



HOTEL AND RESTAURANT ASSOCIATION OF NORTHERN INDIA

CIN No.: U55101DL1952PLC002161

REG. OFF. : 406/75-76, MANISHA BUILDING, NEHRU PLACE, NEW DELHI - 110019

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

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

APPLICATION FORM

(Restaurant Category)

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

Stand Alone :- ()

Located in Hotel:- ()

Name of the Establishment (Block Letters) _____

Ownership :- _____

If located in hotel, please specify the Hotel name _____ Number of rooms _____

Address :- _____

City _____ PIN Code _____ State _____

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

E-mail : _____ Website : _____

Name of Authorised Signatory : _____ Designation: _____

E-mail : _____ 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 Menu card.

Date of Approval : _____ Membership No. : _____

(Signature issuing authority)

PARTICULARS OF ESTABLISHMENT

1. Year of Establishment _____
2. Seating Capacity _____
3. Whether Air Conditioned _____
4. Is there a provision for liquor bar _____
5. Strength of Staff _____
6. Please attach the following:

| | |
|---|--------------------------|
| 1. Competent Authority to grant license for Restaurant business approval like MCD/Nagar Palika etc. | <input type="checkbox"/> |
| 2. Health Certificate | <input type="checkbox"/> |
| 3. Police/District Magistrate | <input type="checkbox"/> |
| 4. Fire NOC | <input type="checkbox"/> |
| 5. FSSAI License | <input type="checkbox"/> |
| 6. Establishment Profile with brochure | <input type="checkbox"/> |
| 7. Any other | <input type="checkbox"/> |
| 8. Tariff Card | <input type="checkbox"/> |

7. Is the restaurant approved by Department of Tourism, Govt. of India. If so, please attach a certificate true copy of the letter of approval.

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. : _____

TOTAL MEMBERSHIP FEE

| Restaurant Category | Restaurant |
|--|-------------|
| Entrance Fee | 4500 |
| Annual Subscription(Including Legal fund Rs 500/-) | 3000 |
| Listing Fee | 200 |
| Total | 7700 |
| Service Tax (15%) | 1155 |
| Net Amount | 8856 |

CRITERIA FOR RESTAURANT MEMBERSHIP

1. Must be a functioning restaurant under operation.
2. Must have minimum 25 seats.
3. Must have all the relevant Municipal/Police or any other required licenses with current validity.
4. 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.
5. The Restaurant must hold license granted by the Competent Government/Local Authority to run as restaurant and must be open to general public.
6. The ambiance, exterior and interior décor must be good.
7. The Restaurant should be fully and effectively air-conditioned. The Regional Association, in its direction, may relax this condition in case of open-air restaurant and Restaurants in Hill Stations.
8. There should be a clean and hygienic toilet, preferably, one for gents and one for ladies.
9. There should be telephone facilities.
10. There should be good quality crockery, cutlery, glassware, silverware, tableware and linen.
11. Arrangements for hygienic washing, drying and washing of utensils crockery, cutlery and glassware. In case of manually operated washing system, there should be a three tier system.
12. There should be clean, hygienic, well equipped and well maintained kitchen and pantry with proper and adequate cold storage facilities. Cooking utensils should also be of good quality and well kept.
13. There should be good quality furniture.
14. Staff should be in smart and clean uniforms.
15. There should be provisions for adequate staff facilities like eating, toilets and clock rooms.
16. Water for cooking, drinking and ice making should be of acceptable quality.
17. There should be proper parking space.

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

1. HIMACHAL PRADESH

Mr. Sanjay Sood
President, HRANI
CEO
The Devico's Restaurant
5, The Mall, Shimla
Tel: 0177-2806335
Fax: 0177-2807925
Email : smlsanjay@gmail.com

Mr. Sanjay Madan
MD, East Bourne Hotel
Near Bishop Cotton School, Khalini, Shimla
Tel : 0177-6613333
Fax : 0177-2623890
Email : ebourne@rediffmail.com

2. DELHI

Mr. Luv Malhotra
Jt. Managing Director
Sampan Restaurant
C/o- Hotel The Surya
New Friends Colony
Community Centre, New Delhi
Tel : 011 – 26835070
Fax : 011 – 26837758
Email : luv.malhotra@chl.co.in

Mr. Rajindera Kumar
Working Director
Vivanta By Taj Ambassador
Sujan Singh Park, New-Delhi
Tel: 011-66373521
Fax: 011-24618779
Email : rajinderakumar@yahoo.com

Mr. R. N. Kukreja
Vice President, HRANI
Managing Director
The First Floor Restt.
104/58, Sahyog, Nehru Place, New Delhi
Tel: 011-26414594 / 26431822
Email : rnkukreja@yahoo.com

