

होटल प्रबंध खानपान प्रौद्योगिकी एवं पोषण आहार संस्थान

1100 आवास गृह, भोपाल-462016

क्र. हो.प्र.सं./प्रशि./25/ 2556

दिनांक 29.8. 2025

आदेश

ODD SEMESTER RE-APPEAR EXAMINATION FORM SUBMISSION SCHEDULE FOR RE-APPEAR & FAIL STUDENTS. (FOR END TERM EXAMINATION NOVEMBER/DECEMBER 2025)

| S. No. | Exam | Late Fee | Form & Fee Submission Last Date | Exam Schedule |
|--------|---|------------------|---------------------------------|--|
| 1 | M.Sc.(HA) 3 rd Semester (IGNOU) | Without Late Fee | 10.09.2025 | 10.11.2025 to 13.11.2025 (Exam Date Sheet attached) |
| | M.Sc.(HA) 3 rd Semester (JNU) | Rs. 500/- | 26.09.2025 | |
| | | Rs. 1000/- | 10.10.2025 | |
| 2 | M.Sc.(HA) 1 st Semester (JNU) | Without Late Fee | 08.10.2025 | 08.12.2025 to 12.12.2025 (Exam Date Sheet attached) |
| | | Rs. 500/- | 23.10.2025 | |
| | | Rs. 1000/- | 07.11.2025 | |
| 3 | B.Sc.(HHA) 5 th Semester (IGNOU) | Without Late Fee | 10.09.2025 | 10.11.2025 to 18.11.2025 (Exam Date Sheet attached) |
| | B.Sc.(HHA) 3 rd Semester (IGNOU) | Rs. 500/- | 26.09.2025 | |
| | B.Sc.(HHA) 3 rd Semester (JNU) | Rs. 1000/- | 10.10.2025 | |
| 4 | B.Sc.(HHA) 1 st Semester (IGNOU) | Without Late Fee | 15.10.2025 | 11.12.2025 to 19.12.2025 (Exam Date Sheet attached) |
| | B.Sc.(HHA) 1 st Semester (JNU) | Rs. 500/- | 29.10.2025 | |
| | | Rs. 1000/- | 12.11.2025 | |
| 5 | CCFPP 1 st Semester | Without Late Fee | 08.10.2025 | 08.12.2025 to 11.12.2025 (Exam Date Sheet attached) |
| | | Rs. 500/- | 23.10.2025 | |
| | | Rs. 1000/- | 07.11.2025 | |

End Term Exam Fee: -

- Rs. 300/- per subject (Theory)
- Rs. 500/- per subject (Practical)
- Rs. 500/- for Change of Examination Centre (for Passed out students only)

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।

(डॉ. रोहित सरीन)
प्राचार्य

क्र. हो.प्र.सं./प्रशि./25/ 2556/1 to 2556/4

दिनांक 2025

प्रतिलिपि सूचनार्थ :-

1. श्रीमती आशा कोलेकर, विभाग प्रमुख प्रथम, हो.प्र.सं. भोपाल।
2. अकादमिक प्रभारी, होटल प्रबंध संस्थान, भोपाल।
3. श्रीमती मीनाक्षी पांडे, वरिष्ठ व्याख्याता/प्र.अ.प्रभारी/ Admission/Website, हो.प्र.सं., भोपाल।
4. सभी संबंधित छात्रों को छात्रों को सूचनार्थ। (सूचना पटल/वेबसाइट)

(डॉ. रोहित सरीन)
प्राचार्य

A-34, SECTOR 62, NOIDA-201309

Academic Year 2025-2026

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

(Photograph to be
attested by
Principal)

Institute Name

[illegible]

- Surname

[illegible][illegible]

- Pin: Alternate/Landline No.

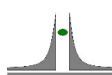
- IHM/FCI

Date:

Principal's signature with office seal

FOR NCHMCT USE

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



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).

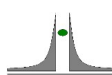
Examination Fee Rs.....
Late Fee (if any) Rs.....
Total Fee Rs.....

Date: _____

Principal's signature with office seal

FOR NCHMCT USE

| | | |
|--|--|--|
| Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____ <div style="text-align: right;">Dealing Assistant</div> | Examination particulars Checked & Verified <div style="text-align: right;">Executive Officer (S)</div> | Examination Hall Admission ticket issued. <div style="text-align: right;">Assistant Director (T)</div> |
|--|--|--|



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 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).

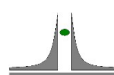
Examination Fee Rs.....
Late Fee (if any) Rs.....
Total Fee Rs.....

Date: _____

Principal's signature with office seal

FOR NCHMCT USE

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



A-34, SECTOR 62, NOIDA-201309

Academic Year 2025-2026

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

LAST DATE FOR SUBMISSION OF FORMS IN THE ACADEMIC CHAPTER

Without Late fee : 08/10/2025

With Late fee of Rs.500/- : 23/10/2025

With Late fee of Rs.1000/- : 07/11/2025

Paste Passport
Size Photograph.

