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

ODD SEMESTER END TERM EXAMINATION FORM Academic Year 2019-2020

COURSE TITLE: THREE-YEAR B.Sc. IN H&HA- SEMESTER- III NOT APPLICABLE FOR SEM-IV CANDIDATES

RE-APPEAR CANDIDATES

| LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE Without late fee : 16.09.2019 With late fee of Rs. 500/- : 03.10.2019 With late fee of Rs.1000/- : 14.10.2019 | | | | | | | | | | Paste Passport Size Photograph. (Do not staple) | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------|---------|------|----------------------------|------|-----|---|--|--------------------------------------------------|-------------|---------------------------------------------|--|--|-------------|--|-------------|--|
| | Council Roll No Name of the Institute | | | | | | | | | | | (Photograph to attested by Principal) | | | 7 | | | |
| 1. Name of the candidate in English (full name in BLOCK letters) First name Middle name Surname | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| (P 2. | (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:Phone: | | | | | | | | | | | | | | | | | |
| 4. | Date of Birth (by Christian era) 5. Sex: Male/Female | | | | | | | | | | | | | | | | | |
| 6. | Give det | ails of subj | ject(s) | reap | pea | ring | for | : | | | | | | | | | | |
| | S.No. | Subject | Code | | Subject | | | | | | Please tick | | | | | | | |
| | | | | | | | | | | | | | | | Mid Term | | End Term | |
| | 1 | BHM | | | Food Production Operations | | | | | | | | | | | | | |
| | 2 | BHM | | | Food & Beverage Operations | | | | | | | | | | | | | |
| | 3 | BHM | 203 | | Front Office Operations | | | | | | | | | | | | | |
| | 4 | BHM | 204 | | Accommodation Operations | | | | | | | | | | | | | |
| | 5 | BHM | 205 | | Food & Beverage Controls | | | | | | | | | | | | | |
| | 6 | BHM | 206 | | Hotel Accountancy | | | | | | | | | | | | | |
| | 7 | BHM | 207 | | Food Safety & Quality | | | | | | | | | | | | | |
| | 8 | BHM | 208 | | Industrial Training | | | | | | 1 | · <u>-</u> | | | | | | |

Theory @ Rs.300/- per subject

Practical @ Rs.500/- per

| 7. | Give details of exan | nination and related fees paid | d: Examination Fee | | | | | |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 8. | b) I hereby dec of my know | ledge and belief. nat I have read and under | | | | | | |
| | Date: | | (Signature of the candidate) | | | | | |
| | | CERTIFICATE BY PRI | NCIPAL | | | | | |
| 1. | Certified that admiss | sion 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 | didate is included in the amount of buncil through RTGS vide UTR/IMPS in favour of National Council (mandate form attached). | | | | | |
| | Examination Fee Late Fee (if any) Total Fee | Rs Rs | | | | | | |
| Date | e: | | Principal's signature with office seal | | | | | |
| | | FOR NCHM&CT U | USE | | | | | |
| 1.E 2.I | e received Exam Fee: Rs Late Fee: Rs otal Fee Rs | Examination particular Checked & Verified | rs Examination Hall | | | | | |
| | Dealing Assis | stant Executive Office | an (S) Assistant Director (T) | | | | | |

Executive Officer (S)

Assistant Director (T)