

होटल प्रबंधन खानपान प्रौद्योगिकी तथा अनुप्रयुक्त पोषाहार संस्थान

वीर सुरेन्द्र साईं नगर भुवनेश्वर, ओडिशा -751010

INSTITUTE OF HOTEL MANAGEMENT

CATERING TECHNOLOGY & APPLIED NUTRITION

BHUBANESWAR

सूचना / NOTICE

दिनांक / Date: 22.08.2025

एनसीएचएमसीटी द्वारा सूचित किए जाने के अनुसार, निम्नलिखित पाठ्यक्रमों के पुनः उपस्थित होने वाले छात्रों को नीचे उल्लिखित कार्यक्रम के अनुसार अपना केंद्र परिवर्तन फॉर्म, ओडीडी सेमेस्टर (सेमेस्टर-I, III और V) बीएससी एचएचए, एमएससी एचए (सेमेस्टर-1 और 3), पीजीडीएओएम (सेमेस्टर-1), सीसीएफपीपी (सेमेस्टर-1) टर्म एंड परीक्षा 2025-26 के लिए परीक्षा फॉर्म भरना आवश्यक है।

As communicated by NCHMCT, re-appear students of following courses are required to fill up their Centre Change Form, Examination Form for **ODD Semester (Semester-I, III & V)** **B.Sc. HHA, M.Sc. HA (Semester-1&3) , PGDAOM (Semester-1), CCFPP (Semester-1) Term End Examination 2025-26** 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	B.Sc. HHA (Semester-3, 5) JNU & IGNOU And M.Sc. HA (Semester-3) JNU & IGNOU	10.09.2025	26.09.2025	10.10.2025
2	B.Sc. HHA (Semester-1) JNU & IGNOU	15.10.2025	29.10.2025	12.11.2025
3	M.Sc. HA (Semester-1) JNU PGDAOM, CCFPP (Semester-1)	08.10.2025	23.10.2025	07.11.2025

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.

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



After the transfer of fee students should submit the following information at the account section: **1. Name of Student 2. NCHMCT Roll No. 3. UTR No./Transaction No. 4. Amount Transferred 5. Date of Transfer and 6. Mobile No.**

Students who submit form without Fee 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.


प्रधानाचार्य /Principal

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

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

ODD SEMESTER END TERM EXAMINATION FORM

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	
Without Late fee	: 10/09/2025
With Late fee of Rs.500/-	: 26/09/2025
With Late fee of Rs.1000/-	: 10/10/2025

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 _____

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
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		

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.

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

ODD SEMESTER END TERM EXAMINATION FORM
Academic Year 2025-2026

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

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE					
Without Late fee	: 10/09/2025				
With Late fee of Rs.500/-	: 26/09/2025				
With Late fee of Rs.1000/-	: 10/10/2025				
Council Roll No		Institute Name _____			
<input type="text"/>		<p>Paste Passport Size Photograph. (Do not staple) (Photograph to be attested by Principal)</p>			
1. Name of the candidate in English (full name in BLOCK letters)					
First name	Middle name	Surname			
<input type="text"/>					
(Please note that the name written above should be same as given in your +2 CBSE/Board Certificate)					
2. Student's Mobile No.	<input type="text"/>				
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 <input type="checkbox"/>				
8. Give details of subject(s) reappearing for:					
S.No.	Subject Code	Subject	Please tick		
			Mid Term(T)	End Term	
1	BHM201	Food Production Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	BHM202	Food & Beverage Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	BHM203	Front Office Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	BHM204	Accommodation Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	BHM205	Food & Beverage Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	BHM206	Hotel Accountancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	BHM207	Food Safety & Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	BHM208	Industrial Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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Date: _____

(Signature of the candidate)

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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

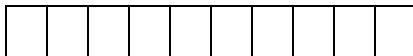
FOR NCHMCT USE

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)



ODD SEMESTER END TERM EXAMINATION FORM
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		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	
Council Roll No _____ 		

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

First name _____ Middle name _____ Surname _____

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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(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		
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.
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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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	Examination Hall Admission ticket issued.
		Executive Officer (S)	Assistant Director (T)



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

ODD SEMESTER END TERM EXAMINATION FORM
Academic Year 2025-2026

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

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE	
Without late fee	: 10/09/2025
With late fee of Rs. 500/-	: 26/09/2025
With late fee of Rs. 1000/-	: 10/10/2025

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 _____

6. Pin: _____ Alternate/Landline No. _____
7. Date of Birth (by Christian era) _____ Sex: Male/Female
8. Give details of subject(s) reappearing for:

