

होटल प्रबंध खानपान प्रौद्योगिकी एवं पोषण आहार संस्थान

1100 आवास गृह, भोपाल-462016

क्र.हो.प्र.सं./प्रशि./25/350

दिनांक 29/01/2025

आदेश

EVEN SEMESTER RE-APPEAR EXAMINATION FORM SUBMISSION SCHEDULE FOR RE-APPEAR & FAIL STUDENTS.

(FOR END TERM EXAMINATION APRIL/MAY 2025)

S. No.	Examination Form	Late Fee	Form & Fee Submission Last Date	Tentative Exam Schedule
1	M.Sc.(HA) 4 th Semester	Without Late Fee	24.02.2025	25.04.2025
		Rs. 500/-	11.03.2025	
		Rs. 1000/-	25.03.2025	
2	B.Sc.(HHA) 6 th Semester B.Sc.(HHA) 4 th Semester	Without Late Fee	14.02.2025	16.04.2025 to 25.04.2025
		Rs. 500/-	28.02.2025	
		Rs. 1000/-	17.03.2025	
3	M.Sc.(HA) 2 nd Semester (JNU/IGNOU) B.Sc.(HHA) 2 nd Semester (JNU/IGNOU) CCFPP 2 nd Semester	Without Late Fee	17.03.2025	13.05.2025 to 21.05.2025
		Rs. 500/-	01.04.2025	
		Rs. 1000/-	16.04.2025	
4	B.Sc.(HHA) 5 th Semester Supplementary Examination Form	With One Time Fee Rs. 1000/-	25.04.2025	26.05.2025 to 02.06.2025

End Term Exam Fee: -

- Rs. 300/- per subject (Theory)
- Rs. 500/- per subject (Practical)
- Rs. 500/- for Change of Examination Centre (for Passed out students only)

संबंधित छात्रों को निर्देशित किया जाता है कि जो छात्र अपना re-appear subject का परीक्षा फॉर्म भरना चाहते हैं, वह संस्था में स्वयं उपस्थित हो कर अपना परीक्षा फॉर्म जमा करें। या

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।



(डॉ. रोहित सरिन)

प्राचार्य

दिनांक 29/01/2025

क्र.हो.प्र.सं./प्रशि./25/350/01 to 350/04

प्रतिलिपि सूचनार्थ :-

1. श्रीमती आशा कोलेकर, विभाग प्रमुख, हो.प्र.सं. भोपाल।
2. श्री सुजीत कपूर, वरिष्ठ व्याख्याता (अकादमिक प्रभारी), हो.प्र.सं. भोपाल।
3. लेखा विभाग, हो.प्र.सं. भोपाल।
4. सभी संबंधित छात्रों को सूचनार्थ (सूचना पटल/वेबसाइट)



(डॉ. रोहित सरिन)

प्राचार्य

National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA 201309

EVEN SEMESTER END TERM EXAMINATION FORM

Academic Year 2024-2025

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

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE		
Without late fee	:	24/02/2025
With late fee of Rs. 500/-	:	11/03/2025
With late fee of Rs. 1000/-	:	25/03/2025

Paste Passport
Size Photograph.

(Do not staple)

(Photograph to be
attested by
Principal)

Council Roll No Institute Name

1. Name of the candidate in English (full name in BLOCK letters)

First name Middle name Surname

(Please note that the name written above should be same as given in your +2 CBSE/Board Certificate)

2. Student's Mobile No.

3. Student's Email id :

4. Father's / Mother's Name

5. Permanent residential address for correspondence

Pin: Alternate/Landline No.

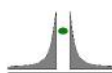
6. Date of Birth (by Christian era) 7. Sex: Male/Female

8. Give details of subject(s) reappearing for:

S.No.	Subject Code	Subject	Please tick
			End Term
1	MHA-17	Production & Operation Management	
2	MHA-21	Mentorship & Research Project - (Dissertation)	

REAPPEAR EXAMINATION FEE

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



9. Give details of examination 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: _____ (Signature of the candidate)

CERTIFICATE BY PRINCIPAL

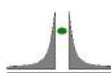
1. Certified that admission to the semester was granted as per NCHM&CT Rules.
2. Certified that Mr./Ms. _____ is/was a bonafide full time student of this institution and has satisfactorily completed the prescribed course of studies as laid down by the Council.
3. Certified that Examination Rules have 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 of Rs. _____ remitted to the Council through RTGS vide UTR/IMPS No. _____ dated _____ in favour of National Council for Hotel Management & Catering Technology (mandate form attached).

Examination Fee Rs.....
 Late Fee (if any) Rs.....
 Total Fee Rs.....

