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	N OF FORMS IN THE I	NSTITUTE	Pasta Passport	
Without late fee		: 01 st October 2015		Paste Passport Size Photograph.	
With late fee of Rs.300/-		: 16 th October 2015			
With late fee of Rs.500/-		: 30 th October 2015		(Do not staple)	
Council Roll No		Name of the Institute		(Photograph to be attested by Principal)	
1. Name of	the condidate in E	nglish (full name in BLO	OCK lottors)		
First name	the candidate in E	Middle name	JCK letters)	Surname	
(Please note t	hat the name written a	above should be same as give	n in your +2 CBS		
3. Permane	nt residential addr	ess for correspondence Pin:	Ph	one:	
4. Date of Birth (by Christian era)			5. Sex: N	Male/Female	
6. Give det	ails of subject(s) r	eappearing for:			
S.No.	Subject Code		Subject		
1					
2					
3					
4					
Theory @ Rs.30		EAPPEAR EXAMINATIO	N FEE Practical @ Rs.5	00/- per subject	
7. Give details of examination and related fees paid: Examination Fee Late Fee (if any)					
			Total Fee		

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8.	a)	Certified that t	he name as written above by n	ne is correct.		
	b)	I hereby decla	re that the statements made in	the application are true to the best		
		of my knowle	dge and belief.			
	c)	Certified tha National Cou		od the Examination Rules of the		
		rational Cou	nen.			
	Date:			(Signature of the candidate)		
			CERTIFICATE BY PRINCI	PAL		
1.	Certified that admission to the semester was granted as per NCHM&CT Rules.					
2.				is/was a bonafide full time		
		nt of this institu s as laid down b	tion and has satisfactorily completed the prescribed course of			
	Studies	s as laid down o	y the Counch.			
3.	Certified that Examination Rules have been explained to the candidate and					
	undert	aking obtained	for having understood the same	e.		
4.				ll be issued to the candidate only		
			he/she fulfils the attendance National Council for Hotel Ma	e requirements as laid down in		
5.	Certified that the following fee of the candidate is included in the ame Rs remitted to the Council vide bank draft no:					
	dated	1611	drawn on	branch in favour of		
			Hotel Management & Catering			
	Exami	ination Fee	Rs			
	Late Fee (if any) Rs					
	Total 1	Fee	Rs			
Date:			Pri	ncipal's signature with office seal		
			FOR NCHM&CT USE			
	ceived) a	Examination particulars	Examination Hall		
	Fee: R	Rs	Checked & Verified	Admission ticket issued.		
Total 1	Fee R	s				

Executive Officer (S)

Dealing Assistant

Assistant Director (T)