TERM-END EXAMINATION FORM
Academic Year 2015-2016

COURSE TITLE: DIPLOMA COURSE IN:
___________________________________________________________
___________________________________________________________
___________________________________________________________

(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

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:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Subject Code</th>
<th>Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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<td>3</td>
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<td>4</td>
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REAPPEAR EXAMINATION FEE

Theory @ Rs.300/- per subject Practical @ Rs.500/- per subject

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.

<table>
<thead>
<tr>
<th>Fee 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

______________________________
Dealing Assistant

______________________________
Executive Officer (S)

______________________________
Assistant Director (T)

**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>
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</tr>
<tr>
<td>Total Fee</td>
<td>Rs.__________</td>
<td></td>
</tr>
</tbody>
</table>

A-34, Sector-62, Institutional Area, NOIDA – 201 309 e-mail: dirs-nchm@nic.in Telefax: 0120-2590605

09th January 2016