

Institute of Hotel Management  
Catering Technology Applied Nutrition  
Bhubaneswar

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**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.

Sl. 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



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).

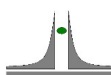
Examination Fee Rs.....  
 Late Fee (if any) Rs.....  
 Total Fee Rs.....

Date: \_\_\_\_\_

Principal's signature with office seal

**FOR NCHMCT USE**

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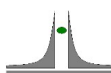
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 Late Fee (if any) Rs.....  
 Total Fee Rs.....

Date: \_\_\_\_\_

Principal's signature with office seal

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Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____  Dealing Assistant	Examination particulars Checked & Verified   Executive Officer (S)	Examination Hall Admission ticket issued.   Assistant Director (T)
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**National Council for Hotel Management & Catering Technology**  
A-34, SECTOR 62, NOIDA 201309

**ODD SEMESTER END TERM EXAMINATION FORM**  
**Academic Year 2024-2025**

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

<b>LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE</b>			
<b>Without late fee</b>	:	<b>10/09/2024</b>	
<b>With late fee of Rs. 500/-</b>	:	<b>26/09/2024</b>	
<b>With late fee of Rs. 1000/-</b>	:	<b>11/10/2024</b>	

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

Council Roll No	Institute Name
<input type="text"/>	<input type="text"/>

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

First name	Middle name	Surname
<input type="text"/>	<input type="text"/>	<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.

3. Student's Email id :

4. Father's / Mother's Name

5. Permanent residential address for correspondence

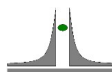
Pin:  Alternate/Landline No.

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
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		

<b>REAPPEAR EXAMINATION FEE</b>
- 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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 c) **Certified that I have read and understood the Examination Rules of the National Council.**

Date: \_\_\_\_\_

(Signature of the candidate)

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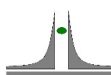
Examination Fee Rs.....  
 Late Fee (if any) Rs.....  
 Total Fee Rs.....

Date: \_\_\_\_\_

Principal's signature with office seal

**FOR NCHMCT USE**

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

(Signature of the candidate)

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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).

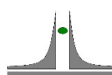
Examination Fee      Rs.....  
Late Fee (if any)      Rs.....  
Total Fee                Rs.....

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 2024-2025

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	:	09/10/2024
With Late fee of Rs.500/-	:	24/10/2024
With Late fee of Rs.1000/-	:	08/11/2024

Paste Passport Size Photograph.

(Do not staple)

(Photograph to be attested by Principal)

Council Roll No

Institute Name

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

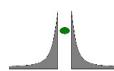
8. Give details of subject(s) reappearing for:

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 .....  
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Date: \_\_\_\_\_

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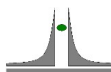
Examination Fee Rs.....  
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Date: \_\_\_\_\_

Principal's signature with office seal

**FOR NCHMCT USE**

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# National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA-201309

## 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 DATE FOR SUBMISSION OF FORMS IN THE ACADEMIC CHAPTER	
<b>Without Late fee</b>	<b>: 09/10/2024</b>
<b>With Late fee of Rs.500/-</b>	<b>: 24/10/2024</b>
<b>With Late fee of Rs.1000/-</b>	<b>: 08/11/2024</b>

Paste Passport Size Photograph.

(Do not staple)

(Photograph to be attested by Principal)

Council Roll No \_\_\_\_\_ Name of Academic Chapter \_\_\_\_\_

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

First name	Middle name	Surname

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

2. Student's Mobile No.

3. Student's Email id : \_\_\_\_\_

4. Father's / Mother's Name \_\_\_\_\_

5. Permanent residential address for correspondence \_\_\_\_\_  
\_\_\_\_\_

Pin: \_\_\_\_\_ Alternate/Landline No. \_\_\_\_\_

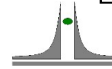
6. Date of Birth (by Christian era) \_\_\_\_\_ 7. Sex: Male/Female/Others

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

S. No.	Subject Code	Subject	Please tick	
			IE	ESE
1	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** .....

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Date: \_\_\_\_\_ (Signature of the candidate)

### CERTIFICATE BY PRINCIPAL

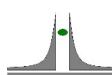
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Examination Fee Rs.....  
 Late Fee (if any) Rs.....  
 Total Fee Rs.....

Date: \_\_\_\_\_ Principal's signature with office seal

#### FOR NCHMCT USE

Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____  <div style="text-align: right;">Dealing Assistant</div>	Examination particulars Checked & Verified   <div style="text-align: center;">Executive Officer (S)</div>	Examination Hall Admission ticket issued.   <div style="text-align: center;">Assistant Director (T)</div>
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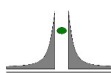
Examination Fee      Rs.....  
 Late Fee (if any)      Rs.....  
 Total Fee                Rs.....

Date: \_\_\_\_\_

Principal's signature with office seal

#### FOR NCHMCT USE

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# National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA-201309

## ODD SEMESTER END TERM EXAMINATION FORM

Academic Year 2024-2025

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

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<b>With Late fee of Rs.500/- : 26/09/2024</b>	
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Council Roll No

Institute Name \_\_\_\_\_

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

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Surname \_\_\_\_\_

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3. Student's Email id : \_\_\_\_\_

4. Father's / Mother's Name \_\_\_\_\_

5. Permanent residential address for correspondence \_\_\_\_\_

\_\_\_\_\_ Pin: \_\_\_\_\_ Alternate/Landline No. \_\_\_\_\_

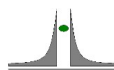
6. Date of Birth (by Christian era) \_\_\_\_\_ 7. Sex: Male/Female

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

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

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





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

Date: \_\_\_\_\_

Principal's signature with office seal

**FOR NCHM&CT USE**

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