

## **Breastfeeding Promotion Network of India (BPNI)**

BP-33, Pitampura, Delhi-110034 Email: bpni@bpni.org

## BPNI's Certificate Course on Infant and Young Child Feeding Counselling Specialist: A Training Course (The 4 in 1 training course)

(An integrated course on Breastfeeding, Complementary Feeding, Infant Feeding & HIV and Growth Monitoring-Counselling)

## **REGISTRATION FORM**

Training Venue	Date	Name of Course Director	Local Coordinator
Rajiv Gandhi Govt Women and Children's Hospital, Ellaipillaichavady, Pondicherry - 605005	3 <sup>rd</sup> to 9 <sup>th</sup> Oct 2017	Dr. Srinivasan Retd. Prof. & Head of Department of Pediatrics, JIPMER	Dr. Manjubala Dash 98943 30940

## **INSTRUCTIONS**

- Fill the form in clear readable writing
- All fields are to be filled
- Fill the payment details completely in the registration form before sending. Forms without payment details will not be accepted.
- Send a copy of acknowledgement of payment made if transferring through internet banking.
- Send filled in registration form and payment/acknowledgment through

Email to bpni@bpni.org

OR

**Post to**: Breastfeeding Promotion Network of India, BP-33, Pitampura | Delhi- 110034, Ph No. 011-27312705, 011- 42683059

Personal Details (fill in Capital Letters)  Mr/Ms/Dr Name:  Gender:	Paste your recent passport size photograph
Educational Qualification	
Profession/Work:	
Affiliation/ Membership (association with organizations, institutions, industry)	
Are you a BPNI Member ☐ Yes (membership no) ☐	No

•	,	job profile, how it is linked with
breastfeeding services and how w	ill this training help you	
Correspondence Address:		
Citv:	State:	Pincode:
Tel: STD Code	Mobile	
E-mail Id:		
Payment Op	otion-1 (through DD/ Cheque) N	O CASH DEPOSIT
Drawn in Favour of "Breastfeed	<u>ling Promotion Network of India</u>	" payable <u>at Delhi</u>
<b>Amount</b> Rs. 15000/-		
DD/Cheque No.:		
	OR	
J	Payment Option-2 (Electronic T	`ransfer)
Name of Bank: Canara Bank,		
Name of Branch: Pitampura	Payee Name:	
<b>Account No:</b> 1565101026370	Date of transfer:	
Account Type: Current		
IFSC Code: CNRB0001565	NEFT acknowledg	gement receipt No.:

**Amount:** Rs. 15000/-

<sup>\*</sup>BPNI reserves the right to accept or reject any application. As a policy, BPNI does not accept funds or sponsorship of any kind from the companies producing infant milk substitutes, feeding bottles, related equipments, or infant foods (cereal foods) or from those who have been ever found to violate the IMS Act or the International Code of Marketing of Breastmilk Substitutes.