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

क्रं.हो.प्र.सं. / प्रशि. / २४ / २८५७

दिनांक 02.09.2024

<u>आदेश</u>

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

(FOR END TERM EXAMINATION NOVEMBER/DECEMBER 2024)

S. No.	Exam	Late Fee	Form & Fee Submission Last Date	Tentative Exam Schedule
	M.S. (IIA) 2rd Somestor	Without Late Fee	10.09.2024	
1	M.Sc.(HA) 3 rd Semester B.Sc.(HHA) 5 th Semester	Rs. 500/-	11.09.2024 to 26.09.2024	11.11.2024 to 22.11.2024
	B.Sc.(HHA) 3 rd Semester	Rs. 1000/-	27.09.2024 to 11.10.2024	
	M.C. (IIA) 1st Compositor	Without Late Fee	09.10.2024	
2	M.Sc.(HA) 1 st Semester B.Sc.(HHA) 1 st Semester CCFPP 1 st Semester	Rs. 500/-	10.10.2024 to 24.10.2024	09.12.2024 to 20.12.2024
	CUTTE I Semester	Rs. 1000/-	25.10.2024 to 08.11.2024	

End Term Exam 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 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।

> **Sd/-**प्राचार्य दिनांक 02.09.2024

क्रं.हो.प्र.सं. / प्रशि. / 24 / 2857 / 3 प्रतिलिपि सूचनार्थ :--1. श्रीमती आशा कोलेकर, विभाग प्रमुख, हो.प्र.सं. भोपाल। 2. लेखा विभाग, हो.प्र.सं. भोपाल।

3. सभी संबंधित छात्रों को सूचनार्थ (सूचना पटल / वेबसाइट)

Sd/-प्राचार्य

APPLICATION FOR CHANGE OF CENTRE

Academic Year 2024-2025

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

	E FEES – Rs.500/- ONE TIN I through institute concerne	11	Paste Passport Size Photograph.
			(Do not staple)
Council Roll No	Institute Name		(Photograph to be attested by Principal)
	n English (full name in BLOC	CK letters)	<u></u>
First name	Middle name		Surname
(Please note that the name writt	en above should be same as given in	$r = \frac{1}{2} $	Board Certificate)
 Student's Mobile No. 			Joard Certificate,
3. Student's Email id :			
	ne		
	ddress for correspondence : _		
	_Pin: Alterna	te/Landline No	
6. Date of Birth (by Christ	tian era)	7. Sex: Mal	e/Female
	n Centre opted for appearing i		
Candidate's signature			
Date:	_	ncipal's signatur	re with office seal
	FOR NCHMCT USE		
Fee received	Examination particulars	Exan	nination Hall

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

ODD SEMESTER END TERM EXAMINATION FORM Academic Year 2024-2025

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

LAS	Witho With l	C FOR SUBN ut late fee ate fee of R ate fee of R	s. 500/-		:	: 10 : 26	/09/ /09/	THE 202 202 202	4 4	STI	TU	TE		5	Size	Phot	asspor tograp staple	oh.
Cour	ncil Roll			titute										. (at	teste	ph to d by ipal)	be
	Name c st name	of the candid	ate in Eng	·	(full ⁄Iiddle			n BI	20	CK	lett	ers))			Su	mame	,
 2. 3. 4. 5. 6. 	Studen Studen Father [*] Perman	e that the name t's Mobile N t's Email id 's / Mother's nent resident f Birth (by C	Io S Name Stal addres Pins	s for	corr	esp	ond	ence	e _	ate/	Lan	dlin	ne N	0				
8.		etails of sub								_							L	
	S.No.	Subject Code		rr ~			ject						M	F lid Te	Pleas erm		ck End Te	rm
	1	MHA-11	Marketin	g Ser	vices	&	Con	sume	er E	Beha	vio	ur						
	2	MHA-12	Internati	onal	Mar	keti	ng											
	3	MHA-15	Managir	0	0			-										
	4	MHA-16	Social P	roces	ses d	& B	leha	viou	ıral	Iss	ues							
		y @ Rs.300/- p erm IC (Theor	er subject		arded	to l	VCH	M)	_)				<u>.</u>		

