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

<u>सूचना/NOTICE</u>

दिनांक: 27/01/2025

जैसा कि एनसीएचएमसीटी द्वारा सूचित किया गया है, निम्नलिखित पाठ्यक्रमों के दोबारा उपस्थित होने वाले छात्रों को नीचे दिए गए कार्यक्रम के अनुसार ईवीएन सेमेस्टर (सेमेस्टर- II, IV और VI) टर्म एंड परीक्षा 2024-25 के लिए अपना परीक्षा फॉर्म भरना आवश्यक है।

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 2024-25** as per the below mentioned schedule.

Sl. No.	Course/Semester	Without Late Fee	With Late Fee of ₹500	With Late Fee of ₹1000
1	Semester-2 of M.Sc. HA (JNU), B.Sc. HHA(IGNOU & JNU), PGDAOM and CCFPP	17.03.2025	01.04.2025	16.04.2025
2	Semester-IV & VI of B.Sc. HHA(IGNOU & JNU)	14.02.2025	28.02.2025	17.03.2025
3	M.Sc. HA (Semester-4)	24.02.2025	11.03.2025	25.03.2025
4	Diploma Course	06.03.2025	21.03.2025	04.04.2025
5	B.Sc. HHA (Semester-5 Supplementary)	Last Date: 25.04.2025		

छात्रों को पूरी जानकारी और फोटोग्राफ (प्रदान किए गए स्थान पर चिपकाने के लिए) के साथ संलग्न परीक्षा फॉर्म उपर्युक्त तिथि तक या उससे पहले परीक्षा अनुभाग में जमा करना होगा।

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.

जिन छात्रों के पास पुनः परीक्षा वाले विषय हैं, उन्हें निम्नलिखित तरीके से एनईएफटी/आरटीजीएस के माध्यम से संस्थान के बैंक खाते में या संस्थान के क्युआर कोड को स्कैन करके राशि स्थानांतरित करनी होगी।

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/-	Rs.1000/-

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 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.

Copy to: Website/ Student Notice Board /UDC (Cash)/

 ${\bf EVEN}$ semester end term examination form

Academic Year 2024-2025

COURSE TITLE: THREE-YEAR B.Sc. HHA– SEMESTER-IV (FOR RE-APPEAR CANDIDATES ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE						E	Paste Passport			
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- The	ory @ Rs.300/-				110	JIN I	ĽĽ			
 Theory @ Rs.300/- per subject (Forwarded to NCHM) Practical @ Rs.500/- & Mid-term IC (Theory) @ Rs.300/- per subject (Both retained by Institute) 										
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9.	Give	details of examination and related fees paid:	Examination Fee	
			Late Fee (if any)	
			Total Fee	
10	2)	Cartified that the name of written above by	maig correct	

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

 \mathbf{EVEN} semester end term examination form

Academic Year 2024-2025

COURSE TITLE: THREE-YEAR B.Sc. HHA– SEMESTER-VI (FOR RE-APPEAR CANDIDATES ONLY)

	LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE							Passport	
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3.	Stude	ent's Email id	:						
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			Pin:		Alternate/Lan	dline No	•		
6.	Date	of Birth (by C	Christian era)		7. Se	ex: Male/	Female		
8.	Give	details of sub	ject(s) reappo	earing for	:				
Γ	S.	Subject		Subje	ct		Please tio	:k	
	No.	Code				Mid		Term	
-	1	BHM 351	Adv Food	Draduation	Operations II	Term(T)	Theory	Practical	
-	2	BHM 351 BHM 352	Adv. Food Production Operations II						
-	$\frac{2}{3}$	BHM 352 BHM 353	Adv. F&B Operations II Front Office Management II						
-	4	BHM 353 BHM 354	Accommodation Management II						
-	5	BHM 305	Food & Beverage Management						
-	6	BHM 306	Facility Planning						
F	7	BHM 309	Research Pr						
		ory @ Rs.300/- j tical @ Rs.500/-	er subject (For	warded to N	AMINATION FEE (CHM) Rs.300/- per subject	(Both reta	ined by In	stitute)	

Page1of 2 Print on both sides

Examination Fee Late Fee (if any) Total Fee

- 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:

10.

