



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

Associate Category

Institutes

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

1. Name of the Institute (Block Letters) _____

2. Address :- _____

Tel.: (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

i) Name _____ Designation _____

ii) Name _____ Designation _____

iii) 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

CHECK NOTE: - FOR OFFICE USE ONLY

Affiliation ☐ Authorized Signatory Form ☐ Recommendation ☐

FHRAI Form ☐ Brochure ☐ Listing Details Form ☐

Certificate of Inc. ☐

Date of Approval : _____ Membership No. : _____

(Signature issuing authority)

If yes, details of university affiliations

d) Affiliated to deemed University (If yes, details of university) Yes / No

e) Distance learning Centre (If yes, details of university) Yes / No

f) Member of other Association _____

*7. Year of establishment _____ **(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 Detailss

- 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)

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

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.: _____

Signature of Authorised Signatory

Name: _____

Designation: _____

Mobile No.: _____

Note:-

***Mandatory to be filled & enclose the supporting documents**

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

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

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

Associate Category	Associate
Entrance Fee	8250
Annual Subscription	6050
Legal Fund	1100
Listing Fee	220
Total	15620
GST (18%)	2812
Net Amount	18432



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LISTING DETAILS - MEMBERSHIP DIRECTORY

Associate Category - Institutes

1. Name of the Institute (Block Letters) _____
2. Address :- _____
Tel.: (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
 - i) Name _____ Designation _____
 - ii) 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
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c) Affiliated to State/Central University	Yes	/ No
If yes, details of university affiliations		

d) Affiliated to deemed University (If yes, details of university)	Yes	/ No

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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 - Institutes

HRANI Membership No. : _____


Date : _____

Name of Unit : _____

Location of Unit : _____

Correspondence Address : _____

Contact Details : _____

AUTH. SIGNATORY : 1
<div style="text-align: 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: _____