होटल प्रबंधन और खानपान प्रौद्योगिकी संस्थान

कोवलम, तिरूवनन्तपूरम, केरल

INSTITUTE OF HOTEL MANAGEMENT AND CATERING TECHNOLOGY KOVALAM, THIRUVANANTHAPURAM, KERALA

र्भ :आईएच एम सी टी :प्रशासन : 2022-2023 : 30

दिनांक / Dated: 02.03.2023

सूचना/NOTICE

ATTENTION SECOND & FOURTH SEMESTER

MSc STUDENTS

SEMESTER II & IV RE-APPEAR EXAMINATION FORM IS PUBLISHED IN THE INSTITUTE WEBSITE. STUDENTS HAVING BACKLOGS/ RE-APPEAR ARE REQUESTED TO DOWNLOAD THE FORMS FROM THE WEBSITE (www.ihmctkovalam.ac.in) AND SUBMIT THE SAME TO THE ACADEMICS DEPARTMENT AS PER THE DATES MENTIONED IN THE RE-APPERAR FORMS.

(के. राजशेखर/ K.RAJSHEKHAR)

प्राचार्य/PRINCIPAL

On 7434 2003.

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

EVEN SEMESTER END TERM EXAMINATION FORM

Academic Year 2022-2023

COURSE TITLE: TWO-YEAR M.Sc. HA- SEMESTER-II (FOR RE-APPEAR CANDIDATES ONLY)

With	E FOR SUB out late fee late fee of l late fee of l	Rs. 500/-	FORMS IN THE INSTITUTE : 17/03/2023 : 06/04/2023 : 21/04/2023	Size Photograph (Do not staple)
ıncil Roll	No	Institute	e Name	(Photograph to b attested by Principal)
Name First name	of the cand	date in Englis	h (full name in BLOCK letters Middle name	Surname
(Please no	te that the nan	ne written above	should be same as given in your +2	CBSE/Board Certificate)
Stude	nt's Mobile	No.		
Stude	nt's Email i	d :	De la marchistica de la companya de	
			Part 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Perma	anent reside	ntial address for	or correspondence	King and the standard
_				
		Pin:	Alternate/Landli	ne No
Date	of Birth (by	Christian era)	7. Sex:	Male/Female
		bject(s) reappe		
S.No.	Subject		Subject	Please tick
	Code			End Term
. 1	MHA-5	Revenue / Y	ield Management	
2	MHA-7	Equipment &	& Material Management	1 2 2 2 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
3	MHA-21	Mentorship -	- Research Methodology (TH)	
-				30 - 1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2

9.	Give details of examina	tion and related fees paid:	Examination Fee Late Fee (if any)			
			Total Fee			
10.	b) I hereby declare of my knowledg	have read and understo	n the application ar			
	Date:	(Sign	nature of the candid	late)		
	C	ERTIFICATE BY PRINC	IPAL			
1.	Certified that admission	to the semester was grante	d as per NCHM&0	CT Rules.		
2.	Certified that Mr./Ms is/was a bonafide full tin student of this institution and has satisfactorily completed the prescribed course 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.	after satisfying that he	ard for the Examination we/she fulfils the attendantational Council for Hotel M	ce requirements a	- T		
5.	RsNo.	owing fee of the candidated remitted to the Councillated dated Catering Technology (ma	cil through RTGS in favour of	vide UTR/IMPS National Council		
	Late Fee (if any) R	S S				
Date:		Princi	pal's signature with	office seal		
		FOR NCHM&CT US	Œ	*		
Fee rec	ceived	Examination particulars	Examina	tion Hall		
	m Fee: Rs Fee: Rs	Checked & Verified		icket issued.		
	Dealing Assistant	Executive Officer (S)	As	ssistant Director (T)		

ge 10f 2 Print on both sides

2-YEAR M.Sc. HA

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

EVEN SEMESTER END TERM EXAMINATION FORM

Academic Year 2022-2023

COURSE TITLE: TWO-YEAR M.Sc. HA – SEMESTER-IV (FOR RE-APPEAR CANDIDATES ONLY)

