



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

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 |
| 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 <i>(If yes, details of university)</i> | Yes | / No |
|---|-----|------|

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

- | | | |
|--------------------------------------|--|--|
| f) Member of other Association _____ | | |
|--------------------------------------|--|--|

*7 Year of establishment of Institute _____ **(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)

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>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>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: _____