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

EVEN SEMESTER END TERM EXAMINATION FORM  
Academic Year 2020-2021 (BATCH –2020-2022)

COURSE TITLE: TWO-YEAR M.Sc. IN HA PROGRAM – SEMESTER-II
(FOR RE-APPEAR CANDIDATES ONLY)

<table>
<thead>
<tr>
<th>LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without late fee : 30.03.2021</td>
</tr>
<tr>
<td>With late fee of Rs. 500/- : 15.04.2021</td>
</tr>
<tr>
<td>With late fee of Rs.1000/- : 22.04.2021</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: _______ Mobile: _______
   
   Email id : ____________________________________________

4. Date of Birth (by Christian era) ____________________________

5. Sex: Male/Female □

6. Give details of subject(s) reappearing for (Indicate T for Theory – P for Practical)

<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>
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</tr>
<tr>
<td>1</td>
<td>MHA-5</td>
<td>Revenue/ Yield Management</td>
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<tr>
<td>2</td>
<td>MHA-7</td>
<td>Equipment &amp; Materials Management</td>
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<td>3</td>
<td>MHA-21</td>
<td>Mentorship – Research Methodology</td>
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REAPPEAR EXAMINATION FEE
Theory @ Rs.300/- (remitted to NCHMCT)  Practical @ Rs.500/- (retained by institute)
Mid-Term fee @Rs.300/- (remitted by Institute) Change of centre fee Rs.500/- (remitted to NCHMCT)


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 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 (Mandate Form attached) in 
   favour of National Council for Hotel Management & Catering Technology.  

   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>
</tr>
</thead>
<tbody>
<tr>
<td>1. Exam Fee: Rs.___________</td>
<td>Checked &amp; Verified</td>
<td>Admission ticket issued.</td>
</tr>
<tr>
<td>2. Late Fee: Rs.___________</td>
<td></td>
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</tr>
<tr>
<td>Total Fee   Rs.___________</td>
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Dealing Assistant: ___________________  
Executive Officer (S): ___________________  
Assistant Director (T): ___________________  

A-34, Sector-6, Institutional Area, NOIDA - 201 309 e-mail: dir-nchm@nic.in, Telefax: 0120-2590605