होटेलप्रबंधऔरखान-पानप्रौद्योगिकीतथाअनुप्रयुक्तपोषाहारसंस्थान,भुवनेश्वर

Institute of Hotel Management Catering Technology & Applied Nutrition, Bhubaneswar

***

सूचना/NOTICE

दिनांक: **08/09/2026**

एनसीएचएमसीटी द्वारा सूचित किए अनुसार, निम्नलिखित पाठ्यक्रमों के विद्यार्थियों को **ODD Semester (Semester-I, III एवं V) की Term End Examination 2026-27** के लिए **Re-appear Examination Form** नीचे दिए गए कार्यक्रम के अनुसार भरना आवश्यक है।

As communicated by NCHMCT, students of following courses are required to fill up their **Re-appear Examination** Form for **ODD Semester (Semester-I, III & V) Term End Examination 2026-27** as per the below mentioned schedule.

Sl. No.	Course/Semester	Without Late Fee till	With Late Fee of ₹500 till	With Late Fee of ₹1000 till
1	Semester-III & V of B.Sc. HHA (IGNOU & JNU , M.Sc. HA (Semester-3) -JNU)	**18.09.2026**	**04.10.2026**	**18.10.2026**
2	Semester-I of B.Sc. HHA (IGNOU & JNU)	**15.10.2026**	**29.10.2026**	**12.11.2026**
3	M.Sc. HA (Semester-1- JNU), Semester –I of PGDAOM and CCFPP	**08.10.2026**	**23.10.2026**	**07.11.2026**

Students are required to submit the attached Examination Form with complete information and photograph (to be paste in the space provided) on or before above mentioned date physically at the examination section or shared the Examination Form with Transaction details to examination@ihmbbs.org only.

Students having re-appear subjects are required to transfer the amount as per the following manner through NEFT/RTGS to the following Institute bank account or by scanning the QR code of the Institute.

Subject Type	Amount for Each Subject Without Midterm Exam	Amount for Each Subject With Midterm Exam
Theory	Rs.300/-	Rs.600/-
Practical	Rs.500/-	

Students desire to change the examination Centre is required to fill Centre Change Form by paying Centre Change Fee Rs.500/-.

Name of A/c. Holder : PRINCIPAL, IHMCT&AN
A/c No : 091502000001017
IFSC Code : IOBA0000915
Type of A/c : Current

Students who submit form without form will not be taken for consideration.

Important: The re-appear examination will be conducted in offline mode at the Institute or at the Centre change city.

Principal

Copy to: Website/ Student Notice Board /UDC (Cash)/
Students WhatsAppGroup/Concerned file.

National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA-201309

ODD SEMESTER END TERM EXAMINATION FORM

Academic Year 2026-2027

COURSE TITLE: THREE-YEAR B.Sc. (HHA) – SEMESTER- III
(RE-APPEAR CANDIDATES OF IGNOU-NCHMCT ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE

Without Late fee	**: 18/09/2026**
With Late fee of Rs.500/-	**: 04/10/2026**
With Late fee of Rs.1000/-	**: 18/10/2026**

Paste Passport Size Photograph.

(Do not staple)

(Photograph to be attested by Principal)

Council Roll No | | | | | | | | | | Institute Name_____

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. Student's Mobile No. | | | | | | | | | | |

3. Student's Email id : _____

4. Father's / Mother's Name _____

5. Permanent residential address for correspondence _____

_____

_____Pin: _____ Alternate/Landline No._____

6. Date of Birth (by Christian era) _____ 7. Sex: Male/Female | |

8. Give details of subject(s) reappearing for:

S.No.	Subject Code	Subject	Please tick		
			Mid Term(T)	End Term	
				Theory	Practical
1	BHM201	Food Production Operations			
2	BHM202	Food & Beverage Operations			
3	BHM203	Front Office Operations			
4	BHM204	Accommodation Operations			
5	BHM205	Food & Beverage Controls			
6	BHM206	Hotel Accountancy			
7	BHM207	Food Safety & Quality			
8	BHM208	Industrial Training			

REAPPEAR EXAMINATION FEE

- Theory @ Rs.300/- per subject (Forwarded to NCHM)
- Practical @ Rs.500/- & Mid-term IC (Theory) @ Rs.300/- per subject (Both retained by Institute)

9. Give details of examination and related fees paid: Examination Fee ……..……
Late Fee (if any) …….
Total Fee …….

10. 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 (mandate form attached).

