INTITUTE OF HOTEL MANAGEMENT <u>GUWAHATI</u>

IHM(GH)/Acad-03/24/132

Date: 25.06.2024

NOTICE FOR RE-APPEAR CANDIDATES <u>B.SC. SEM-VI (Special Exam)</u> (2021-2024 Batch)

The attention of students are drawn towards the Special Supplementary Exam as per the attached notice.

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: <u>ihmctanghy.exam@gmail.com</u>. Exam forms are also available in the Exam section of IHM, Guwahati.

Exam Fees	: Rs. 1000/- + (subject fee)
Last Date of submission	: 09.07.2024

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

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

N.B. : Exam form and Supplementary Exam Notice enclosed herewith, Please Tick properly at the right box against the subject mentioned.

Page1of 2 Print on both sides **3-YEAR B.Sc. IN H&HA**

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

SEM-VI SUPPLEMENTARY EXAMINATION FORM

			Academic Year 2023-2024								
		COU	RSE TITLE: THREE-YEAR B.Sc. IN H&	zHA							
		(FOR FA	IL & RE-APPEAR CANDIDATES	S ONI	LY)						
	LAS		Paste Passport Size Photograph.								
O	VE-TI	ME FEE:	Rs.1000/- (to be remitted to NCHM)		(Do not s	taple)					
			I FEE as per column 6 below		(Photograph to be						
	P				attested by						
Counci	l Roll N	0	Name of the Institute	_ L	Princip	al)					
1.	Name	of the candid	late in English (full name in BLOCK letters)							
Fii	rst name		Middle name		Surn	ame					
(1	Please no	ote that the name	e written above should be same as given in your +2 (CBSE/B	oard Certific	ate)					
2.	Fathe	er's / Mother'	s Name								
3.	Perm	anent residen	tial address for correspondence								
	Pin:Mobile:										
	Emai	1 id:									
4.	Date	of Birth (by (Christian era)5. Sex:	Male/F	Female						
6.	Give	details of sub	pject(s) reappearing for:								
	Sl	Subject	Subject		Please tic	k					
	No.	Code		Mid Term	Practical	End- Term					
	1 BHM351 ADVANCE FP OPERATIONS –II										
	2	BHM352	ADVANCE F & B OPERATIONS –II								
	3	BHM353	FRONT OFFICE MANAGEMENT-II								
	4	BHM354	ACCOMMODATION MANAGEMENT-II								
	5	BHM305	FOOD & BEVERAGE MANAGEMENT	FOOD & BEVERAGE MANAGEMENT							
	6	BHM306	FACILITY PLANNING								
	7	BHM309	RESEARCH PROJECT	X		X					
		0.5.454	RE-APPEAR EXAMINATION FEE								
			per subject (To be remitted to NCHMCT) - per subject (retained by institute)								

- 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)

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..... Total Fee: Rs....

Date:

Principal's signature with office seal

FOR NCHM&CT USE

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



होटल प्रबन्ध एवं केटरिंग टेक्नोलॉजी परिषद (पर्यटन मंत्रालय, भारत संरकार के अधीन स्वायत्तशासी निकाय) NATIONAL COUNCIL FOR HOTEL MANAGEMENT AND CATERING TECHNOLOGY (An Autonomous Body under Ministry of Tourism, Govt. of India) ए-34, सेक्टर 62, नोएडा - 201309 (प्रदेश उत्तर) A-34, Sector 62, NOIDA - 201309 (Uttar Pradesh)



टैलि/Tel: 0120-2590600-623 ईमेल-/e-mail : dirs-nchm@nic.inवेबसाईट/Website: www.nchm.nic.in / www.nchm.gov.in

E-file: NCHM-20213/7/2021-STUDIES Dated: 25th June 2024

Subject – Supplementary exams of B.Sc. HHA Program 2023-24

Dear Principal,

In order to facilitate students of 3rd year of B.Sc. HHA course secure degree certificate which is a mandatory requirement for both placement in industry and pursue higher studies, NCHM will conduct the Special Supplementary exams for SEM VI of B.Sc. HHA course. The exams will be conducted from 22nd July 2024 as per the date sheet circulated on 25th June 2024.

