## The Trained Nurses Association of India (TNAI)

Recruitment Agency for Nurses to Abroad countries

(Registration Certificate No. B-0841/DEL/ SOCIETY/1000+/5/9255/2017



## **Registration form for Domestic and Foreign Jobs**



- 1. Form to be filled in CAPITAL LETTERS/ Typed form.
- 2. The place marked with (\*) is mandatory fields to fill and (\*\*) needs copy of the same.
- 3. All the attachments/ certificates to be self attested.
- 4. Registration is free of cost. All the details will be verified before allotting a registration number
- 5. Filled forms to be send to "**The Secretary General**, The Trained Nurses Association of India, L-17,
  - Florence Nightingale Lane, Green Park Main, and New Delhi- 110016".

General det	ails									
Name										
			AES'	Ro			(as per the			
Date of Birth		dd/month/year (as per the pas						e passport)		
Age										
Sex							<u> </u>			
Father's nam										
Marital Statu										
No of childre										
TNAI Numb		4								
Contact Details										
Phone number		Mobile*:								
		Landline:								
Email*				25						
Address for communication		Institution name:								
communicat	ion	Area/ Locality:								
		Street Name:								
		PS/PO/ Village:								
		District:								
		State:								
		Pin code*:								
Permanent		House Name:								
Address		Area/ Locality:								
		Street Name:								
		PS/PO/ Village:								
		District:								
		State:								
		Pin code*:								
General Ed	ucation	nal Details**								
Class	Name	e of the	University/	From	То	Marks	Total	%		
	Instit	ution	Board	(Year)	(Year)	obtained	Marks			
10 <sup>th</sup>										
10+2/										
Equivalent										
Degree/										
higher										

Profession	al Education	n Details*	*						
Course	Nan	ne of the I	nstitution		University/ Council		То	%	
GNM									
BSC(N)/									
P.B.BSc(N)									
M.Sc (N)									
	qualificatio								
Name of t	he course	Score/ M	arks/ Grade	Comple	ted on <b>F</b>	Registration r	number (i	f applicable)	
			CES	YAS					
Registratio			R		20				
Name of the state nursing council			Name of the council				F	Reg: Number	
First registere	d								
Last registere	d			-					
Experience	Details (In	dia/ Abroa	ud/ Both)**	1					
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Any other									
Passport D	etails**								
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Preference	of Work					<u></u>	ndia/ Fo	reign/ Both)	
<u>i rejerence</u>	oj nork					(1	$\mathbf{H}\mathbf{U}\mathbf{I}\mathbf{a}/\mathbf{I}\mathbf{U}$	reign/ Dotil)	

## Declaration

I hereby declare that, the above furnished details are true to the best of my knowledge and belief. I understand that a false statement on this registration may be grounds for rejection.

Date: Place: