

# ODD SEMESTER END TERM EXAMINATION FORM

## Academic Year 2020-2021

# 3-YEAR B.Sc. IN H & H A

A-34, Sector-62, Institutional Area, NOIDA – 201 309 e-mail: [dirs-nchm@nic.in](mailto:dirs-nchm@nic.in) Telefax: 0120-2590605



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**

<b>Fee received</b> 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____  Dealing Assistant	<b>Examination particulars</b> Checked & Verified   Executive Officer (S)	<b>Examination Hall</b> Admission ticket issued.   Assistant Director (T)
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