

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-II
(RE-APPEAR CANDIDATES OF IGNOU-NCHMCT ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE		
Without Late fee	:	17/03/2025
With Late fee of Rs.500/-	:	01/04/2025
With Late fee of Rs.1000/-	:	16/04/2025

Paste Passport Size Photograph.

(Do not staple)

(Photograph to be attested by Principal)

Council Roll No _____ Institute Name _____

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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 _____
- _____
- _____ 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	BHM151	Foundation Course in Food Production-II			
2	BHM152	Foundation Course in F & B Service-II			
3	BHM153	Foundation Course in Front Office-II			
4	BHM154	Foundation Course in Accom. Operations-II			
5	BHM108	Accountancy			
6	BHM109	Communication			
7	BHM117	Principles of Food Science			

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 (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 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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