(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
	Rs

Date:

Principal's signature with office seal

FOR NCHM&CT USE

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

Page 1of 2 Print on both sides

3-YEAR B.Sc. HHA

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

EVEN SEMESTER END TERM EXAMINATION FORM

Academic Year 2024-2025

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

Without La With Late	R SUBMISSION OF FORMS IN THE INSTITU ate fee : 17/03/2025 fee of Rs.500/- : 01/04/2025 fee of Rs.1000/- : 16/04/2025		Size Pho	Passport otograph. t staple)		
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. Student's M				ineate)		
. Student's E						
	Iother's Name					
. Permanent	residential address for correspondence					
	Pin:Alternate/La					
. Date of Birt	th (by Christian era)7. S	ex: Male/H	Female			
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S. Subject	Subject	I	Please ti	ck		
No. Code		Mid		Term		
1 BHM151	Foundation Course in Food Production-II	Term(T)	Theory	Practical		
_						
2 BHM152 3 BHM153	Foundation Course in F & B Service-II					
	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 /- per subject (Forwarded to NCHM) 0/- & Mid-term IC (Theory) @ Rs.300/- per subject (Bo	4 4 11				

Examination Fee Late Fee (if any) Total Fee

- 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:

10.

(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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- 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
	Rs

Date:

Principal's signature with office seal

FOR NCHM&CT USE

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

EVEN SEMESTER END TERM EXAMINATION FORM Academic Year 2024-2025

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

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

- 10. Certified that the name as written above by me is correct. a)
 - I hereby declare that the statements made in the application are true to the best **b**) of my knowledge and belief.
 - Certified that I have read and understood the Examination Rules of the c) National Council.

Date:

(Signature of the candidate)

CERTIFICATE BY PRINCIPAL

- 1. Certified that admission to the semester was granted as per NCHM&CT Rules.
- Certified that Mr./Ms._____ is/was a bonafide full time student of this academic chapter and has satisfactorily completed the prescribed course 2. of studies as laid down by the Council.
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- 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 _____ dated _____ in favour of National Council No. for Hotel Management & Catering Technology (mandate form attached).

Examination Fee	Rs
Late Fee (if any)	Rs
	Rs

Date:

Principal's signature with office seal

FOR NCHMC1 USE	
Examination particulars	Examination Hall
Checked & Verified	Admission ticket issued.
Executive Officer (S)	Assistant Director (T)
	Examination particulars Checked & Verified

FOR MOUNTON HOR

EVEN SEMESTER END TERM EXAMINATION FORM Academic Year 2024-2025

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

LAS	T DAT	E FOR SUB	MISSION	OF FOI	RMS	IN 1	HE I	INST	TTU	TE		Ра	aste F	asspor	t
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2.		nt's Mobile												,	
3.	Stude	nt's Email io	1:												
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			Pin	ı:			Alter	rnate	/Lar	ndline	No	•			
6.															
8.	Give	details of sul	bject(s) rea	appearin	ig for	:									
Γ	S.No.	Subject			S	ubje	ct					I	leas	e tick	
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	1	MHA-17	Productio	on & Op	oerati	on N	lana	geme	ent						
F	2	MHA-21	Mentors	hip & Re	esear	ch P	rojec	t - (I	Disse	ertatio	n)				

