# TNAI SCHOLARSHIPS

#### **ACADEMIC YEAR 2019 - 2020**

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.

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#### THE TRAINED NURSES' ASSOCIATION OF INDIA

Headquarters: L-17, Florence Nightingale Lane, Green Park, New Delhi-110016

## APPLICATION FOR TNAI SCHOLARSHIP: 2019-2020 Academic Year

1.	Full Name: Miss/Mrs./Mr./Sr(in block letters)		Photograph
2.	TNAI Life Membership No		rnotograpii
3.	Date of Birth:	4. Nationality:	
5.	Postal Address		
ô.	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 stud	ly:
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:		
А. В.	Name, designation, TNAI Number and full Addres 1. 2.  lose the following: have attached self-attested copies of the following certificat 1) Certificate of GNM / PC BSc / BSc / MSc. 2) Nurses & Midwives Council Registration Certificate. 3) Certificates of matriculation & higher Secondary exar 4) Certificate of annual family income of the candidate f 5) A letter from the Principal, College of Nursing seekin 6) Photocopy of TNAI Life membership card. undertake to refund the whole amount of scholarship paid nelp from any other source(s). hereby certify that the information given in this application	mination, if passed. rom competent authority. g admission in the respective institution.  to me, by the Trained Nurses' Association of India in case form is true to the best of my knowledge and belief.	e I am offered financial
		Signature of the candidate	
Rec	commendation ommendation by the State branch President or Secretary k olarship with completely filled forms	keeping in view the merit of the candidate and the eligibility	for the TNAI
		Signature: President/Secretary State B	ranch TNAI

#### Note:

- 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.
- There is no application fee, as per decision of EC & Council of TNAI in 2017.
- Enclose the bank account details of the applicant with front page of bank pass book (Xerox copy) and crossed cheque.
- Last date of receiving application form is May 31, 2020 after which applications will be rejected.
- 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
For how long is the candidate	known to you?
2. Please give your opinion whe	ther you find her / him as:
Intelligent	Loyal & Dependable Efficient
3. Does she/he work in cooperat	ion with her/his : Seniors Colleagues
4. Does she/he possess qualities	s of leadership?
5. Does she/he bear a good mor	al character?
6. Any other remarks:	
Signature:	TNAI membership No
Name:	
Address:	
E-mail ID & Mobile No.:	
	Bank Details of the Applicant
The scholarship amount shall be tra fill the following information for dis	nsferred (NEFT) to students bank account directly from TNAI HQs. Hence, it is mandatory to sbursing 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

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