5. Certified that the following fee of the candidate is included in the amount of Rs._____ remitted to the Council through RTGS vide UTR/IMPS No. _____ dated _____ in favour of National Council for Hotel Management & Catering Technology (mandate form attached).

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

Date: _____ Principal's signature with office seal

FOR NCHMCT USE

Fee received 1.Exam Fee: Rs._____ 2.Late Fee: Rs._____ Total Fee Rs._____ Dealing Assistant	Examination particulars Checked & Verified Executive Officer (S)	Examination Hall Admission ticket issued. Assistant Director (T)

National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA-201309

ODD SEMESTER END TERM EXAMINATION FORM

Academic Year 2026-2027

COURSE TITLE: THREE-YEAR **B.Sc. (HHA)** – **SEMESTER- III**

(RE-APPEAR CANDIDATES OF JNU-NCHMCT ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE ACADEMIC CHAPTER	
Without Late fee	**: 18/09/2026**
With Late fee of Rs.500/-	**: 04/10/2026**
With Late fee of Rs.1000/-	**: 18/10/2026**

Paste Passport Size Photograph.

(Do not staple)

(Photograph to be attested by Principal)

Council Roll No ☐☐☐☐☐☐☐☐☐☐ Name of Academic Chapter _____

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. Student's Mobile No. ☐☐☐☐☐☐☐☐☐☐

3. Student's Email id : _____

4. Father's / Mother's Name _____

5. Permanent residential address for correspondence _____

_____

_____Pin: _____ Alternate/Landline No._____

6. Date of Birth (by Christian era) _____ 7. Sex: Male/Female/Others ☐

8. Give details of subject(s) reappearing for:

S. No.	Subject Code	Subject	Please tick	
			IE	ESE
1	BHA301	Indian Culinary Arts (Theory)		
2	BHA302	Indian Culinary Arts (Practical)		
3	BHA303	Banquet Operations (Theory)		
4	BHA304	Banquet Operations (Practical)		
5	BHA305	Rooms Division Management-I (Theory)		
6	BHA306	Rooms Division Management-I (Practical)		
7	BHA307	Facility Management		
8	BHA308	Retail Management		
9	BHA309	Food Science, Nutrition & Hygiene		
10	BHA310	Business Communication		
11	BHA311	Hotel Accounting Skills		
12	BHA401	Industrial Training Feedback Appraisal		
13	BHA402	Industrial Training Project Report		

REAPPEAR EXAMINATION FEE

*IE – Internal Evaluation, *ESE - End Semester Examination

- Theory @ Rs.300/- per subject (Forwarded to NCHM)
- Practical @ Rs.500/- & IE @ Rs.300/- per subject (Both retained by Academic Chapter)

9. Give details of examination and related fees paid: Examination Fee ……
Late Fee (if any) …….
Total Fee …….

10. 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 academic chapter 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 (mandate form attached).

5. Certified that the following fee of the candidate is included in the amount of Rs._____ remitted to the Council through RTGS vide UTR/IMPS No. _____ dated _____ in favour of National Council for Hotel Management & Catering Technology (mandate form attached).

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

Date: _____ Principal's signature with office seal

FOR NCHMCT USE

Fee received 1.Exam Fee: Rs._____ 2.Late Fee: Rs._____ Total Fee Rs._____ Dealing Assistant	Examination particulars Checked & Verified Executive Officer (S)	Examination Hall Admission ticket issued. Assistant Director (T)

3-YEAR B.Sc. (HHA)

National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA-201309

ODD SEMESTER END TERM EXAMINATION FORM

Academic Year 2026-2027

COURSE TITLE: THREE-YEAR **B.Sc. (HHA) – SEMESTER- V**

(RE-APPEAR CANDIDATES OF JNU-NCHMCT ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE ACADEMIC CHAPTER	
Without Late fee	**: 18/09/2026**
With Late fee of Rs.500/-	**: 04/10/2026**
With Late fee of Rs.1000/-	**: 18/10/2026**

Paste Passport Size Photograph.