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 NCHMCT USE

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

ODD SEMESTER END TERM EXAMINATION FORM Academic Year 2024-2025

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

LA	Withou With L	FOR SUBM t Late fee ate fee of F ate fee of F	Rs.500/-	_		: 10/0)9/202)9/202	24 24	ST	ITU	TE			Size	e Pl	Passp notogr ot staj	aph.	
Co	uncil Roll	No		Institu	te Na	ime							- (1	8	atte	graph sted b ncipal	y	
1. E		the candid	ate in H	Englisł		l name lle name		BLO	CK	lett	ers))						
Г	irst name				Wildo											Surnar		٦
	(Please note	that the name	written	aboves	hould	be san		iven	in 1	Our	+2 0	BSE	E/Boa	ard	Cet	rtifica	te)	
		's Mobile N									12 C	DSL	_/ D0a	uu		linca	(C)	
2.			L]								
3.	Student	's Email id	:															
4.	Father's	/ Mother's	Name															
5.	Perman	ent resident	ial add	ress fo	or con	respo	ndenc	e _										
																_		_
5.	Date of	Birth (by C	hristia	n era)						7.	Sex	: M	ale/I	Fei	ma	le		
3.	Give de	tails of subj	ject(s)	reappe	aring	g for:												
	S.No.	Subject				Sub	ject							Р	lea	se tio	ek	
		Code											Mid				Term	
	1	BHM311	Δdv	ance l	Food	Produ	iction	Or	era	tion	s-I	T	erm(1	ľ)	T	heory	Practi	:al
	2	BHM312		ance l				1										
	3	BHM312 BHM313		nt Offi			-		r •1									
	4	BHM314		comme		U			t-I									
	5	BHM307		ancial			-											
	6	BHM308		tegic I		0												
		y @ Rs.300/- cal @ Rs.500		ect (For	ward		CHM))				Both	retai	ine	d b <u>y</u>	y Insti	tute)	

A-34, Sector-62, Institutional Area, NOIDA – 201 309 e-mail: dirs-nchm@nic.in

Print on both sides

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Page1 of

3-YEAR B.Sc. (HHA)

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

- 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:

10.

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

Date:

Principal's signature with office seal

FOR NCHM&CT USE

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

ODD SEMESTER END TERM EXAMINATION FORM Academic Year 2024-2025

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

	T DATE I	FOR SUBMISSIC	ON OF FORMS IN THE INSTITUT	E	Paste Pa	assport
	Without	Late fee	: 10/09/2024		Size Pho	
		te fee of Rs.500/ te fee of Rs.100			(Do not	staple)
Cour	ncil Roll N	Jo	Institute Name		(Photogra atteste Princ	ed by
	Name of	the candidate in]	English (full name in BLOCK letter	s)		
	st name		Middle name)	Su	rname
(P	lease note t	hat the name written	above should be same as given in your +2	CBSE/Bo	pard Certi	ficate)
2.	Student'	s Mobile No.				
3.	Student'	s Email id :				
4.			9			
5.			lress for correspondence			
			·			
]	Pin: Alternate/Land	line No.		
5.		Birth (by Christia	n era) 7. So			
3.	S.No.	ails of subject(s) Subject Code	Subject	L D	Please tio	-l
	5.INO.	Subject Code	Subject	r Mid		Term
				Term(T)	Theory	Practical
	1	BHM201	Food Production Operations			
	2	BHM202	Food & Beverage Operations			
	Z	DI IIV1202	roou de Beveluge operations			
	3	BHM202 BHM203	Front Office Operations			
	3	BHM203	Front Office Operations			
	3 4	BHM203 BHM204	Front Office Operations Accommodation Operations			
	3 4 5	BHM203 BHM204 BHM205	Front Office OperationsAccommodation OperationsFood & Beverage Controls			
	3 4 5 6	BHM203 BHM204 BHM205 BHM206	Front Office Operations Accommodation Operations Food & Beverage Controls Hotel Accountancy			

- Certified that the name as written above by me is correct. a)
 - I hereby declare that the statements made in the application are true to the best **b**) of my knowledge and belief.
 - Certified that I have read and understood the Examination Rules of the c) National Council.

Date: ____

9.

10.

