

A-34, SECTOR 62, NOIDA 201309

Academic Year 2023-2024

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE

With late fee of Rs. 1000/- : 22/03/2024

(Photograph to be
attested by
Principal)

Institute Name

[illegible]

- Surname

[illegible]

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

- [illegible]

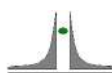
Pin: Alternate/Landline No.

- 11

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

S.No.	Subject Code	Subject	Please tick
			End Term
1	MHA-5	Revenue / Yield Management	
2	MHA-7	Equipment & Material Management	
3	MHA-21	Mentorship - Research Methodology (TH)	

- Theory @ Rs.300/- per subject (Forwarded to NCHM)



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

