Student Nurses' Assocation of India of The Trained Nurses' Association of India Incorporating Students Nurses' Association, Health Visitors' League and Midwives & Auxiliary Nurse- Midwives Association L-17, Florence Nightingale Lane, Green Park, New Delhi- 110016. INDIA Tel: +91-11-26566665. 26966873, 26534765, 40195407, 40195409 Telefax : 91-11-26858304 E-mail: sna@tnaionline.org, tnai_2003@yahoo.com,• Website : www.tnaionline.org Application Form For Establishing Shallshing Shallsh																											
D E D W D A D In	 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. Name & Address of the School / College of Nursing 																	Institution Code									
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Pro	E-mail :Mobile No. : Programme Offered : B.Sc. (N) GNM ANM MPHW (F) Name of the Nursing Registration Council :																										
SNA -TNAI Membership Plan SNA Subscription Plan Number of Students (Please enclose the list of St														Stud	ents	year	wise)										
Na	me o	of the	Unit	t SN/	A Ad	visor							1	Name of the Principal													
ΤN	TNAI No.													ΓΝΑΙ	No.												
Signature													5	Signa	ture												
Mobile No.:													ľ	Nobil	e No	.:											
BANK DETAILS : The Trained Nurses Association of India Indian Bank, Hauz Khas, New Delhi A/c No.: 6602721709 IFSC Code : IDIB000H019																											
II) a) UTR No./DD No b) Date of Deposit c) Amount Deposited																											

1. Application forms will be accepted only when it is recommended by the Director of Nursing/Principal/Principal Tutor.

2. Attested true copies of recognition certificates of Indian Nursing Council/State Nurses' Registration Council Board to be enclosed along with the Application Form.

- 3. Please enclose all the application of the Students individually.
- 4. The Nursing Journal of India (bi-monthly) will be issued free of cost to the units.

 Application form completed in all respects should be sent to the Secretary General, L-17, Florence Nightingale Lane, Green Park, New Delhi – 110016. along with membership fee through Demand Draft in Favour of "The Trained Nurses' Association of India" by 31st December.

6. All rates are subject to revision from time to time by the TNAI Council.