



**HOTEL AND RESTAURANT ASSOCIATION OF ODISHA**

<b>MEMBERSHIP APPLICATION FORM</b>
<b>HOTEL / RESTAURANT / ASSOCIATE</b>

**DATE OF INCORPORATION**

**4<sup>th</sup> March, 1986**

**Under the Societies Registration Act no. XXI of 1860 Regd.**

**No. 1078-296 of 1985-86**

**ORGANISATION MEMBER OF**

**FHRAI**

**THE FEDERATION OF HOTEL & RESTAURANT ASSOCIATION OF INDIA**

**&**

**AFFILIATED MEMBER OF**

**HRAEI**

**HOTEL & RESTAURANT ASSOCIATION OF EASTERN INDIA**

**THIRTY SIX YEARS OF SERVICE**

**Registered Office**

**Hotel Swosti Pvt. Ltd.**

**105, Janpath, Unit-III, Bhubaneswar-751 001, Odisha, India.**

**Phone : 0674-2535777**

**Email : [execsecy@hrao.org](mailto:execsecy@hrao.org) or [cmd@swosti.com](mailto:cmd@swosti.com)**

**Website : [www.hrao.org](http://www.hrao.org)**



To  
 The Chairman  
 HOTEL & RESTAURANT ASSOCIATION OF ODISHA

Date :

Respected Sir,

We wish to enroll our establishment as a Member of the Hotel & Restaurant Association of Odisha.

We agree to abide by the rules and regulation of the Association.

The Application has been proposed and seconded by Hotel/Restaurant members of the Association.

We are enclosing herewith our Cheque/Demand Draft drawn in favor of "Hotel and Restaurant Association of Odisha" covering the application charges.

We shall be thankful if you will kindly place our application before the Executive Committee of the Association for approval.

Name of Hotel :	<input type="text"/>		
Full Address :	<input type="text"/>		
Pin Code :	<input type="text"/>	District	<input type="text"/>
STD Code :	<input type="text"/>	Telephone	<input type="text"/>
Fax :	<input type="text"/>	Email	<input type="text"/>
Website :	<input type="text"/>		

NAME : Director/Proprietor/Partner

Certified that the information given by us in the application form is true and correct to the best of my knowledge.

Signature : \_\_\_\_\_ Designation : \_\_\_\_\_

**OFFICIALLY USE ONLY**

		Proposed by	Seconded by
Name of the Hotel /Restaurant/Association :			
Address			
Designation			
Signature with Seal & Date			

Onbehalf of  
 Or  
 For Signature is not Allowed

Date :

**PARTICULARS OF THE HOTEL / RESTAURANT**

YEAR & DATE OF ESTABLISHMENT

ROOMS	SINGLE	DOUBLE	SUIT
AIR CONDITIONED			
TARIFF IN RUPEES			
NON-AIR CONDITIONED			
TARIFF IN RUPEES			

TOTAL INVESTMENT IN THE ESTABLISHMENT IN RUPEES

**FACILITIES EXIST FOR HOLDING CONFERENCES / SEMINARS**

	HALL-I	HALL-II	HALL-III
NUMBER OF CONFERENCE HALLS			
NUMBER FOR ACCOMMODATION			

IS THERE A PROVISION FOR LIQUOR BAR TOTAL

STAFF STRENGTH

TYPE OF CUISINE SERVED IN THE HOTEL / RESTAURANT : TOTAL CAPACITY

TYPE OF FOOD SERVED IN THE RESTAURANT

DOES THE HOTEL / RESTAURANT HAVE MONEY CHANGERS LICENCE

IS THE HOTEL APPROVED / CLASSIFIED BY THE DEPARTMENT OF TOURISM, GOVT. OF ODISHA / INDIA	ODISHA	<input type="text"/>
	INDIA	<input type="text"/>

IF YES, STAR CATEGORY OTHER

FACILITIES & SERVICES :  
(Enclose Tariff Card & Brochures, if any.)

Onbehalf of  
or  
For Signature is not Allowed

Signature in full with Seal & Date



**APPLICATION FOR MEMBERSHIP DISCOUNT CARD**

**Nomination-1**

**Nomination-2**

To  
The Chairman,  
Hotel & Restaurant Association of Odisha 105,Janpath,  
Bhubaneswar - 751001

Dear Sir,

Please issue the HRAO membership discount card in the name of the following beneficiary of our establishment.

**Nomination-1**

Name of the Proprietor/Director/Partner	:	<div style="border: 1px solid black; height: 20px;"></div>
Signature of the Beneficiary(infull)	:	<div style="border: 1px solid black; height: 20px;"></div>
Name of the establishment with district name	:	<div style="border: 1px solid black; height: 20px;"></div>
HRAO Membership Number	:	<div style="border: 1px solid black; height: 20px;"></div>

**Nomination-2**

Name of the Proprietor/Director/Partner	:	<div style="border: 1px solid black; height: 20px;"></div>
Signature of the Beneficiary (infull)	:	<div style="border: 1px solid black; height: 20px;"></div>
Name of the establishment with district name	:	<div style="border: 1px solid black; height: 20px;"></div>
HRAO Membership Number	:	<div style="border: 1px solid black; height: 20px;"></div>

One extra photograph may please been closed for the card purpose.

Yours faithfully,

Signature of the Beneficiary  
With seal & date:



Date :

## TERMS & CONDITIONS

Please attach the following documents along with the application form :

1. Photo copies of Trade Licence, Police licence, Excise licence & Municipality or NAC Licence applicable in your Area.
2. Photographs of front facade, reception, a room with bathroom, kitchen either completion or under construction.
3. Cheque/Demand Draft to be drawn in favour of "Hotel & Restaurant Association of Odisha".
4. Kindly collect Membership Card / Membership Certificate after approval of your Membership or Expiry of your Membership. The card will be issued on payment of annual fees as per the bill issued to you.
5. Kindly attend all meetings to say and share your problems and the problems of fellow member.
6. Kindly print in your tariff card or letter pad "Member of Hotel & Restaurant Association of Odisha" with your Membership number.
7. Kindly keep a photo copy of this application from with you, for your reference.
8. We will display the Membership Certificate of HRAO in the office at reception of our establishment.
9. We will honour the Membership discount card as a code of conduct & discipline.

We do hereby agree to abide by the above terms and conditions of the association and also wish to remain as a discipline member to HRAO.

Signature in full with Seal & Date

## SUBSCRIPTION FEES STRUCTURE

1. Admission Fee for 3 Star & above (One Time)	-	Rs. 15,000/-
2. Admission Fee for Hotel (One Time)	-	Rs. 12,000/-
3. Admission Fee for Restaurant (One Time)	-	Rs. 10,000/-
4. Annual Subscription Fees (For 5 Star Hotels)	-	Rs. 16,000/-
5. Annual Subscription Fees (For 4 Star Hotels)	-	Rs. 10,000/-
6. Annual Subscription Fees (For 3 Star Hotels)	-	Rs. 8,500/-
7. Annual Subscription Fees (All other category Hotels & Restaurants)	-	Rs. 5,000/-

## MEMBERSHIP APPROVAL SLIP

Your membership application which was placed before E.C.meeting being held on dated .....

Place ....., has been approved. Your membership is effective from dated .....

and oblige.

CHAIRMAN  
Hotel & Restaurant Association of Odisha