ate is included in the amount of cil through RTGS vide UTR/IMPS in favour of National Council andate form attached).
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		Dealing Assistant	Executive Officer (S)	Assistant Director (T)

EVEN SEMESTER END TERM EXAMINATION FORM

Academic Year 2023-2024

COURSE TITLE: CRAFTSMANSHIP CERTIFICATE COURSE IN FOOD PRODUCTION & PATISSERIE – SEMESTER-II (FOR RE-APPEAR CANDIDATES ONLY)

LAST	LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE													Past	e P	assp	ort	
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	2	CFPP22	Cookery	Pra	ctic	al –	II											

REAPPEAR EXAMINATION FEE

Bakery & Patisserie Theory – II

Bakery & Patisserie Practical – II

- Theory @ Rs.300/- per subject (Forwarded to NCHM)

Costing

CFPP23 | Larder Practical – II

- Practical @ Rs.500/- & Mid-term IC (Theory) @ Rs.300/- per subject (Both retained by Institute)

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CFPP24

CFPP25

CFPP26

9.	Give deta	ils of examina	tion and related fees paid:	Examination Fee Late Fee (if any) Total Fee
10.	b) I o o c) C	hereby declare f my knowledg	ge and belief. I have read and understo	me is correct. In the application are true to the best bod the Examination Rules of the
	Date:		(Sign	nature of the candidate)
		C	ERTIFICATE BY PRINC	IPAL
1.	Certified	that admission	to the semester was grante	d as per NCHM&CT Rules.
2.		that Mr./Ms f this instituti laid down by		is/was a bonafide full time completed the prescribed course of
3.			ation Rules have been r having understood the san	explained to the candidate and ne.
4.	after sati	sfying that hai ion Rules of	e/she fulfils the attendance	rill be issued to the candidate only ce requirements as laid down in otel Management (mandate form
5.	Rs No		remitted to the Counc	ate is included in the amount of cil through RTGS vide UTR/IMPS in favour of National Council andate form attached).
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	D	ealing Assistant	Executive Officer (S)	Assistant Director (T)

EVEN SEMESTER END TERM EXAMINATION FORM

Academic Year 2023-2024

COURSE TITLE: TWO-YEAR M.Sc. HA – SEMESTER-IV (FOR RE-APPEAR CANDIDATES ONLY)

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	1	MHA-17	Production	& Opera	tion Ma	nage	ment						
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	- Theory	w @ Rs.300/- p	er subject (Fo	rwarded to	NCHM)								

9.	Give d	letails of examina	tion and related fees paid:	Examination Fee Late Fee (if any) Total Fee		
10.	a) Certified that the name as written above by me is correct.b) I hereby declare that the statements made in the application are true to the best of my knowledge and belief.					
	c) Certified that I have read and understood the Examination Rules of the National Council.					
	Date:		(Sign	nature of the candid	late)	
		C	ERTIFICATE BY PRINC	CIPAL		
1.	Certified that admission to the semester was granted as per NCHM&CT Rules.					
2.	Certified that Mr./Ms is/was a bonafide full time student of this institution and has satisfactorily completed the prescribed course of studies as laid down by the Council.					
3.	Certified that Examination Rules have been explained to the candidate and undertaking obtained for having understood the same.					
4.	Certified that Admit Card for the Examination will be issued to the candidate only after satisfying that he/she fulfils the attendance requirements as laid down in Examination Rules of National Council for Hotel Management.					
5.	Certified that the following fee of the candidate is included in the amount Rs remitted to the Council through RTGS vide UTR/IMI No dated in favour of National Council through Management & Catering Technology (mandate form attached).			vide UTR/IMPS		
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Date:			Princi	pal's signature with	n office seal	
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Fee rec 1.Exar 2.Late Total l	m Fee: R	S .s	Examination particulars Checked & Verified		tion Hall icket issued.	
		Dealing Assistant	Executive Officer (S)	As	ssistant Director (T)	

EVEN SEMESTER END TERM EXAMINATION FORM

Academic Year 2023-2024

COURSE TITLE: TWO-YEAR M.Sc. HA- SEMESTER-II (FOR RE-APPEAR CANDIDATES ONLY)

