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

### **SEM-V SUPPLEMENTARY EXAMINATION FORM**

Academic Year 2024-2025

**COURSE TITLE: THREE-YEAR B.Sc. HHA** 

#### (FOR FAIL & RE-APPEAR CANDIDATES ONLY)

# LAST DATE FOR SUBMISSION OF EXAM FORMS IN THE INSTITUTE - 25.04.2025

ONE-TIME FEE: Rs.1000/- (to be remitted to NCHM) plus EXAM FEE as per column 6 below

Paste Passport
Size Photograph

(Do not staple)

(Photograph to be attested by Principal)

Counc	il Roll No	Name of the Institute_		Principal)	
1.	Name of the candidate	in English (full name in	n BLOCK letters)		
Fi	rst name	Middle name		Surname	
(	Please note that the name wr	tten above should be same a	s given in your +2 CBSE	/Board Certificate)	
2.	Father's / Mother's Na	ame			
3.	Permanent residential address for correspondence				
		Pin:	Mobile:		
	Email id:				
4.	Date of Birth (by Chri	stian era)	5. Sex: Male	e/Female	
6.	Give details of subject	t(s) reappearing for:			

Sl	Subject	Subject	Please tick		
No.	Code		Mid	Practical	End-
			Term		Term
1	BHM311	Advance Food Production operations-I			
2	BHM312	Advance Food & Beverage operations-I			
3	BHM313	Front Office Management-I			
4	BHM314	Accommodation Management-I			
5	BHM307	Financial Management			
6	BHM308	Strategic Management			

#### **RE-APPEAR EXAMINATION FEE**

- Theory @ Rs.300/- per subject (To be remitted to NCHMCT)
- Practical @ Rs.500/- per subject (retained by institute)

7.	Give details of examin	ation and related fees paid:	Examination Fee <b>Total Fee</b>					
8.	b) I hereby declar of my knowled c) Certified that	Certified that the name as written above by me is correct.  I hereby declare that the statements made in the application are true to the best of my knowledge and belief.  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 through RTGS vide UTR/IMPS No dated in favour of National Council for Hotel Management & Catering Technology (mandate form attached).							
	Examination Fee: Rs  Total Fee: Rs							
Date:		Princip	al's signature with	office seal				
FOR NCHM&CT USE								
Fee red 1.Exan 2.Late Total I	m Fee: Rs Fee: Rs	Examination particulars Checked & Verified	Examina Admission ti					

Executive Officer (S)

Dealing Assistant

Assistant Director (T)