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-VI (FOR RE-APPEAR CANDIDATES ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE									Paste Passport												
	Without Late fee : 14/02/2025											Size Photograph.									
	With Late fee of Rs.500/-						: 28/02/2025								(Do not staple)			nle)	l		
	With Late fee of Rs.1000/- : 17/03/2025							╝╽													
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Counc	Council Roll No											attested by Principal)									
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1. Name of the candidate in English (full name in BLOCK letters) First name Middle name Surname																					
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•	(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																				
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6.	Pin: Alternate/Landline No. Date of Birth (by Christian era)7. Sex: Male/Female										_										
8.	Give details of subject(s) reappearing for:																				
	S.	S. Subject Subject								Please tick											
	No.							L .	End Term												
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	2	BHM		_	Adv. Food Production Operations II																
	3	BHM		_	Adv. F&B Operations II Front Office Management II																
-	4	BHM			Front Office Management II Accommodation Management II																
-	5	BHM			Food & Beverage Management																
-	6	BHM			Facility Planning																
	7	BHM		_	Research Project																
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	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 o	letails of examinat	ion and related fees paid:	Examination Fee Late Fee (if any) Total Fee							
10.	a)	Certified that the	name as written above by		•••••						
	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)										
		Cl	ERTIFICATE BY PRINC	CIPAL							
1.	Certif	ied that admission	to the semester was grante	d as per NCHM&0	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										
Date:			Princi	pal's signature with	n office seal						
			FOR NCHM&CT US	E							
1.Exa	Fee: R	S Ss Ss	Examination particulars Checked & Verified	Examina	ition Hall icket issued.						
		Dealing Assistant	Executive Officer (S	A.	ssistant Director (T)						