

Breastfeeding Promotion Network of India (BPNI)

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Central Coordination Committee Election 2025-2028 Nomination Paper

(PLEASE FILL UP THE FORM IN BLOCK LETTERS)

NAME OF THE POST APPLII	ED FOR:			
Name of the Candidate (in ful	I)			
Membership No. of the Candi	date	Candidate's Address		
City	State		Pin Code_	
Mobile No	Email			
Name of the Proposer			Membersh	nip No. of Proposer
Address of the Proposer				
Mobile No	Email			
				(Signature of Proposer)
Name of the Seconder			Membersh	nip No. of Seconder
Address of the Seconder				
Mobile No.	Email			
				(Signature of Seconder)
	DECLAR	RATION BY THE CANDIDATE		
I, honorarium, or any form of finan		,· •		eceived any funding, grants, gifts,
	ociations directly or indirectly	ributors of breastmilk substitutes supported by the baby food ind eeding bottles, teats, or breast p	ustry.	cial baby foods.
* * * * * * * * * * * * * * * * * * * *	reastfeeding without conflict	of interest. I understand that p		nd ethical funding policy of BPNI to e or misleading information in this
Place & Date:				(Signature of the Candidate)
	FOR	OFFICE USE ONLY]
	□ Valid		Invalid	

^{*} Please fill all the colums to avoid rejection of the application