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

EVEN SEMESTER TERM-END EXAMINATION FORM  
Academic Year 2014-2015  

COURSE TITLE:  
1. Craftsmanship Certificate Course in Food Production & Patisserie – SEMESTER _____  
2. Craftsmanship Certificate Course in Food & Beverage Service – Batch ______  

(FOR REGULAR & RE-APPEAR CANDIDATES)  

<table>
<thead>
<tr>
<th>LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE</th>
<th>Paste Passport Size Photograph.</th>
<th>(Do not staple)</th>
<th>(Photograph to be attested by Principal)</th>
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</thead>
<tbody>
<tr>
<td>Without late fee: 13th March 2015</td>
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<tr>
<td>With late fee of Rs.300/-: 27th March 2015</td>
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<tr>
<td>With late fee of Rs.500/-: 03rd April 2015</td>
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Council Roll No __________________________ Name of the Institute __________________________

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. Father’s Name __________________________

3. Permanent residential address for correspondence __________________________

____________________________ Pin: _____________ Phone: _____________

4. Date of Birth (by Christian era) _________________ 5. Sex: Male/Female [ ]

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

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Subject Code</th>
<th>Subject</th>
</tr>
</thead>
<tbody>
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7. Give details of examination and related fees paid:  

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

Paste Passport Size Photograph.  
(Do not staple)  
(Photograph to be attested by Principal)
8. a) Certified that the name as written above by me is correct.
   b) I hereby declare that the statements made in the application are true to the best of my knowledge and belief.
   c) Certified that I have read and understood the Examination Rules of the National Council.

Date: ________________________________ (Signature of the candidate)

CERTIFICATE BY PRINCIPAL

1. Certified that admission to the semester was granted as per NCHM&CT Rules.

2. Certified that Mr./Ms. ________________________________ is/was a bonafide full time student of this institution and has satisfactorily completed the prescribed course of studies as laid down by the Council.

3. Certified that Examination Rules have been explained to the candidate and undertaking obtained for having understood the same.

4. Certified that Admit Card for the Examination will be issued to the candidate only after satisfying that he/she fulfils the attendance requirements as laid down in Examination Rules of National Council for Hotel Management.

5. Certified that the following fee of the candidate is included in the amount of Rs.__________ remitted to the Council vide bank draft no: ______________ dated __________ drawn on __________ branch in favour of National Council for Hotel Management & Catering Technology.

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

Date: ________________________________ Principal's signature with office seal

________________________________________
Dealing Assistant

FOR NCHM&CT USE

<table>
<thead>
<tr>
<th>Fee received</th>
<th>Examination particulars</th>
<th>Examination Hall</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Exam Fee: Rs.__________</td>
<td>Checked &amp; Verified</td>
<td>Admission ticket issued.</td>
</tr>
<tr>
<td>2. Late Fee: Rs.__________</td>
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<tr>
<td>Total Fee    Rs.__________</td>
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</tbody>
</table>

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