EVEN SEMESTER TERM-END EXAMINATION FORM
Academic Year 2016-2017

COURSE TITLE: TWO-YEAR M.Sc. IN HA PROGRAM – SEMESTER-IV

(FOR RE-APPEAR CANDIDATES)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE
Without late fee : 18th February 2017
With late fee of Rs.300/- : 04th March 2017
With late fee of Rs.500/- : 18th March 2017

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 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 (Indicate T for Theory – P for Practical)

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Subject Code</th>
<th>Subject</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>MHA-17</td>
<td>PRODUCTION &amp; OPERATIONS MANAGEMENT</td>
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</table>

RE-APPEAR EXAMINATION FEE
Theory @ Rs.300/- per subject Practical @ Rs.500/- per subject

Paste Passport Size Photograph. (Do not staple)
(Photograph to be attested by Principal)

_2-YEAR M.Sc. IN HA_

Page 1 of 2 Print on both sides
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.

5. Certified that the following fee of the candidate is included in the amount of
   Rs._____________ remitted to the Council vide bank draft no: ______________
   dated ______________ drawn on ______________ branch in favour of
   National Council for Hotel Management & Catering Technology.

   - Examination Fee Rs._____________
   - Late Fee (if any) Rs._____________
   - Total Fee Rs._____________

   Date: __________________________  Principal’s signature with office seal

__________________________________________________________________________

**FOR NCHM&CT USE**
<table>
<thead>
<tr>
<th>Fee received</th>
<th>Examination particulars</th>
<th>Examination Hall</th>
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<tr>
<td>2. Late Fee: Rs.</td>
<td></td>
<td></td>
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<tr>
<td>Total Fee</td>
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Dealing Assistant | Executive Officer (S) | Assistant Director (T)