The Trained Nurses’ Association of India invites applications for award of scholarship for higher studies in Nursing for the year 2019-20.

Scholarships are available for the following courses.

I. FOR GENERAL NURSES
   a) Post-Basic BSc Nursing (Regular)
   b) Master in Nursing

II. FOR HEALTH VISITORS AND AUXILIARY NURSE MIDWIVES / MPHW (F)
   (a) General Nursing and Midwifery course

All the above mentioned courses should be recognised by the Nursing Council/Regulatory body.

Eligibility criteria
1. The candidates should have at least 3 years’ membership of the TNAI.
2. The proof of annual family income of the candidates (who wish to apply for scholarship) should be obtained from competent authority and attached along with the application.
3. The candidate should not be a recipient of any other scholarship or financial help from any other source.
4. The candidate should not have received TNAI scholarship for at least last 5 years.

General Instructions
1. Confidential reports from all the two referees mentioned in your application should be received timely.
2. The application should be recommended by the President or Secretary of the concerned TNAI State Branch.
3. Preference will be given to the candidate’s active participation in TNAI activities at National, State, District / Zonal and Unit level.
4. The completed application forms should be received in this office by May 31, 2020.
5. Completed applications received after the last date i.e. May 31, 2020 will not be entertained.
# Application for TNAI Scholarship: 2019-2020 Academic Year

1. **Full Name:** Miss/Mrs./Mr./Sr. ___________________________________________________________________ (in block letters)  
2. **TNAI Life Membership No.** _____________________________________________________________________  
3. **Date of Birth:** ___________________________ **4. Nationality:** ___________________________  
5. **Postal Address** _________________________________________________________________________________________________  
6. **Phone / Mobile No.:** __________________________________ **E-mail:**  ____________________________________________________  
7. **Marital Status:** Single, Married, Widow, Widower: __________ **8. Number of children, if any, with age:** ___________________________  
9. **Name of the course:** _________________________________________________________________ **Year of study:** ________________  
10. **Date of commencement of course:**__________________ **Date of completion of course:** ________________  
11. **Name and address of the Institution:** ________________________________________________________________________________  
12. **Will you be getting any financial help/stipend/scholarship/deputation/ from any other source/institution? or you have to resign your job to take up the study? If yes, please give details:**  
13. **Mention names and addresses of two references from the Nursing profession (Head of the institution and Faculty (Senior TNAI Member)**

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<tr>
<th>Name, designation, TNAI Number and full Address (in capital letters) with mobile/ phone Nos./ Email</th>
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**Enclose the following:**

A. I have attached self-attested copies of the following certificates:
   1) Certificate of GNM / PC BSc / BSc / MSc.
   2) Nurses & Midwives Council Registration Certificate.
   3) Certificates of matriculation & higher Secondary examination, if passed.
   4) Certificate of annual family income of the candidate from competent authority.
   5) A letter from the Principal, College of Nursing seeking admission in the respective institution.
   6) Photocopy of TNAI Life membership card.

B. I undertake to refund the whole amount of scholarship paid to me, by the Trained Nurses’ Association of India in case I am offered financial help from any other source(s).

C. I hereby certify that the information given in this application form is true to the best of my knowledge and belief.

**Date:** ___________________________  
**Signature of the candidate**

**Recommendation**

Recommendation by the State branch President or Secretary keeping in view the merit of the candidate and the eligibility for the TNAI Scholarship with completely filled forms

**Signature: President/Secretary State Branch, TNAI**

**Note:**

A. Completed Application form should be sent to the Secretary-General, The Trained Nurses’ Association of India, L-17, Florence Nightingale Lane, Green Park, New Delhi-110016. Incomplete application will not be accepted.

B. There is no application fee, as per decision of EC & Council of TNAI in 2017.

C. Enclose the bank account details of the applicant with front page of bank pass book (Xerox copy) and crossed cheque.

D. Last date of receiving application form is **May 31, 2020** after which applications will be rejected.

E. The address, Mobile No. and e-mail ID of the President/Secretary of the respective State branches are available in the TNAI website (www.tnaionline.org) or send mail to sna@tnaionline.org and tnai_2003@yahoo.com
THE TRAINED NURSES’ ASSOCIATION OF INDIA
HEADQUARTERS: L-17, FLORENCE NIGHTINGALE LANE, GREEN PARK, NEW DELHI-110016

CONFIDENTIAL REPORT - TNAI SCHOLARSHIP

Name of the Candidate: Mr / Mrs / Miss ________________________________

1. For how long is the candidate known to you? ________________________________

2. Please give your opinion whether you find her / him as:

   Intelligent  □  Loyal & Dependable  □  Efficient  □

3. Does she/he work in cooperation with her/his:  
   Seniors  □  Colleagues  □

4. Does she/he possess qualities of leadership? ________________________________

5. Does she/he bear a good moral character? ________________________________

6. Any other remarks: ________________________________

   ________________________________
   ________________________________
   ________________________________
   ________________________________

Signature: ________________________________  TNAI membership No. ________________________________

Name: ________________________________  Designation: ________________________________

Address: ________________________________

E-mail ID & Mobile No.: ________________________________

Bank Details of the Applicant

The scholarship amount shall be transferred (NEFT) to students bank account directly from TNAI HQs. Hence, it is mandatory to fill the following information for disbursing the scholarship.

Name of the Account Holder: ________________________________

(should be in the name of student)

Nature of account (SB/CA): ________________________________

Bank Account Number: ________________________________

Name of Bank: ________________________________

Branch & Address: ________________________________

IFSC Code: ________________________________

Note: Enclose a copy of a cancelled cheque from your account.  □

Signature of student ________________________________