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

SHORT SEMESTER END TERM EXAMINATION FORM

Academic Year 2022-2023

COURSE TITLE: THREE-YEAR **B.Sc. HHA – SEMESTER-II** (**DETAINEE CANDIDATES ONLY**)

LAST DATE FOR SUBMISSION OF EXAM FORMS

IN THE INSTITUTE - 14.07.2023

REGISTRATION CHARGES: **Rs.1000/- plus EXAM FEE: Rs.3000/-** (to be remitted to NCHMCT)

Paste Passport
Size Photograph

(Do not staple)

(Photograph to be attested by Principal)

		il Roll No	Institute Name							
1.	8									
	First name Middle name					ırname				
	(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.		Permanent	residential address for correspondence							
			1							
		Pin:Alternate/Landline No								
6. Date of Birth (by Christian era)7. Sex: Male/Female										
8.		Give details	s of subject(s) reappearing for:							
	S.	Subject	Subject	Please tick		ek				
	No.	Code	-			Term				
-	1	BHM151	Foundation Course in Food Production-II	Term(T)	Theory	Practical				
-	2		Foundation Course in F & B Service-II							
-		BHM152			-					
-	3	BHM153	Foundation Course in Front Office-II		-					
-	4	BHM154	Foundation Course in Accom. Operations-II							
	5	BHM108	Accountancy							
	6	BHM109	Communication							
	7	BHM117	Principal of Food Science							

- Theory @ Rs.300/- per subject (To be remitted to NCHMCT)
- Practical @ Rs.1000/- per subject (retained by institute)

9.	Give o	letails of examina	tion and related fees paid:	Examination Fee Late Fee (if any) Total Fee				
10.	 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: (Signature of the candidate)							
		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 (mandate form attached).							
5. Certified that the following fee of the candidate is included in the an Rs remitted to the Council through RTGS vide U No dated in favour of Nationa for Hotel Management & Catering Technology (mandate form attached).								
Date:	Late F Total	ee (if any) R	S	pal's signature with	office seal			
Date.				pars signature with				
Б			FOR NCHM&CT USI					
Fee rec 1.Exan 2.Late Total I	n Fee: R Fee: R	S .s	Examination particulars Checked & Verified	Examina Admission t				
		Dealing Assistant	Executive Officer (S)	As	sistant Director (T)			