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

**EVEN SEMESTER END-TERM EXAMINATION FORM**
Academic Year 2019-2020

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

**(FOR REGULAR & RE-APPEAR CANDIDATES)**

<table>
<thead>
<tr>
<th>LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE</th>
<th>Paste Passport Size Photograph.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without late fee: 14.02.2020</td>
<td>(Do not staple)</td>
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<tr>
<td>With late fee of Rs.500/-: 28.02.2020</td>
<td>(Photograph to be attested by Principal)</td>
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<td>With late fee of Rs.1000/-: 13.03.2020</td>
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**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 Name**

3. **Permanent residential address for correspondence**

   ________________________________ Pin: ____________ Phone: ____________

4. **Date of Birth (by Christian era)______________**

5. **Sex: Male/Female**

6. **Give details of re-appear subjects (not for regular candidates):**

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Subject Code</th>
<th>Subject</th>
<th>Mid Term</th>
<th>End Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BHM351</td>
<td>Adv. Food Production Operations-II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>BHM352</td>
<td>Adv. F&amp;B Operations-II</td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td>BHM353</td>
<td>Front Office Management-II</td>
<td></td>
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<tr>
<td>4</td>
<td>BHM354</td>
<td>Accommodation Management-II</td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td>BHM305</td>
<td>Food &amp; Beverage Management</td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td>BHM306</td>
<td>Facility Planning</td>
<td></td>
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<tr>
<td>7</td>
<td>BHM309</td>
<td>Research Project</td>
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</table>

**REAPPEAR EXAMINATION FEE**

Theory @ Rs.300/- per subject

Practical @ Rs.500/- 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.
   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.

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

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

<table>
<thead>
<tr>
<th>Fee received</th>
<th>Examination particulars</th>
<th>Examination Hall</th>
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<tbody>
<tr>
<td>2. Late Fee: Rs.</td>
<td></td>
<td></td>
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<tr>
<td>Total Fee Rs.</td>
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<td></td>
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</table>

Dealing Assistant: Executive Officer (S) Assistant Director (T)