3-YEAR B.Sc. HHA

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

SEM-V SUPPLEMENTARY EXAMINATION FORM

			Ac	adem	nic Ye	ear 202	23-2	024							
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	((FOR FAI	L & RE	E-AP	PEA	AR C	AN	DI	DA	TF	ES (ONL	Y)		
LAST DATE FOR SUBMISSION OF EXAM FORMS IN THE INSTITUTE - 26.04.2024									Paste Passport Size Photograph.						
ONE-TIME FEE: Rs.1000/- (to be remitted to NCHM) plus EXAM FEE as per column 6 below										(Do not staple) (Photograph to be					
Council Roll No Name of the Institute											attested by Principal)				
1. Fi	1. Name of the candidate in English (full name in BLOCK letters) First name Middle name Surname								ne						
		ote that the nam													
3.		anent resider		P	in:										
4.	Date	of Birth (by Christian era)5. Sex: Male/Female													
6.	Give	details of sub	oject(s) rea	appear	ring fo	or:								-	
	Sl	Sl Subject Subject							Please tick						
	No.	Code										fid I erm	Practical		End- Term
	1	BHM311	Advance Food Production operations-I												
	2	BHM312	Advance Food & Beverage operations-I												
	3	BHM313	Front Office Management-I										I		
	4	BHM314	Accommodation Management-I												
	5 BHM307 Financial Management														
	6	BHM308	Strategic Management												
		ory @ Rs.300/- j tical @ Rs.500/-	per subject (To be r	remitte		CHMC		N FE	E					

3-YEAR B.Sc. HHA

- - 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:

8.

(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:

Principal's signature with office seal

FOR NCHM&CT USE

Fee received	Examination particulars	Examination Hall					
1.Exam Fee: Rs.	Checked & Verified	Admission ticket issued.					
2.Late Fee: Rs.							
Total Fee Rs.							
Dealing Assistant							
Dealing Assistant	Executive Officer (S)	Assistant Director (T)					

A-34, Sector-62, Institutional Area, NOIDA – 201 309 e-mail: dirs-nchm@nic.in