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

# **ODD** SEMESTER END TERMEXAMINATION FORM Academic Year 2020-2021

#### COURSE TITLE: THREE-YEAR B.Sc. IN H&HA- SEMESTER-III/ IV

### (RE-APPEAR CANDIDATES)

	AST DATE FOR SUBMISSION ( In the institute) : 09.11.2020 wITH LATE OF Rs 500/- : 17.11.2020									Paste Passport Size Photograph.											
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	Name of the candidate in English (full name in BLOCK letters)									(Photograph to be attested by Principal)											
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	3	3 BHM203 Front Office Operations																			
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	6	1	Bl	HM2	206	]	Hotel Accountancy														
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A-34, Sector-62, Institutional Area, NOIDA – 201 309 e-mail: dirs-nchm@nic.in Telefax: 0120-2590605

**3-YEAR B.Sc. IN H&HA** 

- 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

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

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