

# होटल प्रबंध खानपान प्रौद्योगिकी एवं पोषण आहार संस्थान

1100 आवास गृह, भोपाल-462016

क्रं. हो.प्र.सं./प्रशि./R3-32/23/.....

दिनांक 14/06/2023

## आदेश

The NCHMCT, Noida would be conducting **VI<sup>th</sup> Semester Supplementary Examination (Mid Term & End Term - Theory & Practical)** for B.Sc.(HHA) passed out students for their re-appear subjects in Semester - VI. The details are as follows:-

S. No.	Exam	Last Date	Exam Schedule w.e.f.
1	B.Sc.(HHA) 6 <sup>th</sup> Semester Supplementary End Term Examination in July 2023	16.06.2023	24.07.2023 to 31.07.2023 (Date Sheet display on website)

### End Term Exam Fee: -

- **One Time Fee:** - Rs. 1000/-
- **Theory Subject Fee:** - Rs. 300/- per subject
- **Practical Subject Fee:** - Rs. 500/- per subject

### Re-Mid Term Exam Fee: -

- **Theory Subject Fee:** - Rs. 300/- per subject

अतः छात्रों को निर्देशित किया जाता है कि जो छात्र-छात्रा अपना re-appear subject का परीक्षा फॉर्म भरना चाहते हैं, वह संस्था में स्वयं उपस्थित होकर अपना परीक्षा फॉर्म जमा करें। **या**

Institute website: [www.ihmbhopal.ac.in](http://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](mailto:training@ihmbhopal.ac.in) पर Scan कर उक्त वर्णित अंतिम तिथि के अंदर भेजें।

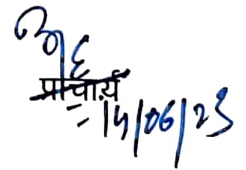
  
प्रचार्य

दिनांक ..... 2023

क्रं. हो.प्र.सं./प्रशि./R3-32/23/.....

### प्रतिलिपि सूचनार्थ :-

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)

  
प्रचार्य  
14/06/23

राष्ट्रीय हॉटल 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 2022-2023**

**3-YEAR B.SC. HHA - SEMESTER - VI**

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

Date & Day	Subject Code	Subject	Duration	From	To
24.07.2023 MONDAY	BHM351	ADVANCE FOOD PRODUCTION OPERATIONS –II	03 HRS.	09:30 AM	12:30 PM
25.07.2023 TUESDAY	BHM352	ADVANCE FOOD & BEVERAGE OPERATIONS –II	03 HRS.	09:30 AM	12:30 PM
26.07.2023 WEDNESDAY	BHM353	FRONT OFFICE MANAGEMENT-II	03 HRS.	09:30 AM	12:30 PM
27.07.2023 THURSDAY	BHM305	FOOD & BEVERAGE MANAGEMENT	03 HRS.	09:30 AM	12:30 PM
28.07.2023 FRIDAY	BHM306	FACILITY PLANNING	03 HRS.	09:30 AM	12:30 PM
<b>29.07.2023</b>	<b>SATURDAY</b>				
<b>30.07.2023</b>	<b>SUNDAY</b>				
31.07.2023 MONDAY	BHM354	ACCOMMODATION MANAGEMENT-II	03 HRS.	09:30 AM	12:30 PM



**SATVIR SINGH**  
DIRECTOR (STUDIES)

Dated: 12th June 2023

होटल प्रबंध खानपान प्रौद्योगिकी एवं पोषण आहार संस्थान, भोपाल

DATE SHEET (SCHEDULE) FOR B.SC. (HHA) SIXTH SEMESTER SUPPLEMENTARY  
PRACTICAL EXAMINATION JULY 2023

(ALSO FOR RE-APPEAR AND FAILED CANDIDATES OF SIXTH SEMESTER)

TIME : 09:30 AM TO 01:00 PM

DATES	DAYS	SUBJECTS
17.07.2023	MONDAY	FOOD PRODUCTION OPERATIONS
18.07.2023	TUESDAY	F & B OPERATIONS
19.07.2023	WEDNESDAY	FRONT OFFICE MANAGEMENT
20.07.2023	THURSDAY	ACCOMMODATION MANAGEMENT
21.07.2023	FRIDAY	RESEARCH PROJECT

PRINCIPAL

प्राचार्य

PRINCIPAL

होटल प्रबंध संस्थान  
Institute of Hotel Management  
भोपाल (म.प्र.) / Bhopal (M.P.)

**APPLICATION FOR CHANGE OF CENTRE**

**Academic Year 2022-2023**

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

**CHANGE OF CENTRE FEES – Rs.500/- ONE TIME**  
**(This form must be routed through institute concerned only)**

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 the exam Centre opted for appearing in the exams:  
IHM/FCI \_\_\_\_\_

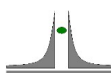
Candidate’s signature \_\_\_\_\_

Date: \_\_\_\_\_

Principal's signature with office seal

**FOR NCHMCT USE**

Fee received   <div style="text-align: right; padding-right: 10px;">Dealing Assistant</div>	Examination particulars Checked & Verified   <div style="text-align: right; padding-right: 10px;">Executive Officer (S)</div>	Examination Hall Admission ticket issued.   <div style="text-align: right; padding-right: 10px;">Assistant Director (T)</div>
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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 Exam 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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