(Do not staple)

(Photograph to be attested by Principal)

Council Roll No | | | | | | | | | | Name of Academic Chapter_____

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. Student's Mobile No. | | | | | | | | | | |

3. Student's Email id : _____

4. Father's / Mother's Name _____

5. Permanent residential address for correspondence _____

_____

_____Pin: _____ Alternate/Landline No._____

6. Date of Birth (by Christian era) _____ 7. Sex: Male/Female/Others | |

8. Give details of subject(s) reappearing for:

S. No.	Subject Code	Subject	Please tick	
			IE	ESE
1	BHA501	International Cuisine-I		
2.	BHA501	International Cuisine-I (Practical)		
3	BHA503	Advance Food & Beverage Management-I		
4.	BHA504	Advance Food & Beverage Management-I (Practical)		
5.	BHA505	Rooms Division Management-II		
6.	BHA506	Rooms Division Management-II (Practical)		
7.	BHA507	Facility Planning		
8.	BHA508	Financial Management (Revised Syllabus 2026-27)		
9.	BHA509	Fundamentals of Marketing Skills		
10.	BHA510	Fundamentals of Management Skills		

REAPPEAR EXAMINATION FEE

*IE – Internal Evaluation, *ESE - End Semester Examination

- Theory @ Rs.300/- per subject (Forwarded to NCHM)
- Practical @ Rs.500/- & IE @ Rs.300/- per subject (Both retained by Academic Chapter)

9. Give details of examination and related fees paid: Examination Fee ……
Late Fee (if any) …….
Total Fee …….

10. 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 academic chapter 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 (mandate form attached).

5. Certified that the following fee of the candidate is included in the amount of Rs._____ remitted to the Council through RTGS vide UTR/IMPS No. _____ dated _____ in favour of National Council for Hotel Management & Catering Technology (mandate form attached).

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

Date: _____ Principal's signature with office seal

FOR NCHMCT USE

Fee received 1.Exam Fee: Rs._____ 2.Late Fee: Rs._____ Total Fee Rs._____ Dealing Assistant	Examination particulars Checked & Verified Executive Officer (S)	Examination Hall Admission ticket issued. Assistant Director (T)

3-YEAR B.Sc. (HHA)

National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA-201309

ODD SEMESTER END TERM EXAMINATION FORM

Academic Year 2026-2027

COURSE TITLE: THREE-YEAR **B.Sc. (HHA)** – **SEMESTER- V**
(RE-APPEAR CANDIDATES OF IGNOU-NCHMCT ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE

Without Late fee	**: 18/09/2026**
With Late fee of Rs.500/-	**: 04/10/2026**
With Late fee of Rs.1000/-	**: 18/10/2026**

Paste Passport Size Photograph.

(Do not staple)

(Photograph to be attested by Principal)

Council Roll No

Institute Name____________________

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. Student's Mobile No.

3. Student's Email id : ______________________________

4. Father's / Mother's Name ______________________________

5. Permanent residential address for correspondence ______________________________

____

____________________Pin: ____________ Alternate/Landline No.______________

6. Date of Birth (by Christian era) ________________ 7. Sex: Male/Female

8. Give details of subject(s) reappearing for:

S.No.	Subject Code	Subject	Please tick		
			Mid Term(T)	**End Term**	
				Theory	**Practical**
1	BHM311	Advance Food Production Operations-I			
2	BHM312	Advance Food & Beverage Operations-I			
3	BHM313	Front Office Management-I			
4	BHM314	Accommodation Management-I			
5	BHM307	Financial Management			
6	BHM308	Strategic Management			

REAPPEAR EXAMINATION FEE

- Theory @ Rs.300/- per subject (Forwarded to NCHM)
- Practical @ Rs.500/- & Mid-term IC (Theory) @ Rs.300/- per subject (Both retained by Institute)

9. Give details of examination and related fees paid: Examination Fee ……
Late Fee (if any) …….
Total Fee …….

10. 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 through RTGS vide UTR/IMPS No. _____ dated _____ in favour of National Council for Hotel Management & Catering Technology (mandate form attached).

