

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.

Shammy
Principal

Copy to: Website/ Student Notice Board /UDC (Cash)/
Students WhatsApp Group/Concerned file.

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]

5. Permanent residential address for correspondence :

Pin: Alternate/Landline No.

8. Give details of the exam Centre opted for appearing in the exams:

IHM/FCI

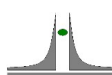
Candidate's signature

Date:

Principal's signature with office seal

FOR NCHMCT USE

Fee received	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-II
(RE-APPEAR CANDIDATES OF JNU-NCHMCT ONLY)**

LAST DATE FOR SUBMISSION OF FORMS IN THE ACADEMIC CHAPTER										Paste Passport Size Photograph. (Do not staple) (Photograph to be attested by Principal)	
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					Name of Academic Chapter						

Council Roll No	Name of Academic Chapter _____	attested by Principal)										
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> <td style="width: 25px; height: 30px;"></td> </tr> </table>												

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

First name	Middle name	Surname

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	MHA801	Strategic Management		
2	MHA802	Employee & Management Relations		
3	MHA803	Business Ethics		
4	MHA804	Organisational Behaviour & Development		
5	MHA805	Financial Reporting & Analysis		

REAPPEAR EXAMINATION FEE

- 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.
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).

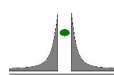
Examination Fee Rs.....
Late Fee (if any) Rs.....
Total Fee Rs.....

Date: _____

Principal's signature with office seal

FOR NCHMCT USE

Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____ <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

With late fee of Rs. 1000/- : 20/03/2026

(Photograph to be
attested by
Principal)

Institute Name

[illegible]

- Surname

[illegible]

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

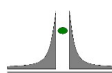
5. Permanent residential address for correspondence

Pin: Alternate/Landline No.

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

S.No.	Subject Code	Subject	Please tick
			End Term
1	MHA-17	Production & Operation Management	
2	MHA-21	Mentorship & Research Project - (Dissertation)	

- 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.
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).

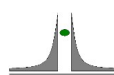
Examination Fee Rs.....
Late Fee (if any) Rs.....
Total Fee Rs.....

Date: _____

Principal's signature with office seal

FOR NCHM&CT USE

Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____	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-VI
(RE-APPEAR CANDIDATES OF IGNOU-NCHMCT ONLY)**

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE

Without Late fee : 13/02/2026

With Late fee of Rs.500/- : 01/03/2026

With Late fee of Rs.1000/- : 16/03/2026

Paste Passport
Size Photograph.

(Do not staple)

(Photograph to be
attested by
Principal)

Council Roll No

Institute Name

[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. | | | | | | | | |
|----|----------------------|--|--|--|--|--|--|--|--|

3. Student's Email id : _____

4. Father's / Mother's Name _____

5. Permanent residential address for correspondence _____

Pin: _____ Alternate/Landline No. _____

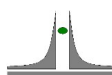
6. Date of Birth (by Christian era) _____ 7. Sex: Male/Female _____

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

S. No.	Subject Code	Subject	Please tick		
			Mid Term(T)	End Term	
				Theory	Practical
1	BHM 351	Adv. Food Production Operations II			
2	BHM 352	Adv. F&B Operations II			
3	BHM 353	Front Office Management II			
4	BHM 354	Accommodation Management II			
5	BHM 305	Food & Beverage Management			
6	BHM 306	Facility Planning			
7	BHM 309	Research Project			

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).

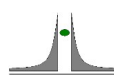
Examination Fee Rs.....
Late Fee (if any) Rs.....
Total Fee Rs.....

Date: _____

Principal's signature with office seal

FOR NCHM&CT USE

Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____ 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										Paste Passport Size Photograph. (Do not staple) (Photograph to be attested by Principal)	
Without Late fee					:	19/02/2026					
With Late fee of Rs.500/-					:	06/03/2026					
With Late fee of Rs.1000/-					:	20/03/2026					
Council Roll No					Name of Academic Chapter						

Council Roll No	Name of Academic Chapter
-----------------	--------------------------

[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/Others

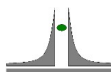
8. Give details of subject(s) reappearing for:

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		

*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.
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).

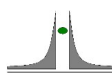
Examination Fee Rs.....
Late Fee (if any) Rs.....
Total Fee Rs.....

Date: _____

Principal's signature with office seal

FOR NCHMCT USE

Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____ <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-IV
(RE-APPEAR CANDIDATES OF IGNOU-NCHMCT ONLY)**

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE

Without Late fee : 13/02/2026

With Late fee of Rs.500/- : 01/03/2026

With Late fee of Rs.1000/- : 16/03/2026

Paste Passport
Size Photograph.