Date: _____ Principal's signature with office seal

FOR NCHM&CT USE

Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____ Dealing Assistant	Examination particulars Checked & Verified Executive Officer (S)	Examination Hall Admission ticket issued. Assistant Director (T)
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EVEN SEMESTER END TERM EXAMINATION FORM

Academic Year 2024-2025

COURSE TITLE: TWO-YEAR M.Sc. HA– SEMESTER-II
(RE-APPEAR CANDIDATES OF IGNOU-NCHMCT ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE		
Without late fee	:	17/03/2025
With late fee of Rs. 500/-	:	01/04/2025
With late fee of Rs. 1000/-	:	16/04/2025

Paste Passport Size Photograph.
(Do not staple)
(Photograph to be attested by Principal)

Council Roll No _____ Institute Name _____

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1. Name of the candidate in English (full name in BLOCK letters)
First name _____ Middle name _____ Surname _____

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(Please note that the name written above should be same as given in your +2 CBSE/Board Certificate)

2. Student’s Mobile No.

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3. Student’s Email id : _____

4. Father’s / Mother’s Name _____

5. Permanent residential address for correspondence _____

Pin: _____ Alternate/Landline No. _____

6. Date of Birth (by Christian era) _____ 7. Sex: Male/Female

8. Give details of subject(s) reappearing for:

S.No.	Subject Code	Subject	Please tick
			End Term
1	MHA-5	Revenue / Yield Management	
2	MHA-7	Equipment & Material Management	
3	MHA-21	Mentorship - Research Methodology (TH)	

REAPPEAR EXAMINATION FEE - Theory @ Rs.300/- per subject (Forwarded to NCHM)
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9. Give details of examination 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: _____ (Signature of the candidate)

CERTIFICATE BY PRINCIPAL

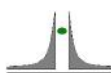
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2. Certified that Mr./Ms. _____ is/was a bonafide full time student of this institution and has satisfactorily completed the prescribed course of studies as laid down by the Council.
3. Certified that Examination Rules have been explained to the candidate 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 of Rs. _____ remitted to the Council through RTGS vide UTR/IMPS No. _____ dated _____ in favour of National Council for Hotel Management & Catering Technology (mandate form attached).

Examination Fee Rs.....
 Late Fee (if any) Rs.....
 Total Fee Rs.....

Date: _____ Principal's signature with office seal

FOR NCHM&CT USE

Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____ Dealing Assistant	Examination particulars Checked & Verified Executive Officer (S)	Examination Hall Admission ticket issued. Assistant Director (T)
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National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA 201309

EVEN SEMESTER END TERM EXAMINATION FORM

Academic Year 2024-2025

**COURSE TITLE: TWO-YEAR M.Sc. (HA) – SEMESTER-II
(RE-APPEAR CANDIDATES OF JNU-NCHMCT ONLY)**

LAST DATE FOR SUBMISSION OF FORMS IN THE ACADEMIC CHAPTER		
Without Late fee	:	17/03/2025
With Late fee of Rs.500/-	:	01/04/2025
With Late fee of Rs.1000/-	:	16/04/2025

Paste Passport
Size Photograph.

(Do not staple)

(Photograph to be
attested by
Principal)

Council Roll No

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Name of Academic Chapter _____

1. Name of the candidate in English (full name in BLOCK letters)

First name

Middle name

Surname

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(Please note that the name written above should be same as given in your +2 CBSE/Board Certificate)

2. Student's Mobile No.

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3. Student's Email id : _____

4. Father's / Mother's Name _____

5. Permanent residential address for correspondence _____

Pin: _____ Alternate/Landline No. _____

6. Date of Birth (by Christian era) _____ 7. Sex: Male/Female/Others

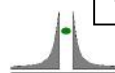
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8. Give details of subject(s) reappearing for:

S. No.	Subject Code	Subject	Please tick	
			IE	ESE
1	MHA801	Strategic Management		
2	MHA802	Employee & Management Relations		
3	MHA803	Business Ethics		
4	MHA804	Organisational Behaviour & Development		
5	MHA805	Financial Reporting & Analysis		

REAPPEAR EXAMINATION FEE

- *IE – Internal Evaluation, *ESE - End Semester Examination
- Theory @ Rs.300/- per subject (Forwarded to NCHM)
- Practical @ Rs.500/- & IE @ Rs.300/- per subject (Both retained by Academic Chapter)



9. Give details of examination and related fees paid: Examination Fee
 Late Fee (if any)
Total Fee

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Date: _____ (Signature of the candidate)

CERTIFICATE BY PRINCIPAL

- Certified that admission to the semester was granted as per NCHM&CT Rules.
- Certified that Mr./Ms. _____ is/was a bonafide full time student of this academic chapter and has satisfactorily completed the prescribed course of studies as laid down by the Council.
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- Certified that the following fee of the candidate is included in the amount of Rs. _____ remitted to the Council through RTGS vide UTR/IMPS No. _____ dated _____ in favour of National Council for Hotel Management & Catering Technology (mandate form attached).

Examination Fee Rs.....
 Late Fee (if any) Rs.....
 Total Fee Rs.....

