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

SUPPLEMENTARY EXAMS  

SEM-I EXAMINATION FORM  
Academic Year 2020-2021  
COURSE TITLE: THREE-YEAR B.Sc. IN H&HA  

FOR FAIL & RE-APPEAR CANDIDATES ONLY  

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE-
24/04/2021  
ONE TIME FEE- Rs. 1000/- + Exam fee  
(Refer column 6)  

Paste Passport Size Photograph.  
(Do not staple)  
(Photograph to be Attested by Principal)  

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 / Mother’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 subject(s) reappearing for:  

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Subject Code</th>
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<td>BHM111</td>
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<td>2</td>
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<td>FC IN FOOD &amp; BEVERAGE SERVICE-I</td>
<td>End Term</td>
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<td>APPLICATION OF COMPUTERS</td>
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<td>6</td>
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<td>HOTEL ENGINEERING</td>
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<td>7</td>
<td>BHM116</td>
<td>NUTRITION</td>
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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 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  

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

Dealing Assistant  
Executive Officer (S)  
Assistant Director (T)
National Council for Hotel Management & Catering Technology  
A-34, SECTOR 62, NOIDA 201309

EVEN SEMESTER END TERM EXAMINATION FORM  
Academic Year 2020-2021

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

(FOR RE-APPEAR CANDIDATES ONLY)

<table>
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<th>Last Date for Submission of Forms in the Institute</th>
<th>Paste Passport Size Photograph.</th>
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<tr>
<td>Without late fee: 09.04.2021</td>
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</tr>
<tr>
<td>With late fee of Rs. 500/-: 23.04.2021</td>
<td>(Photograph to be attested by Principal)</td>
</tr>
<tr>
<td>With late fee of Rs. 1000/-: 07.05.2021</td>
<td></td>
</tr>
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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)

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<td>FC IN FOOD PRODUCTION-II</td>
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<td>BHM153</td>
<td>FC IN FRONT OFFICE-II</td>
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<td>BHM109</td>
<td>COMMUNICATION</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/- (remitted 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)

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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

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<td>Examination Hall</td>
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<td>Admission ticket issued.</td>
</tr>
<tr>
<td>Dealing Assistant</td>
</tr>
<tr>
<td>Executive Officer ($)</td>
</tr>
<tr>
<td>Assistant Director (T)</td>
</tr>
</tbody>
</table>

A-34, Sector-62, Institutional Area, NOIDA – 201 309 e-mail: dir-nchm@nic.in Telefax: 0120-2590005
National Council for Hotel Management & Catering Technology
A-34, SECTOR 62, NOIDA 201309

EVEN SEMESTER END-TERM EXAMINATION FORM
Academic Year 2020-2021

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

(FOR RE-APPEAR CANDIDATES ONLY)

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<tbody>
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<td>With late fee of Rs. 1000/-</td>
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<tr>
<td>: 23.04.2021</td>
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<tr>
<td>: 07.05.2021</td>
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</tbody>
</table>

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)

<table>
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<td>3</td>
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<td>BHM204</td>
<td>Accommodation Operations</td>
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<td>5</td>
<td>BHM205</td>
<td>Food &amp; Beverage Controls</td>
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<td>6</td>
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<td>7</td>
<td>BHM207</td>
<td>Food Safety &amp; Quality</td>
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<td>8</td>
<td>BHM208</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)

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A-34, Sector-82, Institutional Area, NOIDA – 201309 e-mail: dir-ncbm@nic.in Telefax: 0120-2590605
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.
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   (Signature of the candidate)

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

   Date: ___________________________
   Principal's signature with office seal

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**FOR NCHM&CT USE**

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<td>Admission ticket issued.</td>
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<td></td>
</tr>
<tr>
<td>Total Fee Rs. ___________________________</td>
<td>Assistant Director (T)</td>
<td></td>
</tr>
</tbody>
</table>

Dealing Assistant

---

A-34, Sector-62, Institutional Area, NOIDA – 201 309 e-mail: dirs-nchm@nic.in Telefax: 0120-2590605
EVEN SEMESTER END-TERM EXAMINATION FORM
Academic Year 2020-2021

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

(FOR RE-APPEAR CANDIDATES ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE
Without late fee : 09.04.2021
With late fee of Rs. 500/- : 23.04.2021
With late fee of Rs.1000/- : 07.05.2021

Council Roll No

Name of the Institute

1. Name of the candidate in English (full name in BLOCK letters)
   First name
   Middle name
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   (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 :

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   Email id :

