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 TH Without Late fee : 00	Paste Passport Size Photograph.					
	1/03/2025 1/04/2025	(Do not staple)				
Council Roll No Institute Name		(Photograph to be attested by Principal)				
1. Name of the candidate in English (full name 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:A	Pin:Alternate/Landline No					
6. Date of Birth (by Christian era)	7. Sex: Ma	le/Female				
8. Give details of subject(s) reappearing for:						
SL. NO. Subject						
	Mid Term	End Term				
3						
4						
5						
6						
REAPPEAR EXAMINAT - Theory @ Rs.300/- per subject (Forwarded to NCHM)	TION 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.
- 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)

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