

**INTITUTE OF HOTEL MANAGEMENT
GUWAHATI**

IHM(GH)/Acad-03/26/ 247

Date: 08.09.2026

NOTICE FOR RE-APPEAR CANDIDATES

This is to inform all the Re-appear candidates of B.Sc. Semester- I (IGNOU & JNU), Semester-III (IGNOU & JNU), Semester-V (IGNOU), CCFPP Semester-I & PGDAOM Semester-I that the last date of filling up forms are mentioned as below:-

B.Sc. Semester- I (IGNOU & JNU)

Without late fee : 15.10.2026
With late fee of Rs. 500/- : 29.10.2026
With late fee of Rs.1000/- : 12.11.2026

B.Sc. Semester-III & V (IGNOU & JNU)

Without late fee : 18.09.2026
With late fee of Rs. 500/- : 04.10.2026
With late fee of Rs.1000/- : 18.10.2026

PGDAOM & CCFPP Semester-I

Without late fee : 08.10.2026
With late fee of Rs. 500/- : 23.10.2026
With late fee of Rs.1000/- : 07.11.2026

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.

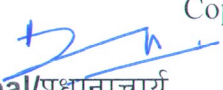
Per Subject: Theory Rs. 300/-, Practical Rs. 500/-

Bank Details of IHM, Guwahati

1. Name of the Institute: Institute of HMCTAN, Guwahati
2. Bank's Name : Central Bank of India.
3. Beneficiary A/c No. : 1743905746
4. Account Type : Current Account.
5. Branch Name : Bhangagarh Branch.
6. IFSC no. : CBIN0283229


Principal/প্রধানাচার্য

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


Principal/প্রধানাচার্য

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

A-34, SECTOR 62, NOIDA-201309

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

With Late fee of Rs.1000/- : 12/11/2026

(Photograph to be
attested by
Principal)

Institute Name

[illegible]

1. Name of the candidate in English (full name in BLOCK letters)

Surname

[illegible]

(Please note that the name written above should be same as given in your +2 CBSE/Board Certificate)

- [illegible]

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:

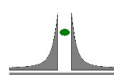
S.No.	Subject Code	Subject	Please tick		
			Mid Term(T)	End Term	
				Theory	Practical
1	BHM111	FC in Food Production-I			
2	BHM112	FC in F & B Service-I			
3	BHM113	FC in Front Office-I			
4	BHM114	FC in Accommodation Operations-I			
5	BHM105	Application of Computers			
6	BHM106	Hotel Engineering		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

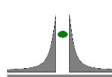
Total Fee Rs.....

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)
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A-34, SECTOR 62, NOIDA-201309

Academic Year 2026-2027

LAST DATE FOR SUBMISSION OF FORMS IN THE ACADEMIC CHAPTER

With Late fee of Rs.1000/- : 12/11/2026

(Photograph to be
attested by
Principal)

Name of Academic Chapter

[illegible]

- Surname

[illegible][illegible]

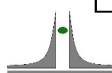
5. Permanent residential address for correspondence

Pin: Alternate/Landline No.

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)		

- 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).

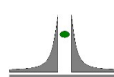
Examination Fee Rs.....
Late Fee (if any) Rs.....
Total Fee Rs.....

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)
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A-34, SECTOR 62, NOIDA-201309

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		Paste Passport Size Photograph. (Do not staple) (Photograph to be attested by Principal)
Without Late fee	: 18/09/2026	
With Late fee of Rs.500/-	: 04/10/2026	
With Late fee of Rs.1000/-	: 18/10/2026	
Council Roll No _____ Institute Name _____		

Council Roll No	Institute Name										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%; height: 20px;"></td> </tr> </table>											

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.

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

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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

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Examination Fee Rs.....

Late Fee (if any) Rs.....

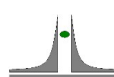
Total Fee Rs.....

Date: _____

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CERTIFICATE BY PRINCIPAL

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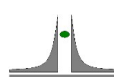
Examination Fee Rs.....
Late Fee (if any) Rs.....
Total Fee Rs.....

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)
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A-34, SECTOR 62, NOIDA-201309

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										Paste Passport Size Photograph. (Do not staple) (Photograph to be attested by Principal)										
Without Late fee					: 18/09/2026															
With Late fee of Rs.500/-					: 04/10/2026															
With Late fee of Rs.1000/-					: 18/10/2026															
Council Roll No <table border="1" style="display: inline-table; border-collapse: collapse; width: 150px; height: 30px; vertical-align: middle;"> <tr> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> <td style="width: 20px; height: 25px;"></td> </tr> </table>																				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.

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3. Student's Email id : _____

4. Father's / Mother's Name _____

5. Permanent residential address for correspondence _____

_____ Pin: _____ Alternate/Landline No. _____

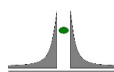
6. Date of Birth (by Christian era) _____ 7. Sex: Male/Female

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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			

- 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)

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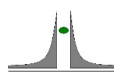
Examination Fee Rs.....
Late Fee (if any) Rs.....
Total Fee Rs.....

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)
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A-34, SECTOR 62, NOIDA-201309

Academic Year 2026-2027

(RE-APPEAR CANDIDATES ONLY)

Without late fee : 08/10/2026

With late fee of Rs. 500/- : 23/10/2026

With late fee of Rs. 1000/- : 07/11/2026

(Do not staple)

(Photograph to be
attested by
Principal)

Council Roll No

Institute Name

[illegible]

1. Name of the candidate in English (full name in BLOCK letters)

First name

Middle name

Surname

[illegible]

(Please note that the name written above should be same as given in your +2 CBSE/Board Certificate)

2. Student's Mobile No.

[illegible]

3. Student's Email id :

4. Father's / Mother's Name

5. Permanent residential address for correspondence

Pin: Alternate/Landline No.

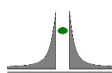
6. Date of Birth (by Christian era) 7. Sex: Male/Female

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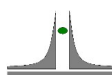
Examination Fee Rs.....
Late Fee (if any) Rs.....
Total Fee Rs.....

Date: _____

Principal's signature with office seal

FOR NCHMCT USE

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



A-34, SECTOR 62, NOIDA-201309

Academic Year 2026-2027

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

(Photograph to be
attested by
Principal)

Institute Name

[illegible]

- Surname

[illegible][illegible]

5. Permanent residential address for correspondence :

Pin: Alternate/Landline No.

8. Give details of the exam Centre opted for appearing in the exams:

IHM/FCI

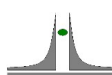
Candidate's signature

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)



A-34, SECTOR 62, NOIDA 201309

Academic Year 2026-2027

(RE-APPEAR CANDIDATES ONLY)

Without late fee : 08/10/2026

With late fee of Rs. 500/- : 23/10/2026

With late fee of Rs. 1000/- : 07/11/2026

(Do not staple)

(Photograph to be
attested by
Principal)

Council Roll No

Institute Name

[illegible]

- First name

Middle name

Surname

[illegible]

(Please note that the name written above should be same as given in your +2 CBSE/Board Certificate)

2. Student's Mobile No.

[illegible]

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			

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

