



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

(Hotel Category)

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

If elected, we agree to abide by the Memorandum & Article 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.

Name of the Establishment (Block Letters) _____

Ownership :- _____

Address :- _____

City _____ PIN Code _____ State _____

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

E-mail : _____ Website : _____

Name of Authorised Signatory : _____ Designation: _____

E-mail ID :- _____ Mobile: _____

Name of General Manager / Manager In-charge: _____ Mobile: _____

Address of Correspondence: _____

Phone: _____ Fax: _____ E-mail: _____

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

Establishment: _____ **Membership No.:** _____

Signature : _____ **Stamp :** _____

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

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

Establishment: _____ **Membership No.:** _____

Signature : _____ **Stamp :** _____

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

CHECK NOTE: - FOR OFFICE USE ONLY

Proposed Seconded Recommendation

Licenses Authorized Signatory Form Data Fact Sheet Form

FHRAI Form Tariff card.

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

(Signature issuing authority)

PARTICULARS OF ESTABLISHMENT

1. Year of Establishment _____
2. Percentage of Foreign Tourist catered _____
3. Is there a provision for liquor bar _____
4. Strength of Staff _____

5. Please attach the following:

| | |
|--|--------------------------|
| 1. Competent Authority to grant license for Hotel business approval like MCD/Nagar Palika etc; | <input type="checkbox"/> |
| 2. Health Certificate | <input type="checkbox"/> |
| 3. Police/District Magistrate | <input type="checkbox"/> |
| 4. Govt. Approval | <input type="checkbox"/> |
| 5. Establishment Profile with brochure | <input type="checkbox"/> |
| 6. Any other | <input type="checkbox"/> |
| 7. Tariff Card | <input type="checkbox"/> |

6. We are

- | | | | |
|--|--------------------------------------|---|---------------------------------|
| <input type="checkbox"/> 5 Star Deluxe | <input type="checkbox"/> 5 Star | <input type="checkbox"/> Heritage Classic/Grand | <input type="checkbox"/> 4 Star |
| <input type="checkbox"/> Heritage | <input type="checkbox"/> 3 Star | <input type="checkbox"/> 2 Star | <input type="checkbox"/> 1 Star |
| <input type="checkbox"/> Govt. App. Unclassified | <input type="checkbox"/> Un-Approved | | |

7. For Hotels Air-Conditioned Non Air-Conditioned

i) NUMBER OF ROOMS

- | | | |
|-----------|-------|-------|
| a) Single | _____ | _____ |
| b) Double | _____ | _____ |

ii) NUMBER OF SUITES

- | | | |
|-------------|-------|-------|
| a) Single | _____ | _____ |
| b) Double | _____ | _____ |
| Total Rooms | _____ | _____ |

iii) OTHER FACILITIES OFFERED

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

DETAILS OF THE RESTAURANT (S)

| | Name | Seating Capacity | Cuisines | AC (Y/N) |
|----|------|------------------|----------|----------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

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

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

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

Signature of Authorised Signatory

Name: _____

Designation: _____

Mobile No. : _____

CRITERIA FOR HOTEL MEMBERSHIP

1. The Hotel must have minimum 10 rooms and hold a license granted by the Competent Government Authority to run as hotel.
2. The Hotel must be functioning hotel having a minimum of 10 lettable bedrooms out of which at least 25% of the bedrooms should have attached bathrooms and for the remaining rooms there should be one bathroom for every four rooms.