(Do not staple)

(Photograph to be
attested by
Principal)

Council Roll No

Institute Name

[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. | | | | | | | | |
|----|----------------------|--|--|--|--|--|--|--|--|

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 _____

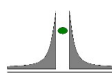
8. Give details of subject(s) reappearing for:

S. No.	Subject Code	Subject	Please tick		
			Mid Term(T)	End Term	
				Theory	Practical
1	BHM 201	Food Production Operations			
2	BHM 202	Food & Beverage Operations			
3	BHM 203	Front Office Operations			
4	BHM 204	Accommodation Operations			
5	BHM 205	Food & Beverage Control			
6	BHM 206	Hotel Accountancy			
7	BHM 207	Food Safety & Quality			
8	BHM 208	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
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).

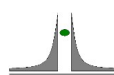
Examination Fee Rs.....
Late Fee (if any) Rs.....
Total Fee Rs.....

Date: _____

Principal's signature with office seal

FOR NCHM&CT USE

Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____ <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- IV
(RE-APPEAR CANDIDATES OF JNU-NCHMCT ONLY)**

<div style="border: 1px solid black; padding: 5px;"> <p align="center">LAST DATE FOR SUBMISSION OF FORMS IN THE ACADEMIC CHAPTER</p> <p>Without Late fee : 13/02/2026</p> <p>With Late fee of Rs.500/- : 01/03/2026</p> <p>With Late fee of Rs.1000/- : 16/03/2026</p> </div> <div> Council Roll No Name of Academic Chapter_____ </div> <div> <table border="1" style="float: left; margin-right: 10px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <div style="clear: both;"></div> </div>											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/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		

*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.
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).

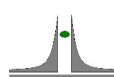
Examination Fee Rs.....
Late Fee (if any) Rs.....
Total Fee Rs.....

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-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

Paste Passport
Size Photograph.

(Do not staple)

(Photograph to be
attested by
Principal)

Council Roll No

Institute Name

[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. | | | | | | | | |
|----|----------------------|--|--|--|--|--|--|--|--|

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

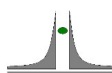
8. Give details of subject(s) reappearing for:

S. No.	Subject Code	Subject	Please tick		
			Mid Term(T)	End Term	
				Theory	Practical
1	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).

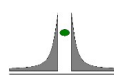
Examination Fee Rs.....
Late Fee (if any) Rs.....
Total Fee Rs.....

Date: _____

Principal's signature with office seal

FOR NCHM&CT USE

Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____ 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

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

[illegible]

- 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	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

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).

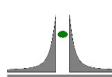
Examination Fee Rs.....
Late Fee (if any) Rs.....
Total Fee Rs.....

Date: _____

Principal's signature with office seal

FOR NCHMCT USE

Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____ <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>
--	--	--



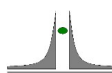
A-34, SECTOR 62, NOIDA 201309

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					:	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 _____										

- | 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 | | | |

- 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

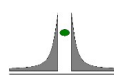
1. Certified that admission to the semester was granted as per NCHM&CT Rules.
2. Certified that Mr./Ms. _____ is/was a bonafide full time student of this institution and has satisfactorily completed the prescribed course of studies as laid down by the Council.
3. Certified that Examination Rules have 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 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>
--	--	--



Academic Year 2025-2026

FOOD PRODUCTION
FOOD & BEVERAGE SERVICE
HOUSEKEEPING
FRONT OFFICE OPERATIONS
BAKERY & CONFECTIONERY

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE

With Late fee of Rs.1000/- : 03/04/2026

(Photograph to be
attested by
Principal)

Institute Name

[illegible]

- Surname

[illegible]

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

- [illegible]

5. Permanent residential address for correspondence _____

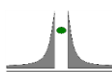
Pin: _____ Alternate/Landline No. _____

- 7

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

SL. NO.	Subject	Please Tick	
		Mid Term	End Term
1			
2			
3			
4			
5			
6			

- 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).

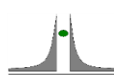
Examination Fee Rs.....
Late Fee (if any) Rs.....
Total Fee Rs.....

Date: _____

Principal's signature with office seal

FOR 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: **CRAFTSMANSHIP CERTIFICATE COURSE**

IN FOOD PRODUCTION & PATISSERIE – 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

Paste Passport
Size Photograph.

(Do not staple)

(Photograph to be
attested by
Principal)

Council Roll No

Institute Name

[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.

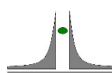
6. Date of Birth (by Christian era) 7. Sex: Male/Female

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

S.No.	Subject Code	Subject	Please tick		
			Mid Term(T)	End Term	
				Theory	Practical
1	CFPP21	Cookery & Larder Theory – II			
2	CFPP22	Cookery Practical – II			
3	CFPP23	Larder Practical – II			
4	CFPP24	Bakery & Patisserie Theory – II			
5	CFPP25	Bakery & Patisserie Practical – II			
6	CFPP26	Costing			

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

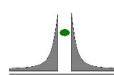
1. Certified that admission to the semester was granted as per NCHM&CT Rules.
2. Certified that Mr./Ms. _____ is/was a bonafide full time student of this institution and has satisfactorily completed the prescribed course of studies as laid down by the Council.
3. Certified that Examination Rules have 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 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)
--	--	--



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 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)
--	--	--