REAPPEAR EXAMINATION FEE

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

2-YEAR M.Sc. HA

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

EVEN SEMESTER END TERM EXAMINATION FORM Academic Year 2024-2025

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

LAST DA	FE FOR SUB	MISSION	OF FO	RMS I	N TI	HE I	NST	ITU	ГЕ		Pa	ste Pa	ssport
With	Without late fee			:	1	7/03	8/202	5			Size	Photo	ograph.
	With late fee of Rs. 500/- With late fee of Rs. 1000/-			:			/202 /202				(De	o not s	taple)
Council Rol	Council Roll No Institute Name						_	a	tograp ttested Princip				
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(Please n	ote that the nam	ne written abo	ove shou	Id be sat	me as	give	en in v	vour +	-2 CB	SE/J	Board	Certifi	cate)
	ent's Mobile]					,
3. Stud	ent's Email i	d :											
4. Fathe	er's / Mother	's Name											
5. Perm	anent resider	ntial addres	ss for c	orrespo	onde	nce							
		Pin	:			Alter	nate	/Lano	lline	No)		
6. Date	Date of Birth (by Christian era)7. Sex: Male/Female												
8. Give	details of su	bject(s) rea	ppearin	ng for:									
S.No.	Subject			Su	bjec	t					P	lease	tick
	Code											End T	erm
1	MHA-5	Revenue	/ Yield	Manag	gem	ent							
2	MHA-7	Equipme	Equipment & Material Management										
3	MHA-21	Mentorsh	Ientorship - Research Methodology (TH)										

REAPPEAR EXAMINATION FEE

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

2-YEAR M.Sc. HA

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

EVEN SEMESTER END TERM EXAMINATION FORM Academic Year 2024-2025

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

LAS	T DATI	E FOR SUBM	IISSION OF FORM	S IN THE	ACADEMIC	C CHAF	TER	Paste I	Passport
	Wit	hout Late	fee	:	17/03/2	2025		Size Pho	otograph.
			of Rs.500/-	:	01/04/2			(Do no	t staple)
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Cou	incil R	oll No	Name of A	Academic	chapter			attes	raph to be ted by cipal)
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F	irst nam	e		Middle na	ime			Sı	ırname
(Please r	note that the n	ame written above s	hould be s	ame as given	in your	+2 CBSE	/Board Cert	ificate)
2.	Stuc	lent's Mobi	le No.						
3.	Stuc	lent's Emai	1 id :						
4.			er's Name						
5.	Pern	nanent resid	dential address fo	or corresp	ondence _				
			Pin:		Altern	ate/La	ndline No	0	
6.	Date	e of Birth (b	oy Christian era)		7.	Sex:]	Male/Fer	nale/Othe	rs
8.	Give	e details of	subject(s) reappe	aring for	:				
	S.	Subject		Su	bject			Plea	se tick
	No.	Code						IE	ESE
	1		Strates: M						
	1	MHA801	Strategic Manage						
	2	MHA802	Employee & Mar	nagement	Relations				
	3	MHA803	Business Ethics						
	4	MHA804	Organisational B	ehaviour	& Developn	nent			
								1	

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)

2-YEAR M.Sc. HA

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

FOR NCHMCT USE

Print on both sides Page 1of 2 1-1/2 YEAR PGDAOM

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

EVEN SEMESTER END TERM EXAMINATION FORM Academic Year 2024-2025

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

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Counc	il Roll N		Institu	ite Name					Prin	cipal)
1.	Name o	of the candid	late in Engli	ish (full r	name	in BLOC	K lette	ers)		
First	st name			Middle	name				S	urname
(P	lease note	that the name	e written abov	e should be	e same	as given i	n your +	2 CBSE/I	Board Cert	tificate)
2.	Studen	t's Mobile N	No.							
3.	Studen	t's Email id	:							
4.	Father'	s / Mother's								
5.		nent residen								
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6.	Date of	f Birth (by C	Christian era	a)			7. Se	x: Male/	Female	
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	S.No.	Subject		Sub	oject				Please tio	xk 🛛
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								Term(T)	Theory	Practical
	1	AOM 21	Accommo		0					
	2	AOM 22	Front Offi		0	nt				
	3	AOM 23	Interior De	ecoration	l					
	4	AOM 24	Hotel Acc			e				
	5	AOM 25	Business (Commun	icatio	n				
	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

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

Page 1 of 2 Print on both sides

1-1/2 YEAR DIPLOMA PROGRAM

National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA 201309

END TERM EXAMINATION FORM

Academic Year 2024-2025

COURSE TITLE: DIPLOMA COURSE IN:

