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

ODD SEMESTER TERM-END EXAMINATION FORM
Academic Year 2015-2016

COURSE TITLE: ONE-AND-HALF YEAR PROGRAM IN
POST GRADUATE DIPLOMA IN
ACCOMMODATION OPERATIONS & MANAGEMENT – SEMESTER-I

(FOR REGULAR & RE-APPEAR CANDIDATES)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE
Without late fee : 01st October 2015
With late fee of Rs.300/- : 16th October 2015
With late fee of Rs.500/- : 30th October 2015

Council Roll No Name of the Institute

1. Name of the candidate in English (full name in BLOCK letters)
(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>
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<tbody>
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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 ......................

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

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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.

   Examination Fee  Rs.______________
   Late Fee (if any)  Rs.______________
   Total Fee  Rs.______________

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>
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</thead>
<tbody>
<tr>
<td>1. Exam Fee: Rs.__________</td>
<td>Checked &amp; Verified</td>
<td>Admission ticket issued.</td>
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<tr>
<td>2. Late Fee: Rs.__________</td>
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<tr>
<td>Total Fee  Rs.__________</td>
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Dealing Assistant  Executive Officer (S)  Assistant Director (T)