



The Trained Nurses Association of India (TNAI)
International Training Center for BLS and ACLS (AHA Approved)
Registration form

**Passport-
Size photo
of the
candidate**

Course (tick the appropriate)			
Basic Life Support (BLS)		Advanced Cardiac life support (ACLS)	

Name (in block letters)			
Address (in block letters)			
Contact details	Mobile No:		
	Email:		
Personal Details	Age:	Sex:	
Educational Qualification			
Designation & address of the institution			
TNAI No.	(attach the copy)		
Accommodation details (if required)	Arrival date:	Time:	
	Departure date:	Time:	
Payment details:	Cash:	Amount	
	(mention the receipt number)		
	DD*:	Amount:	
	(mention the receipt number)		
	Cheque*:	Amount:	
	(mention the receipt number)		
	NEFT/RTGS/IMPS***	Amount:	
(mention the receipt number)			

Signature of Participant

*DD to be in the favour of "Trained Nurses Association of India", Payable at New Delhi, Registration will be confirmed subjected to the clearance of the DD or cheque.

*** **Bank details for the NEFT/ RTGS/ IMPS:**

Name: The trained Nurses' Association of India		Bank Name: Indian Bank
Branch Name: Hauz Khas, New Delhi		Account Number: 6602721709
IFS Code: IDIBOOHO19		
Fee	TNAI Members	Non TNAI Members
BLS	Rs.3000/-	Rs. 4000/-
ACLS	Rs. 4500/-	Rs. 6000/-

Sent the complete forms to:

The Secretary General, Central Institute of Nursing & Research, Plot No.37 & 37-1, Knowledge Park-III, Greater Noida-201310 (UP) Tel: 0120-2323659 Email: tnai.cin.ech@gmail.com