SEM-VI SUPPLEMENTARY EXAMINATION FORM

Academic Year 2024-2025

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

(FOR FAIL & RE-APPEAR CANDIDATES ONLY)

| | LAS | | Paste Passport Size Photograph. | | | | |
|--|---|----------------|--|-------------|---------------------------------|-----------------------------------|--|
| ONE-TIME FEE: Rs.1000/- (to be remitted to NCHM) plus EXAM FEE as per column 6 below | | | | | | (Do not staple) (Photograph to be | |
| Council Roll No Name of the Institute | | | | | | by al) | |
| | First name | | date in English (full name in BLOCK letters Middle name | | Surna pard Certific | T | |
| 2. | | r's / Mother | | | | , | |
| 3. | Perm | anent resider | ntial address for correspondence | | | | |
| | Emai | | | bile: | | | |
| 4. | Date of Birth (by Christian era)5. Sex: Male/Female | | | | | | |
| 6. | Give | details of sul | oject(s) reappearing for: | | | | |
| | SI | Subject | Subject | Please tick | | | |
| | No. | Code | | Mid | Practical | End- | |
| | . 1 | BHM351 | ADVANCE FP OPERATIONS II | Term | | Term | |
| | 2 | BIIM352 | ADVANCE F & B OPERATIONS - II | | | | |
| | 3. | BIIM353 | FRONT OFFICE MANAGEMENT-II | | | | |
| | 4 | BIIM354 | ACCOMMODATION MANAGEMENT-II | | | | |
| | 5 | BIIM305 | FOOD & BEVERAGE MANAGEMENT | | | | |
| | 6 | ВНМ306 | FACILITY PLANNING . | | | | |

RE-APPEAR EXAMINATION FEE

- Theory (w Rs.300/- per subject (To be remitted to NCHMCT)

RESEARCH PROJECT

- Practical (a) Rs.500/- per subject (retained by institute)

BHM309

| | | | Total Fee | | | | | |
|-----------------------------|---|------------------------------|---|------------------------|--|--|--|--|
| 8. | a) Certified that th | e name as written above by n | ne is correct | | | | | |
| | 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 knowled | ge and belief. | | | | | | |
| | c) Certified that | I have read and understoo | d the Examin | ation Rules of the | | | | |
| | National Coun | cil. | | Traines of the | | | | |
| | Date: | | (Signature - C | | | | | |
| | | | (Signature of | the candidate) | | | | |
| | | | | | | | | |
| | | ERTIFICATE BY PRINCI | PAL | | | | | |
| 1. | Certified that admission | to the semester was granted | as per NCHM8 | &CT Rules. | | | | |
| 2. | Certified that Mr./Ms. | | is/was a | honafide 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). | | | | | | | |
| | 1, | S | | | | | | |
| | FID 1 22 | S | | | | | | |
| • | | | | | | | | |
| Date: | | Principa | l's signature wi | th office seal | | | | |
| | | FOR NCHM&CT USE | | | | | | |
| Fee rec | ceived | Examination particulars | | | | | | |
| Exam Fee: Rs. Total Fee Rs. | | Checked & Verified | Examination Hall Admission ticket issued. | | | | | |
| | | | | | | | | |
| | Dealing Assistant | Executive Officer (S) | P | Assistant Director (T) | | | | |