

**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-VI**

**(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																																																												
<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					<table border="1" style="width: 100%;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				

(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	BHM351	Adv. Food Production Operations-II			
2	BHM352	Adv. F&B Operations-II			
3	BHM353	Front Office Management-II			
4	BHM354	Accommodation Management-II			
5	BHM305	Food & Beverage Management			
6	BHM306	Facility Planning			
7	BHM309	Research Project			

**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. _____  Dealing Assistant	Examination particulars Checked & Verified   Executive Officer (S)	Examination Hall Admission ticket issued.   Assistant Director (T)
--	--	--



**EMAIL ADDRESSES TO SEND SCANNED COPIES:**

1. [examroom@ihmctan.edu](mailto:examroom@ihmctan.edu)
2. [hodrd@ihmctan.edu](mailto:hodrd@ihmctan.edu)
3. [madkarshilpa@gmail.com](mailto:madkarshilpa@gmail.com)
4. [admin@ihmctan.edu](mailto:admin@ihmctan.edu)
5. [albina@ihmctan.edu](mailto:albina@ihmctan.edu)
6. [cashier@ihmctan.edu](mailto: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:** SBIN001429

**Account No.** 10419537220

**Type of Account:** Current Account