Note: If your hotel has not yet started operating, you will be eligible for Associate Membership till such time your hotel/restaurant starts operating. When eligible, you may write for change of category, viz. Hotel or Restaurant supported by Licenses from Municipal Corporation/Police etc.
3. A Restaurant within the hotel (who is HRANI member) can also apply for separate membership. This is allowed for one restaurant for a hotel with 25-100 rooms & two restaurants for hotels with above 101 rooms. Such restaurant members are also entitled to 2 HRANI discount cards.
4. At least 25% of the bathrooms should have western style WCs.
5. The ambiance, exterior and interior décor must be good.
6. There should be separate clean & hygienic ladies and gentlemen's toilets attached to the public area.
7. All rooms should be provided with fans.
8. There should be a Reception Counter with telephone and a separate telephone for the use of residents and visitors.
9. Barring hill stations, elsewhere the hotel must have its own kitchen and also a restaurant or dining area and have eating house license where even outsiders can come and dine. At hill stations, if there is no restaurant, the hotel should have an eating-house license granted by the competent authority.
10. There should be good quality crockery, cutlery, glassware and furniture.
11. The hotel should provide laundry and dry cleaning services.
12. There should be clean and good quality linen/blankets/towels etc.
13. Staff should be in smart and clean uniforms.
14. There should be provisions for adequate staff facilities like eating, toilets and clock rooms.
15. There should be arrangements for hygienic washing of utensils, crockery, cutlery and glassware. In case of manually operated washing system, there should be the three-tier system.
16. Water for cooking, drinking and ice making should be of acceptable quality.
17. There should be adequate parking space.

The revised membership fee is as follows:

| Hotel Category | Entrance Fee | Annual Subscription including Legal Fund Rs500/- | Listing Fess | Service Tax (10.30%) | Total Fee |
|--|--------------|--|--------------|----------------------|-----------|
| 5 Star, 5 Star dlx, Heritage Classic,/ Grand | 12,000.00 | 13,000.00 | 200.00 | 2596.00 | 27,796.00 |
| 4 Star, Heritage | 10,000.00 | 6,000.00 | 200.00 | 1669.00 | 17869.00 |
| 3 Star | 8,000.00 | 5,000.00 | 200.00 | 1360.00 | 14560.00 |
| 2 Star & Below | 6,000.00 | 3,500.00 | 200.00 | 999.00 | 10,699.00 |

P. S.: Please make the Subscription payments by Bank Draft only.

**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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AUTHORISED SIGNATORY FORM

HOTEL ()

RESTAURANT ()

HRANI Membership No. : _____

Date : _____

Name of Unit : _____

Location of Unit : _____

Correspondence Address : _____

Contact Details : _____

| AUTH. SIGNATORY-CUM-VOTER : 1 |
|---|
| <div style="border: 1px solid black; width: 150px; height: 120px; margin: 0 auto; background-color: #cccccc;"> <p style="text-align: center; padding: 10px;">Affix Stamp-Size Photograph here</p> </div> <p style="text-align: center; margin-top: 5px;">Please write in Capital Letters only</p> |
| Name : |
| Designation : |
| Mobile : |
| E-mail : |
| Date of Birth : |
| Signature : |

| AUTH. SIGNATORY-CUM-VOTER : 2 |
|---|
| <div style="border: 1px solid black; width: 150px; height: 120px; margin: 0 auto; background-color: #cccccc;"> <p style="text-align: center; padding: 10px;">Affix Stamp-Size Photograph here</p> </div> <p style="text-align: center; margin-top: 5px;">Please write in Capital Letters only</p> |
| Name : |
| Designation : |
| Mobile : |
| E-mail : |
| Date of Birth : |
| Signature : |

The above two persons are authorised to vote and 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: _____

Note : Please ensure to submit this duly filled form at HRANI Office failing the Discount Cards for the next year will not be issued



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NOMINATION FORM FOR DISCOUNT CARD

HOTEL ()

RESTAURANT ()

HRANI Membership No. : _____

Date : _____

Name of Hotel / Restaurant : _____

Location : _____

City _____ PIN Code _____ State _____

Tel.: (STD Code _____] _____ Fax : [STD Code _____] _____

E-mail : _____ Website : _____

Note: Please send us 2 photographs (Passport Size) of each of your two nominees (Please paste 1 copy inside the box) for the discount cards.

