Institute of Hotel Management Catering Technology Applied Nutrition Bhubaneswar

NOTICE

Date:-29/08/2024

As communicated by NCHMCT, re-appear students of following courses are required to fill up their re-appear examination form for the **Odd Semester (SEM-I, III, V) Term End Examination 2024-25** as per the below mentioned schedule.

S1. No.	Course	Without Late fee till the date	Late fee with Rs.500/- till the date	Late Fee with Rs.1000/- till the date		
	Sem-I of M.Sc. in HA (JNU), B.Sc. in H&HA (JNU and IGNOU), PGDAOM and CCCFPP	09/10/2024	24/10/2024	08/11/2024		
	Sem-III and V of B.Sc. in H&HA (IGNOU) and Sem-III of M.Sc. in HA (IGNOU)	10/09/2024	26/09/2024	11/10/2024		

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 or any other online mode to the following Institute bank account.

Subject Type	Amount for Each Subject Without Midterm Exam	Amount for Each Subject With Midterm Exam			
Theory	Rs.300/-	Rs.600/-			
Practical	Rs.500/-	No Midterm Facility Available			

Students desire to change the examination centre is required to fill Center 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 or fee 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.

Sharada Ghosh

Principal

Copy to: - UDC (cash)/Institute Website/Students Group

ODD SEMESTER END TERM EXAMINATION FORM Academic Year 2024-2025

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

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE	Paste Passport						
Without late fee : 09/10/2024	Size Photograph.						
With late fee of Rs. 500/-: 24/10/2024With late fee of Rs. 1000/-: 08/11/2024	(Do not staple)						
Council Roll No Institute Name Institute Name Institute Name	(Photograph to be attested by Principal)						
1. Name of the candidate in English (full name in BLOCK letters)	C						
First name Middle name	Surname						
(Please note that the name written above should be same as given in your +2 CBSE	E/Board Certificate)						
2. Student's Mobile No.							
3. Student's Email id :							
4. Father's / Mother's Name	Father's / Mother's Name						
5. Permanent residential address for correspondence							
Pin:Alternate/Landline N	lo						
6. Date of Birth (by Christian era) 7. Sex: M	ale/Female						
8. Give details of subject(s) reappearing for:							

S.No.	Subject	Subject	Pleas	e tick
	Code		Mid Term	End Term
1	MHA-02	Hospitality Management		
2	MHA-03	Properties Development & Planning		

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

- 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

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)

ODD SEMESTER END TERM EXAMINATION FORM Academic Year 2024-2025

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			7									
Without Late fee: 09/10/2024						Si	ze Ph	otogi	aph.									
		Late fee of Late fee of				: 24 : 08								(Do no	ot staj	ple)	
Council Roll No Name of Academic Chapter						(Photograph to be attested by Principal)												
		of the cand	idate in E	nglisł	`			in B	LO	CK	lett	ers))		_			
Firs	st name	<u> </u>			Midd	lle na	ime			1	I	r –	1		S	urnai	ne	
(P	lease no	ote that the nam	ne written a	bove s	hould	be s	ame	as g	iven	in y	our -	+2 C	BSE	E/Boar	d Cer	tifica	te)	
2.	Stude	ent's Mobile	No.															
3.	Stude	ent's Email i	d :															_
4.	Fathe	er's / Mother	's Name															
5.	Perm	anent reside	ntial addr	ess fo	or cor	resp	onc	lenc	e_									_
																		_
			Pi	n:				Alt	ern	ate/	Lan	dlir	ie N	0				_
6.	Date	of Birth (by	Christian	era)					7.	Se	x: N	/lale	/Fe	male	Othe	ers		
8.	8. Give details of subject(s) reappearing for:																	
	S.	Subject					Suł	oject							F	leas	e tick	:
	No.	Code														E	ES	E
	1	MHA701	Manager	ment	Func	tion	is ar	nd B	eha	avio	ur i	n						
	Hospitality																	

REAPPEAR EXAMINATION FEE

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

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

MHA702

MHA703

MHA704

MHA705

2

3

4

5

- IE @ Rs.300/- per subject (Retained by Academic Chapter)

Human Resource Planning

Principles of Economics

Advance Marketing Management

Equipment & Materials Management

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

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)

ODD SEMESTER END TERM EXAMINATION FORM Academic Year 2024-2025

COURSE TITLE: TWO-YEAR M.Sc. (HA) - SEMESTER-III (FOR RE-APPEAR CANDIDATES ONLY)

