



# 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  
Tel.: +91-11-26566665, 26966873, 26534765 • Telefax : +91-11-26858304  
E-mail: tnai@vsnl.net, tnai\_2003@yahoo.com • Website : www.tnaionline.org



## APPLICATION FOR LIFE/ANNUAL MEMBERSHIP

- 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
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Surname	
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Father's / Husband's Name

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Date of Birth

Day	Month	Year	From	Month	Year	To	Month	Year
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Registration Numbers

RNRM	Midwife/ANM/Health Visitor
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Name & Address of the Training School/College: \_\_\_\_\_

Registration Council with which registered: \_\_\_\_\_

Present Position: \_\_\_\_\_

### Mailing Address for Correspondence

House No./ House Name/ Village/ School or College Name

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Street/ Sector/ Block/ Tehsil

--

Post Office/ Via/ City

--

District

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State

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Contact Number.....E-mail ID..... PINCODE (compulsory)

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 <input type="checkbox"/> DD.No. _____ Cash <input type="checkbox"/>	
Receipt No.: _____ Date: _____	
Whether SNA to TNAI	

Applicant's full Signature

Membership No. : \_\_\_\_\_ LM AM

Date of Membership: \_\_\_\_\_

Application Form is FREE OF COST (Please turn overleaf)

**Certificate of Recommendation**  
(To be filled by Recommender/Motivator)

(Only Principal/Vice Principal/Faculty of School or College of Nursing, Matron/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. \_\_\_\_\_ is a GNM/ B.Sc(N)/ Midwife / ANM / Health Visitor and I have known her/him for \_\_\_\_\_ years. The particulars filled in by the applicant are correct in all respects.

TNAI No. of Recommender/Motivator : \_\_\_\_\_

Position held : \_\_\_\_\_

Name of the School/College/ Hospital with address : \_\_\_\_\_

Signature of Secretary General

Signature of the Recommender with seal

Full name of the Recommender

**INSTRUCTIONS FOR THE APPLICANTS**

1. Application Form will be accepted only when it is recommended by the officials mentioned above and true attested copies of Registration Certificates are enclosed.
2. Please note The candidates passed out from the Nursing training institutions recognized from the Indian Nursing Council shall be eligible for the TNAI membership.
3. 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).
4. ANNUAL MEMBERSHIP is valid only for one year. After one year It will then stand lapsed. The Annual Membership has to be paid in one time and not in installments.

**SUBSCRIPTION and FEES (Effective from 1st April 2012)**

Life Membership Fee	Annual Membership Fee																																				
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- All rates are subject to revision from the time to time.
- Payment should be made through Demand Draft in favour of "**The Trained Nurses' Association of India, New Delhi**".
- No Outstation cheques will be accepted.

**Application Form is FREE OF COST**