

A-34, SECTOR 62, NOIDA-201309

**COURSE TITLE: TWO-YEAR M.Sc. (HA) – SEMESTER-III
(REGULAR CANDIDATES OF JNU-NCHMCT ONLY)**

Last Date/-

: 17/10/2025

(Do not staple)

(Photograph to be
attested by
Principal)

Name of Academic Chapter

[illegible]

- First name

Middle name

Surname

[illegible]

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

2. Student's Mobile No.

[illegible]

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

11

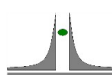
8. a) Certified that the name as written above by me is correct.

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