(Do not staple)

(Photograph to be
attested by
Principal)

Council Roll No

Name of Academic Chapter

[illegible]

1. Name of the candidate in English (full name in BLOCK letters)

First name

Middle name

Surname

[illegible]

(Please note that the name written above should be same as given in your +2 CBSE/Board Certificate)

2. Student's Mobile No.

[illegible]

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/Others

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

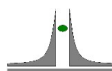
| S. No. | Subject Code | Subject | Please tick | |
|--------|--------------|---|-------------|-----|
| | | | IE | ESE |
| 1 | MHA701 | Management Functions and Behaviour in Hospitality | | |
| 2 | MHA702 | Human Resource Planning | | |
| 3 | MHA703 | Advance Marketing Management | | |
| 4 | MHA704 | Equipment & Materials Management | | |
| 5 | MHA705 | Principles of Economics | | |

REAPPEAR EXAMINATION FEE

*IE – Internal Evaluation, *ESE - End Semester Examinations

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

- IE @ Rs.300/- per subject (Retained by Academic Chapter)



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 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).

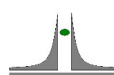
Examination Fee Rs.....
Late Fee (if any) Rs.....
Total Fee Rs.....

Date: _____

Principal's signature with office seal

FOR NCHMCT USE

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



A-34, SECTOR 62, NOIDA-201309

Academic Year 2025-2026

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

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|---------------------|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE | | | | | | | | | | Paste Passport Size Photograph. (Do not staple) (Photograph to be attested by Principal) | | | | | | | | | |
| Without Late fee | | | | | : 10/09/2025 | | | | | | | | | | | | | | |
| With Late fee of Rs.500/- | | | | | : 26/09/2025 | | | | | | | | | | | | | | |
| With Late fee of Rs.1000/- | | | | | : 10/10/2025 | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> Council Roll No Institute Name _____ </div> <div style="display: flex; align-items: center;"> <table border="1" style="border-collapse: collapse; text-align: center; width: 200px;"> <tr> <td style="height: 30px; width: 25px;"></td> <td style="height: 30px; width: 25px;"></td> <td style="height: 30px; width: 25px;"></td> <td style="height: 30px; width: 25px;"></td> <td style="height: 30px; width: 25px;"></td> <td style="height: 30px; width: 25px;"></td> <td style="height: 30px; width: 25px;"></td> <td style="height: 30px; width: 25px;"></td> <td style="height: 30px; width: 25px;"></td> <td style="height: 30px; width: 25px;"></td> </tr> </table> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-left: 10px;"></div> </div> | | | | | | | | | | | | | | | | | | | |
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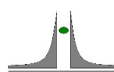
1. Name of the candidate in English (full name in BLOCK letters)
- | First name | | | | | | | | Middle name | | | | | | | | Surname | | | | | | | | | | | | |
|------------|--|--|--|--|--|--|--|-------------|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
- (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 | 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 | | | |

- 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).

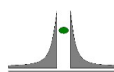
Examination Fee Rs.....
Late Fee (if any) Rs.....
Total Fee Rs.....

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: right;">Executive Officer (S)</div> | Examination Hall Admission ticket issued. <div style="text-align: right;">Assistant Director (T)</div> |
|--|--|--|



A-34, SECTOR 62, NOIDA-201309

Academic Year 2025-2026

| | | |
|--|---------------------|--|
| LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE | | Paste Passport Size Photograph. (Do not staple) (Photograph to be attested by Principal) |
| Without Late fee | : 10/09/2025 | |
| With Late fee of Rs.500/- | : 26/09/2025 | |
| With Late fee of Rs.1000/- | : 10/10/2025 | |
| <div style="display: flex; justify-content: space-between;"> Council Roll No Institute Name </div> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 30%;"></div> <div style="border-bottom: 1px solid black; width: 60%;"></div> </div> | | |

Council Roll No

Institute Name

[illegible]

- First name

Middle name

Surname

[illegible]

(Please note that the name written above should be same as given in your +2 CBSE/Board Certificate)

2. Student's Mobile No.

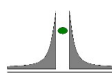
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
3. Student's Email id : _____
4. Father's / Mother's Name _____
5. Permanent residential address for correspondence _____

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 | 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 | | | |

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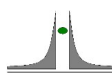
Examination Fee Rs.....
Late Fee (if any) Rs.....
Total Fee Rs.....

Date: _____

Principal's signature with office seal

FOR NCHMCT USE

| | | |
|---|--|--|
| Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____ <div style="text-align: right;">Dealing Assistant</div> | Examination particulars Checked & Verified <div style="text-align: right;">Executive Officer (S)</div> | Examination Hall Admission ticket issued. <div style="text-align: right;">Assistant Director (T)</div> |
|---|--|--|



A-34, SECTOR 62, NOIDA-201309

Academic Year 2025-2026

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

LAST DATE FOR SUBMISSION OF FORMS IN THE ACADEMIC CHAPTER

Without Late fee : 10/09/2025

With Late fee of Rs.500/- : 26/09/2025

With Late fee of Rs.1000/- : 10/10/2025

Paste Passport
Size Photograph.