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

Date: _____ Principal's signature with office seal

FOR NCHM&CT USE

Fee received 1.Exam Fee: Rs._____ 2.Late Fee: Rs._____ Total Fee Rs._____ Dealing Assistant	Examination particulars Checked & Verified Executive Officer (S)	Examination Hall Admission ticket issued. Assistant Director (T)

National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA-201309

ODD SEMESTER END TERM EXAMINATION FORM

Academic Year 2026-2027

COURSE TITLE: TWO-YEAR **M.Sc. (HA)** – **SEMESTER- III**

(RE-APPEAR CANDIDATES OF JNU-NCHMCT ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE ACADEMIC CHAPTER

Without Late fee	**: 18/09/2026**
With Late fee of Rs.500/-	**: 04/10/2026**
With Late fee of Rs.1000/-	**: 18/10/2026**

Paste Passport Size Photograph.

(Do not staple)

(Photograph to be attested by Principal)

Council Roll No | | | | | | | | | | Name of Academic Chapter_____

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. Student's Mobile No. | | | | | | | | | | |

3. Student's Email id : _____

4. Father's / Mother's Name _____

5. Permanent residential address for correspondence _____

_____

_____Pin: _____ Alternate/Landline No._____

6. Date of Birth (by Christian era) _____ 7. Sex: Male/Female/Others | |

8. Give details of subject(s) reappearing for:

S. No.	Subject Code	Subject	Please tick	
			IE	ESE
1	MHA901	Research Methodology		
2	MHA902	Research Ethics & Publication		
3	MHA903	Data Collection, Analysis and Decision Making		
4	MHA904	Writing Literature Review		
5	MHA905	Data Analysis Practical - I		
6	MHA906	Research Seminar Presentation		

REAPPEAR EXAMINATION FEE

*IE – Internal Evaluation, *ESE - End Semester Examination

- Theory @ Rs.300/- per subject (Forwarded to NCHM)
- Practical @ Rs.500/- & IE @ Rs.300/- per subject (Both retained by Academic Chapter)

Print on both sides

3-YEAR B.Sc. (HHA)

9. Give details of examination and related fees paid: Examination Fee ……..……
Late Fee (if any) …….
Total Fee …….

10. 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 academic chapter 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 (mandate form attached).

5. Certified that the following fee of the candidate is included in the amount of Rs._____ remitted to the Council through RTGS vide UTR/IMPS No. _____ dated _____ in favour of National Council for Hotel Management & Catering Technology (mandate form attached).

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

Date: _____ Principal's signature with office seal

FOR NCHMCT USE

Fee received 1.Exam Fee: Rs._____ 2.Late Fee: Rs._____ Total Fee Rs._____ Dealing Assistant	Examination particulars Checked & Verified Executive Officer (S)	Examination Hall Admission ticket issued. Assistant Director (T)

3-YEAR B.Sc. (HHA)

National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA-201309

ODD SEMESTER END TERM EXAMINATION FORM

Academic Year 2026-2027

COURSE TITLE: THREE-YEAR **B.Sc. (HHA) – SEMESTER- I**

(RE-APPEAR CANDIDATES OF IGNOU-NCHMCT ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE	
Without Late fee	**: 15/10/2026**
With Late fee of Rs.500/-	**: 29/10/2026**
With Late fee of Rs.1000/-	**: 12/11/2026**

Paste Passport Size Photograph.

(Do not staple)

(Photograph to be attested by Principal)

Council Roll No | | | | | | | | | | Institute Name_____

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. Student's Mobile No. | | | | | | | | | | |

3. Student's Email id : _____

4. Father's / Mother's Name _____

5. Permanent residential address for correspondence _____

_____

_____Pin: _____ Alternate/Landline No._____

6. Date of Birth (by Christian era) _____ 7. Sex: Male/Female | |

8. Give details of subject(s) reappearing for:

S.No.	Subject Code	Subject	Please tick		
			Mid Term(T)	End Term	
				Theory	Practical
1	BHM111	FC in Food Production-I			
2	BHM112	FC in F & B Service-I			
3	BHM113	FC in Front Office-I			
4	BHM114	FC in Accommodation Operations-I			
5	BHM105	Application of Computers			
6	BHM106	Hotel Engineering			
7	BHM116	Nutrition			

