BPNI 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-Counseling)

REGISTRATION FORM

Training Venue and Date:

Place	Date	Name of Course Director
UCMS & G. T. B. Hospital, Dilshad Garden, Near Jhilmil Metro Station,New Delhi, Delhi 110095 011 2258 5007	17 th - 23 rd August 2015	Prof (Dr.) MMA Faridi HOD Pediatrics

Personal Details				
Mr/Ms/Dr First Name:		Last Name_		
Sex: Educational Qualifi	cation			Paste your recent passport size photographs
Profession / Work:		1 0 1		
Describe your present job pro	ofile, how it is linked v	with breastfeeding	service	
Affiliation (association with or Correspondence Address:	rganizations, institutio	ons and industries)		
City:	State:		Pincode:_	
Tel: STD Code Off_		Res		_ Fax:
E-mail		Mobile		
Are you a BPNI Member □ `	Yes □ No			
How this training is going to h	neln vou			

Please send Demand Draft of Rs. 10000/- in Favour of "Breastfeeding Promotion Network of India" payable at Delhi along with your particulars to following address

National Coordinator Breastfeeding Promotion Network of India (BPNI) BP-33, Pitampura, Delhi-110034. IndiaTel: +91-11-27343608, 42683059 Tel/Fax: +91-11-27343606

For any other information contact 27343608, 42683059, 27343606.

Email: bpni@bpni.org

Email: bpni.india@gmail.com

*BPNI reserves the right to accept or reject any application As a policy BPNI does not accept funds or sponsorships of any kind from the companies producing infant milk substitutes, feeding bottles, related equipments, or infant foods or from those who had ever found to violate the IMS Act or International Code of Marketing of Breast Milk