

होटल प्रबंध खानपान प्रौद्योगिकी एवं पोषण आहार संस्थान

1100 आवास गृह, भोपाल - 462016

क्रं. हो.प्र.सं./प्रशि./परीक्षा/20/25/2...

भोपाल, दिनांक 30.12.2020

आदेश

EXAMINATION FORM SUBMISSION FOR 1st & CCK-1st SEMESTER

RE-APPEAR STUDENTS.

S.No.	Exam	Late Fee	Form Submission Last Date	Tentative Exam w.e.f.
1	1 st Semester End Term Examination in February, 2021.	Rs. 500/-	05.01.2021	15 th February, 2021
		Rs. 1000/-	12.01.2021	
2	CCK-1 st Semester Examination in February, 2021	Without Late Fee	05.01.2021	08 th February, 2021
		Rs. 500/-	12.01.2021	
		Rs. 1000/-	18.01.2021	

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**

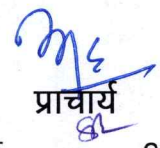
Institute website: www.ihmbhopal.ac.in पर उपलब्ध HDFC Bank के शुल्क भुगतान लिंक के माध्यम से शुल्क का भुगतान कर शुल्क रसीद एवं परीक्षा फॉर्म फोटो सहित email ID: training@ihmbhopal.ac.in पर Scan कर उक्त वर्णित तिथि के अंदर भेजें।

क्रं. हो.प्र.सं./प्रशि./परीक्षा/20/25/27025/2/4

भोपाल, दिनांक 2020

प्रतिलिपि सूचनार्थ :-

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)


प्राचार्य


प्राचार्य

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

ODD SEMESTER END TERM EXAMINATION FORM

Academic Year 2020-2021

**CRAFTSMANSHIP CERTIFICATE COURSE IN FOOD PRODUCTION
& PATISSERIE – SEMESTER-I**

RE-APPEAR CANDIDATES ONLY

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE	
Without late fee	: 05.01.2021
With late fee of Rs. 500/-	: 12.01.2021
With late fee of Rs. 1000/-	: 18.01.2021

Paste Passport Size Photograph.

(Do not staple)

(Photograph to be attested by Principal)

Council Roll No

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 Name of the Institute _____

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	CFPP11	Cookery & Larder Theory-I		
2	CFPP12	Cookery Practical-I		
3	CFPP13	Larder Practical-I		
4	CFPP14	Bakery & Patisserie Theory-I		
5	CFPP15	Bakery & Patisserie Practical-I		
6	CFPP16	Hygiene		
7	CFPP17	Equipment Maintenance		

REAPPEAR EXAMINATION FEE

Theory @ Rs.300/- per subject (Forwarded to NCHM) 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 (mandate form attached).
- 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. _____	Examination particulars Checked & Verified	Examination Hall Admission ticket issued.
Dealing Assistant	Executive Officer (S)	Assistant Director (T)

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 FORMS IN THE INSTITUTE
With late fee of Rs. 500/- : 05.01.2021
With late fee of Rs.1000/- : 12.01.2021

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: _____ 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

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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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