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: ONE-AND-HALF YEAR PROGRAM POST GRADUATE DIPLOMA IN DIETETICS & HOSPITAL FOOD SERVICE – SEMESTER-I

REGULAR CANDIDATES

LAST DATE FOR SUBMISSION OF FORMS IN THE I	NSTITUTE	Paste Passport
Without late fee : 14.10.2019		Size Photograph.
With late fee of Rs. 500/-: 28.10.2019With late fee of Rs.1000/-: 13.11.2019		(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 BLC	OCK letters)	
First name Middle name		Surname
 Father's / Mother's Name Permanent residential address for correspondence 		
Pin:	Phor	ne:
4. Date of Birth (by Christian era)	5. Sex: Ma	le/Female
6. Give details of examination and related fees paid:	Late Fee (if any	ee 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 (mandate form attached).
- 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.

Examination Fee	Rs
Late Fee (if any)	Rs
Total Fee	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)