National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA 201309

TERM-END EXAMINATION FORM

Academic Year 2025-2026

DIPLOMA IN FRONT OFFICE

(FOR REGULAR CANDIDATES)

LAST DATE FOR SUBMISSION OF FORMS IN THE INSTITUTE	
Without late fee	**: 06/03/2026**
With late fee of Rs.500/-	**: 20/03/2026**

Paste Passport Size Photograph.

(Do not staple)

(Photograph to be attested by Principal)

Council Roll No | Name of the Institute

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 examination and related fees paid: Examination Fee **Rs.**……

Late Fee (if any) **Rs.**…….

Total Fee Rs.…….

7. 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.……
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)