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

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

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

(FOR REGULAR CANDIDATES)

| LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE | Pasted Passport Size Photograph.
|-----------------------------------------------------|----------------------------------------------
| Without late fee                                    | (Do not staple)                              |
| 18th February 2017                                   | (Photograph to be attested by Principal)    |
| 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

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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 examination and related fees paid:
   Examination Fee __________
   Late Fee (if any) __________
   Total Fee __________
7.  
   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)

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**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.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination Fee</td>
<td>Rs._________</td>
</tr>
<tr>
<td>Late Fee (if any)</td>
<td>Rs._________</td>
</tr>
<tr>
<td>Total Fee</td>
<td>Rs._________</td>
</tr>
</tbody>
</table>

Date: ___________________________  Principal's signature with office seal

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**FOR NCHM&CT USE**

<table>
<thead>
<tr>
<th>Fee received</th>
<th>Examination particulars</th>
<th>Examination Hall</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Exam Fee: Rs._________</td>
<td>Checked &amp; Verified</td>
<td>Admission ticket issued.</td>
</tr>
<tr>
<td>2. Late Fee: Rs._________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Fee: Rs._________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dealing Assistant  
Executive Officer (S)  
Assistant Director (T)