S.No.	Subject Code	Subject	Please tick	
			Mid Term	End Term
1	MHA-11	Marketing Services & Consumer Behaviour		
2	MHA-12	International Marketing		
3	MHA-15	Managing Change in Organisations		
4	MHA-16	Social Processes & Behavioural Issues		

REAPPEAR EXAMINATION FEE

- Theory @ Rs.300/- per subject (Forwarded to NCHM)
- Mid Term IC (Theory) @ Rs.300/- per subject (Retained by Institute)



9. Give details of examination and related fees paid: Examination Fee
 Late Fee (if any)
Total Fee

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



ODD SEMESTER END TERM EXAMINATION FORM
Academic Year 2025-2026

COURSE TITLE: TWO-YEAR M.Sc. (HA) – SEMESTER- III
(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	: 10/09/2025	
With Late fee of Rs.500/-	: 26/09/2025	
With Late fee of Rs.1000/-	: 10/10/2025	
Council Roll No _____ 		

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

First name _____ Middle name _____ Surname _____

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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(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	MHA901	Research Methodology		
2	MHA902	Research Ethics & Publication		
3	MHA903	Data Collection, Analysis and Decision Making		
4	MHA904	Writing Literature Review		
5	MHA905	Data Analysis Practical - I		
6	MHA906	Research Seminar Presentation		

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

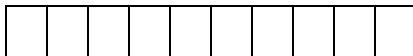
FOR NCHMCT USE

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



ODD SEMESTER END TERM EXAMINATION FORM
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		Paste Passport Size Photograph. (Do not staple) (Photograph to be attested by Principal)
Without Late fee	: 08/10/2025	
With Late fee of Rs.500/-	: 23/10/2025	
With Late fee of Rs.1000/-	: 07/11/2025	
Council Roll No _____ 		

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

First name _____ Middle name _____ Surname _____

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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(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	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.
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Examination Fee Rs.....
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 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)



ODD SEMESTER END TERM EXAMINATION FORM
Academic Year 2025-2026

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

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE	
Without Late fee	: 15/10/2025
With Late fee of Rs.500/-	: 29/10/2025
With Late fee of Rs.1000/-	: 12/11/2025

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	BHM111	FC in Food Production-I			
2	BHM112	FC in F & B Service-I			
3	BHM113	FC in Front Office-I			
4	BHM114	FC in Accommodation Operations-I			
5	BHM105	Application of Computers			
6	BHM106	Hotel Engineering			
7	BHM116	Nutrition			

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



ODD SEMESTER END TERM EXAMINATION FORM
Academic Year 2025-2026

COURSE TITLE: THREE-YEAR B.Sc. (HHA) – SEMESTER- I
(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	: 15/10/2025	
With Late fee of Rs.500/-	: 29/10/2025	
With Late fee of Rs.1000/-	: 12/11/2025	
Council Roll No _____ 		

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

First name _____ Middle name _____ Surname _____

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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(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	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)		

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. _____	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

ODD SEMESTER END TERM EXAMINATION FORM

Academic Year 2025-2026

**COURSE TITLE: ONE-AND-HALF YEAR PG DIPLOMA IN
ACCOMMODATION OPERATIONS & MANAGEMENT – SEMESTER-I**

(RE-APPEAR CANDIDATES ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE	
Without late fee	: 08/10/2025
With late fee of Rs. 500/-	: 23/10/2025
With late fee of Rs. 1000/-	: 07/11/2025

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

(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	End Term
			Theory	Practical
1	AOM11	Accommodation Operations		
2	AOM12	Front Office Operations		
3	AOM13	Supervisory Management		
4	AOM14	Accountancy		
5	AOM15	Communication		
6	AOM31	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.

5. Certified that the following fee of the candidate is included in the amount of Rs. _____ remitted to the Council vide bank draft no: _____ dated _____ drawn on _____ branch 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

ODD SEMESTER END TERM EXAMINATION FORM

Academic Year 2025-2026

**COURSE TITLE : 1 ½ YEAR CRAFTSMANSHIP CERTIFICATE COURSE IN
FOOD PRODUCTION & PATISSERIE – SEMESTER-I**

(RE-APPEAR CANDIDATES ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE	
Without late fee	: 08/10/2025
With late fee of Rs. 500/-	: 23/10/2025
With late fee of Rs. 1000/-	: 07/11/2025

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)

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		

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.

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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)