LAST DAT	E FOR SUBN	MISSION OF	FORMS IN THE INSTITUTE	Paste Passport		
	out late fee		: 20/02/2024	Size Photograph.		
	late fee of R late fee of R		: 07/03/2024 : 22/03/2024	(Do not staple)		
				(Photograph to be attested by		
Council Roll	No	Institute	e Name	Principal)		
. Name	of the candid	ate in Englis	h (full name in BLOCK letters)			
First name			Middle name	Surname		
(Please no	te that the name	written above	should be same as given in your +2 CBSI	E/Board Certificate)		
. Stude	nt's Mobile N	No.				
Stude	nt's Email id	:				
Father	Father's / Mother's Name					
5. Perma	Permanent residential address for correspondence					
		Pin:	Alternate/Landline N	lo		
Date of	of Birth (by C	Christian era)	7. Sex: Mal	le/Female		
3. Give	Give details of subject(s) reappearing for:					
S.No.	Subject		Subject	Please tick		
	Code		J	End Term		
1	MHA-5	Revenue / Y	ield Management			
2	MHA-7		& Material Management			
3	MHA-21		- Research Methodology (TH)			
				1		
		REAP	PEAR EXAMINATION FEE			
	O. D. 400/		warded to NCHM)			

9.	Give d	letails of examina	tion and related fees paid:	Examination Fee Late Fee (if any) Total Fee		
10.	a) Certified that the name as written above by me is correct.b) I hereby declare that the statements made in the application are true to the best of my knowledge and belief.					
	c) Certified that I have read and understood the Examination Rules of the National Council.					
	Date:		(Sign	nature of the candid	late)	
		C	ERTIFICATE BY PRINC	CIPAL		
1.	Certified that admission to the semester was granted as per NCHM&CT Rules.					
2.	Certified that Mr./Ms is/was a bonafide full time student of this institution and has satisfactorily completed the prescribed course of studies as laid down by the Council.					
3.	Certified that Examination Rules have been explained to the candidate and undertaking obtained for having understood the same.					
4.	Certified that Admit Card for the Examination will be issued to the candidate only after satisfying that he/she fulfils the attendance requirements as laid down in Examination Rules of National Council for Hotel Management.					
5.	Certified that the following fee of the candidate is included in the amount Rs remitted to the Council through RTGS vide UTR/IMI No dated in favour of National Council through Management & Catering Technology (mandate form attached).			vide UTR/IMPS		
	Examination Fee Rs Late Fee (if any) Rs Total Fee Rs					
Date:			Princi	pal's signature with	n office seal	
			FOR NCHM&CT US	E		
Fee rec 1.Exar 2.Late Total l	m Fee: R	S .s	Examination particulars Checked & Verified		tion Hall icket issued.	
		Dealing Assistant	Executive Officer (S)	As	ssistant Director (T)	

APPLICATION FOR CHANGE OF CENTRE

Academic Year 2023-2024

(Please ensure that you are eligible for change of centre before filling up this form)

CHANGE OF CENTRE I	FEES – Rs.500/- ONE TINe through institute concerned	4	Paste Passport Size Photograph.
Council Roll No	Institute Name		(Do not staple) (Photograph to be attested by Principal)
1. Name of the candidate in	English (full name in BLOC	K letters)	
First name	Middle name	,	Surname
(Please note that the name writter	above should be same as given in	your +2 CBSE	Board Certificate)
2. Student's Mobile No.			
3. Student's Email id:			
	e		
5. Fermanent residential add	dress for correspondence :		
	Pin: Alternat	e/Landline No	0
6. Date of Birth (by Christia	an era)	7. Sex: Ma	ale/Female
	Centre opted for appearing in		
Candidate's signature			
Date:	Prin	cipal's signatu	are with office seal
	FOR NCHMCT USE		
Fee received	Examination particulars Checked & Verified		mination Hall ion ticket issued.
Dealing Assistant	Evecutive Officer (S)		Assistant Director (T)