होटल प्रबंध खानपान प्रौद्योगिकी एवं पोषण आहार संस्थान

1100 आवास गृह, भोपाल–462016

क. हो.प्र.सं. / प्रशि. / R3-32 / 23 / 🖓 🗍

दिनांक रुन्नित्र. 2023

आदेश

EVEN SEMESTER RE-APPEAR EXAMINATION FORM SUBMISSION FOR M.Sc.(HA), B.Sc.(HHA) & CCFPP 2nd, 4th & 6th SEMESTER STUDENTS.

| S. | Exam | Late Fee | Form Submission | Exam Schedule w.e.f. | | |
|-----|--|---------------------|-----------------|--|--|--|
| No. | | | Last Date | | | |
| 1 | B.Sc.(HHA) 6 th Semester Re- appear End Term Examination | Without Late Fee | 14.02.2023 | 21.04.2023 to 28.04.2023 (Date Sheet display on | | |
| | in April 2023 | Rs. 500/- | 06.03.2023 | website) | | |
| | | Rs. 1000/- | 21.03.2023 | website) | | |
| 2 | B.Sc.(HHA) 4 th Semester Re- appear End Term Examination | Without Late Fee | 14.02.2023 | 24.04.2023 to 02.05.2023 (Date Sheet display on | | |
| | in April/May 2023 | Rs. 500/- | 06.03.2023 | website) | | |
| | | Rs. 1000/- | 21.03.2023 | | | |
| | B.Sc.(HHA) 2 nd Semester Re- | Without Late Fee | 17.03.2023 | 22.05.2023 to 30.05.2023 (Date Sheet display on | | |
| 3 | appear End Term Examination | Rs. 500/- | 06.04.2023 | website) | | |
| | in May 2023 | Rs. 1000/- | 21.04.2023 | website) | | |
| | CCFPP 2 nd Semester Re-appear | Without Late Fee | 17.03.2023 | 22.05.2023 to 26.05.2023 (Date Sheet display on | | |
| 4 | End Term Examination May | Rs. 500/- | 06.04.2023 | website) | | |
| | 2023 | Rs. 1000/- | 21.04.2023 | website) | | |
| | | Without Late | 17.03.2023 | 22.05.2023 to 26.05.2023 | | |
| 6 | M.Sc.(HA) 2 nd Semester Re- | Fee | | (Date Sheet display on | | |
| 5 | appear End Term Examination | Rs. 500/- | 06.04.2023 | website) | | |
| | | Rs. 1000/- | 21.04.2023 | website) | | |

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 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 सूचनार्थः :--

- 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)

दिनाक



Page1of 2 Print on both sides

3-YEAR B.Sc. HHA

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

 ${\bf EVEN}$ semester end termexamination form

Academic Year 2022-2023

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

| LAST DAT | FE FOR SUB | MISSION OF | FORMS I | N THE INSTITU | JTE | Paste | Passport |
|-------------|-------------------------------------|-------------------|--------------|---|-----------|------------|----------------------------------|
| With | nout Late fee | | : | 14/02/2023 | | | otograph. |
| | n Late fee of 1 n Late fee of 1 | | : | 06/03/2023 21/03/2023 | | (Do no | ot staple) |
| Council Rol | l No | Institute | e Name | | | attes | raph to be sted by scipal) |
| | | | | | | | |
| 1. Name | e of the candic | late in Englisł | h (full nan | ne in BLOCK let | ters) | | |
| First name | | <u> </u> | Middle nar | ne | | S | urname |
| | | | | | | | |
| (Please n | ote that the name | e written above s | should be sa | me as given in your | +2 CBSE/H | Board Cer | ificate) |
| 2. Stud | ent's Mobile 1 | No. | | | | | |
| 3. Stud | ent's Email id | | | | | | |
| | | | | | | | |
| 5. Perm | nanent residen | tial address fo | or corresp | ondence | | | |
| | | | or corresp | | | | |
| | | Pin: | | Alternate/Lar | ndline No | • | |
| 5. Date | of Birth (by C | Christian era) | | 7. S | ex: Male/ | Female | |
| 8. Give | details of sub | ject(s) reappe | earing for: | | | | |
| S. | Subject | | Subjec | | I | Please tio | ck |
| No. | Code | | Ū | | Mid | End | Term |
| | | Term(T) | Theory | Practical | | | |
| 1 | BHM 351 | | | Operations II | | | |
| 2 | BHM 352 | Adv. F&B C | - | | | | |
| 3 | BHM 353 | Front Office | - | | | | ļ |
| 4 | BHM 354 | Accommoda | | | ļ | | |
| 5 | BHM 305 | Food & Bev | 0 | | | | |
| 6 | BHM 306 | Facility Plar | 0 | | | | |
| 7 | BHM 309 | Research Pr | oject | | | | |
| | eory @ Rs.300/- actical @ Rs.500 | per subject (For | rwarded to I | XAMINATION FEI NCHM) @ Rs.300/- per subject | | ined by Ir | nstitute) |