Only such students will be eligible to appear in these examinations who have cleared all their papers of SEM I, II, III/IV and have no backlogs in these semesters. In other words, students having backlogs in Semester VI only would be allowed to appear in these exams. You are therefore requested to cross check the details with regard to backlogs of SEM I to IV of each student before forwarding such requests for these exams.

Please intimate the information to all the eligible students of SEM VI to avail this opportunity. The institute will pay one-time fees of Rs.1000/- to NCHMCT for each eligible student. Also, Rs.300/- per paper per student would be required to be paid along with the examination forms attached with this circular.

Thanking you,

Yours faithfully,

Dr. Satvir Singh Director (Studies)



Encl: Exam form for Sem VI – Supplementary exams

राष्ट्रीय होटल प्रबन्ध एंव केटरिंग टेक्नोलॉजी परिषद् (पर्यटन मंत्रालय, भारत सरकार के अधीन स्वायत्त्रशासी निकाय) NATIONAL COUNCIL FOR HOTEL MANAGEMENT AND CATERING TECHNOLOGY (An Autonomous Body under Ministry of Tourism, Govt. of India) A-34, SECTOR-62, NOIDA – 201309 (Uttar Pradesh) e-mail: dirs-nchm@nic.in

DATE SHEET

SUPPLEMENTARY END TERM EXAMINATIONS - ACADEMIC YEAR 2023-2024

3-YEAR B.SC. HHA - SEMESTER - VI

(FOR RE-APPEAR & FAIL CANDIDATES - NCHM COMPONENTS ONLY)

Date & Day	Subject Code	Subject	Duration	From	То
22.07.2024 MONDAY	BHM351	ADVANCE FOOD PRODUCTION OPERATIONS –II	03 HRS.	09:30 AM	12:30 PM
23.07.2024 TUESDAY	BHM352	ADVANCE FOOD & BEVERAGE OPERATIONS –II	03 HRS.	09:30 AM	12:30 PM
24.07.2024 WEDNESDAY	BHM353	FRONT OFFICE MANAGEMENT-II	03 HRS.	09:30 AM	12:30 PM
25.07.2024 THURSDAY	BHM305	FOOD & BEVERAGE MANAGEMENT	03 HRS.	09:30 AM	12:30 PM
26.07.2024 FRIDAY	BHM306	FACILITY PLANNING	03 HRS.	09:30 AM	12:30 PM
27.07.2024		SATURDAY			
28.07.2024		SUNDAY			
29.07.2024 MONDAY	BHM354	ACCOMMODATION MANAGEMENT-II	03 HRS.	09:30 AM	12:30 PM



Dr. SATVIR SINGH DIRECTOR (STUDIES)

Dated: 25th June 2024

NATIONAL COUNCIL FOR HOTEL MANAGEMENT & CATERING TECHNOLOGY A-34, Sector- 62, NOIDA - 201 309

MARKS VERIFICATION FORM – B.Sc. HHA SEMESTER VI (FOR NCHMCT COMPONENTS ONLY)

LAST DATE FOR FORM SUBMISSION IN THE INSTITUTE
09 th JULY 2024

(Applications received after the last date will not be accepted)

1. 2.	Name in BLOCK letters (As in ADMIT CARD) NCHM&CT Roll No.	:	
3.	Institute Name	:	
4.	Student's Address	:	
			Pin:
5.	Email id	:	
6.	Mobile No.	:	

S/No	Subject(s) for Verification								
	Subject Code Subject Name Theory Practical								
1									
2									
3									
4									
5									
6									
7									

FEE: Rs.300/-per subject (Forwarded to NCHMCT)

Candidate's signature

Date:

Principal's Signature with stamp

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

APPLICATION FOR CHANGE OF CENTRE

Academic Year 2023-2024

(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.					
													(Dc	o not	stap	le)
Council Roll			Institute									- (togra tteste Princ	ed by	/
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2. Studen	t's Mobile N	Jo.														()
3. Studen	t's Email id	:														
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6. Date of	f Birth (by C	hristia	n era) _						7.	Sex	: M	ale/	Fen	ıale		
	etails of the o			-				•		exa	ms:					
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Fee received			Exar	ninat	ion p	oartic	cular	5			Ex	amin	ation	ı Ha	11	

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

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