

होटेल प्रबंध और खान-पान प्रौद्योगिकी तथा अनुप्रयुक्त पोषाहार संस्थान, भुवनेश्वर
**Institute of Hotel Management Catering Technology & Applied Nutrition,
Bhubaneswar**

सूचना/NOTICE

दिनांक: 03/02/2026

As communicated by NCHMCT, re-appear students of following courses are required to fill up their Examination Form for **EVEN Semester (Semester-II, IV & VI) Term End Examination 2025-26** and B.Sc. HHA -Semester-5 (Supplementary) as per the below mentioned schedule.

Sl. No.	Course/Semester	Without Late Fee till	With Late Fee of ₹500 till	With Late Fee of ₹1000 till
1	Semester-IV & VI of B.Sc. HHA(IGNOU & JNU)	13.02.2026	01.03.2026	16.03.2026
2	M.Sc. HA (Semester-4 Re-appear) (IGNOU & JNU)	19.02.2026	06.03.2026	20.03.2026
3	Diploma Course (Re-appear)	06.03.2026	20.03.2026	03.04.2026
4	Semester-2 of B.Sc. HHA (IGNOU & JNU)	16.03.2026	30.03.2026	13.04.2026
5	Semester-2 of M.Sc. HA (JNU) , PGDAOM and CCFPP	11.03.2026	26.03.2026	10.04.2026
6	B.Sc. HHA (Semester-5 Supplementary)	Last Date: 24.04.2026		

Students are required to submit the attached Examination Form with complete information and photograph (to be paste in the space provided) on or before above mentioned date physically at the examination section or shared the Examination Form with Transaction details to examination@ihmbbs.org only.

Students having re-appear subjects are required to transfer the amount as per the following manner through NEFT/RTGS to the following Institute bank account or by scanning the QR code of the Institute.

Subject Type	Amount for Each Subject Without Midterm Exam	Amount for Each Subject With Midterm Exam
Theory	Rs.300/-	Rs.600/-
Practical	Rs.500/-	

Students desire to change the examination centre is required to fill Centre Change Form by paying Centre Change Fee Rs.500/-.

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



Students who submit form without form will not be taken for consideration.

Important: The re-appear examination will be conducted in offline mode at the Institute or at the Centre change city.

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)



National Council for Hotel Management & Catering Technology
A-34, SECTOR 62, NOIDA 201309

EVEN SEMESTER END TERM EXAMINATION FORM
Academic Year 2025-2026

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

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE		
Without late fee	:	19/02/2026
With late fee of Rs. 500/-	:	06/03/2026
With late fee of Rs. 1000/-	:	20/03/2026

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

First name

Middle name

Surname

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	P
			Please tick End Term
1	MHA-17	Production & Operation Management	
2	MHA-21	Mentorship & Research Project - (Dissertation)	

REAPPEAR EXAMINATION FEE

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

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.
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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

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Dealing Assistant	Executive Officer (S)	Assistant Director (T)



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(Signature of the candidate)

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Date: _____

Principal's signature with office seal

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National Council for Hotel Management & Catering Technology
A-34, SECTOR 62, NOIDA 201309

EVEN SEMESTER END TERM EXAMINATION FORM
Academic Year 2025-2026

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

LAST DATE FOR SUBMISSION OF FORMS IN THE ACADEMIC CHAPTER

Without Late fee	:	19/02/2026
With Late fee of Rs.500/-	:	06/03/2026
With Late fee of Rs.1000/-	:	20/03/2026

Paste Passport
Size Photograph.

(Do not staple)

(Photograph to be
attested by
Principal)

Council Roll No _____ Name of Academic Chapter _____

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/Others _____

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

S. No.	Subject Code	Subject	Please tick	
			IE	ESE
1	MHA1001	Research Writing		
2	MHA1002	Data Analysis Practical - II		
3	MHA1003	Field Study		
4	MHA1004	Research Project		

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.
 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.