REAPPEAR EXAMINATION FEE

- Theory @ Rs.300/- per subject (Forwarded to NCHM)
- Practical @ Rs.500/- & Mid-term IC (Theory) @ Rs.300/- per subject (Both retained by Institute)

9. Give details of examination and related fees paid: Examination Fee ……

Late Fee (if any) …….
Total Fee …….

10. 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.

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5. Certified that the following fee of the candidate is included in the amount of Rs._____ remitted to the Council through RTGS vide UTR/IMPS No. _____ dated _____ in favour of National Council for Hotel Management & Catering Technology (mandate form attached).

Examination Fee	Rs.……
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Date: _____ Principal's signature with office seal

FOR NCHMCT USE

Fee received 1.Exam Fee: Rs._____ 2.Late Fee: Rs._____ Total Fee Rs._____ Dealing Assistant	Examination particulars Checked & Verified Executive Officer (S)	Examination Hall Admission ticket issued. Assistant Director (T)

National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA-201309

ODD SEMESTER END TERM EXAMINATION FORM

Academic Year 2026-2027

COURSE TITLE: THREE-YEAR **B.Sc. (HHA) – SEMESTER- I**

(RE-APPEAR CANDIDATES OF JNU-NCHMCT ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE ACADEMIC CHAPTER	
Without Late fee	**: 15/10/2026**
With Late fee of Rs.500/-	**: 29/10/2026**
With Late fee of Rs.1000/-	**: 12/11/2026**

Paste Passport Size Photograph.

(Do not staple)

(Photograph to be attested by Principal)

Council Roll No | | | | | | | | | | Name of Academic Chapter_____

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. Student's Mobile No. | | | | | | | | | | |

3. Student's Email id : _____

4. Father's / Mother's Name _____

5. Permanent residential address for correspondence _____

_____

_____Pin: _____ Alternate/Landline No._____

6. Date of Birth (by Christian era) _____ 7. Sex: Male/Female/Others | |

8. Give details of subject(s) reappearing for:

S. No.	Subject Code	Subject	Please tick	
			IE	ESE
1	BHA101	Foundation Course In Food Production-I (Theory)		
2	BHA102	Foundation Course In Food Production-I (Practical)		
3	BHA103	Foundation Course In Food & Beverage Service-I (Theory)		
4	BHA104	Foundation Course In Food & Beverage Service-I (Practical)		
5	BHA105	Foundation Course In Rooms Division Operations-I (Theory)		
6	BHA106	Foundation Course In Rooms Division Operations-I (Practical)		
7	BHA107	Customer Relation Management		
8	BHA108	Employability Skills		
9	BHA109	Communication Skills-I		
10	BHA110	Environmental Studies		
11	BHA111	Yoga/Stress Management-I (Practical)		

REAPPEAR EXAMINATION FEE

*IE – Internal Evaluation, *ESE - End Semester Examination

- Theory @ Rs.300/- per subject (Forwarded to NCHM)
- Practical @ Rs.500/- & IE @ Rs.300/- per subject (Both retained by Academic Chapter)

9. Give details of examination and related fees paid: Examination Fee ……
Late Fee (if any) …….
Total Fee …….

10. 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.
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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 academic chapter 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 (mandate form attached).

5. Certified that the following fee of the candidate is included in the amount of Rs._____ remitted to the Council through RTGS vide UTR/IMPS No. _____ dated _____ in favour of National Council for Hotel Management & Catering Technology (mandate form attached).

