# The Trained Nurses' Association of India

**Hqrs: L-17, Florence Nightingale Lane, Green Park Main, New Delhi- 110016**

PROUD TO BE A NURSE
TNAI

## Application for
## TNAI's National Nurses Research Grant (TNNRG) - 2022

Photo
(Primary Researcher)

| | | |
|---|---|---|
| **Full Name(s)** | | |
| **TNAI Number(s)** | | |
| **Correspondence Address (Primary Researcher)** | | |
| **Email ID (Primary Researcher)** | | |
| **Contact Number (Primary Researcher)** | | |
| **Educational Qualification (Primary Researcher)** | | |
| **Current designation and address of the Institution (Primary Researcher)** | | |
| **Experience in years (Primary Researcher)** | Research Guide | |
| | Independent Research | |
| **Research focus (Please tick or highlight the appropriate)** | Nurses' welfare | |
| | Nursing Management | |
| | Nursing Standards | |
| | Evaluation of Nursing Education | |
| | Nursing Standards, Assessment/ Innovation/Experiment/Improvement of Nursing Services and Education. | |
| **Population of the study** | State | |
| | Region | |
| **Duration of the study (Please tick or highlight the appropriate)** | 01 Year | |
| | >01 Year to 02 years | |
| **Brief report of Primary researcher's activities or contributions in TNAI*** | | |

| | |
|---|---|
| **Brief profile of other members of Research team*** | Name:<br><br>Qualification:<br><br>Designation:<br><br>Address:<br><br>TNAI related activities, if any: |

**\* Additional sheets can be used.**

**Declaration:** I hereby declare the following:

1. The details mentioned above and the proposal submitted by me/us is true to the best of my/our knowledge and understanding. Also, I/we assure that studies done under the auspices of TNAI must and will be the intellectual property of TNAI and to be published in NJI only. I/we also will recognise and document that I/we had received the research grant from TNAI and the study is done on behalf of TNAI.

2. The research project submitted for TNAI's research grant is not part of the requirements of any course of study like B.Sc. (N)/PB.B.Sc. (N)/M.Sc. (N)/Ph.D/PDF (Post-Doctoral Fellowship) etc.

**Name of the Researcher(s)**                                    **Signature(s)**

**Note:**

1. Application shall be in prescribed performa with a detailed research proposal and the budget shall be submitted along with the recommendation by the President and Secretary of the State/UT Branch of TNAI.
2. The eligible candidates can apply for the research grant by sending the proposal and application via email **tnai.nnrg@gmail.com** or post to **The Secretary General**, The Trained Nurses Association of India, Headquarters: L-17, Florence Nightingale Lane, Green Park Main, New Delhi 110016.

*Moving ahead with commitment and dedication since 1908*

# The Trained Nurses' Association of India
### Hqrs: L-17, Florence Nightingale Lane, Green Park Main, New Delhi - 110016

PROUD TO BE A NURSE
TNAI

# Guidelines for
# TNAI's National Nurses Research Grant- (TNNRG)

| **1. Eligibility Criteria** |
|---|
| a. Life membership(s) of TNAI (Minimum Two years of active membership) is mandatory.<br>b. BSc/MSc/ PhD in Nursing<br>c. Experience in independent research is preferable<br>d. Experience in guiding research is preferable<br>e. In case of a research by a team of professionals in which non nursing members are included, the primary researcher shall be a TNAI member as per criteria (1.a) above. But in any case, all nurse researchers in the team shall be TNAI members. |
| **2. The Research Focus** |
| Studies related to Nurses Welfare, Nursing Management, Nursing Standards, Assessment/ Innovation/Experiment/Improvement of Nursing Services and Education. |
| **3. Population** |
| The study should cover ideally a wide range of Population (State, Region) and not limited to a single institution. |
| **4. Application and Proposal** |
| The investigator(s) shall submit the Research Grant Application in the prescribed Performa along with the detailed proposal and the budget. |
| **5. Recommendation** |
| The application shall be recommended by the State/UT Branch President and the Secretary. |
| **6. Research Grant** |
| a. TNAI National office after due consideration by the research committee may accept or reject the application at their discretion.<br>b. TNAI can decide whether it can be fully funded or partially funded.<br>c. Funding may be released in instalment, say 50%, after preliminary submission of proposal and Ethical committee clearance. Next 25% upon completion of study and final 25% after submitting the written document along with soft copies. |

**Moving ahead with commitment and dedication since 1908**

| |
|---|
| d. Can be directly funded from National office to the Individual/Group or the research organisation. |

**7. Duration of the project**

Research Study must be time framed (A time plan to be submitted by the Principal Investigator)

    a. 1 Year
    b. >1 Year to 2 Years

**Note: Studies planned for a period more than 2 years are not preferable.**

**8. Review of progress**

Review of Progress will be done by TNAI National office at least once in every six months. The investigators shall submit the progress reports once in 6 months.

**9. Publication**

Studies conducted under the auspices of TNAI must and will be the intellectual property of TNAI and shall be published in NJI only.

**10. Recognition (Mandatory)**

The investigator shall document and recognize the financial support from TNAI in all communications/reports/publications related to the study.

The eligible candidates can apply for the research grant by sending the proposal and application through email or post.

**Email:** tnai.nnrg@gmail.com

**Address:** The Secretary General, The Trained Nurses Association of India, Headquarters: L-17 Florence Nightingale Lane, Green Park Main, New Delhi 110016.

For more details, contact us on **011-40195407/40195409**

**Published by:**

**Mrs. Evelyn P Kannan,**
Secretary General,
The Trained Nurses Association of India
New Delhi- 110016

**Moving ahead with commitment and dedication since 1908**

# The Trained Nurses' Association of India

**Hqrs: L-17, Florence Nightingale Lane, Green Park Main, New Delhi- 110016**

PROUD TO BE A NURSE
TNAI

## TNAI's National Nurses' Research Grant (TNNRG) Recommendation form

| | |
|---|---|
| **Name of the State/ UT Branch** | |
| **Name of the State/UT office bearer** | |
| **Designation** (Tick/highlight the appropriate) | **President** |
| | **Secretary** |

**I/We hereby recommend the proposal submitted by**

**Mr/Ms/Mrs/Sr/Prof/Dr**

      1.

      2.

      3.

**for the research grant by TNAI.**

**Also, I/We certify that, the Primary researcher and all the nurses in the research team are active TNAI members.**

**Place:**

**Date:**

**Signature:**

**Seal:**

*Moving ahead with commitment and dedication since 1908*