

होटल प्रबंधन और खानपान प्रौद्योगिकी संस्थान

कोवलम, तिरुवनन्तपुरम, केरल

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

भ्रं :आईएच एम सी टी :प्रशासन : 2022-2023 : 28

दिनांक / Dated : 02.02.23

सूचना/NOTICE

ATTENTION DIPLOMA COURSE STUDENTS

RE-APPEAR EXAMINATION FORM FOR DIPLOMA COURSE 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 DATE MENTIONED IN THE RE-APPEAR FORMS.


(के. राजशेखर/ K.RAJSHEKHAR)

प्राचार्य/PRINCIPAL

Ok

06/2/2023

9. Give details of examination and related fees paid: Examination Fee
 Late Fee (if any)
Total 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 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 (mandate form attached).
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.....
 Late Fee (if any) Rs.....
 Total Fee Rs.....

Date: _____

Principal's signature with office seal

FOR NCHMCT USE

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