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

Date: _____ Principal's signature with office seal

FOR NCHMCT USE

Fee received 1.Exam Fee: Rs._____ 2.Late Fee: Rs._____ Total Fee Rs._____ Dealing Assistant	Examination particulars Checked & Verified Executive Officer (S)	Examination Hall Admission ticket issued. Assistant Director (T)

3-YEAR B.Sc. (HHA)

National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA-201309

ODD SEMESTER END TERM EXAMINATION FORM

Academic Year 2026-2027

COURSE TITLE: TWO-YEAR **M.Sc. (HA) – SEMESTER- I**

(RE-APPEAR CANDIDATES OF JNU-NCHMCT ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE ACADEMIC CHAPTER	
Without Late fee	**: 08/10/2026**
With Late fee of Rs.500/-	**: 23/10/2026**
With Late fee of Rs.1000/-	**: 07/11/2026**

Paste Passport Size Photograph.

(Do not staple)

(Photograph to be attested by Principal)

Council Roll No | | | | | | | | | | Name of Academic Chapter_____

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. Student's Mobile No. | | | | | | | | | | |

3. Student's Email id : _____

4. Father's / Mother's Name _____

5. Permanent residential address for correspondence _____

_____

_____Pin: _____ Alternate/Landline No._____

6. Date of Birth (by Christian era) _____ 7. Sex: Male/Female/Others | |

8. Give details of subject(s) reappearing for:

S. No.	Subject Code	Subject	Please tick	
			IE	ESE
1	MHA701	Management Functions and Behaviour in Hospitality		
2	MHA702	Human Resource Planning		
3	MHA703	Advance Marketing Management		
4	MHA704	Equipment & Materials Management		
5	MHA705	Principles of Economics		

REAPPEAR EXAMINATION FEE

*IE – Internal Evaluation, *ESE - End Semester Examinations

- Theory @ Rs.300/- per subject (Forwarded to NCHM)
- IE @ Rs.300/- per subject (Retained by Academic Chapter)

9. Give details of examination and related fees paid: Examination Fee ……
Late Fee (if any) …….
Total Fee …….

10. 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 academic chapter 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 (mandate form attached).

5. Certified that the following fee of the candidate is included in the amount of Rs._____ remitted to the Council through RTGS vide UTR/IMPS No. _____ dated _____ in favour of National Council for Hotel Management & Catering Technology (mandate form attached).

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

Date: _____ Principal's signature with office seal

FOR NCHMCT USE

Fee received 1.Exam Fee: Rs._____ 2.Late Fee: Rs._____ Total Fee Rs._____ Dealing Assistant	Examination particulars Checked & Verified Executive Officer (S)	Examination Hall Admission ticket issued. Assistant Director (T)

National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA-201309

ODD SEMESTER END TERM EXAMINATION FORM

Academic Year 2026-2027

COURSE TITLE : 1 ½ YEAR **CRAFTSMANSHIP CERTIFICATE COURSE IN FOOD PRODUCTION & PATISSERIE – SEMESTER-I**

(RE-APPEAR CANDIDATES ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE	
Without late fee	**: 08/10/2026**
With late fee of Rs. 500/-	**: 23/10/2026**
With late fee of Rs. 1000/-	**: 07/11/2026**

Paste Passport Size Photograph.

(Do not staple)

(Photograph to be attested by Principal)

Council Roll No | | | | | | | | | |

Institute Name_____

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. Student's Mobile No. | | | | | | | | | | |

3. Student's Email id : _____

4. Father's / Mother's Name _____

5. Permanent residential address for correspondence _____

_____

_____Pin: _____ Alternate/Landline No._____

6. Date of Birth (by Christian era) _____ 7. Sex: Male/Female | |

8. Give details of subject(s) reappearing for:

S.No.	Subject Code	Subject	Please tick	
			Mid Term	**End Term**
1	CFPP11	Cookery & Larder Theory-I		
2	CFPP12	Cookery Practical-I		
3	CFPP13	Larder Practical-I		
4	CFPP14	Bakery & Patisserie Theory-I		
5	CFPP15	Bakery & Patisserie Practical-I		
6	CFPP16	Hygiene		
7	CFPP17	Equipment Maintenance		

REAPPEAR EXAMINATION FEE

- Theory @ Rs.300/- per subject (Forwarded to NCHM)
- Practical @ Rs.500/- & Mid-term IC (Theory) @ Rs.300/- per subject (Both retained by Institute)

9. Give details of examination and related fees paid: Examination Fee ……..…
Late Fee (if any) …….
Total Fee …….

10. 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 (mandate form attached).

