

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

**EVEN SEMESTER END TERM EXAMINATION FORM**  
Academic Year 2024-2025

**COURSE TITLE: THREE-YEAR B.Sc. (HHA) – SEMESTER- II**  
**(RE-APPEAR CANDIDATES OF JNU-NCHMCT ONLY)**

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| <b>LAST DATE FOR SUBMISSION OF FORMS IN THE ACADEMIC CHAPTER</b> |              | Paste Passport<br>Size Photograph.<br><br>(Do not staple)<br><br>(Photograph to be<br>attested by<br>Principal) |
| <b>Without Late fee</b>  | : 17/03/2025 |   |
| <b>With Late fee of Rs.500/-</b>                                 | : 01/04/2025 |   |
| <b>With Late fee of Rs.1000/-</b>                                | : 16/04/2025 |   |

Council Roll No \_\_\_\_\_ Name of Academic Chapter \_\_\_\_\_

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

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

2. Student's Mobile No. 

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3. Student's Email id : \_\_\_\_\_
4. Father's / Mother's Name \_\_\_\_\_
5. Permanent residential address for correspondence \_\_\_\_\_

Pin: \_\_\_\_\_ Alternate/Landline No. \_\_\_\_\_

6. Date of Birth (by Christian era) \_\_\_\_\_ 7. Sex: Male/Female/Others

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

| S. No. | Subject Code | Subject   | Please tick |     |
|--------|--------------|---|-------------|-----|
|        |              |   | IE          | ESE |
| 1      | BHA201       | Foundation Course In Food Production-II (Theory)              |             |     |
| 2      | BHA202       | Foundation Course In Food Production-II (Practical)           |             |     |
| 3      | BHA203       | Foundation Course In Food & Beverage Service-II (Theory)      |             |     |
| 4      | BHA204       | Foundation Course In Food & Beverage Service-II (Practical)   |             |     |
| 5      | BHA205       | Foundation Course In Rooms Division Operations-II (Theory)    |             |     |
| 6      | BHA206       | Foundation Course In Rooms Division Operations-II (Practical) |             |     |
| 7      | BHA207       | Hotel Security  |             |     |
| 8      | BHA208       | Sustainable Tourism   |             |     |
| 9      | BHA209       | Communication Skills-II                                       |             |     |
| 10     | BHA210       | Basics of Tourism   |             |     |
| 11     | BHA211       | Application of Computers & IT (Practical)                     |             |     |
| 12     | BHA212       | Yoga/Stress Management-II (Practical)                         |             |     |

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| <b>REAPPEAR EXAMINATION FEE</b><br>*IE – Internal Evaluation, *ESE - End Semester Examination<br>- Theory @ Rs.300/- per subject (Forwarded to NCHM)<br>- Practical @ Rs.500/- & IE @ Rs.300/- per subject (Both retained by Academic Chapter) |
|--|

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 academic chapter 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**

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



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

**EVEN SEMESTER END TERM EXAMINATION FORM**  
Academic Year 2024-2025

**COURSE TITLE: THREE-YEAR B.Sc. HHA - SEMESTER-II**  
**(RE-APPEAR CANDIDATES OF IGNOU-NCHMCT ONLY)**

| LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE |   |            |
|--|---|------------|
| Without Late fee                                   | : | 17/03/2025 |
| With Late fee of Rs.500/-                          | : | 01/04/2025 |
| With Late fee of Rs.1000/-                         | : | 16/04/2025 |

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| Paste Passport<br>Size Photograph.<br><br>(Do not staple)<br><br>(Photograph to be<br>attested by<br>Principal) |
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Council Roll No 

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 InSTITUTE Name \_\_\_\_\_

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

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 Middle name 

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 Surname 

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

2. Student's Mobile No. 

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3. Student's Email id : \_\_\_\_\_

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

5. Permanent residential address for correspondence \_\_\_\_\_  
 \_\_\_\_\_  
 Pin: \_\_\_\_\_ Alternate/Landline No. \_\_\_\_\_

6. Date of Birth (by Christian era) \_\_\_\_\_ 7. Sex: Male/Female

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

| S. No. | Subject Code | Subject                                   | Please tick |          |           |
|--------|--------------|---|-------------|----------|-----------|
|        |              |   | Mid Term(T) | End Term |           |
|        |              |   |             | Theory   | Practical |
| 1      | BHM151       | Foundation Course in Food Production-II   |             |          |           |
| 2      | BHM152       | Foundation Course in F & B Service-II     |             |          |           |
| 3      | BHM153       | Foundation Course in Front Office-II      |             |          |           |
| 4      | BHM154       | Foundation Course in Accom. Operations-II |             |          |           |
| 5      | BHM108       | Accountancy                               |             |          |           |
| 6      | BHM109       | Communication                             |             |          |           |
| 7      | BHM117       | Principles of Food Science                |             |          |           |

**REAPPEAR EXAMINATION FEE**  
 - Theory @ Rs.300/- per subject (Forwarded to NCHM)  
 - Practical @ Rs.500/- & Mid-term IC (Theory) @ Rs.300/- per subject (Both retained by Institute)

Page 1 of 2 Print on both sides  
3-YEAR B.Sc. HHA

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 NCHM&CT USE  |  |  |
|--|--|--|
| Fee received<br>1.Exam Fee: Rs. _____<br>2.Late Fee: Rs. _____<br>Total Fee Rs. _____<br><br>Dealing Assistant | Examination particulars<br>Checked & Verified<br><br><br>Executive Officer (S) | Examination Hall<br>Admission ticket issued.<br><br><br>Assistant Director (T) |

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

**EVEN SEMESTER END TERM EXAMINATION FORM**  
Academic Year 2024-2025

**COURSE TITLE: THREE-YEAR B.Sc. HHA- SEMESTER-IV**  
**(FOR RE-APPEAR CANDIDATES ONLY)**

|   |                     |   |
|---|---------------------|---|
| <b>LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE</b> |                     | Paste Passport<br>Size Photograph.<br><br>(Do not staple)<br><br>(Photograph to be<br>attested by<br>Principal) |
| <b>Without Late fee</b>                                   | <b>: 14/02/2025</b> |   |
| <b>With Late fee of Rs.500/-</b>                          | <b>: 28/02/2025</b> |   |
| <b>With Late fee of Rs.1000/-</b>                         | <b>: 17/03/2025</b> |   |

Council Roll No  Institute Name

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. Student's Mobile No.

3. Student's Email id :

4. Father's / Mother's Name

5. Permanent residential address for correspondence

Pin:  Alternate/Landline No.

6. Date of Birth (by Christian era)  7. Sex: Male/Female

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

| S. No. | Subject Code | Subject                    | Please tick |                              |
|--------|--------------|----------------------------|-------------|------------------------------|
|        |              |                            | Mid Term(T) | End Term<br>Theory Practical |
| 1      | BHM 201      | Food Production Operations |             |                              |
| 2      | BHM 202      | Food & Beverage Operations |             |                              |
| 3      | BHM 203      | Front Office Operations    |             |                              |
| 4      | BHM 204      | Accommodation Operations   |             |                              |
| 5      | BHM 205      | Food & Beverage Control    |             |                              |
| 6      | BHM 206      | Hotel Accountancy          |             |                              |
| 7      | BHM 207      | Food Safety & Quality      |             |                              |
| 8      | BHM 208      | Industrial Training        |             |                              |

**REAPPEAR EXAMINATION FEE**  
- Theory @ Rs.300/- per subject (Forwarded to NCHM)  
- Practical @ Rs.500/- & Mid-term IC (Theory) @ Rs.300/- per subject (Both retained by Institute)

9. Give details of examination and related fees paid: Examination Fee .....  
 Late Fee (if any) .....  
**Total Fee** .....
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 c) **Certified that I have read and understood the Examination Rules of the National Council.**

Date: \_\_\_\_\_ (Signature of the candidate)

**CERTIFICATE BY PRINCIPAL**

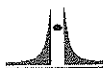
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Examination Fee Rs.....  
 Late Fee (if any) Rs.....  
 Total Fee Rs.....

Date: \_\_\_\_\_ Principal's signature with office seal

**FOR NCHM&CT USE**

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

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(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: \_\_\_\_\_

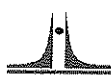
4. Date of Birth (by Christian era) \_\_\_\_\_ 5. Sex: Male/Female

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

(Signature of the candidate)

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Examination Fee: Rs.....

