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

SUPPLEMENTARY EXAMINATION

SEM-V SEMESTER END TERM EXAMINATION FORM Academic Year 2020-2021

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

FOR FAIL & RE-APPEAR CANDIDATES ON ONE-TIME FEE: Rs.1000/- (Refer column 6 below)									Paste Passport Size Photograph.								
LAST	Γ DATE I	,				,	e):	15.03	3.202	21				(Do	not	stap	ole)
	Council Roll No Name of the Institute Name of the Institute					(Photograph to be attested by Principal)											
1. Fi	Name of the last name	of the candidate	ate in E	_	(ful) Midd			in BL	OCK	lett	ers))			Sur	nan	ne
(Please not	e that the name	written a	above sh	ould	be s	ame	as giv	en in y	our -	+2 C	BSE	E/Boa	ard C	Certif	icat	e)
2.	Father	's / Mother's	Name														
3.																	
<i>J</i> .	Permanent residential address for correspondence																
	Pin: Mobile:																
		id:															_
4.	Date o	f Birth (by C	hristian era) 5. Sex: Male/Female														
6.	Give details of subject(s) reappearing for:																
	Sl Subject Subject								Please tick								
	No.	Code									Mid erm	Pı	ractic	al	End- Term		
	1	BHM311	Advance Food Production operations-I														
	2	BHM312	Advance Food & Beverage operations-I														
	3	BHM313	Front Office Management-I														
	4	BHM314	Accommodation Management-I														
	5	BHM307	Financial Management														
	6	BHM308	Strategic Management														
		ry @ Rs.300/- (1)		NCHMC	CT)		F	ractic	ATION al @ R	s.50	0/- (IMCT)

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3-YEAR
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7.	Give o	details of examinat	ion and related fees paid:	Examination Fee 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										
		CI	ERTIFICATE BY PRINC	IPAL							
1.	Certifi	ied that admission	to the semester was grante	d as per NCHM&C	T 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	ring that he/she ful	d for the Examination will fils the attendance require il for Hotel Management.		•						
5. Certified that the following fee of the candidate is included in the Rs. remitted to the Council through RTGS vide No. dated in favour of Nation for Hotel Management & Catering Technology (mandate form attached).											
	Exami Total l		S								
Date:			Pı	rincipal's signature	with office seal						
			FOR NCHM&CT USI	E							
1.Exa	e Fee:	Rs Rs Rs	Examination particulars Checked & Verified	1	ation Hall ticket issued.						
		Dealing Assistant	Executive Officer (S	S) A	ssistant Director (T)						