



BENGAL CULINARY ASSOCIATION

Empowering Culinary Arts • Hospitality • Skill Development • Social Welfare

Registered under Section 8 of the Companies Act, 2013 | Ministry of Corporate Affairs, Government of India

CIN: U88900WB2024NPL270122 | PAN: AAMCB5395E | TAN: CALB26091C

CHAPTER FORMATION APPLICATION

Bengal Culinary Association | Public Website Form

Form No.

BCA/FORM/CHP/001

Version

Version 1.0 - Public Copy

Effective Date

01 April 2026

This form is for applying to form a State, Regional, District, City, or International Chapter of Bengal Culinary Association. Final approval is subject to BCA Board authorization.

PROPOSED CHAPTER DETAILS

Proposed Chapter Name _____ State / Region / Country _____

District / City Coverage _____ Proposed Launch Date _____

Proposed chapter office / correspondence address

PROPOSED CHAPTER LEADERSHIP

Proposed Chapter Head Name _____ BCA Membership ID _____

Mobile Number _____ Email ID _____

Designation / Profession _____ Organization _____

Brief leadership profile

FOUNDING TEAM

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REGISTERED OFFICE:

Jamalpur, Mukshimpara
Purbasthali Purba Bardhaman
West Bengal, India - 713513



M: +91-7001131885



E: info@bengalculinaryassociation.com



Website: www.bengalculinaryassociation.com

*Cooking is an Art...
We Nurture the Artists*



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CHAPTER FORMATION APPLICATION - Continued

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Name	Role Proposed	Mobile	BCA Member ID	Signature

CHAPTER PLAN

Purpose and need for the chapter

Proposed activities for first 6 months

Expected member base / colleges / hotels / chef groups to connect

DOCUMENTS ATTACHED

Tick documents attached:

- | | |
|---|---|
| ☐ Profile of proposed chapter head | ☐ List of founding members |
| ☐ ID/address proof of key office bearers | ☐ Local contact details |
| ☐ Activity plan | ☐ Undertaking to follow BCA bylaws |

DECLARATION AND SIGNATURE

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Declaration:

We request approval to form a BCA Chapter and confirm that no chapter activity, fund collection, logo use, appointment, event, or public communication will be undertaken without written approval from BCA.

Applicant Signature _____ **Date** _____ **Place** _____

For Office Use - Received By _____ **Status / Remarks** _____



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