



HOTEL AND RESTAURANT ASSOCIATION OF NORTHERN INDIA

CIN No.: U55101DL1952NPL002161

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

TELEPHONE : 011- 41306628, 42804416

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:- ()

1. **Name of the Establishment** (Block Letters) _____
2. Ownership Company _____
3. If located in hotel, please specify the Hotel name _____ Number of rooms _____
4. Location of Unit : _____
5. City _____ PIN Code _____ State _____
6. Tel.: (STD Code _____] _____ Fax : [STD Code _____] _____
7. E-mail : _____ Website : _____
8. Name of Authorised Signatory : _____ Designation: _____
E-mail : _____ Mobile: _____
9. Name of General Manager / Manager In-charge: _____ Mobile: _____
10. Address of Correspondence: _____
Phone: _____ Fax: _____ E-mail: _____

PARTICULARS OF ESTABLISHMENT

11. Year of Establishment _____
12. Seating Capacity _____
13. Strength of Staff _____

CHECK NOTE: - FOR OFFICE USE ONLY			
Licenses	<input type="checkbox"/>	Authorized Signatory Form	<input type="checkbox"/>
FHRAI Form	<input type="checkbox"/>	Menu card.	<input type="checkbox"/>
		Recommendation	<input type="checkbox"/>
		Data Fact Sheet Form	<input type="checkbox"/>
Date of Approval : _____		Membership No. : _____	
(Signature issuing authority)			

14. Please attach the following: (Any Two)

1. Trade / MCD/ Nagar Palika / Sarai Act/ Gram Panchayat	<input type="checkbox"/>
2. FSSAI	<input type="checkbox"/>
3. Excise license (Bar)	<input type="checkbox"/>
4. NOC from Fire (based on current rules)	<input type="checkbox"/>
5. NOC from Police / Eating house from District Magistrate	<input type="checkbox"/>
6. Classification Certificate / Approval from Department of Tourism (State / Central)	<input type="checkbox"/>

GSTIN DETAILS (Please attach A copy of GST ARN Certificate)

Company / Vendor Name: _____	
Registered Address as per GST Registration: _____	
State: _____	State Code: _____
Provisional GST ID: _____	HSN Code / SAC: _____
ARN No.: _____	PAN No.: _____

15. 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.

<input type="text"/>

Signature of Authorised Signatory

Name: _____

Designation: _____

Mobile No. : _____

The membership fee is as follows (The fee to words membership only be accepted/submitted after the approval of MC)

Restaurant Category	25 to 100 Seat	101 above
Entrance Fee	4950	4950
Annual Subscription	3630	4235
Legal Fund	1100	1100
Listing Fee	220	220
Total	9900	10505
GST (18%)	1782	1891
Net Amount	11682	12396

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. The Restaurant must hold license granted by the Competent Government/Local Authority to run as restaurant and must be open to general public.
5. The ambiance, exterior and interior décor must be good.
6. 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.
7. There should be a clean and hygienic toilet, preferably, one for gents and one for ladies.
8. There should be telephone facilities.
9. There should be good quality crockery, cutlery, glassware, silverware, tableware and linen.
10. 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.
11. 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.
12. There should be good quality furniture.
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. Water for cooking, drinking and ice making should be of acceptable quality.
16. There should be proper parking space.



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LISTING DETAILS - 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. **Location of Unit :** _____

State _____ PIN Code _____ Tel.: (STD Code _____) _____

E-mail : _____ Website : _____

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

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

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

(MD/CEO/Proprietor/Partner)

E-mail: _____ Mobile :- _____

7. **Correspondence Address:** _____

E-mail _____ Tel. : _____ Fax _____

8. **Total Seating Capacity :** _____ 9. **Timing :** {From _____ a.m. to _____ p.m.}

10. **Cuisine** _____

11. **Liquor Service :** ☐ Full Service Bar ☐ Restricted Liquor Service ☐ Beer Service only ☐ No Liquor Service

12. **Air-Conditioning :** Centrally () / Partially/() Air-conditioned ()

13. **Smoking :** ☐ All Smoking Areas ☐ Separate smoking & Non Smoking Areas ☐ Non Smoking Restaurant

14. **Banquet Facilities :** _____

15. **Entertainment & Amenities :** _____

16. **Taxes applicable :- GST :** _____ % on Food _____ % Soft Beverage

VAT : _____ % on Indian liquor _____ % on Imported Liquor

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

18. **Year of Establishment** _____

Date : _____

Signature
(Authorised Signatory)
Company Stamp



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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 email 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: _____

Mobile No.: _____

E-mail : _____

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 only be issued after the receipt of this form duly properly filled in and signed on letter head by authorised signatory registered with HRANI.
3. All fields are mandatory to be filled for registration.



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NOMINATION FORM FOR DISCOUNT CARD

HOTEL ()

RESTAURANT ()

HRANI Membership No. : _____

Date : _____

Name of Hotel / Restaurant : _____

Address : _____

City _____ PIN Code _____ State _____

One point contact for Finance / Accounts Department

Name : _____ Designation : _____

Mobile : _____ E-mail : _____

Note: Please paste photographs inside the box for the discount cards.

NOMINEE : 1
<div style="border: 1px solid black; padding: 10px; text-align: center;">Please paste photograph of Nominee : 1 in his space</div> <p>Please write in capital letters only</p> <p>Name : _____</p> <p>Designation : _____</p> <p>Mobile : _____</p> <p>E-mail : _____</p> <p>Signature : _____</p>

NOMINEE : 2
<div style="border: 1px solid black; padding: 10px; text-align: center;">Please paste photograph of Nominee : 2 in his space</div> <p>Please write in capital letters only</p> <p>Name : _____</p> <p>Designation : _____</p> <p>Mobile : _____</p> <p>E-mail : _____</p> <p>Signature : _____</p>

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

Stamp 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 Signatory as submitted to HRANI else the cards will not be processed.**