# Print on both sides Page1 of 2 **3-YEAR B.Sc. IN H&HA**

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

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

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

#### **RE-APPEAR CANDIDATES**

Without With lat	t late fee te fee of l	FOR SUBMI Rs.500/- Rs.1000/-	[SSIO]	N OF I		: 15.1 : 29.1	N THE II 0.2018 0.2018 1.2018	NSTI	TUT	Έ		Siz	aste Pa ze Phot Do not	ograp	h.
								Photograph to be attested by Principal)							
	Name of name	the candidat	e in E	0		l nam le nam		OCK	lette	rs)			Su	name	
(Ple	ase note t	hat the name w	vritten a	above sh	nould	be san	ne as give	n in y	our +2	2 CE	BSE/H	Board	l Certif	icate)	
		/ Mother's Ment residentia													
-														<b></b>	
		Birth (by Ch ails of subje							5. S	ex:	Mal	e/Fe	male		
	S.No.	Subject				S	Subject						Please tick		
		Code											Mid Term		End 'erm
	1	BHM111	FC I	N FOC	DD P	PROD	UCTIO	N-I							
	2	BHM112	FC I	N FOO	)D &	k BEV	VERAG	E SE	RVI	CE-	·I				
	3	BHM113	FC I	N FRC	)NT	OFF	ICE-I								
	4	BHM114	FC I	FC IN ACCOMMODATION OPERATIONS-I						-I					
	5	BHM105	APP	APPLICATION OF COMPUTERS											
	6	BHM106	НОТ	FEL EN	NGI	NEER	RING								
	7	BHM116	NUT	<b>TRITIC</b>	DN										
L	Theory	@ Rs.300/- pe	r subje		<b>PPE</b> A	AR EX	XAMINA'	FION			cal @	Rs.5	600/- p	er sub	ject

#### 7. Give details of examination and related fees paid: Examination Fee ...... Late Fee (if any) .....

- 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: \_\_\_\_\_

8.

Principal's signature with office seal

Fee received	Examination particulars	Examination Hall
1.Exam Fee: Rs	Checked & Verified	Admission ticket issued.
2.Late Fee: Rs		
Total Fee Rs		
Dealing Assistant		
Deaning 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 2018-2019

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

#### **RE-APPEAR CANDIDATES**

Withou With la	LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTEWithout late fee: 17.09.2018With late fee of Rs. 500/-: 01.10.2018With late fee of Rs.1000/-: 15.10.2018								
	Co	ouncil Roll No	Name of the Institute	(Photograph attested Principa	by				
1. 1	Name of	the candidate in Eng	glish (full name in BLOCK letters)						
First	t name		Middle name	Surna	ame				
(Ple	ease note t	hat the name written abo	ove should be same as given in your +2 CBSE/I	Board Certific	ate)				
2.	Father's	/ Mother's Name							
3.	Permane	ent residential addres	ss for correspondence						
			Pin:Phon	ie:					
		-	era) 5. Sex: Mal	le/Female					
6.		ails of subject(s) rea							
	S.No.	Subject Code	Subject	Please tick					
				Mid Term	End Term				
	1	BHM201	Food Production Operations						
	2	BHM202	Food & Beverage Operations						
	3	BHM203	Front Office Operations						
	4	BHM204	Accommodation Operations						
	5	BHM205	Food & Beverage Controls						
	6	BHM206	Hotel Accountancy						
	7	BHM207	Food Safety & Quality						
	8	BHM208	Industrial Training						
	Theory	@ Rs.300/- per subject	REAPPEAR EXAMINATION FEE Practical @	9 Rs.500/- per					

A-34, Sector-62, Institutional Area, NOIDA – 201 309 e-mail: dirs-nchm@nic.in Telefax: 0120-2590605 20.08.2018

7.	Give details of examination and related fees paid:	Examination Fee	
		Late Fee (if any)	
		<b>Total Fee</b>	

- 8. Certified that the name as written above by me is correct. a)
  - I hereby declare that the statements made in the application are true to the best b) of my knowledge and belief.
  - Certified that I have read and understood the Examination Rules of the c) National Council.

