

होटल प्रबंध खानपान प्रौद्योगिकी एवं पोषण आहार संस्थान

1100 आवास गृह, भोपाल-462016

क्रं.हो.प्र.सं./प्रशि./24/2857

दिनांक 02.09.2024

आदेश

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
1	M.Sc.(HA) 3 rd Semester B.Sc.(HHA) 5 th Semester B.Sc.(HHA) 3 rd Semester	Without Late Fee	10.09.2024	11.11.2024 to 22.11.2024
		Rs. 500/-	11.09.2024 to 26.09.2024	
		Rs. 1000/-	27.09.2024 to 11.10.2024	
2	M.Sc.(HA) 1 st Semester B.Sc.(HHA) 1 st Semester CCFPP 1 st Semester	Without Late Fee	09.10.2024	09.12.2024 to 20.12.2024
		Rs. 500/-	10.10.2024 to 24.10.2024	
		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 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।

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

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

ODD SEMESTER END TERM EXAMINATION FORM
Academic Year 2024-2025

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

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE		
Without late fee	:	10/09/2024
With late fee of Rs. 500/-	:	26/09/2024
With late fee of Rs. 1000/-	:	11/10/2024

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) _____

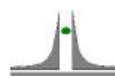
7. Sex: Male/Female

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

S.No.	Subject Code	Subject	Please tick	
			Mid Term	End Term
1	MHA-11	Marketing Services & Consumer Behaviour		
2	MHA-12	International Marketing		
3	MHA-15	Managing Change in Organisations		
4	MHA-16	Social Processes & Behavioural Issues		

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

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).

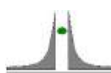
Examination Fee Rs.....
 Late Fee (if any) Rs.....
 Total Fee Rs.....

Date: _____

Principal's signature with office seal

FOR NCHMCT USE

Fee received 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

ODD SEMESTER END TERM EXAMINATION FORM

Academic Year 2024-2025

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

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE	
Without Late fee	: 10/09/2024
With Late fee of Rs.500/-	: 26/09/2024
With Late fee of Rs.1000/-	: 11/10/2024

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

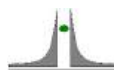
8. Give details of subject(s) reappearing for:

S.No.	Subject Code	Subject	Please tick		
			Mid Term(T)	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

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

- Practical @ Rs.500/- & 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.
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).

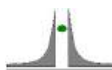
Examination Fee Rs.....
 Late Fee (if any) Rs.....
 Total Fee Rs.....

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>
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National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA-201309

ODD SEMESTER END TERM EXAMINATION FORM

Academic Year 2024-2025

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

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE

Without Late fee : 10/09/2024
With Late fee of Rs.500/- : 26/09/2024
With Late fee of Rs.1000/- : 11/10/2024

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

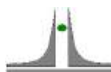
<input type="checkbox"/>

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

S.No.	Subject Code	Subject	Please tick		
			Mid Term(T)	End Term	
			Theory	Practical	
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			
8	BHM208	Industrial Training			

REAPPEAR EXAMINATION FEE

- Theory @ Rs.300/- per subject (Forwarded to NCHM)
- Practical @ Rs.500/- & 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).

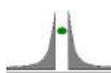
Examination Fee Rs.....
 Late Fee (if any) Rs.....
 Total Fee Rs.....

Date: _____

Principal's signature with office seal

FOR NCHMCT USE

Fee received 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

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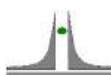
Examination Fee Rs.....
 Late Fee (if any) Rs.....
 Total Fee Rs.....

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

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 SUBMISSION OF FORMS IN THE INSTITUTE		
Without Late fee	:	09/10/2024
With Late fee of Rs.500/-	:	24/10/2024
With Late fee of Rs.1000/-	:	08/11/2024

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(T)	End Term Theory Practical
1	BHM111	FC in Food Production-I	<input type="checkbox"/>	<input type="checkbox"/>
2	BHM112	FC in F & B Service-I	<input type="checkbox"/>	<input type="checkbox"/>
3	BHM113	FC in Front Office-I	<input type="checkbox"/>	<input type="checkbox"/>
4	BHM114	FC in Accommodation Operations-I	<input type="checkbox"/>	<input type="checkbox"/>
5	BHM105	Application of Computers	<input type="checkbox"/>	<input type="checkbox"/>
6	BHM106	Hotel Engineering	<input type="checkbox"/>	<input type="checkbox"/>
7	BHM116	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>

REAPPEAR EXAMINATION FEE
- Theory @ Rs.300/- per subject (Forwarded to NCHM)
- Practical @ Rs.500/- & 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.
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 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 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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9. Give details of examination and related fees paid: Examination Fee
 Late Fee (if any)
Total Fee

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 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.....
 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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National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA-201309

ODD SEMESTER END TERM EXAMINATION FORM

Academic Year 2024-2025

COURSE TITLE : 1 ½ YEAR CRAFTSMANSHIP CERTIFICATE COURSE IN
FOOD PRODUCTION & PATISSERIE – SEMESTER-I

(RE-APPEAR CANDIDATES ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE	
Without late fee	: 09/10/2024
With late fee of Rs. 500/-	: 24/10/2024
With late fee of Rs. 1000/-	: 08/11/2024

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	End 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

- Theory @ Rs.300/- per subject (Forwarded to NCHM)
- Practical @ Rs.500/- & 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 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)