	Witho With la	CFOR SUBM ut late fee ate fee of Re ate fee of Re	s. 500/-	F FORMS IN THE INSTITUTE : 10/09/2024 : 26/09/2024 : 11/10/2024		Size I	e Passport Photograph. not staple)
Cou	ncil Roll		(Photograph to be attested by Principal)				
1. Fi	Name o rst name	f the candid	ate in Englis	sh (full name in BLOCK letters Middle name)		Surname
2. 3. 4. 5.	(Please note that the name written above should be same as given in your +2 CBSE/Board Certificate) Student's Mobile No. Student's Email id : Father's / Mother's Name						
3.				for correspondence Alternate/Landli			
6.	Date of	f Birth (by C	Christian era)) 7. Sex	k: Mal	e/Fema	ale
0.							
	Give de	etails of subj		earing for:			
		etails of subj Subject				Pleas	
	Give de	etails of subj		earing for:			
	Give de	etails of subj Subject	ject(s) reapp	earing for:		Pleas	e tick
	Give de S.No.	etails of subj Subject Code	ject(s) reapp Marketing S	earing for: Subject		Pleas	e tick
8.	Give de S.No.	etails of subj Subject Code MHA-11	ject(s) reapp Marketing S Internation	earing for: Subject Services & Consumer Behaviour		Pleas	e tick

neory) w Ks per subject (F

A-34, Sector-62, Institutional Area, NOIDA – 201 309 e-mail: dirs-nchm@nic.in

Print on both sides

Page1 of 2

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

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)

ODD SEMESTER END TERM EXAMINATION FORM Academic Year 2024-2025

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

(RE-APPEAR CANDIDATES ONLY)

	With l	ut late f ate fee (ate fee (fee of R	ls. 5	00/-)00/-	-			: 09 : 24	IN TH /10/2 /10/2 /11/2	024 024			UTI	E		Size (D (Phe	e Pho Do not otogr attest	asspo togra t stap: aph to ed by cipal)	uph. le) o be
									_									1 1111	npun)	
1		<u> </u>	1.	1 4	 •	1	. 1	(6	11		זת	0.01	71		`					
1. Fire	Name o st name	i the ca	ndic	late	in Ei	ngl		`			BL	UCI	s le	tter	s)			Su	Irnam	
	rst name Middle name									50	IIIIaIII									
(P	lease note	that the	name	e writ	ten a	boy	ze sl	hould	d be sa	ime as	give	en in	VOII	r +2	CBS	E/B	oard	Certi	ficate	
2.		t's Mob									5.0]	2	CDC	, D	ouru	0010	incut	.)
						<u> </u>														
3.		t's Ema																		
4.	Father'	's / Mot	her'	s Na	me															
5.	Permar	nent resi	iden	tial a	addr	ess	s fo	r co	rresp	onde	nce									
					Pi	n:				A	lter	nate	e/La	ndl	ine	No.				
6.	Date of	f Birth (by (Chris	stian	er	a) _						7.	Se	x: N	Aale	e/Fe	male		
8.	Give details of subject(s) reappearing for:																			
	S.No.	Subje	ect					S	ubjec	t						Pl	ease	e ticł	C	
		Cod	e											M	lid Te	erm		End	Term	ı
																	Th	eory	Pra	ctical
	1	AOM	11						n Ope		ıs									
	2	AOM	12	Fre	ont (Dff	ĩce	Op	eratic	ons										
	3	AOM	13	Su	Supervisory Management															
	4	AOM	14		coui		-													
	5	AOM	-		mm															
	6	AOM	31	Inc	lustr	ial	Tr	aini	ng											
l																				

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
	Rs

Date:

Principal's signature with office seal

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)

ODD SEMESTER END TERM EXAMINATION FORM Academic Year 2024-2025

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

LAS	Withou With La	t Late fee ate fee of R	s.500/-	ORMS IN THE INS : 09/10/2024 : 24/10/2024 : 08/11/2024	STITUTE		Paste Pa Size Phot (Do not (Photogra	tograph. staple)	
Cour	ncil Roll I	No	Institute	Name		_	atteste Princi	ed by	
1. Fire	Name of st name	the candida		full name in BLOO iddle name	CK letters)		Su	mame	
(P	lease note t	that the name	written above sho	uld be same as given i	n your +2 CBS	E/Bo	ard Certif	ficate)	
2.	Student [*]	's Mobile N	0.						
3.	Student [*]	's Email id :							
4.									
5.				correspondence					
6. 8.			nristian era) ect(s) reappear	ing for: Subject	_ 7. Sex: M		/Female		
	5.1.00.	Code		Buejeet	Mi		End Term		
					Term		Theory	Practical	
	1	BHM111	FC in Food P						
	2	BHM112	FC in F & B						
	3	BHM113	FC in Front C						
	4	BHM114	FC in Accom	modation Operation	ons-I				
	5	BHM105	Application of	Application of Computers					
	6	BHM106	Hotel Engineering						
	7	BHM116	Nutrition						
			er subject (Forwa	EAR EXAMINATIC arded to NCHM) Theory) @ Rs.300/- p		ı reta	ined by Iı	nstitute)	
-									

