ODD SEMESTER END TERM EXAMINATION FORM Academic Year 2018-2019

COURSE TITLE: THREE-YEAR B.Sc. IN H&HA- SEMESTER V

RE-APPEAR CANDIDATES

With la	ut late fee ate fee of		ION OF FORMS IN THE INSTITUTE : 17.09.2018 : 01.10.2018 : 15.10.2018	Paste Pas Size Photo (Do not st	graph.
	c	ouncil Roll No	Name of the Institute	(Photograp attested Princip	by
	Name of at name	the candidate in	n English (full name in BLOCK letters) Middle name	Surn	ame
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to tou entran license 4.	Date of Give det	Birth (by Christ ails of subject(s Subject Code BHM311 BHM312 BHM313	Pin: Phone ian era) 5. Sex: Male) reappearing for: Subject Advance Food Production Operations-I	e/Female Pleas Mid	e tick
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3-YEAR B.Sc. IN H&HA Page1 of 2

Print on both sides

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)

CERTIFICATE BY PRINCIPAL

1. Certified that admission to the semester was granted as per NCHM&CT Rules.

- 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.
- 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 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.	Examination particulars Checked & Verified	Examination Hall Admission ticket issued.
2.Late Fee: Rs Total Fee Rs	Financial Management	
Dealing Assistant	Executive Officer (S)	Assistant Director (T)

A-34, Sector-62, Institutional Area, NOIDA - 201 309 e-mail: dirs-nchm@nic.in Telefax: 0120-2590605 20.08.2018

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ODD SEMESTER END TERM EXAMINATION FORM Academic Year 2018-2019

COURSE TITLE: THREE-YEAR B.Sc. IN H&HA- SEMESTER- V

REGULAR CANDIDATES

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Date:	THE PARTY	RE VIAR (SCIMILATIA	(Signature of the candidate)
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=A-34, Sector-62, Institutional Area, NOIDA – 201-309 e-mail: dirs-nchm@nic.in Telefax: 0120-2590605 20.08.2018

ODD SEMESTER END TERM EXAMINATION FORM Academic Year 2018-2019

COURSE TITLE: THREE-YEAR B.Sc. IN H&HA- SEMESTER- III

RE-APPEAR CANDIDATES

LAST DATE FOR SUBMISSIC ithout late fee ith late fee of Rs. 500/- ith late fee of Rs.1000/-		: 17.09.2018 : 01.10.2018 : 15.10.2018		Paste Pas Size Photo (Do not s	graph.
	Council Roll No	Name of the Institute	((Photograph to b attested by Principal)	
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Date of Give de S.No.	Birth (by Christian tails of subject(s) re Subject Code	Pin: 5. eappearing for: Subject	Phone: Sex: Male/I	Female Pleas	End
Date of Give de S.No.	Birth (by Christian tails of subject(s) re Subject Code BHM201	Pin: 5. eappearing for: 5. Food Production Operations	Phone: Sex: Male/I	Female Pleas	End
Date of Give de S.No. 1 2	Birth (by Christian tails of subject(s) re Subject Code BHM201 BHM202	Pin: 5. eappearing for: 5. Food Production Operations Food & Beverage Operations	Phone: Sex: Male/I	Female Pleas	End
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EAR D.JC. IN R&RA -

7. Give details of examination and related fees paid: E

Examination Fee	
Late Fee (if any)	
fotal Fee 🦛	

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.

LAL SECTOR 62, MOIDA 201309

c) 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.

- 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.
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Examination Fee	Rs
Late Fee (if any)	Rs
Total Fee	Rs

Principal's signature with office seal

Date:

8.

FOR NCHM&CT USE

Fee received 1.Exam Fee: Rs 2.Late Fee: Rs Total Fee Rs	Examination particulars · Checked & Verified	Examination Hall Admission ticket issued.
Dealing Assistant	Executive Officer (S)	Assistant Director (T)

A-34, Sector-62, Institutional Area, NOIDA – 201 309 e-mail: dirs-nchm@nic.in Telefax: 0120-2590605 20.08.2018

ODD SEMESTER END TERM EXAMINATION FORM Academic Year 2018-2019

COURSE TITLE: THREE-YEAR B.Sc. IN H&HA- SEMESTER- IJI

REGULAR CANDIDATES

Print on both sides

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Page1 of

LAST DATE FOR SUBM Without late fee With late fee of Rs. 500/- With late fee of Rs.1000/-	ISSION OF FORMS IN THE : 17.09.2018 : 01.10.2018 : 15.10.2018	INSTITUTE	Paste Passport Size Photograph. (Do not staple)	
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(Please note that the name v	vritten above should be same as give	en in your +2 CBS	E/Board Certificate)	
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20.08.2018 34, Sector-62, Institutional Area, NOIDA - 201 309 e-mail: dirs-nchm@nic.in Telefax: 0120-2590605

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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	Examination particulars Checked & Verified	Examination Hall Admission ticket issued.
Dealing Assistant	Executive Officer (S)	Assistant Director (T)

A-34, Sector-62, Institutional Area, NOIDA - 201 309 e-mail: dirs-nchm@nic.in Telefax: 0120-2590605 20.08.2018

ODD SEMESTER END TERM EXAMINATION FORM 10 Academic Year 2018-2019

COURSE TITLE: THREE-YEAR B.Sc. IN H&HA- SEMESTER- I

RE-APPEAR CANDIDATES

ST DATE	Paste Pa Size Phot			
ith late fee of Rs.500/-		: 15.10.2018 : 29.10.2018		- I
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Name o	f the candida	te in English (full name in BLOCK letters) Middle name	Su	name
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A-34. Sector-62. Institutional Area, NOIDA - 201 309 e-mail: dirs-nchm@nic.in Telefax: 0120-2590605 20.08.2018

Give details of examination and related fees paid: Examination Fee 7.

Late Fee (if any)

Total Fee	

- Certified that the name as written above by me is correct. a)
 - I hereby declare that the statements made in the application are true to the best b) of my knowledge and belief.
 - Certified that I have read and understood the Examination Rules of the National Council.

Date:

c)

8.

(Signature of the candidate)

CERTIFICATE BY PRINCIPAL

Certified that admission to the semester was granted as per NCHM&CT Rules. 1.1

- is/was a bonafide full time Certified that Mr./Ms. 2. student of this institution and has satisfactorily completed the prescribed course of studies as laid down by the Council.
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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	Examination particulars Checked & Verified	Examination Hall Admission ticket issued.
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