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

EVEN SEMESTER END TERM EXAMINATION FORM Academic Year 2019-2020 (BATCH – 2018-2020)

COURSE TITLE: TWO-YEAR M.Sc. IN HA PROGRAM – SEMESTER- IV

(FOR RE-APPEAR CANDIDATES)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE										Paste Passport						
Without late fee				: 14.02.2020								Size Photograph.				
With late fee of Rs. With late fee of Rs.		: 28.02.2020 : 13.03.2020								(Do not staple)						
Council Roll No		Name of the Institute								(Photograph to be attested by Principal)						
1. Name of the	candidate in	Eng	glish	(full	nam	e in	BL	OC	K le	etter	s)					
First name	First name					Middle name						Surname				
(Please note that th	e name written	abov	ve sh	ould b	e sam	e as	give	n in	your	+2	CBS	E/B	oard (Certifi	cate)	
3. Permanent re	esidential add	dress	s for		espon						Ph	one	:			
4. Date of Birth	Date of Birth (by Christian era) 5. Sex: Male/F							/Fen	nale							
6. Give details	of subject(s)	reap	pea	ring 1	for (I	ndic	ate	T f	or T	heo	ry -	- P .	for P	racti	cal)	
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7.	Give d	letails of exami	ination and related fees paid:	Late Fee (if any)						
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 National Co	at I have read and understouncil.	ood the Examinat	ion Rules of the					
	Date:			(Signature o	of the candidate)					
			CERTIFICATE BY PRINC	CIPAL						
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.	Rs	ren	ollowing fee of the candidative and the council through ouncil for Hotel Management	RTGS (Mandate F	Form attached) in					
	Exami	nation Fee	Rs							
		ee (if any)	Rs							
	Total l	• •	Rs							
Date:			P	rincipal's signature	with office seal					

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