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

(FOR RE-APPEAR CANDIDATES ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN Without Late fee :	06/03/2025	Paste Passport Size Photograph.
With Late fee of Rs.500/-:With Late fee of Rs.1000/-:	21/03/2025 04/04/2025	(Do not staple)
Council Roll No Institute Name		(Photograph to be attested by Principal)
1. Name of the candidate in English (full name First name Middle name	in BLOCK letters)	Surname
(Please note that the name written above should be same		
2. Student's Mobile No.		Doard Certificate)
3. Student's Email id :		
4. Father's / Mother's Name		
5. Permanent residential address for correspon	dence	
Pin:	_Alternate/Landline N	lo
6. Date of Birth (by Christian era)	7. Sex: Mal	e/Female
8. Give details of subject(s) reappearing for:		
SL. NO. Subject	Please	
	Mid Term 1	End Term
3		
4		
5		
6		
REAPPEAR EXAMIN - Theory @ Rs.300/- per subject (Forwarded to NCHM)	ATION FEE	

- Practical @ Rs.500/- & Mid-term IC (Theory) @ Rs.300/- per subject (Both retained by Institute)

1-1/2 YEAR DIPLOMA PROGRAM

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

Print on both sides Page 1of 2 -1/2 YEAR CCCFPP COURSE

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

EVEN SEMESTER END TERM EXAMINATION FORM Academic Year 2024-2025

COURSE TITLE: CRAFTSMANSHIP CERTIFICATE COURSE IN FOOD PRODUCTION & PATISSERIE – SEMESTER-II (FOR RE-APPEAR CANDIDATES ONLY)

LAS	AST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE										Paste Passport						
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		Late fee of I Late fee of I			: 01/04/2025							(Do not staple)					
Counc	cil Roll N	No	Inst	titute N	Name_									Ì	attest	aph to b ed by vipal)	ie
1.	Name o	of the candid	late in Er	iglish ((full r	name	e in I	3L0	CI	K le	tter	s)					
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(I	Please note	e that the name	e written al	ove she	ould be	e sam	e as g	give	n in	you	r +2	CBS	E/Bo	ard	Certi	ficate)	<u> </u>
2.	Studen	t's Mobile I	No.														
3.	Studen	t's Email id	:														
4.	Father'	's / Mother's	s Name _														
5.		nent residen															
	Pin:Alternate/Landline No																
6.	Date of Birth (by Christian era) 7. Sex: Male/Female																
8.																	
	S.No.	Subject			Sub	ject							Pl	eas	e tic	k	
		Code										Mid			End '		
]	[erm(T)	The	ory	Practic	al

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

APPLICATION FOR CHANGE OF CENTRE

Academic Year 2024-2025

(Please ensure that you are eligible for change of centre before filling up this form)

	CHANGE OF CENTRE FEES – Rs.500/- ONE TIME (This form must be routed through institute concerned only)												Paste Passport Size Photograph.				
													(Dc	o not	stap	le)	
Council Roll			Institute									- (togra tteste Princ	ed by	/	
	f the candidate	ate in l	•	(ful Midd			n B	LOC	K let	ters))			C			
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(Please note	that the name	written	above sh	ould	he s	ame	95 Gi	ven ir	Vour	+2 0	BSE	E/Bo	ard (]]ertit	ficat	<u>م</u>	
2. Studen	t's Mobile N	Jo.														()	
3. Studen	t's Email id	:															
4. Father'	s / Mother's	Name															
5. Perman	nent resident	ial add	lress for	· cor	resp	ond	lenc	e :									
		I	Pin:				Alt	ernat	e/Lar	ndlir	ne N	lo					
6. Date of	f Birth (by C	hristia	n era) _						7.	Sex	: M	ale/	Fen	ıale			
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Fee received	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

SEM-V SUPPLEMENTARY EXAMINATION FORM

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	LAST DATE FOR SUBMISSION OF EXAM FORMS IN THE INSTITUTE - 25.04.2025											Paste Passport Size Photograph.					
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	plus EXAM FEE as per column 6 below												otogra atteste		to be by		
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4.	Date	of Birth (by (Christian e	ra) _						5. 5	Sex:	Ma	ale/F	ema	ale	L	
6.	Give	details of sub	oject(s) rea	ppe	arin	g fo	or:										
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		ory @ Rs.300/- 1							CT)								
	- Prac	tical @ Rs.500/-	- per subject	(reta	ined	by i	nstitu	ıte)									

- - 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:

8.

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