

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

क्रं. हो.प्र.सं./प्रशि./परीक्षा/20/2349

भोपाल, दिनांक 3/2/2020

आदेश

**EXAMINATION FORM SUBMISSION FOR 1st SEMESTER RE-APPEAR STUDENTS.**

S.No.	Exam	Form Submission Last Date	Tentative Exam w.e.f.
1	1 <sup>st</sup> Semester End Term Examination in February, 2021.	17.12.2020	15 <sup>th</sup> February, 2021

**Fee: Rs. 300/- per subject (Theory)**

**Rs. 500/- per subject (Practical)**

संबंधित 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

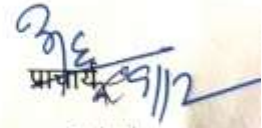
Institute website: [www.ihmbhopal.ac.in](http://www.ihmbhopal.ac.in) पर उपलब्ध HDFC Bank के शुल्क भुगतान लिंक के माध्यम से शुल्क का भुगतान कर शुल्क रसीद एवं परीक्षा फॉर्म फोटो सहित email ID: [training@ihmbhopal.ac.in](mailto:training@ihmbhopal.ac.in) पर Scan कर उक्त वर्णित तिथि के अंदर भेजें।

क्रं. हो.प्र.सं./प्रशि./परीक्षा/20/2349/2349/4  
प्रतिलिपि सूचनार्थ :-

भोपाल, दिनांक ..... 2020

1. श्री पी.के. मोदी, विभाग प्रमुख, हो.प्र.सं. भोपाल।
2. श्रीमती आशा कोलेकर, वरिष्ठ व्याख्याता, हो.प्र.सं. भोपाल।
3. लेखा विभाग, हो.प्र.सं. भोपाल।
4. सभी संबंधित छात्रों को सूचनार्थ (वेबसाइट)

  
प्रचार्य

  
प्रचार्य  
क. य.

# National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA 201309

## ODD SEMESTER END TERM EXAMINATION FORM

Academic Year 2020-2021

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

### RE-APPEAR CANDIDATES ONLY

**LAST DATE FOR SUBMISSION (in the Institute) : 17.12.2020**

Paste Passport  
Size Photograph.

(Do not staple)

(Photograph to be  
attested by  
Principal)

Council Roll No

Name of the Institute \_\_\_\_\_

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

First name

Middle name

Surname

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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 / Mother'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:

S.No.	Subject Code	Subject	Please tick	
			Mid Term	End Term
1	BHM111	FC IN FOOD PRODUCTION-I		
2	BHM112	FC IN FOOD & BEVERAGE SERVICE-I		
3	BHM113	FC IN FRONT OFFICE-I		
4	BHM114	FC IN ACCOMMODATION OPERATIONS-I		
5	BHM105	APPLICATION OF COMPUTERS		
6	BHM106	HOTEL ENGINEERING		
7	BHM116	NUTRITION		

#### REAPPEAR EXAMINATION FEE

Theory @ Rs.300/- per subject (Forwarded to NCHM)

Practical @ Rs.500/- per subject

Mid-term IC @ Rs.300/- (Retained by Institute)



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)
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