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

REGULAR CANDIDATES

LAST DATE FOR SUBN Without late fee With late fee of Rs. 500/- With late fee of Rs.1000/-	MISSION OF FORMS IN THE I : 14.10.2019 : 28.10.2019 : 13.11.2019	NSTITUTE	Paste Passport Size Photograph. (Do not staple)
	Name of the Institute		(Photograph to be attested by Principal)
	late in English (full name in BLC	OCK letters)	~
First name	Middle name		Surname
3. Permanent residen	s Name tial address for correspondence Pin:		ne:
4. Date of Birth (by C	Christian era)	5. Sex: Ma	ıle/Female
6. Give details of exa	mination and related fees paid:	Late Fee (if an	Yee y)

- 7. 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 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
	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	Examination particulars Checked & Verified	Examination Hall Admission ticket issued.
Dealing Assistant	Executive Officer (S)	Assistant Director (T)