5. Certified that the following fee of the candidate is included in the amount of Rs._____ remitted to the Council through RTGS vide UTR/IMPS No. _____ dated _____ in favour of National Council for Hotel Management & Catering Technology (mandate form attached).

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

Date: _____ Principal's signature with office seal

FOR NCHMCT USE

Fee received 1.Exam Fee: Rs._____ 2.Late Fee: Rs._____ Total Fee Rs._____ Dealing Assistant	Examination particulars Checked & Verified Executive Officer (S)	Examination Hall Admission ticket issued. Assistant Director (T)

National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA-201309

ODD SEMESTER END TERM EXAMINATION FORM

Academic Year 2026-2027

COURSE TITLE: 06 MONTHS **CRAFTSMANSHIP CERTIFICATE COURSE IN FOOD & BEVERAGE SERVICE – BATCH - I**

(RE-APPEAR CANDIDATES ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE	
Without late fee	**: 08/10/2026**
With late fee of Rs. 500/-	**: 23/10/2026**
With late fee of Rs. 1000/-	**: 07/11/2026**

Paste Passport Size Photograph.

(Do not staple)

(Photograph to be attested by Principal)

Council Roll No | | | | | | | | | | Institute Name_____

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. Student's Mobile No. | | | | | | | | | | |

3. Student's Email id : _____

4. Father's / Mother's Name _____

5. Permanent residential address for correspondence _____

_____

_____Pin: _____ Alternate/Landline No._____

6. Date of Birth (by Christian era) _____ 7. Sex: Male/Female | |

8. Give details of subject(s) reappearing for:

S.No.	Subject Code	Subject	Please tick	
			Mid Term	**End Term**
1	CFBS 01	Food Service –Theory		
2	-	Food Service – Practical		
3	CFBS 02	Beverage Service –Theory		
4	-	Beverage Service – Practical		
5	-	Pantry Operation – Practical		

REAPPEAR EXAMINATION FEE

- Theory @ Rs.300/- per subject (Forwarded to NCHM)
- Practical @ Rs.500/- & Mid-term IC (Theory) @ Rs.300/- per subject (Both retained by Institute)

9. Give details of examination and related fees paid: Examination Fee ……..……
Late Fee (if any) …….
Total Fee …….

10. 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 (mandate form attached).

5. Certified that the following fee of the candidate is included in the amount of Rs._____ remitted to the Council through RTGS vide UTR/IMPS No. _____ dated _____ in favour of National Council for Hotel Management & Catering Technology (mandate form attached).

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

Date: _____ Principal's signature with office seal

FOR NCHMCT USE

Fee received 1.Exam Fee: Rs._____ 2.Late Fee: Rs._____ Total Fee Rs._____ Dealing Assistant	Examination particulars Checked & Verified Executive Officer (S)	Examination Hall Admission ticket issued. Assistant Director (T)

National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA 201309

EVEN SEMESTER END TERM EXAMINATION FORM

Academic Year 2026-2027

COURSE TITLE: **CERTIFICATE COURSE IN PROFESSIONAL BARTENDING - BATCH-I**

(FOR RE-APPEAR CANDIDATES ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE		
Without Late fee	**:**	**08/10/2026**
With Late fee of Rs.500/-	**:**	**23/10/2026**
With Late fee of Rs.1000/-	**:**	**07/11/2026**

Paste Passport Size Photograph.

(Do not staple)

(Photograph to be attested by Principal)

Council Roll No | | | | | | | | | | Institute Name_____

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. Student's Mobile No. | | | | | | | | | | |
3. Student's Email id : _____
4. Father's / Mother's Name _____
5. Permanent residential address for correspondence _____

_____

_____Pin: _____ Alternate/Landline No._____

6. Date of Birth (by Christian era) _____7. Sex: Male/Female | |
8. Give details of subject(s) reappearing for:

S.No.	Subject Code	Subject	Please tick		
			Mid Term(T)	End Term	
				Theory	Practical
1	CPBT01	Beverage Basics			
2	CPBT02	Bar Operations			
3	CPBT03	Beverage Management			

REAPPEAR EXAMINATION FEE

- Theory @ Rs.300/- per subject (Forwarded to NCHM)
- Practical @ Rs.500/- & Mid-term IC (Theory) @ Rs.300/- per subject (Both retained by Institute)

9. Give details of examination and related fees paid: Examination Fee ……
Late Fee (if any) …….
Total Fee …….

10. 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 (mandate form attached).

