## Print on both sides

## Page 1 of 2 Pr

# 1 1/2 YEAR DIPLOMA PROGRAM

13.01.2020

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

## **END TERM EXAMINATION FORM**

Academic Year 2019-2020

OUSEKI RONT O	BEVERAGE SERVICE EEPING FFICE OPERATIONS & CONFECTIONERY										
	( <b>F</b>	OR RE-A	PPEAR CA	ANDID	AT	ES)					
ithout ith late	DATE FOR SUBMISSI late fee e fee of Rs. 500/- e fee of Rs.1000/-	ON OF FORMS IN THE INSTITUTE : 28.02.2020 : 13.03.2020 : 27.03.2020						Paste Passport Size Photograph. (Do not staple)			
Council Roll No			Name of the Institute						(Photograph to be attested by Principal)		
. Na	me of the candidate in	English	(full name	in BL	OCH	< le	tters	)			
First na	ame	1	Middle name						Surname		
	• • •										
F	ather's Name ermanent residential ac							CBSE/	/Board	Certi	incate)
F	ather's Name		correspon	dence						•	
Pe Pe — — D	ather's Name	Idress for	correspon Pin:	dence		5.	Sex	Phoi	ne:	male	
Pe Pe D G SL.	ermanent residential act	Idress for	correspon Pin:	dence	T f	5.	Sex	Phone: Ma	ne:	male	
Per	ermanent residential act ate of Birth (by Christive details of subject(s	Idress for	correspon Pin:	dence  adicate  Subje	T f	5.	Sex	Phone: Ma	ne:	make Prac	
Pe Pe D G SL.	ermanent residential act ate of Birth (by Christive details of subject(s	Idress for	Pin:	dence  adicate  Subje	T f	5.	Sex	Phone: Ma	ne: nle/Fe <b>P</b> for	make Prac	
Po Po D G SL. NO.	ather's Name ermanent residential act ate of Birth (by Christive details of subject(s	Idress for	Pin:	dence  adicate  Subje	T f	5.	Sex	Phone: Ma	ne: nle/Fe <b>P</b> for	make Prac	
Per	ather's Name ermanent residential act ate of Birth (by Christ ive details of subject(s	Idress for	Pin:	dence  adicate  Subje	T f	5.	Sex	Phone: Ma	ne: nle/Fe <b>P</b> for	make Prac	
Per	ather's Name ermanent residential act ate of Birth (by Christ ive details of subject(s Subject  DFP DFBS	Idress for	Pin:	dence  adicate  Subje	T f	5.	Sex	Phone: Ma	ne: nle/Fe <b>P</b> for	make Prac	

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

7.	Give	details of examina	tion and related fees paid:	Examination Fee							
		4/14 4/48 (4) 4/14		Late Fee (if any)							
				Total Fee							
8.	9)	Certified that the	name as written above by	ma is correct							
0.	<ul><li>a) Certified that the name as written above by me is correct.</li><li>b) I hereby declare that the statements made in the application are true to the best</li></ul>										
	b)	of my knowledg		n the application are true to the best							
	c)	Certified that I National Counc		ood the Examination Rules of the							
	Date:		The second second	(Signature of the candidate)							
		C	ERTIFICATE BY PRINC	IPAL							
1.	Certifi			d as per NCHM&CT Rules.							
2.	Certifi	ied that Mr./Ms		is/was a bonafide full time							
		t of this institutions as laid down by		ompleted the prescribed course of							
3.			ation Rules have been having understood the san	explained to the candidate and ne.							
4.	after s	satisfying that he		ill be issued to the candidate only be requirements as laid down in lanagement.							
5.	Rs.	remitte	ed to the Council through	te is included in the amount of RTGS (Mandate Form attached) in							
	favour	of National Coun	cil for Hotel Management	& Catering Technology.							
	Exami	nation Fee R	S								
			S.,,,,,,								
	Total I		S								
Date:		•	Pr	incipal's signature with office seal							
		1.1.6.15									
			FOR NCHM&CT USE								
Fee re	ceived		Examination particulars	Examination Hall							
	m Fee: R		Checked & Verified	Admission ticket issued.							
2.Late											
I otal	Fee Rs	· · · · · · · · · · · · · · · · · · ·									
	List Hi										
		Dealing Assistant	Executive Officer (S)	Assistant Director (T)							