

होटल प्रबंध खानपान प्रौद्योगिकी एवं पोषण आहार संस्थान

1100 आवास गृह, भोपाल-462016

क्रं.हो.प्र.सं./प्रशि./24/.....

दिनांक2024

आदेश

SPECIAL SUPPLEMENTARY EXAMINATION FORM SUBMISSION FOR B.Sc.(HHA) 5th SEMESTER RE-APPEAR & FAIL 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	26.04.2024	26.05.2024 to 03.06.2024 (Date Sheet display on website)	Who have cleared all their papers of Semester I, II, III/IV and have no backlogs in these semesters (students having backlogs in Semester V only 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

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।

क्रं.हो.प्र.सं./प्रशि./24/933/3

प्रतिलिपि सूचनार्थ :-

1. श्रीमती आशा कोलेकर, विभाग प्रमुख, हो.प्र.सं. भोपाल।
2. लेखा विभाग, हो.प्र.सं. भोपाल।
3. श्री वैभव कुमार विश्वकर्मा, हो.प्र.सं. भोपाल। (वेबसाइट)
4. सभी संबंधित छात्रों को सूचनार्थ (सूचना पटल)

प्र.सं.

प्राचार्य

दिनांक 04/04/2024

प्र.सं.

प्राचार्य

National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA 201309

SEM-V SUPPLEMENTARY EXAMINATION FORM

Academic Year 2023-2024

COURSE TITLE: THREE-YEAR B.Sc. HHA

(FOR FAIL & RE-APPEAR CANDIDATES ONLY)

**LAST DATE FOR SUBMISSION OF EXAM FORMS
IN THE INSTITUTE - 26.04.2024**
**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)

Council Roll No

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Name of the Institute _____

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. Father's / Mother's Name _____

3. Permanent residential address for correspondence

Pin: _____

Mobile: _____

Email id: _____

4. Date of Birth (by Christian era) _____

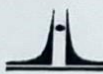
5. Sex: Male/Female

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.
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.....

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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राष्ट्रीय होटल प्रबन्ध एवं केटरिंग टेक्नोलॉजी परिषद्
(पर्यटन मंत्रालय, भारत सरकार के अधीन स्वायत्तशासी निकाय)
NATIONAL COUNCIL FOR HOTEL MANAGEMENT AND CATERING TECHNOLOGY
(An Autonomous Body under Ministry of Tourism, Govt. of India)
A-34, SECTOR-62, NOIDA - 201309 (Uttar Pradesh)
e-mail: dirs-nchm@nic.in

DATE SHEET

SUPPLEMENTARY END TERM EXAMINATIONS - ACADEMIC YEAR 2023-2024

3-YEAR B.Sc. HHA - SEMESTER - V

(FOR RE-APPEAR & FAIL CANDIDATES - NCHM COMPONENTS ONLY)

Date & Day	Subject Code	Subject	Duration	From	To
27.05.2024 MONDAY	BHM311	ADVANCE FOOD PRODUCTION OPERATIONS-I	03 HRS.	09:30 AM	12:30 PM
28.05.2024 TUESDAY	BHM312	ADVANCE FOOD & BEVERAGE OPERATIONS-I	03 HRS.	09:30 AM	12:30 PM
29.05.2024 WEDNESDAY	BHM313	FRONT OFFICE MANAGEMENT-I	03 HRS.	09:30 AM	12:30 PM
30.05.2024 THURSDAY	BHM314	ACCOMMODATION MANAGEMENT-I	03 HRS.	09:30 AM	12:30 PM
31.05.2024 FRIDAY	BHM308	STRATEGIC MANAGEMENT	02 HRS.	09:30 AM	11:30 AM
01.06.2024	SATURDAY				
02.06.2024	SUNDAY				
03.06.2024 MONDAY	BHM307	FINANCIAL MANAGEMENT	03 HRS.	09:30 AM	12:30 PM

Dated: 27th March 2024



Satvir Singh

Dr. SATVIR SINGH
DIRECTOR (STUDIES)