



HOTEL & RESTAURANT ASSOCIATION OF NORTHERN INDIA

REG. OFF. : 406/75-76, MANISHA BUILDING, NEHRU PLACE, NEW DELHI - 110 019

TELEPHONE: 011-26468103, 26433590 FAX: 011-26236201

E-mail: hrani.1950@gmail.com, hrani@airtelmail.in Website: www.hrani.net.in

APPLICATION FORM

Associate Category

Institutes

We desire to be elected as a member of the Hotel & Restaurant Association of Northern India as an Associate Member.

If elected, we agree to abide by the Memorandum & Articles of Association, to pay the subscription rate for the time being in force and to implement, as far as practicable, the policy of the Association.

1. Name of the Institute (Block Letters) _____ Membership No.: _____

2. Address: _____

Tel. (STD Code _____) _____ Fax: (STD Code _____) _____

E-mail: _____ Website: _____

3. Details of Ownership : _____

a) Self Owned Yes / No

b) Rented Premises Yes / No

c) Leased Premises Yes / No

4. Names and Designation of the Key Person

i) Name _____ Designation _____

ii) Name _____ Designation _____

iii) Name _____ Designation _____

***Proposed by** (Name in Capital) _____ **Designation:** _____

Establishment: _____ **Signature with Official seal** _____

*(Please refer page no-4 for the same)

***Seconded by** (Name in Capital) _____ **Designation:** _____

Establishment: _____ **Signature with Official seal** _____

*(Please refer page no-4 for the same)

(Application should be proposed and seconded only by an existing member affixing their Rubber Stamp and Signature)

CHECK NOTE: - FOR OFFICE USE ONLY

Proposed Seconded Recommendation

Affiliation Authorized Signatory Form Listing Details Form

FHRAI Form Brochure Certificate of Inc.

Approval in the MC Meeting dated _____ Membership No. : _____

(Signature issuing authority)

- *5. Is your Institute established and administered by **(Enclose Supporting Documents)**
- | | | |
|---|-----|------|
| a) A Society registered under the Registration of Societies Act 1860 | Yes | / No |
| b) A trust registered under the Charitable Trust Act 1950 or any other relevant Act | Yes | / No |
| c) A company incorporated under section 25 of the Companies Act 1956 | Yes | / No |
| d) Central or State govt. / UT Administration | Yes | / No |

- *6. Is your Institute **(Enclose supporting documents)**
- | | | |
|--|-----|------|
| a) Approved by AICTE | Yes | / No |
| b) Affiliated to National Council of Hotel Management, MOT | Yes | / No |
| c) Affiliated to State/Central University | Yes | / No |
- If yes, details of university affiliations

- d) Affiliated to deemed University (If yes, details of university) Yes / No

- e) Distance learning Centre (If yes, details of university) Yes / No

- f) Member of other Association _____

- *7. Year of establishment _____ **(Enclose copy of latest audited balance Sheet)**

8. Details of UG and PG programme offered by the Institute and current student enrolment

9. Details of land and building space

a) Total Land area _____

b) Total built-up area _____

c) i) No. Class room with capacity _____

ii) No. of Tutorial Rooms _____

iii) Computer Lab with internet /Wi Fi Yes / No

iv) Well-Appointed library Yes / No

v) Practical labs available (If yes, details) Yes / No

a) Basic training kitchen Yes / No c) Advance training kitchen Yes / No

b) Quantity training Kitchen Yes / No d) Bakery & Confectionery Yes / No

vi) Front office desk (If yes, details of property management system in use

- vii) Housekeeping room Yes / No
- viii) Laundry room Yes / No
- ix) Restaurant with Bar Yes / No
- x) Fine Dining Restaurant Yes / No
- d) Staff Details
- a) No. of regular faculty _____
- b) Visiting faculty _____
- c) Total no. of staff including faculty _____
- d) Faculty Student ratio _____
- e) Hostel Facilities available Yes / No
- Facilities available for extracurricular activities (If yes, please give details) Yes / No
- _____
- _____
- f) Industry placement arranged by the Institute Yes / No
- (If Yes, indicative list of hotel & catering establishments where students have been employed)
- _____
- _____

The above information and documents provided are correct & authentic to the best of my knowledge.

Signature of Authorised Signatory

Name: _____

Designation: _____

Mobile No. : _____

Note:-

*** Mandatory to be filled & enclose the supporting documents**

We are enclosing a D.D. of Rs. _____ in favour of "HRANI" payable at New Delhi.

