



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, 91-11-40195407, 40195409, 8588885409 (Whatsapp No.)

Email : membership@tnaionline.org, tnai_2003@yahoo.com Website : www.tnaionline.org



APPLICATION FOR TNAI LIFE MEMBERSHIP

Instructions
for
Applicants

- ☐ Write with ball pen (black) in CAPITAL LETTERS only with one letter in each box.
- ☐ Each word should be separated by one blank box.
- ☐ Write complete address with District, PINCODE Mandatory.
- ☐ Applicants should sign in full, clearly within the spaces provided
- ☐ Incomplete form will be rejected.

Applicant's Full Signature

PHOTO
Please Don't Seal
& Signature
On The
Photograph

Name (as per State Nursing Council Registration Certificate) : Miss ☐ Mrs ☐ Ms. ☐ Sr. ☐ Mr. ☐ Dr. ☐ (Please tick (✓) appropriate)

Father's Name ☐ Husband's Name ☐ (Tick the appropriate)

Date of Birth

Day

Month

Year

Duration of GNM/B.Sc.(N)/ANM/HVL/P.B.B.Sc./M.Sc.

From

Month

Year

To

Month

Year

Registration Numbers

(Copy to be attached)

RNRM

Midwife/ANM/Health Visitor

Name of the Training School / College and State? _____

Registration Council in which you are registered : _____

Present Designation : _____

Postal Address for Correspondence

Post Office./ Via / City / Police Station

District

State

PINCODE (Compulsory)

Contact No. E-Mail ID

Payment Details : (To be filled in by the applicant)

(IN CAPITAL LETTERS)

Amount : _____ DD/Cheque No. _____ Date : _____ Bank : _____

Online payment _____ UTR No. _____

Instruction For Applicants

1. Application form 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. (Turn the overleaf for the fee details)

APPLICATION FORM IS FREE OF COST

Certification of Motivator

(To be filled by Recommender/Motivator)

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. This Particulars filled in by the applicant are correct in all respect.

TNAI No. of Motivator : _____

Name of the Motivator : _____

Position held : _____

Name of the School/College/Hospital _____

(with address) _____

Signature of Recommender with Seal

Instruction To Motivator

(Please fill the form for availing the incentive)

Account Details

Name of the Account : _____ Account No. : _____

IFSC : _____ Bank Name : _____

Branch Name : _____ PAN No. : _____

Note : PAN card number and Account Number should be matched to process the incentive of motivator.

Subscription And Fees (Effective From 1st April 2023)

Life Membership Fee

1. **Trained Nurses** **RS. 3000.00**

2. **Retired Nurses** (Provide Certificate) **Rs. 1000.00**

3. Religious Sisters (drawing no salary) Rs. 1000.00
(Please enclosed certificate for no salary drawn from the employer)

4. HVL/ANM/MPHW

a) SNAI to TNAI (GNM / B.Sc.) Rs. 2200.00*(Applicable only to SNAI- TNAI Old Plan members)

b) SNAI to TNAI (ANM) Rs. 1000.00* (Applicable only to SNAI- TNAI Old Plan members)

*Students should apply immediately after the State Nursing Council registration, not later than one year to avail the concessional fees of 2200/1000.

Life Membership Fee (Foreign)

Trained Nurses \$ 100.00

Note for Foreign Membership : Membership details will be accessible through TNAI's Mobile App. For more details Contact us on 8588885409 (WhatsApp No.)

* 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", payable at New Delhi or Online payment.

* Account number for online payment is given on our official TNAI Website.

* No outstation cheques will be accepted.

* To Apply for online membership, Visit payments.tnaionline.org

FOR OFFICE USE ONLY

Amount Received from the Applicant : Rs. : _____ Mode of Payment : DD ☐ Cash ☐ Online ☐

Receipt No. : _____ Date : _____ Membership No. _____

Date of Enrollment : _____

(Please turn overleaf)

Whether SNAI to TNAI

Signature of Secretary General, TNAI