

APPLICATION FORM FOR MEMBERSHIP FOR HOTELS

We wish to enrol our establishment as a Member of the Hotel & Restaurant Association of Eastern India.				
We are enclosing our Cheque / Demand Draft drawn in favour of Hotel & Restaurant Association of Eastern India covering the applicable charges.				
	Year of Establishment			
Name of Hotel	(Opening)			
Ownership: (Name of the Company/firm):_				
Address				
City	Pin Code State:			
Telephone : [STD Code]_				
Email:	Website:			
Name of Authorised Signatory:	Designation:			
Email:	Mobile:			
Name of General Manager / Manager:				
Email:	Mobile:			
Check out time:Good	Is and Service Tax (GST) No.:			
Legal Name of Business:				
Proposer Name	Designation			
Establishment	Membership No			
Signature with stamp				
Constant Name	Designation			
Seconder Name	Designation			
Establishment	Membership No			
Signature with stamp				
CHECK NOTE:- FOR OFFICE USE ONLY				
Proposed Seconded Recommenda	tion 🗌 Licenses 🗌 Authorized Signatory Form Data Fact Sheet Form 닖			
Approval in the MC Meeting dated	Membership No			



PARTICULARS OF HOTEL

Name & Addre	ess of Hotel					
	Name & Address of Hotel Distance from AirportRailway Station					
	-					
Starr Strength						
Is the hotel cl	assified by Mini	stry of Tourism, Govt	. of India? Yes/No.			
Star Category						
	Single	Double	DIx./Exec.	Suites	Cottages	Tolal
A/C						
Non A/C						
Total						
FACILITIES [P	LEASE TICK]					
Does your hot	el have a Resta	urant Yes	No No	Seating Capacity		
Is there a Prov	ision for Liquo	r Bar ? 🗌 Yes	No No	Maximum Seating Cap	bacity	
Banquet Facilities: Total No. of halls						
Cuisines: Indian Thai Italian Continental Chinese Vegetarian						
Please attach the following:						
1. Licence fr	1. Licence from competent authority to operate a hotel approval like MCD/Nagar Palika etc 🔲					
2. Police/Dis						
3. Govt. Approval, if any						
4. Fire NOC						
5. FSSAI License/ Health License						
 6. Profile of hotel with brochure 7. Tariff Card 						
7. Tariff Card						
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CRITERIA FOR HOTELS FOR MEMBERSHIP OF HRAEI

HOTELS

(i) Licenses

Should be holding a proper Trade License issued by the Corporation/Municipality for running a hotel along with a Excise License where alcoholic beverages are served.

(ii) Room & Bathroom size

Minimum size of rooms :Single - 100 Sqft. Double - 120 Sqft.Minimum Bathroom size :30 Sqft.

(iii) General Features

The general construction of the building should be good and the locality and environs including immediate approach should be suitable. The hotel should have at least 10 bedrooms all with attached bathrooms. In the case of Heritage Hotels, the 50% of the number of rooms should have attached bathrooms. At least 25% of the bathrooms should have western style WCs. All bathrooms should have modern sanitation and running cold water with adequate supply of hot water, soap and toilet paper. The rooms should be properly ventilated and should have clean and comfortable furniture.

(iv) Facilities

There should be a reception counter. There should be a clean and modern toilet well equipped dining room/restaurant serving clean wholesome food and well equipped kitchen and pantry.

(v) Service

There should be experienced, courteous and efficient staff in smart and clean uniforms and the senior staff coming in contact with guests should possess a working knowledge of English. Housekeeping at the hotel should be of a good standard. Clean and good quality linen, blankets, towels, etc. should be supplied. Similarly, crockery, cutlery and glassware should be of good quality.

Membership Fees

Particular	10 to 30 Rooms	31 to 60 Rooms	61 to 100 Rooms	100 to 150 Rooms	151 and above
Entrance Fee (One time) *	6000.00	6000.00	6000.00	6000.00	6000.00
Annual Subscription	5000.00	7500.00	10000.00	13000.00	16000.00
Legal Fund @ 20%	1000.00	1500.00	2000.00	2600.00	3200.00
GST@18%	1080.00	1620.00	2160.00	2808.00	3456.00
Grand Total	13080.00	16620.00	20160.00	24408.00	28656.00



NOMINATION FORM FOR 20% HRAEI DISCOUNT CARD APPLICABLE ON FOOD, BEVERAGES, LIQUOR AND ACCOMODATION

HRAEI Membership No.:			Date:		
Hotel/Restaurant:_					
Address					
City		Pin Code		State:	
Telephone:	Felephone: E-mail ID:				
Nominee: 1			Nominee: 2		
Please w	Please paste Photograph of Nominee In this space rite in Capital Letter	rs Only		Please paste Photograph of Nominee In this space Please write in Capital Letters Only	
Name:			Name:		
Designation:		ľ	Designation:		

Signature of person authorizing the cards:

Name:_____

Designation:_____

Date:_____