3-YEAR B.Sc. HHA

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 | 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) | | | | |

Page 1of 2 Print on both sides

3-YEAR B.Sc. HHA

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

 ${\bf EVEN}$ semester end term examination form

Academic Year 2022-2023

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

| | LAS' | Έ | Paste Passport | | | | |
|--------|---------------|------------------|--|---------------------------|------------------|-----------|--|
| | | Without La | te fee : 17/03/2023 | | Size Photograph. | | |
| | | | fee of Rs.500/- : 06/04/2023 fee of Rs.1000/- : 21/04/2023 | | (Do not staple) | | |
| | | With Late | | | - | | |
| | | | | | (Photogra | | |
| С | ounc | il Roll No | | attested by Principal) | | | |
| | | | | l | | | |
| 1. | | Name of the | candidate in English (full name in BLOCK lette | rs) | | | |
| | | t name | Middle name | | Su | rname | |
| | | | | | | | |
| | (P | lease note that | he name written above should be same as given in your +2 | 2 CBSE/ | Board Certi | ficate) | |
| 2. | | Student's M | lobile No. | | | | |
| 3. | | Student's E | mail id : | | | | |
| 4. | | | lother's Name | | | | |
| 5. | | | residential address for correspondence | | | | |
| 5. | | | | | | | |
| | | | | 1' NT | | | |
| | | | Pin:Alternate/Land | | | | |
| 6. | | Date of Birt | h (by Christian era)7. Sex | k: Male | /Female | | |
| 8. | | Give details | of subject(s) reappearing for: | | | | |
| Γ | S. | Subject | Subject | | Please tick | | |
| | No. | Code | | Mid | | | |
| - | 1 | BHM151 | Foundation Course in Food Production-II | Term(T) | Theory | Practical | |
| - | $\frac{1}{2}$ | BHM151 BHM152 | Foundation Course in Food Production-II Foundation Course in F & B Service-II | | | | |
| - | 2 | BHM152 BHM153 | Foundation Course in F & B Service-II Foundation Course in Front Office-II | | | | |
| - | 4 | BHM153 BHM154 | | | | | |
| - | 5 | BHM108 | Foundation Course in Accom. Operations-II Accountancy | | | | |
| ŀ | 6 | BHM109 | Communication | | | | |
| - | 7 | BHM107 BHM117 | Principal of Food Science | | | | |
|] I | 1 | | | | | | |
| | - Th | eory @ Rs.300 | REAPPEAR EXAMINATION FEE /- per subject (Forwarded to NCHM) | | | | |
| | | | 0/- & Mid-term IC (Theory) @ Rs.300/- per subject (Both | retained | by Institute | e) | |
| L | | | | | | | |

3-YEAR B.Sc. HHA

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 | Examination particulars | Examination Hall | | | | |
|---|-------------------------|--------------------------|--|--|--|--|
| 1.Exam Fee: Rs | Checked & Verified | Admission ticket issued. | | | | |
| 2.Late Fee: Rs | | | | | | |
| Total Fee Rs | | | | | | |
| | | | | | | |
| Dealing Assistant | | | | | | |
| 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Executive Officer (S) | Assistant Director (T) | | | | |

