

The Trained Nurses' Association of India

Incorporating Students Nurses' Association, Health Visitors' League and Auxiliary Nurse-Midwives' Association

L-17, Florence Nightingale Lane, Green Park, New Delhi- 110016. INDIA
Tel.: +91-11-26566665. 26966873, (Membership Direct) 91-11-40195407

NO SIGNATURE

Applicant's Passport size

(Please turn Overleaf)

E-mail: membership@traionline.org, tnai_2003@yahoo.com,* Website: www.tnaionline.org

☐ Write with ball pen (black) in CAPITAL LETTERS Only

APPLICATION FOR TNAI LIFE MEMBERSHIP

Instructions for Each word should be separated by one blank box. Applicants 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.																NO S	On							
	0	Incom	plete f	orm v	vill be	геје	cted.								Appli	cant	's Ful	II Sig	natu	re				
Name	as pe	r Aadha	ar Car	d (Co	py to	be at	tache	d)	: Mis	ss 🗌	Mrs.		Ms.	Sr.	Пм	r. 🗌	Dr.	Pro	f. 🗍	(Plea	se tick	(√) as	appro	priate)
															Ī				Τ	T				
													T	T	Ť	T	Ť			Ť	T			
Fath	er's N	ame [j	Hust	and	's Na	me [(Tick	the	appı	opr	iate)		-	1				_		_		
			T										T							T	Т			
Date	of Bir	th										Dura	tion	of G	NM/E	3.Sc.	(N)/A	NM/	HVL	/Mul	tipur	oose	Cou	rse
										Fre	om[То		T		T	I	
Da	у	Мо	nth			Year						Mont	h		Yea	ır			M	onth		Υ	ear	
	stratio			-													\perp							
Сор	y to be	allache	a)	F	RNRM										Mic	lwife/	ANM/F	lealth	Visit	ог				
Nam	e & Ac	dress	of th	ne Tra	ainin	g Sc	hool	/ Co	llege	: =			_											
Regi	stratio	n Cou	ıncil i	in wh	nich	you	regis	tere	d: _										1					
Pres	ent De	signa	tion :																					
	al Add																							
П		-	1				1		1				_	T .	_	т—	_	_	_	_	_			
\vdash	_	+	-	_	_		_						_	_	_	<u>_</u>	<u> </u>	_	느	_				
\vdash		+	_	<u> </u>		_									_									
Щ	05	() () (011																					
Post	Office	/ Via /	T City /	Polic T	e Sta	tion							_			_	_	_	_	_	_	-	_	
Distri	ct							_		(1)		_	1							_				
														Π	T		1		Г		T	T	Т	П
State														,			-		_	PIN	CODE	E (Cor	mpuls	ory)
Conta	act Nu	mber							E	-Mail	ID													
Paym	ent D	etails	: (To	be fi	lled i	in by	the	appl	icant)														
	ınt :		-							•		Da	te:				Bank							
	e payr					0.0						•												
					55				FO	R OI	FFIC	E U	SE C	NLY										_
Amou	ınt Re	ceived	l from	the /	Appli	cant	: Rs,						Mod	e of I	⊃aym	nent	: DD	. 🗀		Casl	n 🗆	C	Online	e 🔲
Receipt No.: Date :											_	Men	bers	ship N	No									
	her SN																	N = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 =						
											Date	of E	nrollr	nent	;	-								

Certification of Recommendation

(To be filled by Recommender/Motivator)

(Only Principal/Vice Principal/Faculty of School or College of Nursing, Matron/Nursing Superintendent / 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./Mr./Dr./Prof. is a GNM/B.Sc.(N) M.Sc (N), M.Phil, 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, TNAI INSTRUCTION FOR THE APPLICANTS 1. Application From will be accepted only if true attested copies of State Nursing Council Registration Certificates are enclosed. 2. 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) Life Membership Fee Nursing Journal of Indian Bi- Monthly 1. Trained Nurses Rs. 3600.00 Subscription India for Rs. 1000.00 2. Retired Nurses. (Provide Certificate) 1. India (inclusive of postage) 3. Religious Sisters drawing no salary drawn Rs. 1000.00 (INDIVIDUAL) (Please enclose certificate for; no salary One year (6 Copies Only) Rs. 1000.00 drawn' from the employer) Rs. 4000.00 Five Year 4. HVL/ANM/MPHW Rs.1800.00 (INSTITUTION) SNA to TNAI One year (6 Copies Only) Rs. 1500.00 a) SNA to TNAI (GNM / B.Sc.) Rs. 2200.00 Rs. 6500.00 Five Year Rs. 1000.00 b) SNA to TNAI (ANM) (Students should apply immediately to State Nursing Council registration not later than one year to avail the concession in life membership) Life Membership Fee (Foreign) 1. Trained Nurses. \$ 303.00 Add Postal Charges: - (Subject to change) Air Mail \$ 55.00

- · All rates are subject to revision from time to time.
- Payment should be made through Demand Draft in favour of "The Trained Nurses' Association of India, New Delhi / Online payment
- Account number for online payment is given on our official TNAI Website
- · No outstation cheques will be accepted.

Bank Detail Form TO BE FILLED BY THE MOTIVATOR

	otivator's Name					Mob. No										
ldress																
nail ld:														_		
e Incentive for	motivato	or will	be trans	sferred	(NEFT) to the	Motiva	tor ban	k acco	unt di	irectly	from 1	NAI F	IQs.		
nce, it is mand	atory to	fill the	bank de	etails a	nd sen	ıd to TN	IAI for r	eleasir	g the	Incent	ive ar	nount.				
me of the Acco	ount Holo	der:														
nould be in the	name of	Motiv	ator)													
ture of accoun	t															
me of Bank &																
ille Of Balik &	DI dIICII															
Bank																
Account																
						<u> </u>		I	I			l .	l l			
Number																
					<u> </u>							<u> </u>				
Number					T											
Number																
Number																