With	out late fee late fee of F late fee of F		: 10/ : 02/	02/2023	3	UTE		Paste Pa Size Photo (Do not s	ograph.
l Roll	No -	Institute	Name						d by
Name of	of the candi				OCK 1	etters)		Sur	name
ease not	e that the nam	e written above s	hould be sar	me as giv	en in you	ur +2 CB	SE/Bo	ard Certifi	cate)
Studer	nt's Mobile	No.							
Studen	nt's Email ic	1.							
Perma	nent resider	itial address fo	r correspo	ondence					
Hoe			SPIN						
		Pin:		Alte	rnate/L	andline	No.		
									1
						Den. IV	are/1		
Give o	letails of sul	oject(s) reappe	aring for:	9					
S.No. Subject		Subject .		T	Please tick				
	Code							End T	erm
	MHA-17	Production &	Operatio	n Mana	gement		-1-	-1	
1.	TATELY 1				ct - (Dis				
	Name of the name lease not Studer Studer Father Perma	Name of the candidate name ease note that the name Student's Mobile Student's Email in Father's / Mother' Permanent resident Date of Birth (by Give details of substitutions)	Name of the candidate in English t name ease note that the name written above s Student's Mobile No. Student's Email id: Father's / Mother's Name Permanent residential address fo Pin: Date of Birth (by Christian era) Give details of subject(s) reappe	Name of the candidate in English (full name middle name middle name middle name written above should be sare student's Mobile No. Student's Email id: Father's / Mother's Name Permanent residential address for correspondence of Birth (by Christian era) Give details of subject(s) reappearing for:	Name of the candidate in English (full name in BL t name	Name of the candidate in English (full name in BLOCK Ist name Middle name ease note that the name written above should be same as given in your Student's Mobile No. Student's Email id: Father's / Mother's Name Permanent residential address for correspondence Pin: Alternate/L Date of Birth (by Christian era)	Name of the candidate in English (full name in BLOCK letters) t name Middle name ease note that the name written above should be same as given in your +2 CB Student's Mobile No. Student's Email id: Father's / Mother's Name Permanent residential address for correspondence Pin: Alternate/Landline Date of Birth (by Christian era) 7. Sex: M Give details of subject(s) reappearing for:	Name of the candidate in English (full name in BLOCK letters) t name Middle name ease note that the name written above should be same as given in your +2 CBSE/Bo Student's Mobile No. Student's Email id: Father's / Mother's Name Permanent residential address for correspondence Pin: Alternate/Landline No. Date of Birth (by Christian era) 7. Sex: Male/Fo	Name of the candidate in English (full name in BLOCK letters) t name Middle name Sum ease note that the name written above should be same as given in your +2 CBSE/Board Certification Student's Mobile No. Student's Email id: Father's / Mother's Name Permanent residential address for correspondence Pin: Alternate/Landline No. Date of Birth (by Christian era) 7. Sex: Male/Female Give details of subject(s) reappearing for:

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

9 .	Give details of examina	tion and related fees paid:	Examination Fee Late Fee (if any) Total Fee
10.	b) I hereby declared of my knowledge	ge and belief.	n the application are true to the best
	c) Certified that National Coun		ood the Examination Rules of the
	Date:	(Sign	nature of the candidate)
		ERTIFICATE BY PRINC	CIPAL
1.	Certified that admission	to the semester was grante	ed as per NCHM&CT Rules.
2.	Certified that Mr./Msstudent of this institution studies as laid down by	on and has satisfactorily	is/was a bonafide full time completed the prescribed course of
3.	Certified that Examinundertaking obtained for	nation Rules have been or having understood the sa	explained to the candidate and me.
4.	after satisfying that h	ard for the Examination vale/she fulfils the attendar National Council for Hotel I	will be issued to the candidate only ace requirements as laid down in Management.
5.	Rs No.	remitted to the Coun	ate is included in the amount of acil through RTGS vide UTR/IMPS in favour of National Council andate form attached).
	Examination Fee Late Fee (if any)	Rs Rs	
Date	e:	Princ	ipal's signature with office seal
	M-s	FOR NCHM&CT US	SE
1.Ex 2.La	received kam Fee: Rs ate Fee: Rs al Fee Rs	Examination particulars Checked & Verified	Examination Hall Admission ticket issued.
-	Dealing Assistant	Executive Officer (S	Assistant Director (T)