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

## EVEN SEMESTER END TERM EXAMINATION FORM

Academic Year 2019-2020

## COURSE TITLE: POST GRADUATE DIPLOMA IN DIETETICS & HOSPITAL FOOD SERVICE – SEMESTER-II (FOR RE-APPEAR CANDIDATES)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE				Paste Passport				
Without late fee		: 28.02.2020		Size Photograph.				
With late fee of Rs. 500/-		: 13.03.2020		(Do not staple)				
With late fee of Rs.1000/-		: 27.03.2020		(Do not staple)				
Council Roll No Name of the Inst		Name of the Instit	tute	(Photograph to be attested by				
PUSA – NEW DELHI		DELHI	Principal)					
4 27 61		11 1 (6 11						
1. Name of the candidate in English (full name in BLOCK letters)  First name  Middle name  Surname								
First name		Wilddie name		Surname				
(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:	Phoi	ne:				
		Pin: era)						
4. Date of Birth	(by Christian		_ 5. Sex: Ma	ale/Female				
4. Date of Birth	(by Christian	era)	_ 5. Sex: Ma	ale/Female				
<ul><li>4. Date of Birth</li><li>6. Give details of</li></ul>	(by Christian	era)appearing for ( <i>Indicate <b>T</b></i>	_ 5. Sex: Ma	nle/Female  P for Practical)	( <b>'</b> )			
<ul><li>4. Date of Birth</li><li>6. Give details of S.No. Subject</li></ul>	(by Christian	era)appearing for ( <i>Indicate <b>T</b></i>	_ 5. Sex: Ma	P for Practical) Tick (	(V) pear			
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Theory @ Rs.300/- per subject

Practical @Rs.500/- per subject

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7.	Give o	letails of exami	nation and related fees paid:	Late Fee (if any)				
8.	a)							
	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 Cou	nt I have read and understouncil.	ood the Examinat	ion Rules of the			
	Date:			(Signature	of the candidate)			
			CERTIFICATE BY PRINC	CIPAL				
1.	Certifi	ed that admissi	on to the semester was grante	ed as per NCHM&	CT Rules.			
2.	studen		sution and has satisfactorily or 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	rem	ollowing fee of the candidate itted to the Council through ouncil for Hotel Management	RTGS (Mandate I	Form attached) in			
	Evami	nation Fee	Rs					
		ee (if any)	Rs					
	Total 1	· · · · · · · · · · · · · · · · · · ·	Rs					
Date:			P	Principal's signature	with office seal			
			FOR NCHM&CT US	E				
Fee red			Examination particulars		ation Hall			
		.s	_ Checked & Verified	Admission	ticket issued.			
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Executive Officer (S)

Dealing Assistant

Assistant Director (T)