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

ODD SEMESTER END TERM EXAMINATION FORM Academic Year 2024-2025

COURSE TITLE: 1 ½ YEAR CRAFTSMANSHIP CERTIFICATE COURSE IN FOOD PRODUCTION & PATISSERIE – SEMESTER-I

(RE-APPEAR CANDIDATES ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE								Paste Passport								
Without late fee : 09/10/2024								S	Size Photograph.							
With late fee of Rs. 500/- : 24/10/2024																
With late fee of Rs. 1000/- : 08/11/2024									'	(Do not staple)						
									(P	(Photograph to be						
Council Roll No Institute Name									_ `	attested by						
										Principal)						
1. Name of the candidate in English (full name in BLOCK letters)																
First name Middle name									Surname							
	(Please note	that the name	written abo	ve should	l be s	same a	as gi	ven in	you	r +2	CBS	E/Boar	d Cert	ifica	ate)	
2.																
3.	Student's Email id:															
4.	Father's / Mother's Name															
5.	Permanent residential address for correspondence															
	• ————								_							
	Din: Alternate/Landline No.															
Pin: Alternate/Landline No																
6.	Date of Birth (by Christian era) 7. Sex: Male/Female															
8.	8 Give details of subject(s) reannearing for:															
ο.	8. Give details of subject(s) reappearing for:															
	S.No.	Subject	Subject						Please tick							
		Code					-	Mid	\top	End						
													Term	\perp	Term	1
	1	CFPP11	Cookery & Larder Theory-I													
	2	CFPP12	Cookery Practical-I													
	3	CFPP13	Larder Practical-I													

REAPPEAR EXAMINATION FEE

- Theory @ Rs.300/- per subject (Forwarded to NCHM)

Hygiene

- Practical @ Rs.500/- & Mid-term IC (Theory) @ Rs.300/- per subject (Both retained by Institute)

Bakery & Patisserie Theory-I

Equipment Maintenance

Bakery & Patisserie Practical-I

4

5

6

CFPP14

CFPP15

CFPP16

CFPP17

9.	Give details of exa	mination and related fees paid	1: Examination Fee							
10.	 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 									
	c) Certified that I have read and understood the Examination Rules of the National Council.									
	Date:		(Signature of the candidate)							
		CERTIFICATE BY PRI	NCIPAL							
1.	Certified that admi	ssion to the semester was gran	nted 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.	Rs No	remitted to the Co	lidate is included in the amount of uncil through RTGS vide UTR/IMPS in favour of National Council (mandate form attached).							
	Examination Fee Rs Late Fee (if any) Rs Total Fee Rs									
Date	:		Principal's signature with office seal							
		FOR NCHMCT U	SE							
1.Ex	received am Fee: Rs te Fee: Rs I Fee Rs		Examination Hall Admission ticket issued.							
	Dealing Assi	stant Executive Officer	(S) Assistant Director (T)							