## 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-V

## **REGULAR CANDIDATES**

LAST DATE FOR SUBN	Paste Passport				
Without late fee	: 16.09.2019	Size Photograph.			
With late fee of Rs. 500/-	: 03.10.2019				
With late fee of Rs.1000/-	: 14.10.2019	(Do not staple)			
		(Photograph to be			
Council Roll N	No Name of the Institute	attested by			
		Principal)			
1. Name of the candidate in English (full name in BLOCK letters)					
	,	<b>G</b>			
First name	Middle name	Surname			
(Please note that the name	written above should be same as given in your +2 CBSE	/Board Certificate)			
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2. Father's / Mother's	s Name				
2. Father's / Mother's Name					
3. Permanent residential address for correspondence					
5. Fermanent residential address for correspondence					
	Pin: Pho	<b></b>			
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A Data of Dinth (by Christian and) 5 Cary Mala/Famala					
4. Date of Birth (by Christian era) 5. Sex: Male/Female					
6. Give details of examination and related fees paid: Examination Fee					
1					
	Late Fee (if an	ıy)			
	Total Fee				

a)	Certified that	at the name as written abo	ove by me is correct.	
b)	I hereby declare that the statements made in the application are true to the b			
	of my know	ledge and belief.		
c)	Certified the	hat I have read and un	derstood the Examination Rules of the	
	National C	ouncil.		
Date:			(Signature of the candidate)	
		CERTIFICATE BY I	PRINCIPAL	
Certif	ied that admis	ssion to the semester was	granted as per NCHM&CT Rules.	
studer	nt of this inst	itution and has satisfact		
studie	s as laid dowr	n by the Council.		
			explained to the candidate and undertaking	
obtain	ed for having	understood the same.		
satisfy	ing that he/sh	ne fulfils the attendance	requirements as laid down in Examination	
Rs No		remitted to the	Council through RTGS vide UTR/IMPS in favour of National Council	
101 110	nei wanagem	chi & Catering Technolo	gy (mandate form attached).	
	,			
Total	Fee	Rs		
			Principal's signature with office seal	
	c) Date: Certification Certifi	c) Certified to National Control Contr	b) I hereby declare that the statements rof my knowledge and belief. c) Certified that I have read and un National Council.  Date:	

## FOR NCHM&CT USE

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