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

## **EXAMINATION FORM FOR SEM IV (Special Provision)**

Academic Year 2022-2023

COURSE TITLE: THREE-YEAR B.Sc. HHA

## LAST DATE FOR SUBMISSION OF EXAM FORMS IN THE INSTITUTE - 24.03.2023

ONE-TIME FEE: Rs.1000/- (to be remitted to NCHM) plus EXAM FEE as per column 6 below

Paste Passport	
Size Photograph	l.

(Do not staple)

(Photograph to be attested by Principal)

Council Roll No Name of the Institute																ттогр	, ui)						
1.	1. Name of the candidate in English (full name in BLOCK letters)																						
	First name Middle name									6	Surn	ame											
	(Pl	ease	note	e tha	t the	nan	ne w	rittei	abo	ove s	should	be same	as giv	en in	you	ır +2	CB	SE/	Воа	rd Ce	rtific	ate)	
2.		Fat	her	's /	Mo	ther	's N	Jam	e														
3.	Permanent residential address for correspondence																						
											_Pin: _					Mo	bile	e: _					
		Em	ail	id: <sub>-</sub>																			
4.		Dat	te o	f Bi	rth	(by	Chı	isti	an e	ra)				5	5.	Sex	: M	ale	/Fe	male	:		
6.		Giv	e d	etai	ls o	f su	bjec	ct(s)	rea	ppe	earing	for:											

Sl	Subject	Subject	Please tick		k
No.	Code		Mid	End-	
			Term		Term
1	BHM 201	Food Production Operations			
2	BHM 202	Food & Beverage Operations			
3	BHM 203	Front Office Operations			
4	BHM 204	Accommodation Operations			
5	BHM 205	Food & Beverage Control			
6	BHM 206	Hotel Accountancy			
7	BHM 207	Food Safety & Quality			

## **RE-APPEAR EXAMINATION FEE**

- Theory @ Rs.300/- per subject (To be remitted to NCHMCT)
- Practical @ Rs.500/- per subject (retained by institute)

7.	Give	details of examina	tion and related fees paid:	Examination Fee <b>Total Fee</b>									
8.	a)	Certified that the	e name as written above by	me is correct.									
	b)	·											
	c)	Certified that I National Counc	I have read and understocil.	ood the Examinat	ion Rules of the								
	Date:		(Sign	nature of the candid	late)								
		C	ERTIFICATE BY PRINC	CIPAL									
1.	Certi	fied that admission	to the semester was grante	ed as per NCHM&C	CT Rules.								
2.	stude	fied that Mr./Msent of this institution as laid down by	on and has satisfactorily of the Council.	is/was a b completed the pres	onafide full time scribed course of								
3.	Certified that Examination Rules have been explained to the candidate and undertaking obtained for having understood the same.												
4.	after	satisfying that he	ard for the Examination we/she fulfils the attendan ational Council for Hotel M	ce requirements a	•								
5.	Certified that the following fee of the candidate is included in the amount o 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).												
			.s										
Date	e:		Princi	pal's signature with	n office seal								
			FOR NCHMCT USE	;									
1.Ex 2.La	ite Fee:	Rs Rs Rs	Examination particulars Checked & Verified		tion Hall icket issued.								
		Dealing Assistant	Executive Officer (S	) As	ssistant Director (T)								