### 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 2<sup>nd</sup>, 4<sup>th</sup> & 6<sup>th</sup> SEMESTER STUDENTS.

S.	Exam	Late Fee	Form Submission	Exam Schedule w.e.f.		
No.			Last Date			
1	B.Sc.(HHA) 6 <sup>th</sup> 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 <sup>th</sup> 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 <sup>nd</sup> 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 <sup>nd</sup> 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 <sup>nd</sup> 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	<b>FE FOR SUB</b>	MISSION OF	FORMS I	N THE INSTITU	JTE	Paste	Passport
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	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).

<b>Examination Fee</b>	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	<b>REAPPEAR EXAMINATION FEE</b> /- 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**

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- 3. Certified that Examination Rules have been explained to the candidate and undertaking obtained for having understood the same.
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<b>Examination Fee</b>	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.
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With	n Late fee of l	Rs.1000/-	:	21/03/2	023			n stupic)
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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
<ul> <li>Give</li> <li>S.</li> <li>No.</li> <li>1</li> <li>2</li> </ul>	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	<ul> <li>details of sub</li> <li>Subject</li> <li>Code</li> <li>BHM 201</li> <li>BHM 202</li> <li>BHM 203</li> <li>BHM 204</li> </ul>	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
<ul> <li>Give</li> <li>S.</li> <li>No.</li> <li>1</li> <li>2</li> <li>3</li> <li>4</li> <li>5</li> </ul>	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	<ul> <li>details of sub</li> <li>Subject Code</li> <li>BHM 201</li> <li>BHM 202</li> <li>BHM 203</li> <li>BHM 204</li> <li>BHM 205</li> <li>BHM 206</li> </ul>	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)	
			<b>Total Fee</b>	
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.
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- 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	
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		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**

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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 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

		<b>Total Fee</b>
		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)

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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	Executive Officer (S)	Assistant Director (T)