The Trained Nurses' Association of India
Incorporating Students Nurses' Association, Health Visitors' League and Auxiliary Nurse-Midwives’ Association
L-17, Florence Nightingale Lane, Green Park, New Delhi- 110016. INDIA
Tel.: +91-11-26566665. 26966673. (Membership Direct) 91-11-40195407
E-mail: membership@traonline.org, tna_2003@yahoo.com • Website: www.tnaonline.org

APPLICATION FOR TNAI LIFE MEMBERSHIP

Instructions for Applicants:
- Write with ball pen (black) in CAPITAL LETTERS Only
- Each word should be separated by one blank box.
- Write complete address with District, PINCODE, Mandatory
- Applicant Should sign in full, clearly within the boxes provided.
- Incomplete form will be rejected.

<table>
<thead>
<tr>
<th>Applicant's Full Signature</th>
</tr>
</thead>
</table>

Name as per Aadhar Card (Copy to be attached): Miss [ ] Mrs. [ ] Ms. [ ] Sr. [ ] Mr. [ ] Dr. [ ] Prof. [ ] (Please tick [✓] as appropriate)

<table>
<thead>
<tr>
<th>Father's Name [ ] Husband's Name [ ] (Tick the appropriate)</th>
</tr>
</thead>
</table>

Date of Birth
[ ] Day [ ] Month [ ] Year

Duration of GNM/B.Sc.(N)/ANM/HVL/Multipurpose Course
From [ ] Month [ ] Year To [ ] Month [ ] Year

Registration Numbers (Copy to be attached)
RNRM

Name & Address of the Training School / College:

Registration Council in which you registered:

Present Designation:

Postal Address for Correspondence

<table>
<thead>
<tr>
<th>Post Office / Via /City / Police Station</th>
</tr>
</thead>
</table>

District

State

Contact Number ............................................ E-Mail ID ............................................

Payment Details: (To be filled in by the applicant)

Amount: ___________ DD/Cheque No.: ___________ Date: ___________ Bank: ___________

Online payment ___________ UTR No.: ___________

FOR OFFICE USE ONLY

Amount Received from the Applicant: Rs. ___________ Mode of Payment: DD [ ] Cash [ ] Online [ ]

Receipt No.: ___________ Date: ___________ Membership No.: ___________

Whether SNA to TNAI ___________

Date of Enrollment: ___________

(Please turn Overleaf)

Application Form is FREE OF COST
Certification of Recommendation
(To be filled by Recommender/Motivator)

(Only Principal/Vice Principal/Faculty of School or College of Nursing, Matron/Nursing Superintendent / Nursing Officer of the Hospital/Motivator or any Senior member of TNAI can recommend the applicant’s form for TNAI (Membership)

This is to certify that Miss/Mrs./Ms./Sr./Mr./Dr./Prof. ____________________________ is a GNM/B.Sc.(N) M.Sc (N), M.Phil. Phd. Midwife / ANM / Health Visitor and I have Known her/him for ____________________ years. The Particulars filled in by the applicant are correct in all respect.

TNAI No. of Recommender/Motivator : ________________________________

Position held : ________________________________

Name of the School/College : ________________________________

Hospital with address : ________________________________

Signature of Recommender with seal ________________________________

INSTRUCTION FOR THE APPLICANTS

1. Application Form will be accepted only if true attested copies of State Nursing Council Registration Certificates are enclosed.

2. Application Form, completed in all respects, should be sent to the Secretary General, TNAI, L-17, Florence Nightingale Lane, Green Park (Main), New Delhi - 110016. alongwith membership fee. (Fee details given below.)

SUBSCRIPTION and FEES (Effective From 1st April 2012)

<table>
<thead>
<tr>
<th>Life Membership Fee</th>
<th>Rs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Trained Nurses</td>
<td>3600.00</td>
</tr>
<tr>
<td>2. Retired Nurses. (Provide Certificate)</td>
<td>1000.00</td>
</tr>
<tr>
<td>3. Religious Sisters drawing no salary drawn</td>
<td>1000.00</td>
</tr>
<tr>
<td>(Please enclose certificate for; no salary drawn from the employer)</td>
<td></td>
</tr>
<tr>
<td>4. HVL/ANM/MPHW</td>
<td>1800.00</td>
</tr>
<tr>
<td>5. SNA to TNAI</td>
<td></td>
</tr>
<tr>
<td>a) SNA to TNAI (GNM / B.Sc.)</td>
<td>2200.00</td>
</tr>
<tr>
<td>b) SNA to TNAI (ANM)</td>
<td>1000.00</td>
</tr>
</tbody>
</table>

Nursing Journal of Indian Bi- Monthly Subscription India for

1. India (inclusive of postage) (INDIVIDUAL)
   One year (6 Copies Only) | 1000.00 |
   Five Year | 4000.00 |

2. India (inclusive of postage) (INSTITUTION)
   One year (6 Copies Only) | 1500.00 |
   Five Year | 6500.00 |

Life Membership Fee (Foreign)

1. Trained Nurses. | $ 303.00 |

Add Postal Charges : - (Subject to change)

Air Mail | $ 55.00 |

• All rates are subject to revision from time to time.
• Payment should be made through Demand Draft in favour of “The Trained Nurses’ Association of India, New Delhi / Online payment
• Account number for online payment is given on our official TNAI Website
• No outstation cheques will be accepted.

Application Form is FREE OF COST