



The Trained Nurses' Association of India

Incorporating Student Nurses' Association, The Health Visitors' League and Midwives & Auxiliary Nurse - Midwives Association
L-17, Florence Nightingale Lane, Green Park, New Delhi-110016

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APPLICATION FOR LIFE/ANNUAL MEMBERSHIP

- Instructions for Applicants
- Write with ball pen (black) in CAPITAL LETTERS only with one letter in one box.
 - Each word should be separated by one blank box.
 - Write complete address with District, PINCODE. Mandatory
 - Applicant should sign in full, clearly within the boxes provided.
 - Incomplete form will be rejected.

Applicant's full Signature



Name: Miss Mrs. Ms. Sr. Mr. Others Please tick (✓) as appropriate.

First Name: [] Middle Name: []

Father's / Husband's Name: [] Surname: []

Date of Birth: Day [] [] Month [] [] Year [] [] [] [] From: Month [] [] Year [] [] [] [] To: Month [] [] Year [] [] [] []

Registration Numbers: RNRM [] Midwife/ANM/Health Visitor []

Name & Address of the Training School/College: _____

Registration Council with which registered: _____

Present Position: _____

Mailing Address for The Nursing Journal of India (NJI) and Correspondence

House No./ House Name/ Village/ School or College Name: []

Street/ Sector/ Block/ Tehsil: []

Post Office/ Via/ City: []

District: []

State: []

State: [] PINCODE (compulsory) []

Contact Number.....E-mail ID.....

Permanent Residential Address: _____

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: _____

Applicant's full Signature

Whether SNA to TNAI
[] []

Membership No. : _____ LM AM

Date of Membership: _____

Application Form is FREE OF COST

(Please turn overleaf)