Date:

(Signature of the candidate)

#### **CERTIFICATE BY PRINCIPAL**

- 1. Certified that admission to the semester was granted as per NCHM&CT Rules.
- Certified that Mr./Ms.\_\_\_\_ 2. \_\_\_\_\_ 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	Examination particulars	Examination Hall
1.Exam Fee: Rs	Checked & Verified	Admission ticket issued.
2.Late Fee: Rs		
Total Fee Rs		
Dealing Assistant		
Deaning 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 2018-2019

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

#### **REGULAR CANDIDATES**

LAS	T DATE	FOI	R SUBN	AISS	SIO	N O	FF	OR	MS	IN T	HE IN	STI	TU	ТЕ			Pas	te Pa	isspo	rt	
																	Size	Phot	ograj	ph.	
																			. 1	,	
With la	ate fee of	Rs.1	1000/-						: 15	5.10.2	018						(Do not staple)				
	AST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE thout late fee in the state fee of Rs. 500/- in the state fee of Rs. 500/- in the state fee of Rs. 1000/- in the state fee of Rs. 1000/- in the state fee of Rs. 1000/- in the state fee of the st										(Photograph to be attested by Principal)				be						
1.	Name of	the	candid	late i	in E	Ingl	ish	(ful	l na	me i	n BLO	CK	lett	ers)	)						
Firs	st name						N	Aidd	le na	me								Su	mame	e	
(P	lease note	that t	he name	writ	ten a	abov	e sh	ould	be s	ame a	s given	in vo	our -	+2 C	BSE	/Boa	ard C	lertif	icate	)	
2. 3.	Permane	ent r	esident	tial a	addı	ress	for	cor	resp	ond	ence										 -
4.	Date of	Birt	h (by C	Chris	stiar	ı era	a) _						5.	Sex	: M	ale/1	Ferr	nale			
6.	(Examination Fee Rs.2,500/-)							Lat	e F	ee (	if aı	ıy)		••••		•••					

- 7. 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

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

# Print on both sides $\sim$ Page1 of

**3-YEAR B.Sc. IN H&HA** 

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

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

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

#### **RE-APPEAR CANDIDATES**

Withou With la	it late fee ite fee of ]	FOR SUBMISSI Rs. 500/- Rs.1000/-	ON OF FORMS IN THE INSTITUTE : 17.09.2018 : 01.10.2018 : 15.10.2018	Paste Passport Size Photograph. (Do not staple)			
	Co	(Photograph to be attested by Principal)					
	Name of t name	the candidate in	English (full name in BLOCK letters) Middle name	Surna	me		
(Pl	ease note t	hat the name writte	n above should be same as given in your +2 CBSE/I				
2.	Father's	/ Mother's Nam	ne				
3.	Permane	ent residential ad	ldress for correspondence				
			Pin:Phon	ie:			
4.	Date of I	Birth (by Christi	an era) 5. Sex: Mal	le/Female			
6.	Give det	ails of subject(s)	) reappearing for:				
	S.No.	Subject Code	Subject	Please	ase tick		
				Mid Term	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				
	7	BHM309	Research Project				
•		@ Rs.300/- per sub of centre fee Rs.50		Rs.500/- per s	ubject		

A-34, Sector-62, Institutional Area, NOIDA – 201 309 e-mail: dirs-nchm@nic.in Telefax: 0120-2590605 20.08.2018

7.	Give	details of examination and related fees paid:	Examination Fee	
			Late Fee (if any)	
			<b>Total Fee</b>	
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.
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Date: \_\_\_\_\_

(Signature of the candidate)

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Examination Fee	Rs
Late Fee (if any)	Rs
	Rs

Date: \_\_\_\_\_

Principal's signature with office seal

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1.Exam Fee: Rs.	Checked & Verified	Admission ticket issued.
	Checked & Vermed	Admission ticket issued.
2.Late Fee: Rs		
Total Fee Rs		
Dealing Assistant		A strategy Directory (T)
	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 2018-2019

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

#### **REGULAR CANDIDATES**

LAST DATE FOR SUBMISSION OF FORMS IN THE IN	Paste Passport	
Without late fee       : 17.09.2018         With late fee of Rs. 500/-       : 01.10.2018	Size Photograph.	
With late fee of Rs. 500/-         : 01.10.2018           With late fee of Rs.1000/-         : 15.10.2018	(Do not staple)	
Council Roll No Name of the Institute		(Photograph to be attested by Principal)
1. Name of the candidate in English (full name in BLC	OCK letters)	
First name Middle name		Surname
(Please note that the name written above should be same as given	n in your +2 CBSE/	Board Certificate)
<ol> <li>Father's / Mother's Name</li> <li>Permanent residential address for correspondence</li> </ol>		
Pin:	Phor	ne:
4. Date of Birth (by Christian era)	5. Sex: Ma	le/Female
6. Give details of examination and related fees paid: (Examination Fee Rs.2,000/-)	Late Fee (if an	ee y)

- 7. 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.
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(Signature of the candidate)

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Examination Fee	Rs
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Total Fee	Rs

Date: \_\_\_\_\_

Principal's signature with office seal

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