(Signature of the candidate)

CERTIFICATE BY PRINCIPAL

- 1. Certified that admission to the semester was granted as per NCHM&CT Rules.
- Certified that Mr./Ms. is/was a bonafide full time 2. 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 NCHMCT USE	
Fee received	Examination particulars	Examination Hall
1.Exam Fee: Rs	Checked & Verified	Admission ticket issued.
2.Late Fee: Rs		
Total Fee Rs		
Dealing Assistant		
Dealing Assistant	Executive Officer (S)	Assistant Director (T)

FOD NOUMOT LICE

ODD SEMESTER END TERM EXAMINATION FORM Academic Year 2024-2025

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

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE	Paste Passport		
Without late fee : 09/10/2024	Size Photograph.		
With late fee of Rs. 500/-: 24/10/2024With late fee of Rs. 1000/-: 08/11/2024	(Do not staple)		
Council Roll No Institute Name Institute Name Institute Name	(Photograph to be attested by Principal)		
1. Name of the candidate in English (full name in BLOCK letters)	C		
First name Middle name	Surname		
(Please note that the name written above should be same as given in your +2 CBSE	E/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 N	lo		
6. Date of Birth (by Christian era) 7. Sex: M	ale/Female		
8. Give details of subject(s) reappearing for:			

S.No.	Subject	Subject	Please tick	
	Code		Mid Term	End Term
1	MHA-02	Hospitality Management		
2	MHA-03	Properties Development & Planning		

REAPPEAR EXAMINATION FEE

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

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

ODD SEMESTER END TERM EXAMINATION FORM Academic Year 2024-2025

COURSE TITLE: THREE-YEAR B.Sc. (HHA) – SEMESTER- I (RE-APPEAR CANDIDATES OF IGNOU-NCHMCT ONLY)

LAST	DATE	FOR SUBM	ISSION OF FOI	RMS IN THE INSTI	TUTE	Paste Pa	assport
	Withou	t Late fee		: 09/10/2024		Size Pho	
		te fee of R	s.500/-	: 24/10/2024		(Do not	stanla)
	With La	ate fee of R	s.1000/-	: 08/11/2024		(Do not	staple)
						(Photogra	
Cound	cil Roll I	No	Institute N	ame		atteste	
						Princ	ipal)
1. 1	Name of	the candida	te in English (fu	Ill name in BLOCK	letters)		
First	name		Mid	dle name		Su	rname
(Ple	ease note t	hat the name	written above shoul	d be same as given in y	our +2 CBSE/	Board Certi	ficate)
2.	Student'	s Mobile N	0.				
	Student'	s Email id :					
				prrespondence			
5.	reimane						
				<u> </u>			
			Pin:	Alternate/	Landline No)	
6.	Date of	Birth (by Cl	nristian era)		7. Sex: Ma	le/Female	
			ect(s) reappearin				
	S.No.	Subject		Subject		Please tie	ck
		Code		-	Mid	End	Term
					Term(T) Theory	Practical
	1	BHM111	FC in Food Pro				
	2	BHM112	FC in F & B S	ervice-I			
	3	BHM113	FC in Front Of	fice-I			
	4	BHM114	FC in Accomm	nodation Operations	-I		
	5	BHM105	Application of	Computers			
	6	BHM106	Hotel Engineer	ring			
	7	BHM116	Nutrition				
			REAPPE	AR EXAMINATION I	FEE		
			er subject (Forward	led to NCHM)			
	- Practic	al @ Rs.500/-	& Mid-term IC (T	heory) @ Rs.300/- per s	ubject (Both r	etained by I	nstitute)
•							
1-1							

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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- 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 NCHMCT USE

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

ODD SEMESTER END TERM EXAMINATION FORM Academic Year 2024-2025

COURSE TITLE: THREE-YEAR B.Sc. (HHA) – SEMESTER- I (RE-APPEAR CANDIDATES OF JNU-NCHMCT ONLY)

