National Council for Hotel Management & Catering Technology

A-34, SECTOR 62, NOIDA-201309

ODD SEMESTER END SEMESTER EXAMINATION FORM

Academic Year 2026-2027

COURSE TITLE: TWO-YEAR M.**Sc. (HA)** – **SEMESTER-I**

(REGULAR CANDIDATES OF JNU-NCHMCT ONLY)

LAST DATE FOR SUBMISSION OF FORMS IN THE ACADEMIC CHAPTER
Last Date/- : 28/10/2026

Paste Passport Size Photograph.

(Do not staple)

(Photograph to be attested by Principal)

Council Roll No | | | | | | | | | | Name of Academic Chapter_____

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. | | | | | | | | | | |

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/Others | |

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)

3-YEAR B.Sc. (HHA) Page 1 of 2 Print on both sides

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).

Date: _____ Principal's signature with office seal

FOR NCHMCT USE

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