D.D. No. _____ Dated _____ Bank & Branch _____

MEMBERSHIP FEE

Associate Category	Entrance Fee	Annual Subscription including Legal Fund Rs500/-	Listing Fees	Service Tax (10.30%)	Total Fee
Associate Category	7,500.00	5,000.00	200.00	1308.00	14008.00

**The application form can be proposed and seconded by any of our existing members.
To facilitate following representative of HRANI can be contacted for any help/assistance**

1. DELHI

Mr. Rajindera Kumar
Former President FHRAI & HRANI
Director
The Ambassador Hotel, New-Delhi
Tel. : 011-24632600
rajinderakumar@yahoo.com

Mr. Manoj Aggarwal
Director
Hotel Alka, New Delhi
Tel. : 011-23344328, 23344000
hotelalka@vsnl.com

Mrs. Manju Sharma
Director (operations)
Jaypee Hotels, New Delhi
Tel. : 011- 26148800, 26141177
msharma@jaypeehotels.com

Mr. Sushil Gupta
Managing Director
Clarion Collection, New Delhi
Tel. : 011 -41200000-18
sushil.gupta@asianhotelswest.com

Mr. Rohit Gupta
Director
Tivoli Group, New Delhi
Tel. : 011-26301111, 26301111
rohit@tivoligroup.co.in

Mr. Sandeep Anand Goyle
Director
Essex Farms (P) Ltd, New Delhi
Tel. : 011-26524040
sandeepgoyle@essexfarms.com

Mr. R.N. Kukreja
Managing Director
The First Floor Restaurant, New Delhi
Tel : 011-26414594 / 26431822
rnkukreja@yahoo.com

Mr. Gaurav Jain
Director
Group of Ruby Tuesday Restaurants, New Delhi
Tel : 011-26447971/26447972
gjain.rsc@rtcindia.co.in

2. UTTAR PRADESH

Mr. Garish Oberoi
Hony. Secretary
Partner
Hotel Oberoi Anand, Bareilly
Tel : 0581-2570838-41
oberoifoundation@gmail.com

Mr. Arun Dang
Partner
Grand Hotel, Agra
Tel. : 0562-2227511-47
reservations@grandhotelagra.com

Mr. Vidup Agrahari
Director
Hotel Kanhashyam – Allahabad
Tel. : 0532- 2468581-4
info@shyamgroup.org

Mr. Vijai Pande
Managing Director
Hotel Pandit (P) Ltd, Kanpur
Tel. : 0512-2332306, 2304916
vijaipandit@yahoo.co.in

Mr. Rakesh Roy
Director
Elchico Hotels & Restaurant (P) Ltd.
Allahabad
Telefax: 0532-2427695 -96, 2420075
rakesh.elchico@yahoo.in

3. HARYANA
Mr. Suresh Kumar
CEO
Fortune Park Hotel (ITC Group)
Gurgaon

Mr. Pawan Agarwal
Prop.
Quality Restaurant & Bar, Ambala Cantt.
Tel. : 0171-2556777
apresidency@rediffmail.com

4. HIMACHAL PRADESH

Mr. Akash Garg
Managing Director
Timber Trail Resorts, Parwanoo
Tel. : 01792-232340 -43
gargakash@timbertrail.in

Mr. Sanjay Sood
Jt.Hony.Secretary
Managing Director
The Devico's Rest, Shimla
Tel : 0177-2806335
smlsanjay@gmail.com

5. JAMMU & KASHMIR

Mr. R. D. Anand
Director (Operations)
Hotel Asia Jammu-Tawi , Jammu
Tel. : 0191-2435757-60
rdanand@gmail.com

6. PUNJAB

Mr. Paramjit Singh
Vice President
Hotel Plaza Bar & Restaurant, Jalandhar
Tel: 0181-2225833/ 2225899
hotelplaza@vsnl.com

Mr. Amarvir Singh
Partner
Hotel Natraj, Ludhiana
Tel. : 0161-740144, 740284
amar_indian143@yahoo.com

Mr. Surinder Jeet Singh
Executive Director
The Maya Hotel- Jalandhar
Tel. : 0172-2600547
abel@mayahotelsindia.com

7. RAJASTHAN

Mr. Bharat Aggarwal
Vice President
Managing Director
(Mansingh Group of Hotels)- Jaipur
Delhi No Tel. : 011-43450000
sales.delhi@mansinghhotels.com

Mr. Shashank Warty
Vice President – Northern India
The Leela Group C/o. The Leela
Chanakyapuri, New Delhi
Tel.: 011-39331234
shashank.warty@theleela.com

