The Trained Nurses’ Association of India invites applications for award of scholarship for higher studies in Nursing for the year 2018-19. Scholarships are available for the following courses.

I. **FOR GENERAL NURSES**
   a) Post-Basic BSc Nursing (Regular)
   b) Master of Nursing.

II. **FOR HEALTH VISITORS AND AUXILIARY NURSE MIDWIVES / MPHW (F)**
   (a) General Nursing and Midwifery course.

All the above mentioned courses should be recognised by the Nursing Council/ Regulatory body.

**Eligibility criteria**
1. The candidates should have at least 3 years’ membership of the TNAI.
2. The proof of annual family income of the candidates (who wish to apply for scholarship) should be obtained from competent authority and attached along with the application.
3. The candidate should not be a recipient of any other scholarship or any financial help from any other source.
4. The candidate should not have received TNAI scholarship for at least last 5 years.

**General Instructions**
1. Confidential reports from all the two referees mentioned in your application should be received timely.
2. The application should be recommended by the President or Secretary of the concerned TNAI State Branch.
3. Preference will be given to the candidate’s active participation in TNAI activities at National, State, District / Zonal and Unit level.
4. The completed application forms should be received in this office by **May 31, 2019**.
5. Completed applications received after the last date i.e. **May 31, 2019** will not be entertained.
APPLICATION FOR TNAI SCHOLARSHIP: 2018-2019 Academic Year

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

2. TNAI Life Membership No.

3. Date of Birth: ___________  4. Nationality: ___________

5. Postal Address

6. Phone / Mobile No.: ___________ E-mail: ___________

7. Marital Status: Single, Married, Widow, Widower: ___________

8. Number of children, if any, with age: ___________

9. Name of the course: ___________ Year of study: ___________

10. Date of commencement of course: ___________ Date of completion of course: ___________

11. Name and address of the Institution: ___________________________________________________________________________________

12. Will you be getting any financial help/scholarship/deputation from any other source/institution? or you have to resign your job to take up the study? If yes, please give details:

____________________________________________________________________________________________________________________________________________

13. Mention names and addresses of two references from the Nursing profession (Head of the institution and Faculty (Senior TNAI Member) Name, designation, TNAI Number and full Address (in capital letters) with mobile/phone No. / Email:
   1. _______________________________________________________________________________________
   2. _______________________________________________________________________________________

Enclose the following:
A. I have attached self attested copies of the following certificates:
   1) Certificate of ANM / GNM / BSc / BSc / MSc
   2) Nurses & Midwives Council Registration Certificate
   3) Certificate of matriculation & higher Secondary examination, if passed
   4) Certificate of annual family income of the candidate from competent authority
   5) A letter from the Principal, College of Nursing showing admission in the respective institution
   6) Photocopy of TNAI Life membership card

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

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

Date: ___________ Signature of the candidate

Recommendation
Recommendation by the State branch President or Secretary keeping in view the merit of the candidate and the eligibility for the TNAI Scholarship with completely filled forms.

Signature: President/Secretary State Branch, TNAI

Note:
A. Completed Application form should be sent to the Secretary-General, The Trained Nurses Association of India, L-17, Florence Nightingale Lane, Green Park, New Delhi-110016. Incomplete application will not be accepted.
B. There is no application fee, as per decision of EC & Council of TNAI in 2017.
C. Enclose the bank account details of the applicant with front page of bank pass book (Xerox copy) and crossed cheque.
D. Last date of receiving application form is May 31, 2019 after which applications will be rejected.
E. The address, Phone No. and e-mail ID of the President/Secretary of the respective State branches are available in the TNAI website (www.tnainline.org) or send email to tna@tnainline.org and tna_2003@yahoo.com
CONFIDENTIAL REPORT - TNAI SCHOLARSHIP

Name of the Candidate, Mr / Mrs / Miss ______________________________________

1. For how long is the candidate known to you? ______________________________________

2. Please give your opinion whether you find her / him as:
   - Intelligent [ ]
   - Loyal & Dependable [ ]
   - Efficient [ ]

3. Does she/he work in cooperation with her/his:
   - Seniors [ ]
   - Colleagues [ ]

4. Does she/he possess qualities of leadership? ______________________________________

5. Does she/he bear a good moral character? ______________________________________

6. Any other remarks: ___________________________________________________________

Signature: ____________________________ TNAI membership No. ______________________
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 (S/H/C/A):

Bank Account Number: __________________________

Name of Bank: __________________________

Branch & Address: __________________________

IFSC Code: ____________________________________________

Copy of the cancelled cheque enclosed: [ ]

Signature of student

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