| NOMINEE : 1 | |
|--|--|
| <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; background-color: #cccccc; display: flex; align-items: center; justify-content: center;">Please paste photograph of Nominee : 1 in his space</div> | |
| Please write in Capital Letters only | |
| Name : | |
| Designation : | |
| Mobile : | |
| E-mail : | |
| Signature : | |

| NOMINEE : 2 | |
|--|--|
| <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; background-color: #cccccc; display: flex; align-items: center; justify-content: center;">Please paste photograph of Nominee : 2 in his space</div> | |
| Please write in Capital Letters only | |
| Name : | |
| Designation : | |
| Mobile : | |
| E-mail : | |
| Signature : | |

Signature of person authorizing the cards : *(To be signed by authorised signatory only)*

Name : _____ Designation _____

I verify that the above two people are entitled to discount cards of HRANI

Stamp/Seal
of Company

Signatures
*(Authorised Signatory
as per HRANI records)*

Name: _____

Designation: _____

Mobile: _____

E-mail: _____

*** Please ensure to get this form signed and verified only by the authorized Signatories as submitted to HRANI else the cards will not be processed.**



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LISTING DETAILS - MEMBERSHIP DIRECTORY 2011

Hotel Category

Membership No. : _____

Date : _____

1. **Name of Hotel** : _____

2. **Ownership** (Name and address of the Company):- _____

Category (Tick Appropriate Category and enclose the copy of latest certificate of classification from MOT)

| | | | | | |
|---------------|--------------------------|----------|--------------------------|-------------|--------------------------|
| 5 Star Deluxe | <input type="checkbox"/> | 5 Star | <input type="checkbox"/> | Heritage | <input type="checkbox"/> |
| 4 Star | <input type="checkbox"/> | 3 Star | <input type="checkbox"/> | 2 Star | <input type="checkbox"/> |
| 1 Star | <input type="checkbox"/> | Approved | <input type="checkbox"/> | Un-Approved | <input type="checkbox"/> |

3. **Location of Unit** : _____

City _____ PIN Code _____ State _____

Tel.: (STD Code _____] _____ Fax : [STD Code _____] _____

E-mail : _____ Website : _____

4. **Name and designation of the authorized signatory (who will exercise right of Memberships)**
(MD/CEO/Proprietor/Partner)

a) Name: _____ Designation _____ (M): _____

b) Name: _____ Designation _____ (M): _____

5. **Name of the General Manager/Hotel Manager** _____

E-mail: _____ Mobile :- _____

6. **Correspondence Address:** _____

(If different from above location)

E-mail _____ Tel. _____ Fax _____

7. **Sales & Reservations Information:-** _____

8. Access: i) _____ kms. from Airport ii) _____ kms. from Railway Station iii) _____kms. from Main Bustand

9. Location Advantage: _____

10. Air-Conditioning : _____ 8. Check Out Time: _____

11. Total Number of Rooms Available : _____ (Single _____ Double _____ Suites _____)

Room Details _____

12. Banquet Facility : Total No. of Halls _____ Max. capacity in theatre style: Largest _____ Smallest _____

13. F & B Facilities : No. of Restaurant _____ No. of Bars _____

Cuisine A. Veg.()/ Non-Veg () B. Indian ()/ Chinese ()/ Continental ()

Other (please specify): _____

14. Credit Cards Accepted None () / Master Card () / Visa Card () / All Major Credit Cards ()

Other (please specify): _____

15. Taxes applicable (in percentage only):-

Luxury Tax : _____% on () Published Tariff / or () Actual)

VAT : _____% on F & B _____% on Indian Liquor _____% on Imported Liquor

16. Special Room Facilities :- _____

17. Other Facilities : _____

18. Services: _____

19. Membership(s) HRANI () / FHRAI () / Other(s) _____ (Please Specify)

Any Other Associations : _____

20. Year of Establishment _____

Date : _____

Place : _____

Company Seal & Signature
(Authorised Signatory)

(Note : Please ensure to fill this form to enable us to updated our records)