

# National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA 201309  
SPECIAL EXAMINATION

(FOR RE-APPEAR CANDIDATES)

<b>LAST DATE FOR SUBMISSION OF FORM IN THE INSTITUTE</b> <b>THURSDAY 1<sup>ST</sup> OCTOBER 2015</b>
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Paste Passport Size Photograph.  (Do not staple)  (Photograph to be attested by Principal)
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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 Name \_\_\_\_\_

3. Permanent residential address for correspondence \_\_\_\_\_

Pin: \_\_\_\_\_ Phone: \_\_\_\_\_

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

6. Give details of subject(s) reappearing for 2<sup>nd</sup>/3<sup>rd</sup> Year:

S.No.	Subject Code	Subject
1		
2		
3		
4		
5		
6		

<b>REAPPEAR EXAMINATION FEE</b>	
Theory @ Rs.300/- per subject	Practical @ Rs.500/- per

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



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 vide bank draft no: \_\_\_\_\_ dated \_\_\_\_\_ drawn on \_\_\_\_\_ branch in favour of National Council for Hotel Management & Catering Technology.

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. _____  <div style="text-align: right;">Dealing Assistant</div>	Examination particulars Checked & Verified   <div style="text-align: center;">Executive Officer (S)</div>	Examination Hall Admission ticket issued.   <div style="text-align: right;">Assistant Director (T)</div>
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