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

कं. हो.प्र.सं. / प्रशि. / R3-32 / 23 / 🗟 🧟

दिनांक 0.3 2023

आदेश

SPECIAL SUPPLEMENTARY EXAMINATION FORM SUBMISSION FOR B.Sc.(HHA) 4th & 5th SEMESTER RE-APPEAR & OUT Of SYSTEM STUDENTS.

S. No.	Exam	Last Date	Exam Schedule w.e.f.	Eligibility
1	B.Sc.(HHA) 5 th Semester Supplementary End Term Examination in April 2023	07.04.2023	08.05.2023 to 15.05.2023 (Date Sheet display on website)	Who have cleared all papers of Semester I, II, III/IV and have <u>no backlogs</u> in these semesters (students having backlogs in Semester V only will be eligible.
2	B.Sc.(HHA) 4 th Semester Supplementary End Term Examination in April/May 2023	24.03.2023	24.04.2023 to 02.05.2023 (Date Sheet display on website)	Only those students who have not appeared in ODD Semester examinations (Sem-III) & who are going to be Out of System in the session 2022-2023 will be eligible.

End Term Exam Fee: -

• One Time Fee: - Rs. 1000/-

• Theory Subject Fee: - Rs. 300/- per subject • Practical Subject Fee: - Rs. 500/- per subject

Re-Mid Term Exam Fee: -

- Rs. 300/- per subject • Theory Subject Fee:

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। 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।

क्रं. हो.प्र.सं. / प्रशि. / R3-32 / 23 /

प्रतिलिपि सूचनार्थ :-

1. श्री पी.के. मोदी, विभाग प्रमुख, हो.प्र.सं. भोपाल।

- 2. श्रीमती आशा कोलेकर, वरिष्ठ व्याख्याता, हो.प्र.सं. भोपाल।
- 3. लेखा विभाग, हो.प्र.सं. भोपाल।
- 4. सभी संबंधित छात्रों को सूचनार्थ (वेबसाइट)

दिनांक 2023

National Council for Hotel Management & Catering Technology A-34, SECTOR 62, NOIDA 201309

SEM-V SUPPLEMENTARY EXAMINATION FORM

Academic Year 2022-2023

COURSE TITLE: THREE-YEAR B.Sc. HHA

(FOR FAIL & RE-APPEAR CANDIDATES ONLY)

LAST DATE FOR SUBMISSION OF EXAM FORMS IN THE INSTITUTE - 07.04.2023

ONE-TIME FEE: Rs.1000/- (to be remitted to NCHM) plus EXAM FEE as per column 6 below

Paste Passport
Size Photograph

(Do not staple)

(Photograph to be attested by Principal)

Counci	l Roll N	O	Name of the Institute		Principal)
1.	Name	of the candid	date in English (full name in E	BLOCK letters)	
Fir	st name		Middle name		Surname
(F	Please no	te that the name	e written above should be same as g	iven in your +2 CBS	E/Board Certificate)
2.	Fathe	r's / Mother'	s Name		
3.	3. Permanent residential address for correspondence				
			Pin:	Mobile:	
	Emai	l id:			
4.	Date	of Birth (by (Christian era)	5. Sex: Ma	le/Female
6.	Give	details of sub	pject(s) reappearing for:		
	Sl	Subject	Subject		Please tick
	N.T	G 1			

Sl	Subject	Subject	Please tick		k
No.	Code		Mid Practical End		End-
			Term		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	Ianagement		

RE-APPEAR EXAMINATION FEE

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

7.	Give o	letails of examina	tion and related fees paid:				
8.	a) b)	•					
	c) Certified that I have read and understood the Examination Rules of the National Council.						
	Date:		(Sign	nature of the candic	late)		
		C	ERTIFICATE BY PRINC	CIPAL			
1.	Certifi	ied that admissior	to the semester was grante	d as per NCHM&C	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.	5. Certified that the following fee of the candidate is included in the amount Rs remitted to the Council through RTGS vide UTR/I No dated in favour of National Co for Hotel Management & Catering Technology (mandate form attached).				vide UTR/IMPS National Council		
	Exami Total		Ss				
Date:			Princi	pal's signature with	office seal		
			FOR NCHM&CT US	E			
Fee red 1.Exan 2.Late Total l	n Fee: R Fee: R	S S S	Examination particulars Checked & Verified	Examina Admission t			
		Dealing Assistant	Executive Officer (S)	As	ssistant Director (T)		

National Council for Hotel Management & Catering Technology A-34, SECTOR 62, NOIDA 201309

EXAMINATION FORM FOR SEM IV (Special Provision)

Academic Year 2022-2023

COURSE TITLE: THREE-YEAR B.Sc. HHA

LAST DATE FOR SUBMISSION OF EXAM FORMS IN THE INSTITUTE - 24.03.2023

ONE-TIME FEE: Rs.1000/- (to be remitted to NCHM) plus EXAM FEE as per column 6 below

Paste Passport Size Photograph.

(Do not staple)

(Photograph to be attested by Principal)

Counc	il Roll No	Name of the Institute		Principal)
1.	Name of the candi	date in English (full name in	BLOCK letters)	
Fi	rst name	Middle name		Surname
	Please note that the nan	ne written above should be same as	given in your +2 C	BSE/Board Certificate)
2.	Father's / Mother	's Name		
3.	Permanent reside	ntial address for corresponde	nce	
		Pin:	Mobi	ile:
	Email id:			
4.	Date of Birth (by	Christian era)	5. Sex: N	Male/Female
6.	Give details of su	bject(s) reappearing for:		
	S1 Subject	Subject		Please tick

31	Subject	Subject	Please tick		K
No.	Code		Mid	Practical	End-
			Term		Term
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			

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 examina	tion and related fees paid:	Examination Fee Total Fee	
8.	a)	Certified that the	e name as written above by	me is correct.	
	b)	I hereby declare of my knowledg	that the statements made inge and belief.	n the application ar	re true to the best
	c)	Certified that I National Counc	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.	Certi	fied that admission	to the semester was grante	ed as per NCHM&C	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.	after	satisfying that he	ard for the Examination we/she fulfils the attendan ational Council for Hotel M	ce requirements a	•
5. Certified that the following fee of the candidate is included in the ar Rs remitted to the Council through RTGS vide UNO dated in favour of Nationa for Hotel Management & Catering Technology (mandate form attached).				vide UTR/IMPS National Council	
			.s		
Date	e:		Princi	pal's signature with	n office seal
			FOR NCHMCT USE	;	
1.Ex 2.La	ite Fee:	Rs Rs Rs	Examination particulars Checked & Verified		tion Hall icket issued.
		Dealing Assistant	Executive Officer (S) As	ssistant Director (T)