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

## SPECIAL PRACTICAL TERM END EXAMINATION FORM

Academic Year 2021-2022

## COURSE TITLE: THREE-YEAR B.Sc. (HHA) – SEMESTER- III/IV (FOR REGULAR CANDIDATES ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE 24/08/2022										Paste Passport Size Photograph.												
Special exam Fees - Rs.1000/- per subject									]	(Do not staple)												
Council Roll No Institute Name											(Photograph to be attested by Principal)											
Name of the candidate in English (full name in BLOCK letters)  First name  Middle name											Surname											
	Please no	ote that the	e nam	l ie wi	itten	abo	ve s	l houle	d be	sam	e as	give	n in	youi	+2	CBS	E/B	oard	Cert	ifica	ate)	
(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.																						
Pin:Alternate/Landline No																						
6.	Date of Birth (by Christian era)7. Sex: Male/Female																					
8.	Give	details o	of su	bjec	t(s)	rea	ppe	arin	g fo	r:												
	S.	S. Subject Subject End T								Гerr	erm Practical											
	No.	Cod	e																			
	1	BHM	201	Fo	od 1	Proc	duct	ion	Оре	erat	ions											_
	2	BHM	202	Food & Beverage Operations												1						
	3	BHM	203	Front Office Operations																		
	4	BHM	204	A	Accommodation Operations																	
	REAPPEAR EXAMINATION FEE - Practical @ Rs.1000/- per subject (Retained by Institute)																					

9.	Give details of examin	ation and related fees paid:										
10.	<ul> <li>a) Certified that the name as written above by me is correct.</li> <li>b) I hereby declare that the statements made in the application are true to the best of my knowledge and belief.</li> <li>c) Certified that I have read and understood the Examination Rules of the</li> </ul>											
	National Council.											
	Date: (Signature of the candidate)											
	CERTIFICATE BY PRINCIPAL											
1.	Certified that admission	n to the semester was granted	l as per NCHM&C	T 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 (mandate form attached).											
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).											
		Rs Rs										
Date:		Princip	oal's signature with	office seal								
		FOR NCHM&CT USE										
	ceived m Fee: Rs	Examination particulars Checked & Verified	Examinat Admission ti									
	Dealing Assistant	Executive Officer (S)	Ass	sistant Director (T)								