4. Date of Birth (by Christian era) 5. Sex: Male/Female

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<td>Front Office Management-II</td>
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<td>Accommodation Management-II</td>
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<td>BHM305</td>
<td>Food &amp; Beverage Management</td>
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<td>6</td>
<td>BHM306</td>
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REAPPEAR EXAMINATION FEE
Theory @ Rs.300/- (remitt to NCHMCT) Practical @ Rs.500/- (retained by institute)
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Date: ________________  
(Signature of the candidate)

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   Late Fee (if any) Rs. ________________
   Total Fee Rs. ________________

Date: ________________  
Principal's signature with office seal

FOR NCHM&CT USE

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<td>Admission ticket issued.</td>
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<tr>
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<td>Executive Officer ($)</td>
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</tr>
<tr>
<td>Total Fee Rs. ______</td>
<td>Assistant Director ($)</td>
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</tr>
</tbody>
</table>

Dealing Assistant

3-YEAR B.Sc. IN H&HA

A-34, Sector-62, Institutional Area, NOIDA – 201 309 e-mail: dir-nchm@nic.in Telefax: 0120-2590605
National Council for Hotel Management & Catering Technology  
A-34, SECTOR 62, NOIDA 201309

SUPPLEMENTARY ENDTERM EXAMINATION FORM  
Academic Year 2020-2021  
COURSE TITLE: THREE-YEAR B.Sc. IN H&HA – SEMESTER-V  
SPECIALISATION IN ACCOMMODATION MANAGEMENT  
(FOR RE-APPEAR CANDIDATES ONLY)

ONE-TIME FEE: Rs.1000/-  
(Refer column 6 below)

LAST DATE FOR SUBMISSION (in the Institute) : 07.05.2021

Council Roll No  Name of the Institute

1. Name of the candidate in English (full name in BLOCK letters)
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<td>BHM326</td>
<td>Accommodation Management-IV</td>
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RE-APPEAR EXAMINATION FEE

Theory @ Rs.300/- (remit to NCHMCT)  Practical @ Rs.500/- (retained by institute)
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   Rs. __________ remitted to the Council through RTGS (Mandate Form attached) in
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<td>Total Fee Rs. __________</td>
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</tbody>
</table>

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

A-34, Sector-62, Institutional Area, NOIDA – 201 309 e-mail: dir-nchm@nic.in Telefax: 0120-2500605
National Council for Hotel Management & Catering Technology  
A-34, SECTOR 62, NOIDA 201309  

EVEN SEMESTER ENDTERM EXAMINATION FORM  
Academic Year 2020-2021  
COURSE TITLE: THREE-YEAR B.Sc. IN H&HA – SEMESTER-VI  
SPECIALISATION IN ACCOMMODATION MANAGEMENT  
(FOR RE-APPEAR CANDIDATES ONLY)  

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Without late fee</td>
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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)  

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<tr>
<th>S.No.</th>
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<th>Re-appear subject</th>
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<td>BHM375</td>
<td>Accommodation Management-V</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

<table>
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<tbody>
<tr>
<td>Fee received</td>
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<td>1. Exam Fee: Rs.</td>
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<td>2. Late Fee: Rs.</td>
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<td>Total Fee Rs.</td>
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A-34, Sector-42, Institutional Area, NOIDA – 201 309 e-mail: dirs-nchm@nic.in Telefax: 0120-2590605
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>
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<th>LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE</th>
<th>Paste Passport Size Photograph.</th>
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<tr>
<td>With late fee of Rs. 500/-</td>
<td>(Photograph to be attested by Principal)</td>
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<tr>
<td>With late fee of Rs.1000/-</td>
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<td>: 30.03.2021</td>
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<td>: 15.04.2021</td>
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<tr>
<td>: 22.04.2021</td>
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</tr>
</tbody>
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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)

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<tr>
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<tr>
<td>1</td>
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<td>Revenue/ Yield Management</td>
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<td>MHA-7</td>
<td>Equipment &amp; Materials Management</td>
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<td>MHA-21</td>
<td>Mentorship – Research Methodology</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)
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                     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
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   c) Certified that I have read and understood the Examination Rules of the
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CERTIFICATE BY PRINCIPAL

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   Late Fee (if any) Rs. ___________
   Total Fee Rs. ___________

Date: ____________________________  Principal's signature with office seal

FOR NCHM&CT USE

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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)

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   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 [ ]

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   Date: ____________________ Principal's signature with office seal

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

EVEN SEMESTER END TERM EXAMINATION FORM  
Academic Year 2020-2021  
CRAFTSMANSHIP CERTIFICATE COURSE IN FOOD PRODUCTION  
& PATISSERIE – SEMESTER-II  
(RE-APPEAR CANDIDATES ONLY)

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2. Father’s/Mother’s Name

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<tr>
<td>1</td>
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<td>3</td>
<td>CFPP23</td>
<td>Larder Practical – II</td>
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<td>4</td>
<td>CFPP24</td>
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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