



# 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

(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.

**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)

**\*Secoded 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  Secoded  Recommendation

Licenses  Authorized Signatory Form  Data Fact Sheet Form

FHRAI Form  Menu card.

Approval in the MC Meeting dated \_\_\_\_\_ 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 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. Menu 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 FOR RESTAURANT MEMBERSHIP**

Restaurant Category	Entrance Fee	Annual Subscription including Legal Fund Rs500/-	Listing Fess	Service Tax (10.30%)	Total Fee
Restaurant Category	4,500.00	3,000.00	200.00	793	8493.00

## **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.  
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: 100px; margin: 0 auto; background-color: #cccccc;"> <p style="text-align: center; margin: 0;">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: 100px; margin: 0 auto; background-color: #cccccc;"> <p style="text-align: center; margin: 0;">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

### Restaurant Category

Membership No. : \_\_\_\_\_ Date : \_\_\_\_\_

1. **Name of Restaurant** : \_\_\_\_\_

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

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

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**  
(like MD/CEO/Proprietor/Partner)

a) Name: \_\_\_\_\_ Designation \_\_\_\_\_ (M): \_\_\_\_\_

b) Name: \_\_\_\_\_ Designation \_\_\_\_\_ (M): \_\_\_\_\_

5. **Name of the General Manager/Restaurant Manager** \_\_\_\_\_

E-mail: \_\_\_\_\_ Mobile :- \_\_\_\_\_

6. **Correspondence Address:** \_\_\_\_\_

(If different from above location)

E-mail \_\_\_\_\_ Tel. \_\_\_\_\_ Fax \_\_\_\_\_

7. **Total Seating Capacity** : \_\_\_\_\_

8. **Timing** : {From \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.} and {From \_\_\_\_\_ p.m. to \_\_\_\_\_ p.m.}

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

Others (Please specify) \_\_\_\_\_

**10. 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"/>	Bear Service only

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

**12. Smoking :** (Please Tick)

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

**13. Banquet Facilities:** \_\_\_\_\_

**14. Entertainment & Amenities :** \_\_\_\_\_

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

Other (please specify): \_\_\_\_\_

**16. Taxes applicable** (in percentage only):-

VAT : \_\_\_\_\_% on F & B \_\_\_\_\_% on Indian liquor \_\_\_\_\_% on Imported Liquor

**17. Membership(s)** HRANI ( ) / FHRAI ( ) / Other(s) \_\_\_\_\_ (Please Specify)

Any Other Associations : \_\_\_\_\_

**18. Year of Establishment** \_\_\_\_\_

**Date :** \_\_\_\_\_

**Place :** \_\_\_\_\_

(Company Seal & Signature)  
Authorised Signatory

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