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	9075
Annual Subscription	6655
Legal Fund	1210
Listing Fee	242
Total	17182
GST (18%)	3093
Net Amount	**20275**

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LISTING DETAILS - MEMBERSHIP DIRECTORY

Associate Category - Institutes

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_____

_____

Date : _____

Place : _____

Signature
(Authorised Signatory)

Company Seal

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
Affix Stamp-Size Photograph here Please write in Capital Letters only
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: _____