

# **TNAI SCHOLARSHIP**

**ACADEMIC YEAR 2020 - 2021**

The Trained Nurses' Association of India invites applications for award of scholarship for higher studies in Nursing for the year 2020-2021.

Scholarships are available for the following courses.

## **I. For TNAI Members**

- a) Post-Basic BSc (Nursing)
- b) MSc (Nursing)

## **II. For Associate TNAI Members [HVL and ANM/MPHW (F)]**

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

## **I. Eligibility criteria**

1. The candidates should have at least one year membership of TNAI before joining the course.
2. The proof of annual family income of the candidates should be obtained from competent Government authority and attached along with the application.
3. The candidates should not be recipients of any other scholarship or financial help from any other source.
4. The candidates should not have received TNAI scholarship during last 5 years.

## **II. General Instructions**

1. Application forms should be recommended and signed by the
  - a) Principal /Head of the Institution.
  - b) President/Secretary of the concerned TNAI State Branch.
2. The completed application forms addressed to: The Secretary General, The Trained Nurses' Association of India, L-17, Florence Nightingale Lane, Green Park, NewDelhi-110016, should be sent to TNAI Headquarters on or before **August 31, 2021**.
3. Applications received late or incomplete, shall not be considered.

**THE TRAINED NURSES' ASSOCIATION OF INDIA**

Headquarters: L-17, Florence Nightingale Lane, Green Park, New Delhi-110016

**APPLICATION FOR TNAI SCHOLARSHIP: 2020-2021 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. Commencement of course: (MM/YY) \_\_\_\_\_ Completion of course: (MM/YY) \_\_\_\_\_
11. Name and address of the Institution: \_\_\_\_\_
12. Will you be getting any financial help/stipend/scholarship/deputation/ from any other source/institution? Or you have to resign your job to take up the study? If yes, please give details:
- A. 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).
- B. I hereby certify that the information given in this application form is true to the best of my knowledge and belief.

Photograph

Date: \_\_\_\_\_

Signature of the candidate

**Recommendation**

1. Recommendation by the principal / Head of the Institution keeping in view, the merit of the candidate and the eligibility for the TNAI Scholarship.

Signature: \_\_\_\_\_ TNAI membership No. \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail ID & Mobile No.: \_\_\_\_\_

2. Recommendation by the State branch President or Secretary \_\_\_\_\_

Signature: President/Secretary State Branch, TNAI

**Note:**

The address, Mobile No. and e-mail ID of the President/ Secretary of the respective TNAI State /UT branch can be obtained from TNAI HQ by sending mail to: [sna@tnaionline.org](mailto:sna@tnaionline.org)

**Enclose the following:**

- 1) Certificate of ANM /GNM / PC B.Sc (N) / B.Sc (N), as applicable.
- 2) Nurses & Midwives Council Registration Certificate.
- 3) Mark sheet of higher Secondary or equivalent examination
- 4) Certificate of annual family income of the candidate from competent Government authority.
- 5) Photocopy of TNAI Life membership card.
- 6) Bank account details of the applicant with copy of front page of Bank pass book and a crossed & cancelled cheque.

**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 (SB/CA): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Branch & Address: \_\_\_\_\_

IFSC Code:

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**Note:** Enclose a copy of a cancelled cheque of your account.

\_\_\_\_\_  
**Signature of student**

**NOTICE TO ADVERTISERS**

All advertisements published in TNAI Bulletin or Nursing Journal of India shall attract the provisions of GST. All advertisers including nursing institutions may kindly note that the current GST rate of 5% shall be compulsorily applicable on all transactions. The advertisers are requested to kindly furnish their GST number at the time of placing the order for publication of advertisement.

# **SNAI SCHOLARSHIP**

## **ACADEMIC YEAR 2020 - 2021**

The Trained Nurses' Association of India (TNAI) invites applications for award of SNA Scholarships for the academic year 2020-2021.

Scholarships are available for the following courses:

- 1) ANM Programme / Multipurpose Health Workers (Female)
- 2) Diploma in General Nursing and Midwifery.
- 3) Basic BSc Nursing.

### **I. Eligibility Criteria**

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. The applicant should not be receiving any financial support/benefits from any other source by way of stipend / fellowship / scholarship, etc.

