

# **SNAI SCHOLARSHIP**

## **ACADEMIC YEAR 2021 - 2022**

The Trained Nurses' Association of India (TNAI) invites applications for award of SNAI Scholarships for the academic year 2021-2022.

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 SNAI 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) Unit SNAI advisor of the institution
  - b) Principal /Head of the Institution.
2. The selected awardee will be provided with Rs. 24000/- as one time scholarship.
3. The completed application forms addressed to: The Secretary-General, The Trained Nurses' Association of India, L-17, Florence Nightingale Lane, Green Park, New Delhi-110016, should be sent to TNAI Headquarters on or before **August 31, 2022**.
4. Applications received last or incomplete, shall not be considered.

#### **Note:**

- 1) Students of academic year 2021-2022 (1st year only-admitted between June 2021 to March 2022) are eligible to apply for the SNAI Scholarship.
- 2) Each SNAI Unit can forward maximum two applications only from each category i.e. ANM, GNM and B.Sc.(N).
- 3) The SNAI unit applying for scholarship should have enrolled all former students to TNAI after successful completion of their course (SNAI to TNAI membership), if they were/are following the old scheme of SNAI membership.
- 4) The SNAI annual subscription fee should have been paid for the entire batch of students in the institution, if the institution is following/opting SNAI subscription plan (old scheme).
- 5) Recommendation of the Unit SNAI 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 SNAI SCHOLARSHIP: 2021-2022 Academic Year**

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

2. SNA ID Number: \_\_\_\_\_

3. Date of Birth \_\_\_\_\_ 4. Nationality \_\_\_\_\_

5. Present Address: \_\_\_\_\_  
 \_\_\_\_\_

6. Student Mobile No. \_\_\_\_\_ E-mail ID : \_\_\_\_\_

7. Course details:

(a) Name of the Course: \_\_\_\_\_

(b) Name & Address of the Institution: \_\_\_\_\_  
 \_\_\_\_\_

(c) Commencement of course:(MM/YY) \_\_\_\_\_ Completion of course: (MM/YY) \_\_\_\_\_

8. State whether married/ single/widow/widower: \_\_\_\_\_

9. If married, number of children with age: \_\_\_\_\_  
 \_\_\_\_\_

10. Basic educational qualification: \_\_\_\_\_

11. Are you getting any financial help, stipend/scholarship from other sources? If Yes, name 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 SNAI Unit: \_\_\_\_\_
- (b) SNAI Subscription fee paid regularly ? (Tick) Yes / No: If yes, mention the last 3 years payment details: indicate year wise receipt number with date:

Year	Plan		No. of Students	Amount Paid	Receipt No./ *Date of Payment
	Old	New			
2019-2020					
2020-2021					
2021-2022					

\*If payment was made online.

(c) Number of person enrolled to TNAI membership for the period from 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022 (including SNAI New plan and Old plan)

### Recommendation

1. Recommendation of the Unit SNAI Advisor

\_\_\_\_\_

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.

\_\_\_\_\_

Name of the Principal /In-charge of School /College of Nursing \_\_\_\_\_

Signature: \_\_\_\_\_ TNAI Membership No. \_\_\_\_\_

Office seal \_\_\_\_\_

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

#### 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

The scholarship amount shall be transferred (through 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 Name & Address: \_\_\_\_\_

IFSC Code: 

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

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Signature of student