Mr. Vandan Agarwal
Director, Hotel Hilltone
Main Road, Mount Abu
Tel.: 02974 238391
vandan@hotelhilltone.com

Mr. Deepak Parihar
Director, Kalinga Hotel, Jodhpur
Tel. : 0291-2627338/2615870-72
deepak@kalingahotel.com

Mr. Ajay Agarwal
CEO, LMB Hotel, Jaipur
Tel. : 0141-2565844
info@hotellmb.com

8. CHANDIGARH

Mr. Gurvinder Singh Juneja
Hony Treasurer
Partner
Khyber Restaurant, Chandigarh
Tel : 0172-2607728/ 2667456
juneja@khyber.co.in

9. UTTARAKHAND

Mr. S.M. Shervani
President
Managing Director
Shervani Hospitalities Limited
New Delhi-110003
Tel: 011-24351924, 41507401-4; 42501000
md@shervanihotels.com

Mr. Praveen Sharma
Jt. Hony.Secretary
Managing Director
Fair Havens-Nainital
Delhi Tel. : 011-22753151
fairhavens@rediffmail.co

Mr. Mukund Prasad
Director
The Naini Retreat, Nainital.
Tel. : 05942-235105/08
mukund.prasad@leisurehotels.in



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LISTING DETAILS - MEMBERSHIP DIRECTORY 2011

Associate Category - Institutes

1. Name of the Institute (Block Letters) _____ Membership No.: _____

2. Address: _____

Phone (STD Code _____) _____ Fax: (STD Code _____) _____

E-mail: _____ Website: _____

3. Details of Ownership

- | | | |
|--------------------|-----|------|
| a) Self Owned | Yes | / No |
| b) Rented Premises | Yes | / No |
| c) Leased Premises | Yes | / No |

4. Names and Designation of the Key Person who will exercise right of members

Name _____ Designation _____

Name _____ Designation _____

*5. Is your Institute established and administered by **(Enclose Supporting Documents)**

- | | | |
|---|-----|------|
| a) A Society registered under the Registration of Societies Act 1860 | Yes | / No |
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If yes, details of university affiliations

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|---|-----|------|

- | | | |
|--|-----|------|
| e) Distance learning Centre <i>(If yes, details of university)</i> | Yes | / No |
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- | | | |
|--------------------------------------|--|--|
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*7 Year of establishment of Institute _____ **(Enclose copy of latest audited balance Sheet)**

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ii) No. of Tutorial Rooms _____

iii) Computer Lab with internet /Wi Fi Yes / No

iv) Well-appointed library Yes / No

v) Practical labs available (If yes, details) Yes / No

a) Basic training kitchen Yes / No c) Advance training kitchen Yes / No

b) Quantity training Kitchen Yes / No d) Bakery & Confectionery Yes / No

vi) Front office desk (If yes, details of property management system in use)

vii) Housekeeping room Yes / No

viii) Laundry room Yes / No

ix) Restaurant with Bar Yes / No

x) Fine Dining Restaurant Yes / No

d) Staff Details

a) No. of regular faculty _____

b) Visiting faculty _____

c) Total no. of staff including faculty _____

d) Faculty Student ratio _____

e) Hostel Facilities available Yes / No

Facilities available for extracurricular activities (If yes, please give details) Yes / No

f) Industry placement arranged by the Institute Yes / No

(If Yes, indicative list of hotel & catering establishments where students have been employed)

Date : _____

Place : _____

Company Seal & Signature
(Authorised Signatory)

Note:-

*Mandatory to be filled & enclose the supporting documents



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AUTHORISED SIGNATORY FORM

Associate Category

HRANI Membership No. : _____

Date : _____

Name of Unit : _____

Location of Unit : _____

Correspondence Address : _____

Contact Details : _____

AUTH. SIGNATORY : 1
<div style="border: 1px solid black; width: 150px; height: 120px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <p>Affix Stamp-Size Photograph here</p> </div> <p style="text-align: center;">Please write in Capital Letters only</p>
Name :
Designation :
Mobile :
E-mail :
Date of Birth :
Signature :

AUTH. SIGNATORY : 2
<div style="border: 1px solid black; width: 150px; height: 120px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <p>Affix Stamp-Size Photograph here</p> </div> <p style="text-align: center;">Please write in Capital Letters only</p>
Name :
Designation :
Mobile :
E-mail :
Date of Birth :
Signature :

The above two persons are authorised to take part in all affairs of the association and take decision on behalf of member establishment

Stamp/Seal
of Company

Signatures
(Authorised Signatory)

Name: _____

Designation: _____

Mobile: _____

E-mail: _____