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

EVEN SEMESTER END TERM EXAMINATION FORM

Academic Year 2022-2023

COURSE TITLE: TWO-YEAR M.Sc. HA – SEMESTER-IV (FOR RE-APPEAR CANDIDATES ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE Without late fee : 10/02/2023									Paste Passport Size Photograph.					
	With late fee of Rs. 500/- : 02/03/2023						(Do not staple)							
	With	late fee of F	Rs. 1000/-	: 1	17/03/2	2023	.						_	
											(Ph	notogra atteste		be
Council Roll No Institute Name									Principal)					
1.	Name	of the candi	date in Engli	sh (full n	ame in	BL	OCK	let	ters))				
First	First name Middle name								Surname					
(Ple	ease no	te that the nam	e written above	should be	same as	give	en in y	your	+2 C	BSE	Board	l Certi	ficate))
2.	Student's Mobile No.													
3.	Student's Email id:													
	Father's / Mother's Name													
5.	Permanent residential address for correspondence													
Pin: Alternate/Landline No														
6.	Date of Birth (by Christian era)7. Sex: Male						Male	/Fem	nale					
8.	Give of	details of sul	oject(s) reapp	earing fo	or:									
S	S.No.	No. Subject Subject						Please tick						
		Code					End Tern							
	1	MHA-17	HA-17 Production & Operation Management											
	2	MHA-21	Mentorship	Mentorship & Research Project - (Dissertation)										
	REAPPEAR EXAMINATION FEE													
-	- Theory @ Rs.300/- per subject (Forwarded to NCHM)													

9.	Give o	letails of examina	tion and related fees paid:	Examination Fee Late Fee (if any) Total Fee						
10.	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)							
		C	ERTIFICATE BY PRINC	CIPAL						
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 vide UTR/IMPS No dated in favour of National Council for Hotel Management & Catering Technology (mandate form attached).									
		Fee (if any)	ks ks							
Date:			Princi	pal's signature with	n office seal					
			FOR NCHM&CT US	E						
Fee re 1.Exar 2.Late Total	m Fee: R Fee: R	S Ss S	Examination particulars Checked & Verified		ition Hall icket issued.					
		Dealing Assistant	Executive Officer (S)) As	ssistant Director (T)					