Mr. Vishvapreet Singh Cheema
GM, NYC Restaurant
C/o- Radisson Blu Plaza Hotel
National Highway -8, New Delhi
Tel : 011 – 26779191
Fax : 011 – 26779090
Email : vishvapreet@radissondel.com

Ms. Deeksha Suri Murti
Executive Director
The Lalit New Delhi
Bharat Hotels Ltd
Barakhamba Avenue, Connaught Place
New Delhi
Tel : 011-44447801
Email : deekshasuri@thelalit.com

Mr. Vinod Gulati
Managing Director
Gulati Restaurant
6, Pandara Road Market, New Delhi
Tel : 011-41719121
Email : gulatihospitality@gmail.com

Mr. Pravin Kumar Nigam
Vice President Finance
Jaypee Vasant Continental
Vasant Vihar, New Delhi
Tel : 011-46072120
Email : pnigam@jaypeehotels.com

3. UTTAR PRADESH

Mr. Garish Oberoi
Treasurer, HRANI
Partner, Hotel Oberoi Anand
46, Civil Lines, Bareilly (UP)
Tel: 0581-2571057
Fax: 0581-2576111
Email : oberoifoundation@gmail.com

Mr. Arun Dang
Partner, Grand Hotel
137, Station Road, Agra Cantt., Agra
Tel: 0562-2227511-47
Fax: 0562-2227510
Email : arundang@ymail.com

Mr. Rakesh Roy
Director, Elchico Hotels & Restaurant (P) Ltd.
24/28, M.G.Marg, Lucky Range, Civil Lines,
Allahabad
Telefax: 0532-2427695 -96, 2420075
Email : rakesh.elchico@yahoo.in

Mr. Surendra Kumar Jaiswal
Hony. Secretary, HRANI
Managing Director, Hotel Deep Palace
12/47, Cantt Road, Lucknow -226001
Tel : 0522-2237247-8
Email: info@ramadaplazalucknow.com

Mr. Pradeep Narayan Singh
Managing Director, Hotel Pradeep
C 27/153, Jagatganj
Varanasi
Tel : 0542-2204963
Email : info@hotelpradeep.com

Mr. Vikas Malhotra
Managing Director
The Landmark Hotel
10, The Mall, Kanpur
Tel : 0512 -2305305
Email : md@thetotellandmark.com

Mr. Vidup Agrahari
Director, Hotel Kanha Shyam
Civil Lines, Allahabad
Tel : 0532-2566123
Email : vidup@shyamgroup.org

4. HARYANA

Mr. Suresh Kumar
Managing Director, Fortune Park Hotels Ltd
(ITC Group), ITC Green Centre
Plot No. 10, Institutional Area
Sector 32, Gurgaon
Tel: 0124-4175221
Fax: 0124-405173
Email : suresh.kumar@itshotels.in

Mr. Pawan Agarwal
MD, Quality Bar & Restaurant
3, Police Line Road, Near Telephone Exchange
Ambala City 134 003
Ph : 0171-2556777
Fax: 0171-26536777
Email : apresidency@rediffmail.com

5. JAMMU & KASHMIR

Mr. R. D. Anand
Hony. Jt. Secretary, HRANI
Managing Director, Hotel Asia Jammu-Tawi
Jammu
Tel: 0191-2435757-60
Fax: 0191-2435756
Email : rdanand@gmail.com
asiaotel@sancharnet.in

6. PUNJAB

Mr. Paramjit Singh
Managing Director, Zaika Restaurant
C/o- Hotel Plaza Bar & Restaurant
Old Court Road, Jalandhar-144001
Tel: 0181-2234400
Fax: 0181-2234400
Email : paramjit.hotelplaza@gmail.com

Mr. Naresh Sethi
MD, Hotel Friends Regency
Ferozpur Road, Ludhiana
Tel : 0161-2771115
Fax :0161-2771110
Email : nareshsethi063@gmail.com

Mr. Amarvir Singh
Vice President, HRANI
Partner, Hotel Natraj
Clock Tower, Katchery Road, Ludhiana
Tel : 0161-2740284
Email : amar_indian143@yahoo.com

7. RAJASTHAN

Mr. Bharat Aggarwal
Managing Director, Hightz Restaurant
C/o- Mansingh Group of Hotels
85 A, Panchkuian Road, New Delhi
Tel : 011-43450000
Fax: 011- 43450055
Email : bharatkumar@mansinghotels.com
md@mansinghotels.com

Mr. Ajay Agarwal
CEO, Laxmi Mishthan Bhandar
C/o- LMB Hotel, Johari Bazar, Jaipur
Tel: 0141-2565844
Fax: 0141-2578276
Email : info@hotellmb.com

Mr. Deepak Parihar
Managing Director, Kalinga Hotel
Near Railway Station, Jodhpur, Raj.
Tel: 0291-2615870-72
Fax: 0291-2627314
Email : deepak@kalingahotel.com

Maharaj Kumar Lakshyaraj Singh ji Mewar
ED, Fateh Prakash Hotel
Historic resorts Hotels P. Ltd.
The Palace, Udaipur -313001
Tel : 0294-2528016- 19
Email : lakshyarajsingh.mewar@eternalmewar.in

8. CHANDIGARH

Mr. Ankit Gupta
Hony. Jt. Secretary, HRANI
MD, Hotel Himani's
LCR 469-470, Sector-35 C, Chandigarh
Tel : 0172-461882
Email : ankitgupta@himanihotels.com

9. UTTARAKHAND

Mr. Praveen Kumar
CMD, Rosemount Hotel
C/o. Chevron Hotels & Resorts (P) Ltd
D-37, Acharya Niketan Pkt I
Mayur Vihar- I, New Delhi
Tel: 011-22753151
Fax: 011-22754614
Email : fairhavens@rediffmail.com
praveensharma1959@gmail.com

Mr. S.M. Shervani
Managing Director, Shervani Hilltop Nainital
Shervani Hospitalities Limited
11, Sunder Nagar, New Delhi
Tel: 011-41507400
Fax: 011-24351924
Email : md@shervanihotels.com



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LISTING DETAILS - MEMBERSHIP DIRECTORY

Restaurant Category

Membership No. : _____ Date : _____

1. **Name of Restaurant :** _____

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

3. If located in hotel, please specify the Hotel name _____ Number of rooms _____

4. **DOT Approved :** (Please Tick) Yes () No ()

5. **Location of Unit :** _____

City _____ PIN Code _____ State _____

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

E-mail : _____ Website : _____

6. **Name and designation of the signatory who will exercise right of Membership**

(like MD/CEO/Proprietor/Partner)

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

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

7. **Name of the Restaurant Manager** _____

E-mail: _____ Mobile :- _____

8. **Correspondence Address:** _____

(If different from above location)

E-mail _____ Tel. _____ Fax _____

9. **Total Seating Capacity :** _____

10. **Timing :** {From _____ a.m. to _____ p.m.} and {From _____ p.m. to _____ p.m.}

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

Other (please specify): _____

12. Liquor Service : (Please Tick)

| | |
|--|--|
| <input type="checkbox"/> Full Service Bar | <input type="checkbox"/> Restricted Liquor Service |
| <input type="checkbox"/> No Liquor Service | <input type="checkbox"/> Beer Service only |

13. Air-Conditioning : (Please Tick) Centrally ()/ Partially/() Air-conditioned ()

14. Smoking : (Please Tick)

| | |
|---|---|
| <input type="checkbox"/> All Smoking Areas | <input type="checkbox"/> Non Smoking Restaurant |
| <input type="checkbox"/> Separate smoking & Non Smoking Areas | |

15. Banquet Facilities : _____

16. Entertainment & Amenities : _____

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

Other (please specify) : _____

18. Taxes applicable (in percentage only):-

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

Service Tax : _____%

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

Any Other Associations : _____

20. Year of Establishment _____

Date : _____

Place : _____

Company Seal

Signature
(Authorised Signatory)



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AUTHORISED SIGNATORY FORM

HOTEL ()

RESTAURANT ()

HRANI Membership No. : _____

Date : _____

Name of Unit : _____

Location of Unit : _____

We, being a Member of Hotel And Restaurant Association of Northern India (HRANI) request you to record the latest mail id and correspondence address for all future correspondence with HRANI. I hereby also declare that the person, whose particulars are given below, is a duly authorised person to cast vote at all General Meetings of HRANI through electronic mode / e-voting by using the email ID mentioned below.

| AUTH. SIGNATORY-CUM-VOTER | |
|---|------------|
| <div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">Affix Stamp-Size Photograph here</div> <p>Please fill all the details in capital letters only</p> | |
| Name of Authorised Person : | |
| Designation : | |
| Mobile : | Landline : |
| E-mail : | |
| Correspondence Address : | |
| Specimen Signature : | |

Name: _____

Designation: _____

Signature: _____

(with Rubber Stamp)

Note :

1. The Members are requested to notify to the Secretariat change in the particulars of the Authorised signatory, if any, ever.
2. Discount Cards of HRANI & FHRAI will be issued after the receipt of the form duly properly filled in and signed.



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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: 150px; height: 100px; margin: 0 auto; background-color: #cccccc; display: flex; align-items: center; justify-content: center;"> <p>Please paste photograph of Nominee : 1 in his space</p> </div> |
| Please write in capital letters only |
| Name : |
| Designation : |
| Mobile : |
| E-mail : |
| Signature : |

| NOMINEE : 2 |
|---|
| <div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; background-color: #cccccc; display: flex; align-items: center; justify-content: center;"> <p>Please paste photograph of Nominee : 1 in his space</p> </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.**