#### National Council for Hotel Management & Catering Technology

**A-34, SECTOR 62, NOIDA 201309**

**ODD SEMESTER END TERMEXAMINATION FORM**

**Academic Year 2020-2021**

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

**(RE-APPEAR CANDIDATES)**

**LAST DATE FOR SUBMISSION ( In the institute) : 09.11.2020**

Paste Passport

Size Photograph.

(Do not staple)

(Photograph to be

attested by Principal)

**& WITH LATE OF Rs 500/- : 17.11.2020**

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 / Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Permanent residential address for correspondence

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

4. Date of Birth (by Christian era) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5. Sex: Male/Female

6. Give details of subject(s) reappearingfor:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No. | Subject Code | Subject | Please tick | |
| **Mid Term** | **End Term** |
| 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/- per subject (Forwarded to NCHM) Practical @ Rs.500/-

Mid-term IC @ Rs.300/- (Retained by Institute)

per subject

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.

1. I hereby declare that the statements made in the application are true to the best of my knowledge and belief.
2. **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 (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).

.

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) |