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

EVEN SEMESTER END TERM EXAMINATION FORM

Academic Year 2020-2021

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

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE Paste Passport Size Photograph. Without late fee : 16.04.2021 : 30.04.2021 With late fee of Rs. 500/-(Do not staple) With late fee of Rs.1000/-: 14.05.2021 (Photograph to be Council Roll No Name of the Institute attested by PUSA – NEW DELHI Principal) Name of the candidate in English (full name in BLOCK letters) 1. Middle name First 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: ______ Mobile: _____ Email id: Date of Birth (by Christian era) ______ 5. Sex: Male/Female 4. Give details of subject(s) reappearing for (Indicate T for Theory – P for Practical) 6.

S.No.	Subject	Subject	Tick (✔)		
	Code		Re-appear subject		
			Mid Term End Term		
			(T)	(T)	(P)
1	DHFS21	Therapeutic Dietetics- II			
2	DHFS22	Nutritional Perspective in Community- II			
3	DHFS23	Nutrition Industry Management- II			
4	DHFS24	Sports Nutrition			
5	DHFS25	New Product Development Research	N/A	N/A	

REAPPEAR EXAMINATION FEE

Theory @ Rs.300/- (remit to NCHMCT) Practical @ Rs.500/- (retained by institute)

Mid-Term fee @Rs.300/- (retained by Institute) Change of centre fee Rs.500/- (remit to NCHMCT)

Assistant Director (T)

7.	Give d	etails of examina	ation 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 I have read and understood the Examination Rules of the National Council.						
	Date: _		(Sign	nature of the candida	ate)		
		(CERTIFICATE BY PRINC	IPAL .			
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 amo Rs remitted to the Council through RTGS(Mandate Form attach favour of National Council for Hotel Management & Catering Technology.						
	Exami	nation Fee	Rs				
	Late Fee (if any) Rs						
	Total F	Fee I	Rs				
Date:			_ Princi	pal's signature with	office seal		
		-	FOR NCHM&CT USI	E			
Fee rec			Examination particulars	Examinati			
1.Exan 2.Late		S	Checked & Verified	Admission tic	cket issued.		
Total F		S					

Executive Officer (S)

Dealing Assistant