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

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

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

SPECIALISA	ATION IN											
	(FOR REG	ULAR	& RE-A	PPEA	R CA	NDI	(DAT	ES)				
LAST DATE FOR SUBMISSION Without late fee With late fee of Rs.500/-With late fee of Rs.1000/-			OF FORMS IN THE INSTITUTE : 17.09.2018 : 01.10.2018 : 15.10.2018					Paste Passport Size Photograph. (Do not staple)				
Со	uncil Roll No		Name of the Institute					(Photograph to be attested by Principal)				
1. Name of the candidate in English (full name in BLOCK letters)  First name Middle name								Surname			ne	
3. Permane	ent residential add	ress fo		onden				Pho	ne:			
	Birth (by Christia tails of subject(s)											
S.No.	Subject Code		Subject									
1	BHM321	Fo	Food Production Management – III									
2	BHM322		Food Production Management – IV									
3	BHM325		Accommodation Management – III									
4	BHM326		Accommodation Management – IV									
5	BHM-327	Str	Strategic Management									
		DEA	DDEADI			<b></b>	ore e					

7.

Theory @ Rs.300/- per subject

Give details of examination and related fees paid:

Practical @ Rs.500/- per subject

			7	Total Fee				
8.	a)	Certified that the	name as written above by m	e 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 National Counc	have read and understood il.	l the Examin	ation Rules of the			
	Date:			(Signatur	e of the candidate)			
		С	ERTIFICATE BY PRINCIF	PAL				
1.	Certif	ied that admission	to the semester was granted a	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.	satisfy	ing that he/she ful	d for the Examination will be fils the attendance requirement if for Hotel Management.		•			
5.	Rs	remitte	wing fee of the candidate ed to the Council vide through datedi atering Technology (mandate	ugh RTGS vion favour of N	de UTR/IMPS No. fational Council for			
		Fee (if any) Rs	S S					
Date:			Prin	cipal's signatu	re with office seal			
			FOR NCHM&CT USE					
1.Exa	te Fee:	Rs Rs Rs	Examination particulars Checked & Verified		nination Hall ion ticket issued.			

Executive Officer (S)

Dealing Assistant

Assistant Director (T)