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

EVEN SEMESTER END TERM EXAMINATION FORM Academic Year 2019-2020

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

(FOR RE-APPEAR CANDIDATES)

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LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE				Paste Passport		
Without late fee	-00/	: 28.02.2020		Size Ph	otograph.	
With late fee of Rs. 500/- : 13.03.202 With late fee of Rs.1000/- : 27.03.202				(Do no	t staple)	
Council Roll No Name of the Institute				(Photograph to be attested by Principal)		
1. Name of the ca	andidate in Eng	glish (full name in BLOCK l	etters)			
First name	Surname					
First name Middle name						
(Please note that the	name written abov	ve should be same as given in you	r +2 CBSE/	Board Cert	ificate)	
3. Permanent resi	dential address	s for correspondence				
Pin:Phone:						
4. Date of Birth (by Christian er	ra) 5.	Sex: Ma	ıle/Femal	e	
6. Give details of	subject(s) reap	ppearing for (Indicate T for	Theory – I	P for Pra	ctical)	
S.No. Subject		Subject	Tick (✔)			
Code		·			ar subject	
				Mid-	End-	
				Term	Term	
1 BHM151	FC IN FOOD	O PRODUCTION-II				
2 BHM152		O & BEVERAGE SERVICE	-II			
3 BHM153		NT OFFICE-II				
4 BHM154		OMMODATION OPERATION	ONS-II			
5 BHM117	PRINCIPLES	S OF FOOD SCIENCE				
6 BHM108	ACCOUNTA	ANCY				
7 BHM109	COMMUNIC	CATION				
	RE-A	PPEAR EXAMINATION FEE	L			

Theory @ Rs.300/- per subject

7.	Give d	etails of examinat	ion and related fees paid:	Late Fee (if any)			
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)	National Counc		oo the Examinat	ion Rules of the		
	Date: _			(Signature	of the candidate)		
		CI	ERTIFICATE BY PRINC	IPAL			
1.	Certifi	ed that admission	to the semester was grante	d as per NCHM&0	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.	satisfy	ing that he/she ful	d for the Examination will fils the attendance require il for Hotel Management.		•		
5.	Rs	remitte	wing fee of the candidated to the Council through cil for Hotel Management	RTGS (Mandate I	Form attached) in		
		ee (if any) Rs	S S				
Date:			Pr	rincipal's signature	with office seal		
			FOR NCHM&CT USI	 F.			
1.Ex 2.La	te Fee: I	Rs Rs	Examination particulars Checked & Verified	Examir	nation Hall ticket issued.		

Executive Officer (S)

Dealing Assistant

Assistant Director (T)