

**INTITUTE OF HOTEL MANAGEMENT
GUWAHATI**

IHM(GH)/Acad-03/21/ 602

Date: 02.02.2022

NOTICE FOR RE-APPEAR CANDIDATES

This is to inform all Re-appear candidates of B.Sc. Sem- IV & VI that the last date of filling up forms are mentioned as below:-

B.Sc. Sem- IV & VI

Without late fee : 18.02.2022
With late fee of Rs. 500/- : 04.03.2022
With late fee of Rs.1000/- : 18.03.2022

Regular students need not have to fill up the forms.

The candidate can download the exam form from the Institute website and pay the exam fees to the Institute Account No. (Mentioned below) and send the scan copy of the exam form and fees receipt to the examination department email ID:ihmctanghy.exam@gmail.com before the last date of submission..
Candidate may apply through offline mode also. Form available in the Examination Section of IHM, Guwahati.

Per Subject: Theory Rs. 300/-, Practical Rs. 500/-

Bank Details of IHM, Guwahati

1. Name of the Institute: Institute of Hotel Management
2. Bank's Name : Central Bank of India.
3. Beneficiary A/c No. : 1743905746
4. Account Type : Current Account.
5. Branch Name : Barbari Branch.
6. IFSC no. : CBIN0283518


PRINCIPAL


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Copy to : i) Exam Notice Board ii) Institute Website

N.B. : Exam forms enclosed herewith and Tick properly at the subject mentioned.



National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA 201309

EVEN SEMESTER END TERM EXAMINATION FORM

Academic Year 2021-2022

COURSE TITLE: THREE-YEAR B.Sc. IN H&HA– SEMESTER-IV
(FOR RE-APPEAR CANDIDATES ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE		
Without Late fee	:	18/02/2022
With Late fee of Rs.500/-	:	04/03/2022
With Late fee of Rs.1000/-	:	18/03/2022

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	BHM 201	Food Production Operations			
2	BHM 202	Food & Beverage Operations			
3	BHM 203	Front Office Operations			
4	BHM 204	Accommodation Operations			
5	BHM 205	Food & Beverage Control			
6	BHM 206	Hotel Accountancy			
7	BHM 207	Food Safety & Quality			
8	BHM 208	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

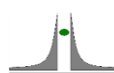
1. Certified that admission to the semester was granted as per NCHM&CT Rules.
2. Certified that Mr./Ms. _____ is/was a bonafide full time student of this institution and has satisfactorily completed the prescribed course of studies as laid down by the Council.
3. Certified that Examination Rules have 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 NCHM&CT USE

Fee received 1.Exam Fee: Rs. _____ 2.Late Fee: Rs. _____ Total Fee Rs. _____ <div style="text-align: right;">Dealing Assistant</div>	Examination particulars Checked & Verified <div style="text-align: center;">Executive Officer (S)</div>	Examination Hall Admission ticket issued. <div style="text-align: center;">Assistant Director (T)</div>
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 Late Fee (if any)
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(Signature of the candidate)

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 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)
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