

**INSTITUTE OF HOTEL MANAGEMENT
GUWAHATI**

IHM(GH)/Acad-03/25/ 6 25

Date: 27.01.2025

**NOTICE FOR RE-APPEAR CANDIDATES
B.SC. SEM-V (Supplementary Exam)**

This is to inform all Re-appear candidates of B.Sc. Sem-V (IGNOU), NCHM will conduct the special Supplementary Exam from 26.05.2025. The last date of filling up forms is mentioned as below:-

B.Sc. Sem-V

Exam Fees : Rs. 1000/- + (subject fee)
Last Date of submission : 25.04.2025

Only such students will be eligible to appear in these examinations who have cleared all his papers of SEM-I, II & III/IV and have no backlogs in these semesters. In other words, students having backlogs in Semester V 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.

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. Exam forms are also available in the Exam 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


PRINCIPAL

Copy to : i) 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

SEM-V SUPPLEMENTARY EXAMINATION FORM

Academic Year 2024-2025

COURSE TITLE: THREE-YEAR B.Sc. HHA

(FOR FAIL & RE-APPEAR CANDIDATES ONLY)

<p>LAST DATE FOR SUBMISSION OF EXAM FORMS IN THE INSTITUTE - 25.04.2025</p> <p>ONE-TIME FEE: Rs.1000/- (to be remitted to NCHM) plus EXAM FEE as per column 6 below</p>

<p>Paste Passport Size Photograph.</p> <p>(Do not staple)</p> <p>(Photograph to be attested by Principal)</p>

Council Roll No _____ Name of the Institute _____

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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. Father's / Mother's Name _____

3. Permanent residential address for correspondence

_____ Pin: _____ Mobile: _____

Email id: _____

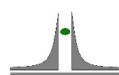
4. Date of Birth (by Christian era) _____ 5. Sex: Male/Female

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

Sl No.	Subject Code	Subject	Please tick		
			Mid Term	Practical	End-Term
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			

RE-APPEAR EXAMINATION FEE

- Theory @ Rs.300/- per subject (To be remitted to NCHMCT)
- Practical @ Rs.500/- per subject (retained by institute)



7. Give details of examination and related fees paid: Examination Fee
Total Fee

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.....

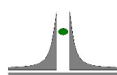
Total Fee: Rs.....

Date: _____

Principal's signature with office seal

FOR NCHM&CT USE

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

APPLICATION FOR CHANGE OF CENTRE

Academic Year 2024-2025

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

