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

SEM-V SUPPLEMENTARY EXAMINATION FORM

Academic Year 2022-2023

COURSE TITLE: THREE-YEAR B.Sc. HHA

(FOR FAIL & RE-APPEAR CANDIDATES ONLY)

LAST DATE FOR SUBMISSION OF EXAM FORMS IN THE INSTITUTE - 07.04.2023

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

Paste Passport
Size Photograph

(Do not staple)

(Photograph to be attested by Principal)

Counci	l Roll No	Name of the Institute		Principal)		
1.	Name of the candidat	te in English (full name in	BLOCK letters)			
Fir	est name	Middle name		Surname		
(I	Please note that the name w	written above should be same as	given in your +2 CBSE	/Board Certificate)		
2.	Father's / Mother's I	Name				
3.	3. Permanent residential address for correspondence					
		Pin:	Mobile: _			
	Email id:					
4.	Date of Birth (by Ch	ristian era)	5. Sex: Male	e/Female		
6.	Give details of subje	ct(s) reappearing for:				
	Sl Subject	Subject		Please tick		

Sl	Subject	Subject	Please tick		
No.	Code		Mid Practical End-		End-
			Term Term		Term
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			

RE-APPEAR EXAMINATION FEE

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

7.	Give o	letails of examina	tion and related fees paid:			
8.	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:		(Sign	nature of the candid	late)	
		C	ERTIFICATE BY PRINC	CIPAL		
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 am Rs remitted to the Council through RTGS vide UT No dated in favour of National for Hotel Management & Catering Technology (mandate form attached).					vide UTR/IMPS National Council	
	Exami Total		Ss			
Date:			_ Princi	pal's signature with	office seal	
			FOR NCHM&CT US	E		
Fee red 1.Exan 2.Late Total l	n Fee: R Fee: R	S Ss	Examination particulars Checked & Verified	Examina Admission t		
		Dealing Assistant	Executive Officer (S)	As	ssistant Director (T)	