

**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**

**RE-APPEAR CANDIDATES**

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE		
<b>Without late fee</b>	<b>:</b>	<b>14.10.2019</b>
<b>With late fee of Rs. 500/-</b>	<b>:</b>	<b>28.10.2019</b>
<b>With late fee of Rs.1000/-</b>	<b>:</b>	<b>13.11.2019</b>

Paste Passport Size Photograph.

(Do not staple)

(Photograph to be attested by Principal)

Council 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 / Mother's Name

3. Permanent residential address for correspondence

Pin:  Phone:

4. Date of Birth (by Christian era)  5. Sex: Male/Female

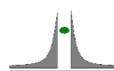
6. Give details of subject(s) reappearing for:

S.No.	Subject Code	Subject	Please tick	
			Mid Term	End Term
1	DHFS11	Human Physiology		
2	DHFS12	Applied Bio-Chemistry		
3	DHFS13	Therapeutic Dietetics-1		
4	DHFS14	Nutritional Perspective in Community-1		
5	DHFS15	Nutrition Industry Management-1		
6	DHFS16	Food Safety in Food Service Establishment		

**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** .....
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 (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 (mandate form attached).

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)

