

**A-34, SECTOR 62, NOIDA 201309**

## Academic Year 2018-2019

IN

**(FOR RE-APPEAR CANDIDATES)**

**With late fee of Rs.1000/- : 26.04.2019**

(Photograph to be  
attested by  
Principal)

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PUSA – NEW DELHI

- Surname

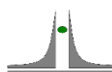
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Pin: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Give details of subject(s) reappearing for (*Indicate T for Theory – P for Practical*)

S.No.	Subject Code	Subject	Tick (✓) Re-appear subject	
			Mid Term	End Term
1	DHFS21	THERAPEUTIC DIETETICS-II		
2	DHFS22	NUTRITIONAL PERSPECTIVE IN COMMUNITY-II		
3	DHFS23	NUTRITION INDUSTRY MANAGEMENT-II		
4	DHFS24	SPORTS NUTRITION		

Practical @Rs.500/- per subject



7. Give details of examination and related fees paid: Examination Fee .....  
Late Fee (if any) .....  
Total Fee .....
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 I have read and understood the Examination Rules of the National Council.**

Date: \_\_\_\_\_

(Signature of the candidate)

### CERTIFICATE BY PRINCIPAL

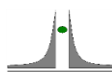
1. Certified that admission to the semester was granted as per NCHM&CT Rules.
2. Certified that Mr./Ms.\_\_\_\_\_ is/was a bonafide full time student of this institution and has satisfactorily completed the prescribed course of studies as laid down by the Council.
3. Certified that Examination Rules 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 (Mandate Form attached) 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. _____  <div style="text-align: right;">Dealing Assistant</div>	Examination particulars Checked & Verified   <div style="text-align: right;">Executive Officer (S)</div>	Examination Hall Admission ticket issued.   <div style="text-align: right;">Assistant Director (T)</div>
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