Page1of 2 Print on both sides

3-YEAR B.Sc. HHA

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

 ${\bf EVEN}$ semester end term examination form

Academic Year 2022-2023

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

| LAST DA' | | | | | | | | Passport |
|--|--|--|--|----------------|--------------------|---------|----------------------|-------------------|
| Witl | nout Late fee | | : | 14/02/20 | 023 | | Size Ph | otograph. |
| With | n Late fee of l | Rs.500/- | : | 06/03/2 | 023 | | (Do no | ot staple) |
| With | n Late fee of l | Rs.1000/- | : | 21/03/2 | 023 | | | n stupic) |
| | | | | | | | | raph to be |
| Council Rol | 1 No | Institute | Name | | | | | sted by cipal) |
| | | | | | | [| 111 | leipui) |
| | | | | | | | | |
| 1. Name | e of the candid | late in English | | | CK letter | s) | | |
| First name | | | Middle na | ime | | 1 1 | S | urname |
| | | | | | | | | |
| (Please n | ote that the name | e written above sł | hould be s | ame as given i | n your +2 | CBSE/E | loard Cer | tificate) |
| 2. Stud | ent's Mobile I | No. | | | | | | |
| 3. Stud | ent's Email id | : | | | | | | |
| | | s Name | | | | | | |
| | | tial address for | | | | | | |
| J_{\cdot} I CIII | lanent residen | liai audiess io | i conesp | Jonuence | | | | |
| | | | 1 | | | | | |
| | | | | | | | | |
| | | | | Alterna | | ine No. | . <u> </u> | |
| 6. Date | of Birth (by C | Pin: | | Alterna | te/Landl | | | |
| | • | Pin: Christian era) _ | | Alterna | te/Landl | | | |
| 3. Give | details of sub | Pin: | aring for | Alternat | te/Landl | : Male/ | Female | |
| B. Give | details of sub | Pin: Christian era) _ | | Alternat | te/Landl | : Male/ | Female Please tio | ck |
| 3. Give | details of sub | Pin: Christian era) _ | aring for | Alternat | te/Landl 7. Sex | : Male/ | Female Please tio | ck Term |
| 3. Give S. No. | details of sub Subject Code | Pin: Christian era) _ pject(s) reappea | aring for Subje | Alternat | te/Landl 7. Sex | : Male/ | Female Please tio | ck |
| 8. Give S. No. 1 | details of sub Subject Code BHM 201 | Pin: Christian era) _ pject(s) reappea Food Produc | aring for Subje tion Ope | Alternat | te/Landl 7. Sex | : Male/ | Female Please tio | ck Term |
| Give S. No. 1 2 | details of sub Subject Code BHM 201 BHM 202 | Pin: Christian era) _ oject(s) reappea Food Produc Food & Beve | aring for Subje tion Ope erage Op | Alternations | te/Landl 7. Sex | : Male/ | Female Please tio | ck Term |
| 8. Give S. No. 1 2 3 | details of sub Subject Code BHM 201 BHM 202 BHM 203 | Pin: Christian era) _ oject(s) reappea Food Produc Food & Beve Front Office | aring for Subje tion Ope erage Op Operatio | Alternat | te/Landl 7. Sex | : Male/ | Female Please tio | ck Term |
| 8. Give S. No. 1 2 3 4 | details of sub Subject Code BHM 201 BHM 202 BHM 203 BHM 204 | Pin: Christian era) _ oject(s) reappea Food Produc Food & Beve Front Office Accommoda | aring for Subje tion Ope erage Op Operatio tion Ope | Alternat | te/Landl 7. Sex | : Male/ | Female Please tio | ck Term |
| Give S. No. 1 2 3 4 5 | details of sub Subject Code BHM 201 BHM 202 BHM 203 BHM 204 BHM 205 | Pin: Christian era) _ oject(s) reappea Food Produc Food & Beve Front Office Accommoda Food & Beve | aring for Subje tion Ope erage Op Operatio tion Ope erage Co | Alternat | te/Landl 7. Sex | : Male/ | Female Please tio | ck Term |
| 8. Give S. No. 1 2 3 4 5 6 | details of sub Subject Code BHM 201 BHM 202 BHM 203 BHM 204 BHM 205 BHM 206 | Pin: Christian era) oject(s) reappea Food Produc Food & Beve Front Office Accommoda Food & Beve Hotel Accour | aring for Subje tion Ope erage Op Operatio tion Ope erage Co ntancy | Alternat | te/Landl 7. Sex | : Male/ | Female Please tio | ck Term |
| 8. Give S. No. 1 2 3 4 5 | details of sub Subject Code BHM 201 BHM 202 BHM 203 BHM 204 BHM 205 | Pin: Christian era) _ oject(s) reappea Food Produc Food & Beve Front Office Accommoda Food & Beve | aring for Subje tion Ope erage Op Operatio tion Ope erage Co ntancy & Qualit | Alternat | te/Landl 7. Sex | : Male/ | Female Please tio | ck Term |