Page1 of 2 Print on both sides

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	Executive Officer (S)	Assistant Director (T)

ODD SEMESTER END TERM EXAMINATION FORM Academic Year 2024-2025

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

LAST	LAST DATE FOR SUBMISSION OF FORMS IN THE ACADEMIC CHAPTER					Paste Passport			
	With	out Late fe	e : 09	0/10/2024	Size Photograph.				
	With	Late fee o	Rs.500/- : 24	/10/2024	(Do n	at staple			
	With	Late fee o	Rs.1000/- : 08	8/11/2024	(Do n	ot staple	<i>י</i> ן וי		
						graph to	be		
Coun	cil Ro	11 No	Name of Academic	Chapter		sted by			
					Prii	ncipal)			
1.	Name	of the cand	idate in English (full na	me in BLOCK letters)					
	t name		Middle na		S	Surname	;		
(Pl	ease no	te that the na	ne written above should be s	ame as given in your +2 CBSE/E	Board Cei	tificate)	I		
						,			
2.	Stude	nt's Mobil	NO.						
3.	Stude	nt's Email	d :						
4.	Fathe	r's / Mothe	s's Name						
5.	Perma	anent resid	ntial address for corresp	ondence					
			-						
			Pin·	Alternate/Landline No					
6.	Date	of Birth (by	Christian era)	7. Sex: Male/Fem	ale/Oth	ers			
8.	Give	details of s	bject(s) reappearing for	:					
	S.	Subject		Subject		Pleas	e tick		
	No.	Code			Ī	IE	ESE		
	1	BHA101	Foundation Course In Foo	od Production-I (Theory)					
	2	BHA102	Foundation Course In Foo	od Production-I (Practical)					
	3	BHA103	Foundation Course In Foo	od & Beverage Service-I (The	eory)				
	4	BHA104		od & Beverage Service-I (Prae					
	5	BHA105	Foundation Course In Roo	oms Division Operations-I (T	heory)				
	6	BHA106		oms Division Operations-I			1		
	7	BHA107	(Practical) Customer Relation Manag	vement					
	8	BHA108	Employability Skills	500000					
	9	BHA109	Communication Skills-I						
	10	BHA110	Environmental Studies						
	11	BHA111	Yoga/Stress Management	-I (Practical)					
		<u> </u>			<u> </u>				
	*IE -	- Internal Eva	REAPPEAR E uation, *ESE - End Semester	EXAMINATION FEE					
	- The	ory @ Rs.30	/- per subject (Forwarded to	NCHM)					
	- Pra	ctical @ Rs.5	00/- & IE @ Rs.300/- per sub	ject (Both retained by Academic	c Chapter)			
-									

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.
- 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 _____ 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 LIGH

ODD SEMESTER END TERM EXAMINATION FORM Academic Year 2024-2025

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

	IDAIL	FOR SUBMISSIC	DN OF FORMS IN THE INSTITUTI	£	Paste Passport				
	Without	t Late fee	: 10/09/2024		Size Photograph.				
		te fee of Rs.500/ te fee of Rs.100				Do no	ot st	aple)	
Coun	cil Roll N	No	Institute Name		(Pl	notog attes Prin	ted		;
1.	Name of	the candidate in]	English (full name in BLOCK letter	s)					
	t name		Middle name	-)		S	urn	ame	
(Pl	ease note t	hat the name written	above should be same as given in your +2	CBSE/	Board	l Cer	tific	cate)	
2.	Student'	s Mobile No.							
3.	Student'	s Email id :							
			2						
5.			lress for correspondence						
	1 crinanc	int residential ade							
			Pin: Alternate/Landl						
6.	Date of]		un era) 7. Se						
3.	Give det	ails of subject(s)		ZA. 1910					
8.	Give det S.No.					ase t		<u> </u>	
3.		ails of subject(s)	reappearing for:	Mid	Ple	ase t Er	ick nd T	erm	
).	S.No.	ails of subject(s) Subject Code	reappearing for: Subject		Ple	ase t	ick nd T		al
3.	S.No.	ails of subject(s) Subject Code BHM201	reappearing for: Subject Food Production Operations	Mid	Ple	ase t Er	ick nd T	erm	al
3.	S.No.	ails of subject(s) Subject Code BHM201 BHM202	reappearing for: Subject Food Production Operations Food & Beverage Operations	Mid	Ple	ase t Er	ick nd T	erm	al
}.	S.No.	ails of subject(s) Subject Code BHM201	reappearing for: Subject Food Production Operations Food & Beverage Operations Front Office Operations	Mid	Ple	ase t Er	ick nd T	erm	al
}.	S.No. 1 2 3	ails of subject(s) Subject Code BHM201 BHM202 BHM203	reappearing for: Subject Food Production Operations Food & Beverage Operations	Mid	Ple	ase t Er	ick nd T	erm	al
3.	S.No. 1 2 3 4	ails of subject(s) Subject Code BHM201 BHM202 BHM203 BHM204	reappearing for: Subject Food Production Operations Food & Beverage Operations Front Office Operations Accommodation Operations	Mid	Ple	ase t Er	ick nd T	erm	al
3.	S.No. 1 2 3 4 5	ails of subject(s) Subject Code BHM201 BHM202 BHM203 BHM204 BHM205	reappearing for: Subject Food Production Operations Food & Beverage Operations Front Office Operations Accommodation Operations Food & Beverage Controls	Mid	Ple	ase t Er	ick nd T	erm	al
3.	S.No. 1 2 3 4 5 6	ails of subject(s) Subject Code BHM201 BHM202 BHM203 BHM204 BHM205 BHM206	reappearing for: Subject Food Production Operations Food & Beverage Operations Front Office Operations Accommodation Operations Food & Beverage Controls Hotel Accountancy	Mid	Ple	ase t Er	ick nd T	erm	al
3.	S.No. 1 2 3 4 5 6 7 8 - Theory	ails of subject(s) Subject Code BHM201 BHM202 BHM203 BHM204 BHM205 BHM206 BHM207 BHM208	reappearing for: Subject Food Production Operations Food & Beverage Operations Front Office Operations Accommodation Operations Food & Beverage Controls Hotel Accountancy Food Safety & Quality	Mid Term(1	Ple	ase t Er 'heory		erm Practic	

