The Trained Nurses' Association of India
Incorporating Student Nurses' Association, The Health Visitor
League and Auxiliary Nurse Midwives Association
L-17, Florence Nightingale Lane, Green Park, New Delhi-110016
Tel: +91-11-2656685, 26566873, 26534765 • Telefax: +91-11-26594304
E-mail: tna@vsnl.net, tna_2003@yahoo.com • Website: www.tnainline.org

APPLICATION FOR TNAI LIFE MEMBERSHIP

NO SIGNATURE →
Applicant’s Passport size Photograph Only →
NO STAMP

Instructions for Applicants
1. Write with ball pen (black) in CAPITAL LETTERS only.
2. Write complete address with District, PINCODE, Mandatory.
3. Applicant should sign in full, clearly within the boxes provided.
4. Incomplete form will be rejected.

Name: Miss Mrs. Ms. Sr. Mr. Dr. Prof. Others
Please tick (/) as appropriate.

First Name
Middle Name

Father's/Husband's Name
Surname

Date of Birth
Day
Month
Year

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

Registration Numbers
RNRM
Midwife/ANM/Health Visitor

Name & Address of the Training School/College:

Registration Council in which you registered:

Present Designation:

Postal Address for Correspondence
House No./ House Name/ Village/

Street/ Sector/ Block/ Tehsil

Post Office/ Via/ City

District

State

PINCODE (compulsory)

Contact Number
E-Mail ID

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

Amount: ________ Demand Draft No. ________ Name of the Bank ________

FOR OFFICE USE ONLY

Amount Received from the Applicant: Rs. ________

Mode of Payment: Demand Draft □ DD. No. ________ Cash □

Receipt No.: ________ Date: ________

Whether SNA to TNAI

TNAI’s Membership No.: ________ 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/Chief 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./Dr./Prof. ______________ is a GNM/ B.Sc (N), M.Sc (N), MPhil. 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: __________________________

Signature of Secretary General: __________________________

INSTRUCTION FOR THE APPLICANTS

1. Application Form will be accepted only when it is recommended by the official mentioned above and true attested copies of Registration Certificates are enclosed.

2. Please note: The Candidates Passed out from the Nursing training institutions recognized from the Indian Nursing Council shall be eligible for the TNAI membership.

3. 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>Life Membership Fee (Foreign)</th>
<th>Nursing Journal of India -Bi- Monthly Subscription</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Trained Nurses.</td>
<td>Rs. 3600.00</td>
<td>India for one year (6 Only) Rs. 500.00</td>
</tr>
<tr>
<td>2. Retired Nurses. (Provide Certificate)</td>
<td>Rs. 1200.00</td>
<td>1. India (inclusive of postage) Rs. 2500.00</td>
</tr>
<tr>
<td>3. Religious Sisters drawing no salary drawn (Please enclose certificate for 'no salary drawn' from the employer)</td>
<td>Rs. 1100.00</td>
<td>For Five Year</td>
</tr>
<tr>
<td>4. HVU/ANM/NPHW</td>
<td>Rs. 1800.00</td>
<td>2. Foreign (inclusive postage) $ 165.00/Year</td>
</tr>
<tr>
<td>5. SNA to TNAI (for students) (Students should apply immediately to passing the final examination not later than one year to avail the concession in Life membership)</td>
<td>Rs. 2200.00</td>
<td>(6 Issue Only)</td>
</tr>
</tbody>
</table>

| Life Membership Fee (Foreign)       |                                    |
|--------------------------------------|                                    |
| 1. Trained Nurses.                   | $ 303.00                         |
| Add Postal Charges -(subject to change) |                                    |
| Air Mail (1 year)                    | $ 55.00                          |
| Surface Mail (3 year)                | $ 55.00                          |

- All rates are subject to revision from the time to time.
- Payment should be made through Demand Draft in favour of “The Trained Nurses' Association of India, New Delhi”.
- No outstation cheques will be accepted.

Application Form is FREE OF COST.