

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

क्रं. हो.प्र.सं./प्रशि./22/29/a..

भोपाल, दिनांक 24.08.2022

आदेश

**MID TERM EXAMINATION FORM SUBMISSION FOR 3rd & 5th
SEMESTER FAIL & ABSENT STUDENTS.**

S. No.	Exam	Last Date of Form Submission	Exam Schedule w.e.f.
1	B.Sc. (H&HA) 3 rd Semester Mid Term Examination in August 2022	01.09.2022	06.09.2022 to 09.09.2022 (Date Sheet display on website)
2	B.Sc. (H&HA) 5 th Semester Mid Term Examination in August 2022.	01.09.2022	06.09.2022 to 09.09.2022 (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 हैं, 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।


प्राचार्य

क्रं. हो.प्र.सं./प्रशि./22/.....

भोपाल, दिनांक 2022

प्रतिलिपि सूचनार्थ :-

1. श्री पी.के. मोदी, विभाग प्रमुख, हो.प्र.सं. भोपाल।
2. श्रीमती आशा कोलेकर, वरिष्ठ व्याख्याता, हो.प्र.सं. भोपाल।
3. लेखापाल, होटल प्रबंध संस्थान, भोपाल।
4. संबंधित छात्रों को सूचनार्थ। (सूचना पटल)


प्राचार्य

ODD SEMESTER MID TERM EXAMINATION FORM

Academic Year 2022-2023

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

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE
Without Late fee : 01/09/2022

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	
			Mid Term	Theory
1	BHM201	Food Production Operations		
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		

REAPPEAR EXAMINATION FEE
- Mid-term IC Theory @ Rs.300/- per subject (retained by Institute)



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 (mandate form attached).
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)
--	--	--



Institute of Hotel Management, Catering Technology & Applied Nutrition

1100 Quarters, Bhopal 462016

ODD SEMESTER MID TERM EXAMINATION FORM

Academic Year 2022-2023

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

<p style="text-align: center;">LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE Without Late fee : 01/09/2022</p>	<p style="text-align: center;">Paste Passport Size Photograph.</p> <p style="text-align: center;">(Do not staple)</p> <p style="text-align: center;">(Photograph to be attested by Principal)</p>
--	---

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: _____

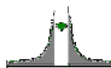
6. Date of Birth (by Christian era) _____ 7. Sex: Male/Female

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

S.No.	Subject Code	Subject	Please tick	
			Mid Term	
			Theory	Practical
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		

REAPPEAR EXAMINATION FEE

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



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. _____ <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>
---	---	---

