OFFICE OF THE PRINCIPATION CONTRACT STATES CON

टल सेनेजमेंट केटरिंज संस्थान हल सेनेजमेंट केटरिंज संस्थान Management Catering Technology & Appl Management Catering Technology & Appl भारत सरकार के पर्यटन मंत्रालय

IHM(H)/U-III/Cir./2025-26

CIRCULAR

01.07.2025

Sub: Submission of Supplementary Examination forms for End Term Examinations (ETE) – (Only Reappear students of Sem – VI of 3-Year B.Sc.) – reg.

As per the instructions received from the National Council for Hotel Management, Noida, all the **Reappear students of** <u>Sem – VI</u> of 3-Year B.Sc., are required to submit examination forms for the End Term Examinations (ETE).

Further, it is to inform that, the above mentioned students are required to submit only the hard copy to Academic Section with "<u>Photograph in formal attire only</u>" along with examination fee details mentioning on the same form as stated below through UPI/Phone Pay/Google Pay 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 |

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

| Semester | One Time Fee (Rs. 1000/-) |
|-------------------------------|----------------------------------|
| B.Sc. Sem -VI (Supplementary) | 18.07.2025 |

Note:

- Only such students will be eligible to appear in these Supplementary 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 – V & VI only would be allowed to appear in Sem-VI Supplementary Exams.
- 2. A candidate may be granted permission for a Change of Centre (COC) for appearing in the **Term End Theory (TET)** examinations only. Change of Centre (COC) in the case of practical examinations is not permissible.

NO EXTENSION WILL BE GIVEN UNDER ANY CIRCUMSTANCES.

Encl: IHM-Hyd bank details.

Savat

IHM Hyderabad

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

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 2024-2025 | | | | | |
|--|---|---------------|--|-------------|-------------------------|--------------|
| | COURSE TITLE: THREE-YEAR B.Sc. IN H&HA | | | | | |
| | | (FOR FA | IL & RE-APPEAR CANDIDATES | S ONI | LY) | |
| | LAS | | r submission of exam forms nstitute - 18.07.2025 | | Paste Pas Size Photo | |
| O | | | Rs.1000/- (to be remitted to NCHM) | | (Do not st | |
| plus EXAM FEE as per column 6 below (Photograph attested Device) | | | | by | | |
| Counc | il Roll N | 0 | Name of the Institute | | Princip | al) |
| 1. Fi | Name rst name | of the candid | date in English (full name in BLOCK letters Middle name | 5) | Surna | ame |
| | | | | | | |
| (| (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: | | | | | |
| | Emai | 1 id: | | | | |
| 4. | Date of Birth (by Christian era)5. Sex: Male/Female | | | | | |
| 6. | . Give details of subject(s) reappearing for: | | | | | |
| | Sl | Subject | Subject | | Please tick | |
| | 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 | | | |
| | 6 | BHM306 | FACILITY PLANNING | | | |
| | 7 | BHM309 | RESEARCH PROJECT | Х | | Х |
| | Theo | | RE-APPEAR EXAMINATION FEE ber subject (To be remitted to NCHMCT) | | | |
| | | | - per subject (rotained 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) |

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 stap | ple) | |
| | Council Roll No Institute Name | | | | (Photograph to be attested by Principal) | | |
| | | English (full name in BLOC Middle name | CK letters) | | C | | |
| First | | | | | Surnar | ne | |
| (Ple | ease note that the name writte | n above should be same as given i | r vour + 2 CBSE/ | /Board C | ertifica | te) | |
| 2. | Student's Mobile No. | | | | | (,) | |
| 3. | Student's Email id : | | | | | | |
| 4. | Father's / Mother's Nam | ne | | | | | |
| 5. | Permanent residential ad | ldress for correspondence : _ | | | | | |
| | | Pin: Alterna | te/Landline No | 0 | | | |
| 6. | Date of Birth (by Christi | an era) | 7. Sex: Ma | ale/Fem | ale | | |
| | | Centre opted for appearing i | | | | | |
| Candida | ate's signature | | | | | | |
| Date: _ | | | ncipal's signati | ure with | offic | e seal | |
| | | FOR NCHMCT USE | | | | | |
| Fee re | ceived | Examination particulars | Exa | mination | Hall | | |

| 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