## 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:**

- 1. Craftsmanship Certificate Course in Food Production & Patisserie SEMESTER-I
- 2. Craftsmanship Certificate Course in Food & Beverage Service BATCH I

## **RE-APPEAR CANDIDATES**

LAST DATE FOR SUB	MISSION OF FORMS IN THE INSTITUTE	Paste Passport					
Without late fee	: 14.10.2019	Size Photograph.					
With late fee of Rs. 500/-	: 28.10.2019						
With late fee of Rs.1000/-	(Do not staple)						
Council Roll No	Name of the Institute	(Photograph to be attested by Principal)					
1. Name of the candidate in English (full name in BLOCK letters)							
First name	Middle name	Surname					
(Please note that the name	e written above should be same as given in your +2 CBSE/I	Board Certificate)					
2. Father's / Mother'	s Name						
3. Permanent residential address for correspondence							
	Pin: Phon	ie:					
4. Date of Birth (by Christian era) 5. Sex: Male/Female							
6. Give details of subject(s) reappearing for:							
S.No. Subject	Subject	Please tick					
		<u> </u>					

S.No.	Subject	Subject	Please tick	
	Code		Mid	End
			Term	Term
1	CFPP11	Cookery & Larder Theory-I		
2	CFPP12	Cookery Practical-I		
3	CFPP13	Larder Practical-I		
4	CFPP14	Bakery & Patisserie Theory-I		
5	CFPP15	Bakery & Patisserie Practical-I		
6	CFPP16	Hygiene		
7	CFPP17	Equipment Maintenance		
8	CFBS01	Food Service		
9	CFBS02	Beverage Service		

7.	Give o	letails of examina	ation and related fees paid:	Late Fee (if any)			
8.	a)	Certified that the	e name as written above by		• • • • • • • • • • • • • • • • • • • •		
0.	<ul><li>a) Certified that the name as written above by me is correct.</li><li>b) I hereby declare that the statements made in the application are true to the best of my knowledge and belief.</li></ul>						
	c)	•	I have read and understo	ood the Examination	n Rules of the		
	Date:			(Signature of	the candidate)		
		C	ERTIFICATE BY PRINC	IPAL			
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.	after	satisfying that h ination Rules of	ard for the Examination was selected and the attendance of National Council for H	ce requirements as	laid down in		
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).						
		Gee (if any) F	Rs Rs				
Date:			_ P	rincipal's signature w	ith office seal		
			FOR NCHM&CT USI	E			
	Fee: R		Examination particulars Checked & Verified	Examination Admission tick			
		Dealing Assistant	Executive Officer (S)	Assis	stant Director (T)		