(Do not staple)

(Photograph to be
attested by
Principal)

Council Roll No

Name of Academic Chapter

[illegible]

1. Name of the candidate in English (full name in BLOCK letters)

First name

Middle name

Surname

[illegible]

(Please note that the name written above should be same as given in your +2 CBSE/Board Certificate)

2. Student's Mobile No.

[illegible]

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/Others

10

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

| S. No. | Subject Code | Subject | Please tick | |
|--------|--------------|---|-------------|-----|
| | | | IE | ESE |
| 1 | BHA301 | Indian Culinary Arts (Theory) | | |
| 2 | BHA302 | Indian Culinary Arts (Practical) | | |
| 3 | BHA303 | Banquet Operations (Theory) | | |
| 4 | BHA304 | Banquet Operations (Practical) | | |
| 5 | BHA305 | Rooms Division Management-I (Theory) | | |
| 6 | BHA306 | Rooms Division Management-I (Practical) | | |
| 7 | BHA307 | Facility Management | | |
| 8 | BHA308 | Retail Management | | |
| 9 | BHA309 | Food Science, Nutrition & Hygiene | | |
| 10 | BHA310 | Business Communication | | |
| 11 | BHA311 | Hotel Accounting Skills | | |
| 12 | BHA401 | Industrial Training Feedback Appraisal | | |
| 13 | BHA402 | Industrial Training Project Report | | |

REAPPEAR EXAMINATION FEE

*IE – Internal Evaluation, *ESE - End Semester Examination

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

- Practical @ Rs.500/- & IE @ Rs.300/- per subject (Both retained by Academic Chapter)

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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Date: _____

(Signature of the candidate)

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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.....

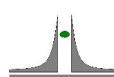
Total Fee Rs.....

Date: _____

Principal's signature with office seal

FOR NCHMCT USE

| | | |
|--|--|--|
| Fee received 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: right;">Executive Officer (S)</div> | Examination Hall Admission ticket issued. <div style="text-align: right;">Assistant Director (T)</div> |
|--|--|--|



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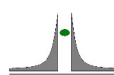
Examination Fee Rs.....
Late Fee (if any) Rs.....
Total Fee Rs.....

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) |
|--|--|--|



A-34, SECTOR 62, NOIDA-201309

Academic Year 2025-2026

LAST DATE FOR SUBMISSION OF FORMS IN THE ACADEMIC CHAPTER

With Late fee of Rs.1000/- : 12/11/2025

(Photograph to be
attested by
Principal)

Name of Academic Chapter

[illegible]

- Surname

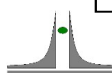
[illegible][illegible]

- Pin: Alternate/Landline No.

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

| S. No. | Subject Code | Subject | Please tick | |
|--------|--------------|--|-------------|-----|
| | | | 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 (Theory) | | |
| 4 | BHA104 | Foundation Course In Food & Beverage Service-I (Practical) | | |
| 5 | BHA105 | Foundation Course In Rooms Division Operations-I (Theory) | | |
| 6 | BHA106 | Foundation Course In Rooms Division Operations-I (Practical) | | |
| 7 | BHA107 | Customer Relation Management | | |
| 8 | BHA108 | Employability Skills | | |
| 9 | BHA109 | Communication Skills-I | | |
| 10 | BHA110 | Environmental Studies | | |
| 11 | BHA111 | Yoga/Stress Management-I (Practical) | | |

- Practical @ Rs.500/- & IE @ Rs.300/- per subject (Both retained by Academic Chapter)



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 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).
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Examination Fee Rs.....

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

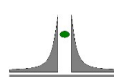
Total Fee Rs.....

Date: _____

Principal's signature with office seal

FOR NCHMCT USE

| | | |
|--|--|--|
| Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____ <div style="text-align: right;">Dealing Assistant</div> | Examination particulars Checked & Verified <div style="text-align: right;">Executive Officer (S)</div> | Examination Hall Admission ticket issued. <div style="text-align: right;">Assistant Director (T)</div> |
|--|--|--|



A-34, SECTOR 62, NOIDA-201309

Academic Year 2025-2026

(RE-APPEAR CANDIDATES ONLY)

Without late fee : 08/10/2025

With late fee of Rs. 500/- : 23/10/2025

With late fee of Rs. 1000/- : 07/11/2025

(Do not staple)

(Photograph to be
attested by
Principal)

Council Roll No

Institute Name

[illegible]

- First name

Middle name

Surname

[illegible]

(Please note that the name written above should be same as given in your +2 CBSE/Board Certificate)

2. Student's Mobile No.

[illegible]

3. Student's Email id :

4. Father's / Mother's Name

5. Permanent residential address for correspondence

Pin: Alternate/Landline No.

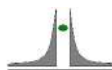
- | | | |
|-------------------------------------|---------------------|--|
| 6. Date of Birth (by Christian era) | 7. Sex: Male/Female | |
|-------------------------------------|---------------------|--|

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 | | |

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

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Principal's signature with office seal

FOR NCHMCT USE

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| 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) |

