होटल प्रबंध खानपान प्रौद्योगिकी एवं पोषण आहार संस्थान

1100 आवास गृह, भोपाल–462016

क्रं. हो.प्र.सं. / प्रशि. / 26 / 1570 दिनांक 10.07.2026

आदेश

6th SEMESTER SPECIAL SUPPLEMENTARY EXAMINATION FORM SUBMISSION SCHEDULE
(FOR RE-APPEAR & FAIL STUDENTS NCHM-IGNOU)

S. No.	Exam	Form & Fee Submission Last Date	Exam Schedule
1	B.Sc.(HHA) 6th Semester Supplementary Examination July 2026 **(IGNOU)**	**23.07.2026**	27.07.2026 to 03.08.2026 (Exam Date Sheet attached)

End Term Exam Fee: -

- **One Time Fee Rs. 1000/-**
- **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 है, वह संस्था में स्वयं उपस्थित हो कर अपना परीक्षा फॉर्म जमा करें। **या**

Institute website: www.ihmbhopal.ac.in पर उपलब्ध 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

क्रं. हो.प्र.सं. / प्रशि. / 26 / 1570/1 to 1570/5 दिनांक 10.07.2026

प्रतिलिपि सूचनार्थ :–

1. श्रीमती आशा कोलेकर, विभाग प्रमुख प्रथम, हो.प्र.सं. भोपाल।
2. श्रीमती मीनाक्षी पाण्डे, विभाग प्रमुख तृतीय, हो.प्र.सं. भोपाल।
3. अकादमिक प्रभारी, होटल प्रबंध संस्थान, भोपाल।
4. लेखा विभाग, होटल प्रबंध संस्थान, भोपाल।
5. संबंधित छात्र / छात्राओं को सूचनार्थ। (सूचना पटल / ईमेल)

(डॉ. रोहित सरीन)
प्राचार्य

राष्ट्रीय होटल प्रबन्ध एंव 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

SPL. SUPPLEMENTARY END TERM EXAMINATIONS - ACADEMIC YEAR 2025-2026

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

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

Date & Day	Subject Code	Subject	Duration	From	To
27.07.2026 MONDAY	BHM351	ADVANCE FOOD PRODUCTION OPERATIONS –II	03 HRS.	09:30 AM	12:30 PM
28.07.2026 TUESDAY	BHM352	ADVANCE FOOD & BEVERAGE OPERATIONS –II	03 HRS.	09:30 AM	12:30 PM
29.07.2026 WEDNESDAY	BHM353	FRONT OFFICE MANAGEMENT-II	03 HRS.	09:30 AM	12:30 PM
30.07.2026 THURSDAY	BHM305	FOOD & BEVERAGE MANAGEMENT	03 HRS.	09:30 AM	12:30 PM
31.07.2026 FRIDAY	BHM306	FACILITY PLANNING	03 HRS.	09:30 AM	12:30 PM
01.08.2026	**SATURDAY**				
02.08.2026	**SUNDAY**				
03.08.2026 MONDAY	BHM354	ACCOMMODATION MANAGEMENT-II	03 HRS.	09:30 AM	12:30 PM

Dr. SATVIR SINGH
DIRECTOR (STUDIES)

Dated: 08th July 2026

National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA 201309

SEM-VI SPL. SUPPLEMENTARY EXAMINATION FORM

Academic Year 2025-2026

COURSE TITLE: **THREE-YEAR B.Sc. IN H&HA**

(FOR FAIL & RE-APPEAR CANDIDATES OF NCHM-IGNOU ONLY)

LAST DATE FOR SUBMISSION OF EXAM FORMS IN THE INSTITUTE - **23.07.2026**

ONE-TIME FEE: **Rs.1000/-** (to be remitted to NCHM) **plus EXAM FEE as per column 6 below**

Paste Passport Size Photograph.

(Do not staple)

(Photograph to be attested by Principal)

Council Roll No | | | | | | | | | | |

Name of the Institute _____

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. Father's / Mother's Name _____

3. Permanent residential address for correspondence

_____

_____ Pin: _____ Mobile: _____

Email id: _____

4. Date of Birth (by Christian era) _____ 5. Sex: Male/Female | |

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

Sl No.	Subject Code	Subject	Please tick		
			Mid Term	Practical	End-Term
1	BHM351	ADVANCE FP OPERATIONS –II			
2	BHM352	ADVANCE F & B OPERATIONS –II			
3	BHM353	FRONT OFFICE MANAGEMENT-II			
4	BHM354	ACCOMMODATION MANAGEMENT-II			
5	BHM305	FOOD & BEVERAGE MANAGEMENT			
6	BHM306	FACILITY PLANNING			
7	BHM309	RESEARCH PROJECT	X		X

RE-APPEAR EXAMINATION FEE

- Theory @ Rs.300/- per subject (To be remitted to NCHMCT)
- Practical @ Rs.500/- per subject (retained by institute)

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)