

The Trained Nurses' Association of India



FINANCIAL GRANT APPLICATION FORM

		Please tick the appropriate column, One member can apply only one at a time																														
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Moving ahead with Commitment and Dedication Since 1908

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Documents checklist (photocopies / scans):

MANDATORY DOCUMENTS:

- 1. Photo identity proof of TNAI Member (Any one from the list below)
 - a. Aadhar Card/Voter ID Card/Ration Card
- 2. Latest Income Certificate
- 3. Letter from the Employer/ Self declaration (If not working) mentioning whether the he/ she is eligible for any kind of medical assistance.
- 4. Certification by the TNAI State Branch President/Secretary/ Zonal President or Secretary.

SUPPORTING DOCUMENTS

- 1. Attach a photocopy of the discharge card/summary/ interim bills/ Final bill/ deposit receipts/ final settlement receipt.
- 2. If original bills are submitted to TPA/Insurance company, then a letter from Company on their letterhead mentioning the date and giving details: (i) the amount Insured; (ii) amount of original bills submitted; (iii) the amount sanctioned from the Insurance Company; (iv) the amount of original bills and receipts retained by them; (iv) Name and designation of the authorized signatory along with the rubber stamp of the Insurance company.
- 3. If claim is under process, please attach photocopy of the Mediclaim policy
- 4. If the treatment is ongoing or yet to commence, please attach a copy of the advised treatment prescribed.

*Medical assistance

a. 75% of the Monthly bill be paid (Maximum limit of 1,00,000 Rs)

**Critical Assistance

- a. This facility is applicable in case of accident/organ transplantation/ emergency surgeries/ or any other critical condition which needs immediate medical or surgical intervention
- b. One time financial assistance of 1,00,000 Rs

***Nurses Welfare Grant

- a. Provides long term financial assistance required for TNAI members.
- b. Rs.5000/- per month will be provided for TNAI members who are terminally ill or no family/financial support.

Certification by the TNAI State Branch Executive

This is to certify that, Mr/ Ms/ Mrs
W/o, S/o, D/o
is eligible to get the Medical
Assistance/ Critical Assistance/ Nurses Welfare Grant (tick the appropriate) and also
certifying that, the particulars given above are true to the best of my knowledge and
belief.

Name:

Designation:

Date:

