

National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA 201309

END TERM EXAMINATION FORM

Academic Year 2019-2020

COURSE TITLE: DIPLOMA COURSE IN:

FOOD PRODUCTION
FOOD & BEVERAGE SERVICE
HOUSEKEEPING
FRONT OFFICE OPERATIONS
BAKERY & CONFECTIONERY

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(FOR RE-APPEAR CANDIDATES)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE	
Without late fee	: 28.02.2020
With late fee of Rs. 500/-	: 13.03.2020
With late fee of Rs.1000/-	: 27.03.2020

Paste Passport Size Photograph.

(Do not staple)

(Photograph to be attested by Principal)

Council Roll No

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of the Institute

<input type="text"/>

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

First name	Middle name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

2. Father's Name _____

3. Permanent residential address for correspondence

Pin: _____ Phone: _____

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

6. Give details of subject(s) reappearing for (Indicate *T* for Theory – *P* for Practical)

SL. NO.	Subject	Subject Please Tick	
		Mid Term	End Term
1	DFP	<input type="checkbox"/>	<input type="checkbox"/>
2	DFBS	<input type="checkbox"/>	<input type="checkbox"/>
3	DFO	<input type="checkbox"/>	<input type="checkbox"/>
4	DHK	<input type="checkbox"/>	<input type="checkbox"/>
5	DBC	<input type="checkbox"/>	<input type="checkbox"/>

RE-APPEAR EXAMINATION FEE
Theory @ Rs.300/- per subject Practical @Rs.500/- per subject

1 1/2 YEAR DIPLOMA PROGRAM Page 1 of 2 Print on both sides

7. Give details of examination and related fees paid: Examination Fee
 Late Fee (if any)
Total Fee

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) **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.
5. Certified that the following fee of the candidate is included in the amount of Rs. _____ remitted to the Council through RTGS (Mandate Form attached) in favour of National Council for Hotel Management & Catering Technology.

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

Date: _____

Principal's signature with office seal

FOR NCHM&CT USE

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