Date: _____ Principal's signature with office seal

FOR NCHMCT USE

Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____ Dealing Assistant	Examination particulars Checked & Verified Executive Officer (S)	Examination Hall Admission ticket issued. Assistant Director (T)
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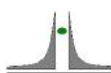
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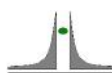
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FOR NCHM&CT USE

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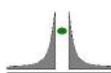
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Examination Fee Rs.....
 Late Fee (if any) Rs.....
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Date: _____ Principal's signature with office seal

FOR NCHM&CT USE

Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____ Dealing Assistant	Examination particulars Checked & Verified Executive Officer (S)	Examination Hall Admission ticket issued. Assistant Director (T)
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Date: _____

(Signature of the candidate)

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Examination Fee Rs.....
 Late Fee (if any) Rs.....
 Total Fee Rs.....

Date: _____

Principal's signature with office seal

FOR NCHMCT USE

Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____ <div style="text-align: right;">Dealing Assistant</div>	Examination particulars Checked & Verified <div style="text-align: center;">Executive Officer (S)</div>	Examination Hall Admission ticket issued. <div style="text-align: center;">Assistant Director (T)</div>
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9. Give details of examination 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.
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Date: _____ (Signature of the candidate)

CERTIFICATE BY PRINCIPAL

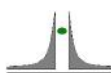
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Examination Fee Rs.....
 Late Fee (if any) Rs.....
 Total Fee Rs.....

Date: _____ Principal's signature with office seal

FOR NCHMCT USE

Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____ Dealing Assistant	Examination particulars Checked & Verified Executive Officer (S)	Examination Hall Admission ticket issued. Assistant Director (T)
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National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA 201309

SEM-V SUPPLEMENTARY EXAMINATION FORM

Academic Year 2024-2025

COURSE TITLE: THREE-YEAR B.Sc. HHA

(FOR FAIL & RE-APPEAR CANDIDATES ONLY)

<p>LAST DATE FOR SUBMISSION OF EXAM FORMS IN THE INSTITUTE - 25.04.2025</p> <p>ONE-TIME FEE: Rs.1000/- (to be remitted to NCHM) plus EXAM FEE as per column 6 below</p>

<p>Paste Passport Size Photograph.</p> <p>(Do not staple)</p> <p>(Photograph to be attested by Principal)</p>

Council Roll No _____ Name of the Institute _____

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1. Name of the candidate in English (full name in BLOCK letters)

First name	Middle name	Surname

(Please note that the name written above should be same as given in your +2 CBSE/Board Certificate)

2. Father's / Mother's Name _____

3. Permanent residential address for correspondence

Pin: _____ Mobile: _____

Email id: _____

4. Date of Birth (by Christian era) _____ 5. Sex: Male/Female

6. Give details of subject(s) reappearing for:

Sl No.	Subject Code	Subject	Please tick		
			Mid Term	Practical	End-Term
1	BHM311	Advance Food Production operations-I			
2	BHM312	Advance Food & Beverage operations-I			
3	BHM313	Front Office Management-I			
4	BHM314	Accommodation Management-I			
5	BHM307	Financial Management			
6	BHM308	Strategic Management			

RE-APPEAR EXAMINATION FEE

- Theory @ Rs.300/- per subject (To be remitted to NCHMCT)
- Practical @ Rs.500/- per subject (retained by institute)



7. Give details of examination and related fees paid: Examination Fee
Total Fee

8. 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: _____

(Signature of the candidate)

CERTIFICATE BY PRINCIPAL

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.
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5. Certified that the following fee of the candidate is included in the amount of Rs. _____ remitted to the Council through RTGS vide UTR/IMPS No. _____ dated _____ in favour of National Council for Hotel Management & Catering Technology (mandate form attached).

Examination Fee: Rs.....

Total Fee: Rs.....

Date: _____

Principal's signature with office seal

FOR NCHM&CT USE

Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____	Examination particulars Checked & Verified	Examination Hall Admission ticket issued.
Dealing Assistant	Executive Officer (S)	Assistant Director (T)



National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA-201309

APPLICATION FOR CHANGE OF CENTRE

Academic Year 2024-2025

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

CHANGE OF CENTRE FEES – Rs.500/- ONE TIME
(This form must be routed through institute concerned only)

Paste Passport
Size Photograph.

(Do not staple)

(Photograph to be
attested by
Principal)

Council Roll No
Institute Name _____

1. Name of the candidate in English (full name in BLOCK letters)

First name _____ Middle name _____ Surname _____

(Please note that the name written above should be same as given in your +2 CBSE/Board Certificate)

2. Student's Mobile No.

3. Student's Email id : _____

4. Father's / Mother's Name _____

5. Permanent residential address for correspondence : _____

Pin: _____ Alternate/Landline No. _____

6. Date of Birth (by Christian era) _____ 7. Sex: Male/Female

8. Give details of the exam Centre opted for appearing in the exams:
IHM/FCI _____

Candidate's signature _____

Date: _____

Principal's signature with office seal

FOR NCHMCT USE

Fee received	Examination particulars Checked & Verified	Examination Hall Admission ticket issued.
Dealing Assistant	Executive Officer (S)	Assistant Director (T)