5. Certified that the following fee of the candidate is included in the amount of Rs._____ remitted to the Council through RTGS vide UTR/IMPS No. _____ dated _____ in favour of National Council for Hotel Management & Catering Technology (mandate form attached).

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

Date: _____ Principal's signature with office seal

FOR NCHMCT USE

Fee received 1.Exam Fee: Rs._____ 2.Late Fee: Rs._____ Total Fee Rs._____ Dealing Assistant	Examination particulars Checked & Verified Executive Officer (S)	Examination Hall Admission ticket issued. Assistant Director (T)

National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA 201309

ODD SEMESTER END TERM EXAMINATION FORM

Academic Year 2026-2027

COURSE TITLE: ONE-AND-HALF YEAR **PG DIPLOMA IN ACCOMMODATION OPERATIONS & MANAGEMENT – SEMESTER-I**

(RE-APPEAR CANDIDATES ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE	
Without late fee	**: 08/10/2026**
With late fee of Rs. 500/-	**: 23/10/2026**
With late fee of Rs. 1000/-	**: 07/11/2026**

Paste Passport Size Photograph.

(Do not staple)

(Photograph to be attested by Principal)

Council Roll No | | | | | | | | | | Institute Name_____

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. Student's Mobile No. | | | | | | | | | | |

3. Student's Email id : _____

4. Father's / Mother's Name _____

5. Permanent residential address for correspondence _____

_____

_____Pin: _____ Alternate/Landline No._____

6. Date of Birth (by Christian era) _____ 7. Sex: Male/Female

8. Give details of subject(s) reappearing for:

S.No.	Subject Code	Subject	Please tick		
			Mid Term	**End Term**	
				Theory	**Practical**
1	AOM11	Accommodation Operations			
2	AOM12	Front Office Operations			
3	AOM13	Supervisory Management			
4	AOM14	Accountancy			
5	AOM15	Communication			
6	AOM31	Industrial Training			

REAPPEAR EXAMINATION FEE

- Theory @ Rs.300/- per subject (Forwarded to NCHM)
- Practical @ Rs.500/- & Mid-term IC (Theory) @ Rs.300/- per subject (Both retained by Institute)

9. Give details of examination and related fees paid: Examination Fee ……..……
Late Fee (if any) …….
Total Fee …….

10. 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 (mandate form attached).

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

Date: _____ Principal's signature with office seal

FOR NCHMCT USE

Fee received 1.Exam Fee: Rs._____ 2.Late Fee: Rs._____ Total Fee Rs._____ Dealing Assistant	Examination particulars Checked & Verified Executive Officer (S)	Examination Hall Admission ticket issued. Assistant Director (T)

National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA-201309

APPLICATION FOR CHANGE OF CENTRE

Academic Year 2026-2027

(Please ensure that you are eligible for change of centre before filling up this form)

CHANGE OF CENTRE FEES – Rs.500/- ONE TIME
(This form must be routed through institute concerned only)

Paste Passport Size Photograph.

(Do not staple)

(Photograph to be attested by Principal)

Council Roll No | | | | | | | | | | Institute Name_____

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. Student's Mobile No. | | | | | | | | | | |

3. Student's Email id : _____

4. Father's / Mother's Name _____

5. Permanent residential address for correspondence : _____

_____

_____Pin: _____ Alternate/Landline No._____

6. Date of Birth (by Christian era) _____ 7. Sex: Male/Female | |

8. Give details of the exam Centre opted for appearing in the exams:
IHM/FCI _____

Candidate's signature _____

Date: _____ Principal's signature with office seal

_____

FOR NCHMCT USE

Fee received Dealing Assistant	Examination particulars Checked & Verified Executive Officer (S)	Examination Hall Admission ticket issued. Assistant Director (T)