Total Fee: Rs.....

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

Principal's signature with office seal

**FOR NCHM&CT USE**

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





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

**EVEN** SEMESTER END TERM EXAMINATION FORM  
Academic Year 2024-2025

COURSE TITLE: THREE-YEAR B.Sc. HHA- **SEMESTER-VI**  
(FOR RE-APPEAR CANDIDATES ONLY)

| LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE |   |            | Paste Passport<br>Size Photograph.<br><br>(Do not staple)<br><br>(Photograph to be<br>attested by<br>Principal) |
|--|---|------------|---|
| Without Late fee                                   | : | 14/02/2025 |   |
| With Late fee of Rs.500/-                          | : | 28/02/2025 |   |
| With Late fee of Rs.1000/-                         | : | 17/03/2025 |   |

Council Roll No  Institute Name

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. Student's Mobile No.
3. Student's Email id :
4. Father's / Mother's Name
5. Permanent residential address for correspondence
- Pin:  Alternate/Landline No.
6. Date of Birth (by Christian era)  7. Sex: Male/Female

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

| S. No. | Subject Code | Subject                            | Please tick |                              |
|--------|--------------|------------------------------------|-------------|------------------------------|
|        |              |                                    | Mid Term(T) | End Term<br>Theory Practical |
| 1      | BHM 351      | Adv. Food Production Operations II |             |                              |
| 2      | BHM 352      | Adv. F&B Operations II             |             |                              |
| 3      | BHM 353      | Front Office Management II         |             |                              |
| 4      | BHM 354      | Accommodation Management II        |             |                              |
| 5      | BHM 305      | Food & Beverage Management         |             |                              |
| 6      | BHM 306      | Facility Planning                  |             |                              |
| 7      | BHM 309      | Research Project                   |             |                              |

**REAPPEAR EXAMINATION FEE**

- Theory @ Rs.300/- per subject (Forwarded to NCHM)  
- Practical @ Rs.500/-&Mid-term IC (Theory) @ Rs.300/- per subject (Both retained by Institute)

9. Give details of examination and related fees paid: Examination Fee .....  
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Date: \_\_\_\_\_ (Signature of the candidate)

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Examination Fee Rs.....  
 Late Fee (if any) Rs.....  
 Total Fee Rs.....

Date: \_\_\_\_\_ Principal's signature with office seal

| FOR NCHM&CT USE  |  |  |
|--|--|--|
| Fee received<br>1.Exam Fee: Rs. _____<br>2.Late Fee: Rs. _____<br>Total Fee Rs. _____<br><br>Dealing Assistant | Examination particulars<br>Checked & Verified<br><br><br>Executive Officer (S) | Examination Hall<br>Admission ticket issued.<br><br><br>Assistant Director (T) |





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



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

**APPLICATION FOR CHANGE OF CENTRE**

Academic Year 2024-2025

(Please ensure that you are eligible for change of centre before filling up this form)

**CHANGE OF CENTRE FEES – Rs.500/- ONE TIME**  
(This form must be routed through institute concerned only)

Paste Passport Size Photograph.  
(Do not staple)  
(Photograph to be attested by Principal)

Council Roll No                
Institute Name \_\_\_\_\_

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. Student's Mobile No.
3. Student's Email id : \_\_\_\_\_
4. Father's / Mother's Name \_\_\_\_\_
5. Permanent residential address for correspondence : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Pin: \_\_\_\_\_ Alternate/Landline No. \_\_\_\_\_
6. Date of Birth (by Christian era) \_\_\_\_\_ 7. Sex: Male/Female
8. Give details of the exam Centre opted for appearing in the exams:  
IHM/FCI \_\_\_\_\_

Candidate's signature \_\_\_\_\_

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

Principal's signature with office seal

**FOR NCHMCT USE**

|   |  |  |
|---|--|--|
| Fee received<br><br><br><br><br><br><br><br><br><br><br><br><br><br><br><br>Dealing Assistant | Examination particulars<br>Checked & Verified<br><br><br><br><br><br><br>Executive Officer (S) | Examination Hall<br>Admission ticket issued.<br><br><br><br><br><br><br>Assistant Director (T) |
|---|--|--|