

# 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-IV  
(FOR RE-APPEAR CANDIDATES ONLY)**

<p style="text-align: center;"><b>LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE</b></p> <p><b>Without Late fee</b> : <b>14/02/2025</b></p> <p><b>With Late fee of Rs.500/-</b> : <b>28/02/2025</b></p> <p><b>With Late fee of Rs.1000/-</b> : <b>17/03/2025</b></p>	<p style="text-align: center;">Paste Passport Size Photograph.</p> <p style="text-align: center;">(Do not staple)</p> <p style="text-align: center;">(Photograph to be attested by Principal)</p>
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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
<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" 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(T)	End Term	
				Theory	Practical
1	BHM 201	Food Production Operations			
2	BHM 202	Food & Beverage Operations			
3	BHM 203	Front Office Operations			
4	BHM 204	Accommodation Operations			
5	BHM 205	Food & Beverage Control			
6	BHM 206	Hotel Accountancy			
7	BHM 207	Food Safety & Quality			
8	BHM 208	Industrial Training			

**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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