

होटल प्रबंध खानपान तकनीक एवं पोषण आहार संस्थान
1100 आवास गृह, भोपाल-462016

क्रं. हो.प्र.सं./प्रशि./20/233

भोपाल, दिनांक 20/1/2020

आदेश

संस्थान में अध्ययनरत् प्रथम, द्वितीय, तृतीय वर्ष एवं क्राफ्ट कोर्स के छात्र-छात्राओं को सूचित किया जाता है कि, अप्रैल/मई-2020 में आयोजित होने वाली सम सेमेस्टर (Even Semester) परीक्षा के लिए परीक्षा फार्म संस्था में जमा करने की अंतिम तिथि निम्नलिखित है:-

EVEN SEMESTER EXAMINATION : 2019-2020

क्रं.	विवरण	शुल्क	विलंब शुल्क	अंतिम तिथि
1	IV th & VI th Semester Regular Students	---	---	14.02.2020
2	IV th & VI th Semester Regular & Re-appear Students	300/- थ्योरी, 500/- प्रेक्टिकल प्रति विषय	500/- 1000/-	14.02.2020 28.02.2020 13.03.2020
3	II nd Semester Regular Students	---	---	28.02.2020
4	II nd Semester Re-appear Students	300/- थ्योरी, 500/- प्रेक्टिकल प्रति विषय	500/- 1000/-	28.02.2020 13.03.2020 27.03.2020
5	CCK - II nd Semester Regular Re-appear Students	---	---	28.02.2020
		300/- थ्योरी, 500/- प्रेक्टिकल प्रति विषय	500/- 1000/-	13.03.2020 27.03.2020

- सभी संबंधित छात्रों को आदेशित किया जाता है कि, वे प्रशिक्षण विभाग से दिनांक 27.01.2020 से समय दोपहर 3.00 से 4.30 बजे तक परीक्षा फार्म प्राप्त कर ऊपर दर्शायी गयी अंतिम तिथि तक अपना परीक्षा फार्म सेमेस्टर शुल्क रसीद सहित जमा कर दें, उक्त तिथि के पश्चात् परीक्षा फार्म स्वीकार नहीं किये जायेंगे।
- Pass out छात्रों को निर्देशित किया जाता है कि जो, छात्र अपना re-appear subject का परीक्षा फॉर्म भरना चाहते हैं, वह संस्था में स्वयं उपस्थित होकर अपना परीक्षा फॉर्म जमा करें। या
- Institute website: www.ihmbhopal.ac.in पर उपलब्ध HDFC Bank के शुल्क भुगतान लिंक के माध्यम से शुल्क का भुगतान कर शुल्क रसीद एवं परीक्षा फॉर्म फोटो सहित email ID: training@ihmbhopal.ac.in पर Scan कर उक्त वर्णित तिथि के अंदर भेजें।



प्राचार्य

क्रं. हो.प्र.सं./प्रशि./20/233/4

भोपाल, दिनांक 2020

प्रतिलिपि सूचनार्थ :-

1. श्री पी.के. मोदी, विभाग प्रमुख (प्रथम), होटल प्रबंध संस्थान, भोपाल।
2. लेखा विभाग, होटल प्रबंध संस्थान, भोपाल।
3. वेबसाइट डिस्प्ले हेतु।
4. छात्र-छात्राओं को सूचनार्थ (सूचना पटल), होटल प्रबंध संस्थान, भोपाल।


प्राचार्य
20/1/2020

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-II

(FOR RE-APPEAR CANDIDATES)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE		Paste Passport Size Photograph. (Do not staple) (Photograph to be attested by Principal)
Without late fee	: 28.02.2020	
With late fee of Rs. 500/-	: 13.03.2020	
With late fee of Rs.1000/-	: 27.03.2020	
Council Roll No	Name of the Institute	
<input type="text"/>	<input type="text" value="IHM, BHOPAL"/>	

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

First name	Middle name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

(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 subject(s) reappearing for (*Indicate T for Theory – P for Practical*)

S.No.	Subject Code	Subject	Tick (✓) Re-appear subject	
			Mid-Term	End-Term
1	BHM151	FC IN FOOD PRODUCTION-II		
2	BHM152	FC IN FOOD & BEVERAGE SERVICE-II		
3	BHM153	FC IN FRONT OFFICE-II		
4	BHM154	FC IN ACCOMMODATION OPERATIONS-II		
5	BHM117	PRINCIPLES OF FOOD SCIENCE		
6	BHM108	ACCOUNTANCY		
7	BHM109	COMMUNICATION		

RE-APPEAR 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 (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

Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____ Dealing Assistant	Examination particulars Checked & Verified Executive Officer (S)	Examination Hall Admission ticket issued. Assistant Director (T)
--	--	--



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).

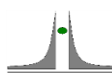
Examination Fee Rs.....
 Late Fee (if any) Rs.....
 Total Fee Rs.....

Date: _____

Principal's signature with office seal

FOR NCHM&CT USE

Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____ <div style="text-align: right;">Dealing Assistant</div>	Examination particulars Checked & Verified Executive Officer (S)	Examination Hall Admission ticket issued. Assistant Director (T)
---	--	--



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)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE		
Without late fee	:	14.02.2020
With late fee of Rs.500/-	:	28.02.2020
With late fee of Rs.1000/-	:	13.03.2020

Paste Passport
Size Photograph.

(Do not staple)

(Photograph to be
attested by
Principal)

Council Roll No _____ Name of the Institute IHM, BHOPAL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

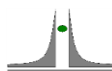
Pin: _____ Phone: _____

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

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

S.No.	Subject Code	Subject	Tick	
			Mid Term	End Term
1	BHM351	Adv. Food Production Operations-II		
2	BHM352	Adv. F&B Operations-II		
3	BHM353	Front Office Management-II		
4	BHM354	Accommodation Management-II		
5	BHM305	Food & Beverage Management		
6	BHM306	Facility Planning		
7	BHM309	Research Project		

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).

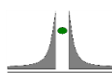
Examination Fee Rs.....
 Late Fee (if any) Rs.....
 Total Fee Rs.....

Date: _____

Principal's signature with office seal

FOR NCHM&CT USE

Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____ Dealing Assistant	Examination particulars Checked & Verified Executive Officer (S)	Examination Hall Admission ticket issued. Assistant Director (T)
--	--	--



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

Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____ Dealing Assistant	Examination particulars Checked & Verified Executive Officer (S)	Examination Hall Admission ticket issued. Assistant Director (T)
--	--	--

