

National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA 201309

ODD SEMESTER END TERM EXAMINATION FORM

Academic Year 2021-2022

COURSE TITLE: THREE-YEAR B.Sc. IN H&HA– SEMESTER V (RE-APPEAR CANDIDATES ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE

Without Late fee : 04/10/2021

With Late fee of Rs.500/- : 18/10/2021

With Late fee of Rs.1000/- : 01/11/2021

Paste Passport
Size Photograph.

(Do not staple)

(Photograph to be
attested by
Principal)

Council Roll No

Institute Name

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. Student's Mobile No.

3. Student's Email id : _____

4. Father's / Mother's Name _____

5. Permanent residential address for correspondence _____

_____ Pin: _____

6. Date of Birth (by Christian era) _____

7. Sex: Male/Female

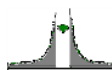
8. Give details of subject(s) reappearing for:

S.No.	Subject Code	Subject	Please tick		
			Mid Term(T)	End Term	
			Theory	Practical	
1	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			

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.
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).

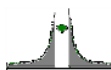
Examination Fee Rs.....
 Late Fee (if any) Rs.....
 Total Fee Rs.....

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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IHMCTAN MUMBAI

Academic Year - 2021-22 Semester -

FEE PAID - FILL APPROPRIATE

CASH – RECEIPT NO DATED –.....

D.D. – NO.- BANK-..... DATED –.....

NEFT – TRANSACTION ID -..... DATED-.....

(KINDLY SCAN THE RECEIPT TOO AND ATTACH A COPY WITH THE SCANNED FORM WHILE SENDING IT TO THE PRESCRIBED EMAILS GIVEN BELOW)

EMAIL ADRESSES TO SEND SCANNED COPIES:

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