3-YEAR B.Sc. (HHA)

- 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: ____

9.

10.

(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 2. 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		
Dealing Assistant	Executive Officer (S)	Assistant Director (T)

FOD NOUMOT LICE

ODD SEMESTER END TERM EXAMINATION FORM Academic Year 2024-2025

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

LAS	Withou With L	FOR SUBM It Late fee ate fee of Rs ate fee of Rs	.500/-			: 10/0	9/20 9/20	24 24	[ST]	ITU	TE			Size	e Ph	Passp otogr ot stap	aph.	
Cou	Council Roll No Institute Name							. (1	(Photograph to be attested by Principal)									
1. Fi	Name of rst name	f the candidat	te in E	-		l name le name		BLO	CK	lett	ers))			S	urnan	ne	
				1	Viluu											uman		
	Please note	that the name v	vritten a	bove sh	ould	be sam	ne as g	iven	in v	our ·	+2 C	BSF	VB0a	rd	Cer	tificat	e)	
2.		's Mobile No															-)	
3.	Student	's Email id :		• •	<u> </u>					1								
4.	Father's	s / Mother's 1																
5.		ent residentia																
6.		Birth (by Ch														_		—]
8.		tails of subje								/.	SCX	. 111	aic/1	. CI	.11a1			
0.				cappea	iiiig													
	S.No.	Subject				Subj	ject						Please tick				k	
		Code										т	Mid erm(T	[]	Th	End eory	Term Practi	ical
	1	BHM311	Adva	ance F	ood	Produ	ction	o Op	era	tion	s-I							
	2	BHM312	Adva	ance F	ood	& Be	verag	e O	per	atio	ns-I							
	3	BHM313	Fron	t Offic	e M	lanage	ment	-I										
	4	BHM314	Acco	Accommodation Management-I														
	5	BHM307	Fina	Financial Management														
	6	BHM308	Strat	egic N	lana	igeme	nt											
		y @ Rs.300/- p cal @ Rs.500/-		ect (Forv	vard		CHM))				Both	retai	neo	d by	Insti	tute)	

A-34, Sector-62, Institutional Area, NOIDA – 201 309 e-mail: dirs-nchm@nic.in

Print on both sides

 \sim

Page1 of

3-YEAR B.Sc. (HHA)

9.	Give details of examination and related fees paid:	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.
- 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		
Deaning Prosistant	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)

		FEES – Rs.500/- ONE TIN through institute concerne		Paste Passport Size Photograph.
				(Do not staple)
	til Roll No	Institute Name		(Photograph to be attested by Principal)
		English (full name in BLOC	CK letters)	
First	name	Middle name		Surname
	or se note that the name writte	n above should be same as given in	2 your + 2 CPSE/	/Board Cartificata)
2.	Student's Mobile No.			,
4.	Father's / Mother's Nam			
5.	Permanent residential ad	dress for correspondence :		
-		Pin: Alternat	te/Landline No	0
6.	Date of Birth (by Christi	an era)	7. Sex: Ma	ale/Female
		Centre opted for appearing i		
Candida	ate's signature			
Date: _			icipal's signatu	ure with office seal
		FOR NCHMCT USE		
Fee rec	ceived	Examination particulars	Exa	mination Hall

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