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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. _____	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
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Total Fee

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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 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)



National Council for Hotel Management & Catering Technology
A-34, SECTOR 62, NOIDA-201309

EVEN SEMESTER END TERM EXAMINATION FORM

Academic Year 2025-2026

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

LAST DATE FOR SUBMISSION OF FORMS IN THE ACADEMIC CHAPTER		
Without Late fee	:	13/02/2026
With Late fee of Rs.500/-	:	01/03/2026
With Late fee of Rs.1000/-	:	16/03/2026

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/Others _____

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		

REAPPEAR EXAMINATION FEE

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

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

- Theory @ Rs.500/- per subject (Forwarded to NCFM)
- Practical @ Rs.500/- & JE @ 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.
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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. _____	Examination particulars Checked & Verified	Examination Hall Admission ticket issued.
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 2025-2026

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

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE	
Without Late fee	: 16/03/2026
With Late fee of Rs.500/-	: 30/03/2026
With Late fee of Rs.1000/-	: 13/04/2026

Council Roll No _____ **Institute Name** _____

Paste Passport
Size Photograph.

(Do not staple)

(Photograph to be
attested by
Principal)

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

2. Student's Mobile No. _____

3 Student's Email id : _____

4. Father's (Mother's) Name: _____

4. Father's / Mother's Name _____

3. 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	BHM151	Foundation Course in Food Production-II		
2	BHM152	Foundation Course in F & B Service-II		
3	BHM153	Foundation Course in Front Office-II		
4	BHM154	Foundation Course in Accom. Operations-II		
5	BHM108	Accountancy		
6	BHM109	Communication		
7	BHM117	Principles of Food Science		

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

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).

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. _____	Examination particulars Checked & Verified	Examination Hall Admission ticket issued.
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 2025-2026

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

LAST DATE FOR SUBMISSION OF FORMS IN THE ACADEMIC CHAPTER		
Without Late fee	:	16/03/2026
With Late fee of Rs.500/-	:	30/03/2026
With Late fee of Rs.1000/-	:	13/04/2026

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

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

(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/Others _____

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

S. No.	Subject Code	Subject	Please tick	
			IE	ESE
1	BHA201	Foundation Course In Food Production-II (Theory)		
2	BHA202	Foundation Course In Food Production-II (Practical)		
3	BHA203	Foundation Course In Food & Beverage Service-II (Theory)		
4	BHA204	Foundation Course In Food & Beverage Service-II (Practical)		
5	BHA205	Foundation Course In Rooms Division Operations-II (Theory)		
6	BHA206	Foundation Course In Rooms Division Operations-II (Practical)		
7	BHA207	Hotel Security		
8	BHA208	Sustainable Tourism		
9	BHA209	Communication Skills-II		
10	BHA210	Basics of Tourism		
11	BHA211	Application of Computers & IT (Practical)		
12	BHA212	Yoga/Stress Management-II (Practical)		

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.
 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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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)



National Council for Hotel Management & Catering Technology
A-34, SECTOR 62, NOIDA 201309

EVEN SEMESTER END TERM EXAMINATION FORM
Academic Year 2025-2026

**COURSE TITLE: POST GRADUATE DIPLOMA IN ACCOMMODATION
OPERATIONS & MANAGEMENT – SEMESTER-II
(FOR RE-APPEAR CANDIDATES ONLY)**

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE		
Without Late fee	:	11/03/2026
With Late fee of Rs.500/-	:	26/03/2026
With Late fee of Rs.1000/-	:	10/04/2026

Council Roll No _____ Institute Name _____

Paste Passport Size Photograph.
(Do not staple)
(Photograph to be attested by Principal)

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	AOM 21	Accommodation Management			
2	AOM 22	Front Office Management			
3	AOM 23	Interior Decoration			
4	AOM 24	Hotel Accountancy & Costing			
5	AOM 25	Business Communication			
6	AOM 31	Industrial Training			

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

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 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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Examination Fee Rs.....
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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)



9. Give details of examination and related fees paid: Examination Fee
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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).

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)



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 (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)



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.
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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.....

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

