EVEN SEMESTER TERM-END EXAMINATION FORM
Academic Year 2015-2016
COURSE TITLE: POST GRADUATE DIPLOMA IN DIETETICS & HOSPITAL FOOD SERVICE – SEMESTER-II
(FOR REGULAR & RE-APPEAR CANDIDATES)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE
Without late fee : 26th February 2016
With late fee of Rs.300/- : 11th March 2016
With late fee of Rs.500/- : 25th March 2016

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:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Subject Code</th>
<th>Subject</th>
</tr>
</thead>
<tbody>
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<td>2</td>
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REAPPEAR EXAMINATION FEE

<table>
<thead>
<tr>
<th>Theory @ Rs.300/- per subject</th>
<th>Practical @ Rs.500/- per subject</th>
</tr>
</thead>
</table>

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>
</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>Executive Officer (S)</td>
<td></td>
</tr>
<tr>
<td>Total Fee Rs.___________</td>
<td>Assistant Director (T)</td>
<td></td>
</tr>
</tbody>
</table>

Dealing Assistant