The Trained Nurses’ Association of India (TNAI) invites applications for award of SNA Scholarships for the academic year 2018-2019.

Scholarships are available for the following courses:
1. Multipurpose Health Workers (Female)/Revised ANM Programme.
2. Diploma in General Nursing and Midwifery.
3. Basic BSc Nursing.

**Minimum Requirements**
1. Successful completion of first three months of preliminary training period.
2. Application forms should be recommended and signed by
   a) Principal /Incharge, College or School of Nursing and
   b) President/Secretary/SNA Advisor of the TNAI State Branch.

**Other Conditions**
1. The applicant should be a bonafide student of a School/College of Nursing (Recognised by Nursing Council/regulatory body).
2. The SNA unit recommending the candidate for the Scholarship should be an active Unit for at least last three years.
3. Preference will be given to the candidate’s active participation in SNA activities at National / State / District / Zonal and Unit Level.
4. The applicant should not be receiving any financial support/benefits from any other source by way of stipend / fellowship / scholarship, etc.

**For Kind Attention of the Principal**
1. Students of academic year 2018-2019 (1st year only) are eligible to apply for the SNA Scholarship.
2. SNA Unit is requested to forward only two applications from each category (i.e. BSc (N), GNM and ANM).
3. Confidential report should be sent by the Class Coordinator / Unit SNA Advisor and the Principal along with the completed application form.
THE TRAINED NURSES’ ASSOCIATION OF INDIA
HEADQUARTERS: L-17, FLORENCE NIGHTINGALE LANE, GREEN PARK, NEW DELHI - 110016

APPLICATION FOR SNA SCHOLARSHIP: 2018-2019 Academic Year

1. Full Name: Miss/Mrs./Mr./Sir: ________________________________
   (in block letters)

2. Student Mobile No. __________________________ E-mail ID: __________________________

3. Nationality __________________________ 4. Date of Birth __________________________

5. Present Address:
   __________________________________________________________________________

6. Name of the course for which SNA Scholarship is required and name and address of the institution:
   (a) Course: ________________________________________________________________
   (b) Name & Address of the Institution: ________________________________________
   (c) Commencement of course: Date: ______ Month: ______ Year: ______
   (d) Completion of course: Date: ______ Month: ______ Year: ______

7. State whether married, single or widowed/widower: __________________________

8. If married, number of children, with age:
   __________________________________________________________________________

9. Educational qualification:
   __________________________________________________________________________

10. Will you be getting any financial help, stipend/scholarship from other source? If Yes, name the source and give details:
    __________________________________________________________________________

11. Mention name, designation, address and email ID of two references from Head of Training School or College of Nursing and faculty (Senior TNAI member) of your School or College:
    1. ________________________________________________________________
    2. ________________________________________________________________

Enclose the following:

A. I have attached self-attested copies of the following certificates:
   [a] Statement of academic performance of first 3-4 months of your training.
   [b] Certificate of Higher Secondary or any other Higher Examination passed.
   [c] Certificate of annual family income.

B. I hereby certify that the information given in this Application form is true to the best of my knowledge and belief.

C. I also undertake to refund the whole amount of scholarship paid to me by the Trained Nurses’ Association of India, if I am offered any financial help from any other source(s).

Date: __________________________

Signature of the Candidate
School/College Principal

Brief statement of SNA Unit:

(a) Do you have SNA Unit:

(b) Does it pay SNA Subscription fee regularly? (Tick) Yes / No:

(c) If yes, mention the last 3 years subscription paid by the unit, indicate year wise receipt number with date:

(d) Did your unit participate in any SNA activities at Unit / State / National level? List them:

Recommendation by the Principal/In-charge of School or College of Nursing keeping in view the merit of the candidate and the eligibility for the scholarship. Before forwarding the application, it is to be ensured that the application is complete in all respects.

Name of the Principal/In-charge of School/College of Nursing ____________________________

Signature: ____________________________ TNAI Membership No. __________________________

E mail ID: ____________________________

Office Phone & Mobile No. ____________________________

Recommendation

Recommendation by the President/Secretary/State SNA Advisor of the TNAI State Branch.

Signature of President/Secretary/State SNA Advisor of the TNAI State Branch

Note:

1. Completed Application form duly recommended by the Principal of School or College and President/Secretary/SNA Advisor of the State Branch, TNAI should be sent to the Secretary-General, Trained Nurses' Association of India, L-17 Green Park, New Delhi-110016 up to May 31, 2019.

2. Incomplete applications will be rejected.

3. Enclose the bank account details of the applicant with front page of bank passbook (Xerox copy) and crossed cheque.

4. There is no application fee, as per the decision of Combine EC&Council of TNAI in 2017.

5. Application received after May 31, 2019 will not be entertained.

6. The address, Mobile No. and e-mail ID of the President/Secretary/SNA Advisor of the respective TNAI State branches are available in the TNAI website (www.tnalinone.org) or send mail to sna@tnalinone.org and tnaI_2003@yahoo.com
CONFIDENTIAL REPORT - SNA SCHOLARSHIP

1. Name of the Candidate: Mr / Mrs / Miss ______________________________

2. For how long is the candidate known to you? ____________________________

3. Please give your opinion whether you find her / him as:
   Intelligent ☐ Loyal & Dependable ☐ Efficient ☐

4. Does she/he work in cooperation with her/his: Seniors ☐ Colleagues ☐

5. Does she/he show initiative? ___________________________________________

6. Please give the reasons why you feel that she/he is fit to be given SNA Scholarship for her/his studies
   ________________________________

7. Any other remarks. ____________________________________________________

Signature: ________________________ TNAI Membership Number:______________

Name: ___________________________ Designation: ____________________________

Address: ___________________________ E-mail ID & Mobile No. ____________________

Bank Details of the Applicant

The scholarship amount shall be transferred (NEFT) to student’s bank account directly from TNAI HQs. Hence, it is mandatory to fill the following information for disbursing the scholarship.

Name of the Account Holder: ____________________________ (should be in the name of student)

Nature of account (SPL/CA): ____________________________

Bank Account Number: ____________________________

Name of Bank: ____________________________

Branch & Address: ____________________________

IFSC Code: ____________________________

Copy of the cancelled cheque enclosed ☐

__________________________ Signature of student

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