

OFFICE OF THE PRINCIPAL, IHMCT&AN, HYDERABAD - 500 007

IHM(H)/U-III/Cir./2024-25

29.08.2024

CIRCULAR

Sub: Submission of Examination forms for End Term Examinations – (Only Reappear students of <u>Sem – I (JNU & NCHM), III, & V</u> of 3 -Year B.Sc. in IGNOU, <u>Sem – I & III</u> of M.Sc. in IGNOU & <u>Sem – I</u> of CCFP Course) – reg.

As per the instructions received from the National Council for Hotel Management, Noida, all the **Reappear students of** <u>Sem – I (JNU & NCHM), III, & V</u> of 3 -Year B.Sc. in IGNOU, <u>Sem – I</u> (JNU & NCHM) & III of M.Sc. in IGNOU & <u>Sem – I</u> of CCFP Course, are required to submit examination forms for the End Term Examinations.

Further, it is to inform that, the above mentioned students are required to submit only the hard copy to Academic Section with "Photograph in formal attire only" along with examination fee details mentioning on the same form as stated below through UPI/PhonePay/GooglePay to our college bank account.

Exam forms are also available on the Institute website i.e. <u>www.ihmhyd.org</u> which can be downloaded.

The fee details are as mentioned below:

FEE DETAILS FOR REAPPEAR STUDENTS

| a) | For each subject / paper | : Theory | : Rs. 300/- per subject |
|----|---|------------|-------------------------|
| | | Practicals | : Rs. 500/- per subject |
| b) | For Mid-Term / IE – Internal Evaluation | : Theory | : Rs. 300/- per subject |

The last date for submission of above forms is mentioned below:

| Semester | Without late fees | With late fee of Rs 500/- | With late fees of Rs 1000/- |
|-----------------------------------|----------------------|---------------------------------|-----------------------------------|
| B.Sc. HHA (Semester 3,5) | 10.09.2024 | 26.09.2024 | 11.10.2024 |
| B.Sc. HHA (Semester 1) JNU & NCHM | 09.10.2024 | 24.10.2024 | 08.11.2024 |
| M.Sc. HA (Semester-1) JNU & NCHM | 09.10.2024 | 24.10.2024 | 08.11.2024 |
| M.Sc. HA (Semester 3) | 10.09.2024 | 26.09.2024 | 11.10.2024 |
| CCFPP (Semester 1) | 09.10.2024 | 24.10.2024 | 08.11.2024 |

NO EXTENSION WILL BE GIVEN UNDER ANY CIRCUMSTANCES.

Encl: IHM-Hyd bank details.

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Principal/Secretary कैटरिंग संख्यान

होटल मेनेजमेंट केटरिंग संस्थान प्रौद्योगिकी एवं एप्लाइड पोषण सोसायरी INSTITUTE OF HOTEL MANAGEMENT CATERING TECHNOLOGY & APPLIED NUTRITION SOCIETY भारत सरकार के पर्यटन मंत्रालय Govt. of India, Ministry of Tourism, 'एफ' पंथिल, डी.डी. कालोनी,/'F' Row, D.D. Colony, ''एक3र, हैंदरासार /Vidyanagar, Hyderabad-500 007.

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

\mathbf{ODD} semester end term examination form Academic Year 2024-2025

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 | | | | | | Paste Pa | issport |
|--|---|----------------|--------------------------------------|------------------------------|-----------|-------------|-----------|
| Without Late fee : 09/10/2024 | | | | | Size Phot | | |
| | | te fee of R | s.500/- | : 24/10/2024 | | (Do not | stanla) |
| V | With La | te fee of R | s.1000/- | : 08/11/2024 | | (Do not | staple) |
| | | | | | | (Photogra | |
| Course | il Roll I | Jo | Institute N | lame | | atteste | • |
| | | | | | L | Princi | pal) |
| | | | | | | | |
| 1. N | lame of | the candida | te in English (fu | Ill name in BLOCK lette | ers) | | |
| First | | | - · | ldle name | , | Sur | mame |
| | | | | | | | |
| (Plea | ase note t | hat the name | written above shoul | d be same as given in your + | 2 CBSE/Bo | oard Certif | icate) |
| 2. 5 | Student' | s Mobile N | o. | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 5. F | ermane | ent residenti | al address for co | orrespondence | | | <u> </u> |
| _ | | | | | | | |
| _ | | | Pin: | Alternate/Land | lline No. | | |
| 6. I | Date of] | Birth (by Cl | y Christian era) 7. Sex: Male/Female | | | | |
| | Give details of subject(s) reappearing for: | | | | | | |
| Γ | S.No. | Subject | | Subject |]] | Please tic | k |
| | | Code | | | Mid | End Term | |
| | | | | | Term(T) | Theory | Practical |
| | 1 | BHM111 | FC in Food Pro | | | | |
| | 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 | | | | |
| ſ | 7 | BHM116 | Nutrition | | | | |
| Г | | | DFADDF | AR EXAMINATION FEE | • | | |
| | - Theory | / @ Rs.300/- p | er subject (Forward | | | | |
| | - Practical @ Rs.500/- & Mid-term IC (Theory) @ Rs.300/- per subject (Both retained by Institute) | | | | | | |
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| - | | | | | | | |

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3-YEAR B.Sc. (HHA)

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

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