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

ODD SEMESTER TERM-END EXAMINATION FORM  
Academic Year 2016-2017

COURSE TITLE: THREE-YEAR B.Sc. IN H&HA- SEMESTER VIII

(FOR REGULAR & RE-APPEAR CANDIDATES)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE
With late fee of Rs.300/- : 03.10.2016
With late fee of Rs.500/- : 17.10.2016

Counsellor Roll No

Name of the Institute

1. Name of the candidate in English (full name in BLOCK letters)
   First name
   Middle 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

4. Date of Birth (by Christian era)

5. Sex: Male/Female

6. Give details of subject(s) reappearing for:

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REAPPEAR EXAMINATION FEE
Theory @ Rs.300/- per subject
Practical @ Rs.500/- per subject

7. Give details of examination and related fees paid:
   Examination Fee
   Late Fee (if any)
   Total Fee

A-34, Sector 62, Institutional Area, NOIDA - 201309  e-mail: dpe-cok@nic.in  Telephone: 0120-290065  12th August 2016
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 fulfills 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 vide bank draft no: ______
   dated __________ drawn on __________ branch 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  Examination particulars
1. Exam Fee  Rs. __________  Checked & Verified  Examination Hall
2. Late Fee  Rs. __________
Total Fee  Rs. __________  Admission ticket issued.

Dealing Assistant  Executive Officer (S)  Assistant Director (T)

3 YEAR B.Sc. IN H&HA  Page 2 of 2  Print on both sides.