



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

PARTNERSHIP INQUIRY FORM

Bengal Culinary Association | Public Website Form

Form No.

BCA/FORM/PART/001

Version

Version 1.0 - Public Copy

Effective Date

01 April 2026

This form is for brands, institutions, hotels, colleges, vendors, NGOs, and industry bodies interested in partnering with BCA.

ORGANIZATION DETAILS

Organization / Brand Name _____ Sector / Industry _____

Contact Person _____ Designation _____

Mobile Number _____ Email ID _____

Registered / correspondence address

GSTIN, if any _____ PAN, if applicable _____

PARTNERSHIP INTEREST

Partnership type:

- | | | |
|--|--|---|
| ☐ Silver Partner | ☐ Gold Partner | ☐ Platinum Partner |
| ☐ Workshop Sponsor | ☐ Event Partner | ☐ Training Partner |
| ☐ Institutional Collaboration | ☐ CSR / Social Impact | ☐ Custom Proposal |

Estimated Budget / Package _____ Preferred Start Timeline _____

Objectives / target audience / expected outcome

Proposed deliverables, if already known

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**REGISTERED OFFICE:**

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



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E: info@bengalculinaryassociation.com



Website: www.bengalculinaryassociation.com

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



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PARTNERSHIP INQUIRY FORM - Continued

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ATTACHMENTS

Tick documents attached:

- | | |
|--|---|
| ☐ Company profile | ☐ GST certificate |
| ☐ PAN copy / details | ☐ Authorized signatory details |
| ☐ Brand guidelines/logo | ☐ Proposal note |

DECLARATION AND SIGNATURE

Declaration:

We express interest in partnering with Bengal Culinary Association and confirm that final partnership will be subject to written proposal, approval, payment terms, GST/tax compliance, and formal documentation.

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

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



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