

होटेल प्रबंध और खान-पान प्रौद्योगिकी तथा अनुप्रयुक्त पोषाहार संस्थान  
भुवनेश्वर

INSTITUTE OF HOTEL MANAGEMENT  
CATERING TECHNOLOGY & APPLIED NUTRITION  
BHUBANESWAR

\*\*\*

सूचना / NOTICE

दिनांक / Date: 10.07.2026

As communicated by NCHMCT, It is hereby informed to the **Passout** students of 3 Yr. B.Sc. in Hospitality and Hotel Administration that, council is conducting the Special **Supplementary examination for Semester- VI** from **27<sup>th</sup> July -2026 to 3<sup>rd</sup> August, 2026.**

Only such students will be eligible to appear in these examinations **who have cleared all their papers of SEM- I, II, III&IV and have no backlogs in these semesters. In others words, students having backlogs in Semester VI only** would be allowed to appear in these exams.

Students are required to submit the attached examination form with complete information and photograph (to be paste in the space provided) on or before **23/07/2026** at the examination section.

Students filling the form are required to transfer the amount as per the following manner along with **Supplementary Examination Fee Rs.1000/-** through NEFT/RTGS to the following Institute bank account or by scanning the QR code of the Institute.

Subject Type	Amount for Each Subject
Theory	Rs.300/-
Practical	Rs.500/-

Name of A/c. Holder : PRINCIPAL, IHMCT&AN  
A/c No : 091502000001017  
IFSC Code : IOBA0000915  
Type of A/c : Current



**Applications received after the last date will not be accepted.**

*21/2/26*  
प्रधानाचार्य/Principal

राष्ट्रीय होटल 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**

**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
<b>01.08.2026</b>	<b>SATURDAY</b>				
<b>02.08.2026</b>	<b>SUNDAY</b>				
03.08.2026 MONDAY	BHM354	ACCOMMODATION MANAGEMENT-II	03 HRS.	09:30 AM	12:30 PM



**Dr. SATVIR SINGH**  
**DIRECTOR (STUDIES)**

**Dated: 08<sup>th</sup> July 2026**



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. _____	Examination particulars Checked & Verified	Examination Hall Admission ticket issued.
Dealing Assistant	Executive Officer (S)	Assistant Director (T)