LAST	DATE	FOR SUBM	SSION OF FORMS IN THE A	CADEMIC CHAPTER	Paste	Passpor	rt
	With	out Late fo	e : 09/1	0/2024	Size Pl	notograp	»h.
	With	Late fee o	Rs.500/- : 24/1	0/2024	(Do n	ot staple	
With Late fee of Rs.1000/- : 08/11/2024			(D0 II	oi siapic	,		
						graph to	be
Coun	cil Ro	ll No	Name of Academic C	Chapter		sted by	
	Council Roll No Name of Academic Chapter Principal)						
1.	Name	of the cano	idate in English (full name	e in BLOCK letters)			
Firs	t name	<u> </u>	Middle name	8	5	Surname	;
(Pl	ease no	te that the na	ne written above should be sam	e as given in your +2 CBSE/I	Board Cei	tificate)	
2.	Stude	nt's Mobil	No.				
3.		nt's Email					
4.			's Name				
5.	Perma	anent resid	ntial address for correspon	ndence			
			1				
			Dim	Alternate/Lendling Ne			
				Alternate/Landline No			
6.	Date	of Birth (by	Christian era)	7. Sex: Male/Fem	ale/Oth	ers	
8.	Give	details of s	bject(s) reappearing for:				
	S.	Subject	S	Subject		Pleas	e tick
	No.	Code			Ī	IE	ESE
	1	BHA101	Foundation Course In Food	Production-I (Theory)			
	2	BHA102	Foundation Course In Food	Production-I (Practical)			
	3	BHA103	Foundation Course In Food	& Beverage Service-I (The	eory)		
	4	BHA104	Foundation Course In Food	e			
	5	BHA105	Foundation Course In Roon	1	heory)		
	6	BHA106	Foundation Course In Room (Practical)	ns Division Operations-I			1
	7	BHA107	Customer Relation Manager	ment			
	8	BHA108	Employability Skills				
	9	BHA109	Communication Skills-I				
	10	BHA110	Environmental Studies				
	11	BHA111	Yoga/Stress Management-I	(Practical)			
	- The	ory @ Rs.30	REAPPEAR EX uation, *ESE - End Semester E /- per subject (Forwarded to No 00/- & IE @ Rs.300/- per subject	CHM)	c Chapter)	
-							

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

- 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 academic chapter 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
	Rs

Date:

Principal's signature with office seal

FOR INCHINCT USE			
Examination particulars	Examination Hall		
Checked & Verified	Admission ticket issued.		
Executive Officer (S)	Assistant Director (T)		
	Examination particulars Checked & Verified		

FOR NCHMCT USE

ODD SEMESTER END TERM EXAMINATION FORM Academic Year 2024-2025

COURSE TITLE : 1 ¹/₂ YEAR CRAFTSMANSHIP CERTIFICATE COURSE IN FOOD PRODUCTION & PATISSERIE – SEMESTER-I

(RE-APPEAR CANDIDATES ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE		Paste Passport			
	Without late fee: 09/10/2024		Size Photograph	ι.	
			s. 500/- : 24/10/2024	(Do not staple)	
W	ith la	ite fee of Rs	s. 1000/- : 08/11/2024		
Courseil	D a11	No	Institute Neme	(Photograph to b	e
Council	KOII		Institute Name	attested by Principal)	
				i incipai)	
1. Na	ame of	f the candida	ate in English (full name in BLOCK letters)	L	
First na			Middle name	Surname	
(Pleas	se note	that the name	written above should be same as given in your +2 CBS	SE/Board Certificate)	<u> </u>
				,	
	Student's Mobile No.				
	Student's Email id :				
4. Fa	Father's / Mother's Name				
5. Pe	Permanent residential address for correspondence				
	1				
_			Pin: Alternate/Landline 1	No	
6. D	Date of Birth (by Christian era) 7. Sex: Male/Female				
8. G	ive de	tails of subj	ect(s) reappearing for:		
S	.No.	No. Subject Subject Please tick			
		Code	Mid End		d
	-	~~~~~	Term Term		
	1	CFPP11	Cookery & Larder Theory-I		
	2	CFPP12	Cookery Practical-I		
	3	CFPP13	Larder Practical-I		
	4	CFPP14	Bakery & Patisserie Theory-I		
	5	CFPP15	Bakery & Patisserie Practical-I		
	6	CFPP16	Hygiene		
	7	CFPP17	Equipment Maintenance		
			REAPPEAR EXAMINATION FEE er subject (Forwarded to NCHM) & Mid-term IC (Theory) @ Rs.300/- per subject (Both	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 NCHMCT USE

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