

**SEM-V SUPPLEMENTARY EXAMINATION FORM**

Academic Year 2024-2025

COURSE TITLE: THREE-YEAR B.Sc. HHA

**(FOR FAIL & RE-APPEAR CANDIDATES ONLY)**

**LAST DATE FOR SUBMISSION OF EXAM FORMS  
IN THE INSTITUTE - 25.04.2025**

**ONE-TIME FEE: Rs.1000/- (to be remitted to NCHM)  
plus EXAM FEE as per column 6 below**

Paste Passport Size Photograph.

(Do not staple)

(Photograph to be attested by Principal)

Council Roll No \_\_\_\_\_ Name of the Institute \_\_\_\_\_

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1. Name of the candidate in English (full name in BLOCK letters)

First name								Middle name								Surname									

(Please note that the name written above should be same as given in your +2 CBSE/Board Certificate)

2. Father's / Mother's Name \_\_\_\_\_

3. Permanent residential address for correspondence \_\_\_\_\_

Pin: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email id: \_\_\_\_\_

4. Date of Birth (by Christian era) \_\_\_\_\_ 5. Sex: Male/Female

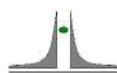
6. Give details of subject(s) reappearing for:

Sl No.	Subject Code	Subject	Please tick		
			Mid Term	Practical	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			

**RE-APPEAR EXAMINATION FEE**

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

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



7. Give details of examination 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)

**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.....

Total Fee: Rs.....

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

Principal's signature with office seal

**FOR NCHM&CT USE**

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