

# **SNAI SCHOLARSHIP**

## **ACADEMIC YEAR 2020 - 2021**

The Trained Nurses' Association of India (TNAI) invites applications for award of SNA Scholarships for the academic year 2020-2021.

Scholarships are available for the following courses:

- 1) ANM Programme / Multipurpose Health Workers (Female)
- 2) Diploma in General Nursing and Midwifery.
- 3) Basic BSc Nursing.

### **I. Eligibility Criteria**

1. The applicant should be a bonafide student of a School/College of Nursing (recognised by Nursing Council/regulatory body).
2. The SNA unit recommending the candidate for the Scholarship should be an active Unit for at least last three years.
3. The applicant should not be receiving any financial support/benefits from any other source by way of stipend / fellowship / scholarship, etc.

### **II. General Instructions**

1. Application forms should be recommended and signed by:
  - a) Principal /Head of the Institution.
  - b) President/Secretary/SNA Advisor of the TNAI State Branch.
2. The duly completed application forms addressed: The Secretary General, The Trained Nurses' Association of India, L-17, Florence Nightingale Lane, Green Park, NewDelhi-110016 should be received on or before **August 31, 2021**.
3. Applications received late or incomplete shall not be considered.

#### **Note:**

- 1) Students of academic year 2020-2021 (1st year only- admitted between June 2020 to March 2021) are eligible to apply for the SNA Scholarship.
- 2) Each SNA Unit can forward maximum two applications only from each category i.e. ANM, GNM and BSc (N).
- 3) The SNA unit applying for scholarship should have enrolled all former students to TNAI after successful completion of their course (SNA to TNAI membership), if they were/are following the old scheme of SNA membership.
- 4) The SNA annual subscription fee should have been paid for the entire batch of students in the institution, if the institution is following/opting SNA subscription plan (old scheme).
- 5) Recommendation of the Unit SNA Advisor and the Principal is mandatory.

**THE TRAINED NURSES' ASSOCIATION OF INDIA**

HEADQUARTERS: L-17, FLORENCE NIGHTINGALE LANE, GREEN PARK, NEW DELHI - 110016

**APPLICATION FOR SNA SCHOLARSHIP: 2020-2021 Academic Year**

1. Full Name: Miss/Mrs/Mr/Sr/ (in block letters) \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ 3. Nationality: \_\_\_\_\_
3. Present Address: \_\_\_\_\_  
\_\_\_\_\_
4. Student Mobile No. \_\_\_\_\_ E-mail ID: \_\_\_\_\_
5. Course details:
- (a) Name of the Course: \_\_\_\_\_
- (b) Name & Address of the Institution: \_\_\_\_\_  
\_\_\_\_\_
6. Commencement of course: (MM/YY) \_\_\_\_\_ Completion of course: (MM/YY) \_\_\_\_\_
7. State whether married/ single/ widow/ widower: \_\_\_\_\_
8. If married, number of children with age: \_\_\_\_\_
9. Basic educational qualification: \_\_\_\_\_
10. Will you be getting any financial help, stipend/scholarship from other sources? If Yes, name of the source, amount; give details: \_\_\_\_\_  
\_\_\_\_\_

- A. I hereby certify that the information given in this Application form is true to the best of my knowledge and belief.  
B. I also undertake to refund the whole amount of scholarship paid to me by the Trained Nurses' Association of India, in case, I am offered any financial help from any other source(s).

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Candidate

**To be filled by the Principal/ Head of the Institution**

*Details of SNA Unit:*

- a) Year of establishment of SNA Unit: \_\_\_\_\_  
b) SNA Subscription fee paid regularly? (Tick): Yes/No If yes, mention the last 3 years payment details:

| Year      | PLAN<br>Old/ New | No. of Students | Amount<br>Paid | Receipt No./<br>*Date of Payment |
|-----------|------------------|-----------------|----------------|----------------------------------|
| 2018-2019 |                  |                 |                |                                  |
| 2019-2020 |                  |                 |                |                                  |
| 2020-2021 |                  |                 |                |                                  |

\*If payment was made online.

## Recommendation

1. Recommendation of the Unit SNA Advisor

Signature: \_\_\_\_\_ TNAI membership No. \_\_\_\_\_  
Name: \_\_\_\_\_ Designation: \_\_\_\_\_  
E-mail ID & Mobile No.: \_\_\_\_\_

2. Recommendation by the Principal/ Head of the Institution keeping in view the merit of the candidate and the eligibility for the TNAI Scholarship.

Signature: \_\_\_\_\_ TNAI membership No. \_\_\_\_\_  
Name: \_\_\_\_\_ Designation: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail ID & Mobile No.: \_\_\_\_\_

3. Recommendation by the President/Secretary/State SNA Advisor of the TNAI State Branch.

### Signature of President/Secretary/State SNA Advisor of the TNAI State Branch

**Note:** The address, Mobile No. and e-mail ID of the President/ Secretary/ State SNA Advisor of the respective TNAI State /UT branch can be obtained from TNAI HQ by sending mailto: [sna@tnaionline.org](mailto:sna@tnaionline.org)

#### Enclose the following:

- A. Certificate of Higher Secondary or equivalent examination.
- B. Certificate of annual family income of the candidate should be obtained from competent Government authority and attached along with the application.
- C. Bank account details of the applicant with copy of front page of Bank pass book and a crossed, cancelled cheque.

### Bank Details of the Applicant

The scholarship amount shall be transferred (NEFT) to student's bank account directly from TNAI HQs. Hence, it is mandatory to fill the following information for disbursing the scholarship.

Name of the Account Holder: \_\_\_\_\_  
(should be in the name of student)

Nature of account (SB/CA): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Branch Name & Address: \_\_\_\_\_

IFSC Code: 

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**Note:** Enclose a copy of your one cancelled cheque.

\_\_\_\_\_  
Signature of student