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

EVEN SEMESTER END TERM EXAMINATION FORM
Academic Year 2020-2021 (BATCH –2019-2021)

COURSE TITLE: TWO-YEAR M.Sc. IN HA PROGRAM – SEMESTER- IV

(FOR RE-APPEAR CANDIDATES ONLY)

| LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE | Paste Passport Size Photograph.
|---------------------------------------------------|--------------------------------------------------
| Without late fee                                 | (Do not staple)                                  |
| With late fee of Rs. 500/-                       | (Photograph to be attested by Principal)         |
| With late fee of Rs.1000/-                       |                                                  |
|                                                   | : 30.03.2021                                     |
|                                                   | : 15.04.2021                                     |
|                                                   | : 22.04.2021                                     |

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: _______

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)

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<th>S.No.</th>
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<td>MHA-17</td>
<td>Production &amp; Operations Management</td>
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REAPPEAR EXAMINATION FEE
Theory @ Rs.300/- (remit to NCHMCT) Practical @ Rs.500/- (retained by institute)
Mid-Term fee @Rs.300/- (retained by Institute) Change of centre fee Rs.500/- (remit 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