

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

EVEN SEMESTER END-TERM EXAMINATION FORM
Academic Year 2020-2021

COURSE TITLE: THREE-YEAR B.Sc. IN H&HA– SEMESTER-III/ IV

(FOR RE-APPEAR CANDIDATES ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE		
Without late fee	:	09.04.2021
With late fee of Rs. 500/-	:	23.04.2021
With late fee of Rs.1000/-	:	07.05.2021

Paste Passport
Size Photograph.

(Do not staple)

(Photograph to be
attested by
Principal)

Council Roll No

Name of the Institute

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. Father's Name _____

3. Permanent residential address for correspondence : _____

Pin: _____ Mobile: _____

Email id : _____

4. Date of Birth (by Christian era) _____ 5. Sex: Male/Female

6. Give details of subject(s) reappearing for (Indicate **T** for Theory – **P** for Practical)

S.No.	Subject Code	Subject	Tick (✓) Re-appear subject		
			Mid-Term	End-Term	
			(T)	(T)	(P)
1	BHM201	Food Production Operations			
2	BHM202	Food & Beverage Operations			
3	BHM203	Front Office Operations			
4	BHM204	Accommodation Operations			
5	BHM205	Food & Beverage Controls			
6	BHM206	Hotel Accountancy			
7	BHM207	Food Safety & Quality			
8	BHM208	Industrial Training			

REAPPEAR EXAMINATION FEE

Theory @ Rs.300/- (remit to NCHMCT)

Practical @ Rs.500/- (retained by institute)

Mid-Term fee @ Rs.300/- (retained by Institute)

Change of centre fee Rs.500/- (remit to NCHMCT)



7. Give details of examination and related fees paid: Examination Fee
 Late Fee (if any)
Total Fee
8. 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.
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. _____ <div style="text-align: right;">Dealing Assistant</div>	Examination particulars Checked & Verified <div style="text-align: center;">Executive Officer (S)</div>	Examination Hall Admission ticket issued. <div style="text-align: center;">Assistant Director (T)</div>
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EMAIL ADDRESSES TO SEND SCANNED COPIES:

1. examroom@ihmctan.edu
2. hodrd@ihmctan.edu
3. madkarshilpa@gmail.com
4. admin@ihmctan.edu
5. albina@ihmctan.edu
6. cashier@ihmctan.edu

BANK DETAILS:

By WIRE TRANSFER (RTGS/NEFT)

Name of the beneficiary: INSTITUTE OF HOTEL MANAGEMENT, CATERING TECHNOLOGY & A N

Name of the bank: STATE BANK OF INDIA

Branch: SHIVAJI PARK BRANCH

Bank IFS Code: SBIN0001429

Account No. 10419537220

Type of Account: Current Account