

EXAMINATION PARTICULARS

Course No.	Name of the Course	Tick (✓) here whether appearing	If passed Month & Year of the Examination & Seat No.	Int. 08 / 20	Pract. 16 / 40	Ext. 16 / 40	Total 40 / 100
Semester I							
101	Basic Food Production						
102	Food and Beverage Service						
103	Basic Rooms Division						
104	Travel & Tourism						
105	Catering Science						
106	Communication Skills I						
Semester II							
201	Food Production Principles						
202	Food and Beverage Operations						
203	Rooms Division Services						
204	Travel & Tour Operations						
205	Food Science						
206	Communication Skills II						
Semester III							
301	Quantity Food Production						
302	Beverage Services						
303	Accommodation Services						
304	Tourism Operations						
305	Basic Principles of Accounting						
306	Hotel Maintenance Services						
Semester IV							
401	Industrial Training						
402	Project Report						
Semester V							
501	Specialized Food Production						
502	Food and Beverage Services and Management						
503	Accommodation Operations						
504	Hotel Accounting						
505	Marketing Management						
506	Hotel LAN						
Semester VI							
601	Advanced Food Production						
602	Advanced Food Services & Management						
603	Accommodation Management						
604	Tourism Management						
605	Human Resource Development						
606	Entrepreneurship Development						

DECLARATION

I hereby declare that I have gone through the syllabus & the list of books for the examination, I am appearing. I shall be responsible for any errors and wrong or incomplete entries made by me in the form. I shall not request for any special concession such as change in the time or day fixed for the University examination etc. on religious or any other ground.

Yours faithfully,

Date :

Place :

Signature of the Candidate :

CERTIFICATE FROM THE PRINCIPAL OF THE COLLEGE

1. I certify that the above candidate is bonafide student of this college.
2. I am satisfied that he/she is eligible to appear at the said examination as per University rules.

Date :

Place :

Seal & Signature of Director :