



## Breastfeeding Promotion Network of India (BPNI)

BP-33, Pitampura, Delhi-110034

Email: [bpni@bpni.org](mailto: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
Gandhi Medical College, Padmarao Nagar, Secunderabad, Telangana 500003	11 <sup>th</sup> – 17 <sup>th</sup> September 2017	<b>Dr. K. Kesavulu</b> , Medical Superintendent, District Hospital, Hindupur, Andhra Pradesh	Dr. Hemasree 9866654458

#### 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](mailto: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: \_\_\_\_\_

Educational Qualification \_\_\_\_\_

Profession/Work: \_\_\_\_\_

Affiliation/ Membership (association with organizations, institutions, industry)

\_\_\_\_\_

\_\_\_\_\_

Are you a BPNI Member  Yes (membership no. \_\_\_\_\_)

No

Paste your recent  
passport size  
photograph

Why are you interested in this course? Describe your present job profile, how it is linked with breastfeeding services and how will this training help you

---

---

---

---

---

---

**Correspondence Address:** \_\_\_\_\_

---

City: \_\_\_\_\_ State: \_\_\_\_\_ Pincode: \_\_\_\_\_

Tel: STD Code \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail Id: \_\_\_\_\_

**Payment Option-1 (through DD/ Cheque) NO CASH DEPOSIT**

**Drawn in Favour of “Breastfeeding Promotion Network of India” payable at Delhi**

**Amount** Rs. 15000/-

*(Write your full name and contact number on backside of the DD/cheque)*

DD/Cheque No.:

**OR**

**Payment Option-2 (Electronic Transfer) NO CASH DEPOSIT**

**Name of Account:** Breastfeeding Promotion network of India

**Name of Bank:** Canara Bank,

**Name of Branch:** Pitampura

**Account No:** 1565101026370

**Account Type:** Saving

**IFSC Code:** CNRB0001565

**Amount:** Rs. 15000/-

**Payee Name:**

**Date of transfer:**

**NEFT acknowledgement receipt No.:**

\* **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.