-YEAR B.Sc. HHA

| 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. | |

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

Print on both sides Page 1of 2 **|-1/2 YEAR CCCFPP COURSE**

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

EVEN SEMESTER END TERM EXAMINATION FORM Academic Year 2022-2023

COURSE TITLE: CRAFTSMANSHIP CERTIFICATE COURSE IN FOOD PRODUCTION & PATISSERIE – SEMESTER-II (FOR RE-APPEAR CANDIDATES ONLY)

| LAS | T DATE | FOR SUB | AISSI | ON O | F FO | RMS | IN T | HE I | INST | FITU | UTE | | Pa | aste l | Passport | |
|-------|------------|--------------------------------|----------|---------|---------|----------|--------|--------|-------|------|--------|--------|-------|--------|-------------------------------|----|
| | Witho | ut Late fee | | | | : 17 | //03/2 | 2023 | • | | | | Siz | e Ph | otograpł | ı. |
| | | Late fee of I Late fee of I | | | | | | | | | | | (Ľ | o no | t staple) | |
| Counc | il Roll N | | | | | me | | | | | | | | attes | raph to b ted by cipal) | be |
| 1. | Name o | of the candid | ate in | Engli | sh (fi | ıll naı | ne ii | 1 BL | OC | K le | tters) |) | | | | |
| | st name | | | U | | ldle na | | | | | , | | | S | urname | |
| | | | | | | | | | | | | | | | | |
| (P | lease note | that the name | writter | n above | e shoul | ld be sa | ame a | s give | en in | vour | : +2 C | BSE/I | Board | Cert | ificate) | |
| 2. | | t's Mobile N | Г | | | | | | | | | | | | , | |
| 3. | Studen | t's Email id | : | | | | | | | | | | | | | |
| 4. | | s / Mother's | | | | | | | | | | | | | | |
| 5. | Permar | nent residen | tial ad | dress | for co | orresp | onde | ence | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | Pin: _ | | | | Altei | nate | e/La | ndlin | ne No | • | | | |
| 6. | Date of | f Birth (by C | Christia | an era | .) | | | | 7 | 7. S | Sex: I | Male/ | Fem | ale | | |
| 8. | Give de | etails of sub | ject(s) | reap | pearir | ng for | : | | | | | | | | | |
| F | | 1 | | | | | | | | | | | | | | |
| | S.No. | Subject | | | | Subje | ct | | | | |] | Pleas | e tic | ck | |
| | | Code | | | | | | | | | | Mid | | | Term | |
| - | | | | | | | | | | | Te | erm(T) | The | ory | Practic | al |

CFPP21 Cookery & Larder Theory – II 1 2 CFPP22 Cookery Practical – II 3 CFPP23 Larder Practical – II Bakery & Patisserie Theory – II CFPP24 4 5 Bakery & Patisserie Practical - II CFPP25 6 CFPP26 Costing

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 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)

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

EVEN SEMESTER END TERM EXAMINATION FORM Academic Year 2022-2023

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

| LAST DATE FOR SUBMISSION OF FORMS IN THI | Paste Passport | | | | |
|--|--|---------------------------|--|--|--|
| Without late fee: 17/03/202 | 23 | Size Photograph. | | | |
| With late fee of Rs. 500/- : 06/04/202 | - | (Do not staple) | | | |
| With late fee of Rs. 1000/- : 21/04/202 | 23 | (Do not stapic) | | | |
| | | (Photograph to be | | | |
| Council Roll No Institute Name | | attested by Principal) | | | |
| | | T Theipary | | | |
| | | | | | |
| 1. Name of the candidate in English (full name in B | BLOCK letters) | | | | |
| First name Middle name | | Surname | | | |
| | | | | | |
| (Please note that the name written above should be same as g | iven in your +2 CBSE | E/Board Certificate) | | | |
| 2. Student's Mobile No. | | | | | |
| 3. Student's Email id : | Student's Email id : | | | | |
| 4. Father's / Mother's Name | Father's / Mother's Name | | | | |
| 5. Permanent residential address for correspondence | Permanent residential address for correspondence | | | | |
| | | | | | |
| Pin: Alternate/Landline No | | | | | |
| 5. Date of Birth (by Christian era)7. Sex: Male/Female | | | | | |
| 8. Give details of subject(s) reappearing for: | | | | | |
| S.No. Subject Subject | Subject | | | | |
| Code | | End Term | | | |
| 1 MHA-5 Revenue / Yield Managemen | nt | | | | |
| 2 MHA-7 Equipment & Material Mana | gement | | | | |
| 3 MHA-21 Mentorship - Research Metho | Mentorship - Research Methodology (TH) | | | | |

REAPPEAR EXAMINATION FEE

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

2-YEAR M.Sc. HA

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