### **II. General Instructions**

1. Application forms should be recommended and signed by:
  - a) Principal /Head of the Institution.
  - b) President/Secretary/SNA Advisor of the TNAI State Branch.
2. The duly completed application forms addressed: The Secretary General, The Trained Nurses' Association of India, L-17, Florence Nightingale Lane, Green Park, NewDelhi-110016 should be received on or before **August 31, 2021**.
3. Applications received late or incomplete shall not be considered.

#### **Note:**

- 1) Students of academic year 2020-2021 (1st year only- admitted between June 2020 to March 2021) are eligible to apply for the SNA Scholarship.
- 2) Each SNA Unit can forward maximum two applications only from each category i.e. ANM, GNM and BSc (N).
- 3) The SNA unit applying for scholarship should have enrolled all former students to TNAI after successful completion of their course (SNA to TNAI membership), if they were/are following the old scheme of SNA membership.
- 4) The SNA annual subscription fee should have been paid for the entire batch of students in the institution, if the institution is following/opting SNA subscription plan (old scheme).
- 5) Recommendation of the Unit SNA Advisor and the Principal is mandatory.

## THE TRAINED NURSES' ASSOCIATION OF INDIA

HEADQUARTERS: L-17, FLORENCE NIGHTINGALE LANE, GREEN PARK, NEW DELHI - 110016

### APPLICATION FOR SNA SCHOLARSHIP: 2020-2021 Academic Year

1. Full Name: Miss/Mrs/Mr/Sr/ (in block letters) \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ 3. Nationality: \_\_\_\_\_
3. Present Address: \_\_\_\_\_  
\_\_\_\_\_
4. Student Mobile No. \_\_\_\_\_ E-mail ID: \_\_\_\_\_
5. Course details:
- (a) Name of the Course: \_\_\_\_\_
- (b) Name & Address of the Institution: \_\_\_\_\_  
\_\_\_\_\_
6. Commencement of course: (MM/YY) \_\_\_\_\_ Completion of course: (MM/YY) \_\_\_\_\_
7. State whether married/ single/ widow/ widower: \_\_\_\_\_
8. If married, number of children with age: \_\_\_\_\_
9. Basic educational qualification: \_\_\_\_\_
10. Will you be getting any financial help, stipend/scholarship from other sources? If Yes, name of the source, amount; give details: \_\_\_\_\_  
\_\_\_\_\_

- A. I hereby certify that the information given in this Application form is true to the best of my knowledge and belief.
- B. I also undertake to refund the whole amount of scholarship paid to me by the Trained Nurses' Association of India, in case, I am offered any financial help from any other source(s).

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Candidate

#### To be filled by the Principal/ Head of the Institution

Details of SNA Unit:

- a) Year of establishment of SNA Unit: \_\_\_\_\_
- b) SNA Subscription fee paid regularly? (Tick): Yes/No If yes, mention the last 3 years payment details:

Year	PLAN Old/ New	No. of Students	Amount Paid	Receipt No./ *Date of Payment
2018-2019				
2019-2020				
2020-2021				

\*If payment was made online.

## Recommendation

1. Recommendation of the Unit SNA Advisor

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Signature: \_\_\_\_\_ TNAI membership No. \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

E-mail ID & Mobile No.: \_\_\_\_\_

2. Recommendation by the Principal/ Head of the Institution keeping in view the merit of the candidate and the eligibility for the TNAI Scholarship.

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Signature: \_\_\_\_\_ TNAI membership No. \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail ID & Mobile No.: \_\_\_\_\_

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

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

**Note:** The address, Mobile No. and e-mail ID of the President/ Secretary/ State SNA Advisor of the respective TNAI State /UT branch can be obtained from TNAI HQ by sending mailto: [sna@tnaionline.org](mailto:sna@tnaionline.org)

#### Enclose the following:

- A. Certificate of Higher Secondary or equivalent examination.
- B. Certificate of annual family income of the candidate should be obtained from competent Government authority and attached along with the application.
- C. Bank account details of the applicant with copy of front page of Bank pass book and a crossed, cancelled cheque.

### Bank Details of the Applicant

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Name of the Account Holder: \_\_\_\_\_

**(should be in the name of student)**

Nature of account (SB/CA): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Branch Name & Address: \_\_\_\_\_

IFSC Code: 

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**Note:** Enclose a copy of your one cancelled cheque.

\_\_\_\_\_  
**Signature of student**