



Student Nurses' Association of India
of

The Trained Nurses' Association of India

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

L-17, Florence Nightingale Lane, Green Park, New Delhi- 110016. INDIA

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APPLICATION FORM FOR SNAI-TNAI MEMBERSHIP (NEW PLAN)

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.

Applicant should sign in full, clearly within the boxes provided.

Incomplete form will be rejected.

Signature _____

NO SIGNATURE
Applicant's
Passport size
Photograph
Only
NO STAMP/ SEAL

Name of Student : Sr. Mrs. Mr. Ms. (Please tick (✓) as appropriate)

_____ Date of Birth _____

Father's Name Husband's Name (Tick the appropriate) (DD) (MM) (YY)

Permanent Address

Pin Code (Compulsory)

E-mail : Mobile No.: _____

Name & Address of the Institution :

Name of the State Nurses & Midwives Registration Council :

Course of Study : B.Sc. (N) GNM ANM MPH (F)

Course Duration : _____ — _____

INSTRUCTIONS :

1. Every Student is required to pay one-time payment of Rs. 2000/- at the time of admission. This payment is inclusive of SNAI subscription for entire course, Scholarship fund and TNAI Life membership.
2. After completion of the course, the TNAI membership card will be issued once a copy of your State Nurses registration council certificate (RN/RM) and a letter from the principal of the respective school/ college of Nursing is submitted to TNAI.

By Secretary General, TNAI