

# SNA SCHOLARSHIPS : 2016-17 ACADEMIC YEAR

The Trained Nurses' Association of India (TNAI) invites applications for award of SNA Scholarships for the academic year beginning 2017.

Scholarships are available for the following courses:

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

Selected candidates will be paid Rs. **24,000/-** per scholastic/academic year.

## **Minimum Requirements**

1. Successful completion of first three months of preliminary training period.
2. Application forms should be recommended and signed by
  - a) Incharge/Principal, College or School of Nursing and
  - b) President/Secretary/SNA Advisor of the TNAI State Branch.

## **Other Conditions**

1. The applicant should be a bonafide student of a School/College of Nursing, recognised by Indian Nursing Council.
2. The SNA unit sponsoring the candidate for the Scholarship should be an active Unit for at least last three years.
3. Preference will be given to the candidate's active participation in SNA activities at National / State / District / Zonal and Unit Level.
4. The applicant should not be receiving any financial support/benefits from any other source by way of stipend/fellowship/scholarship, etc.

## **Kind attention to the Principal**

1. Students of academic year 2016-2017 are eligible to apply for the SNA Scholarship.
2. SNA Unit is requested to forward only two applications from each category (i.e. BSc(N), GNM and ANM).

**APPLICATION FOR SNA SCHOLARSHIPS : 2016-17 ACADEMIC YEAR**

Note:

- a) Completed Application form **duly recommended by Incharge/ Principal of School or College and President/ Secretary/SNA Advisor of the State Branch, TNAI** should be sent to the Honorary Chairman, Scholarship Committee, C/o Secretary-General, Trained Nurses' Association of India, L-17 Green Park, New Delhi-110016 up to **May 31, 2017. Incomplete applications will not be accepted.**
- b) Application processing fee of Rs. 100/- by cash or demand draft drawn in favour of "The Student Nurses' Association and two passport size photographs should be attached with the application.
- c) **Application received after May 31, 2017 will not be entertained.**

1. Full Name: Miss/Mrs./Mr./Sr./ \_\_\_\_\_  
(in block letters)

2. Student Mobile/Contact No./e-mail ID \_\_\_\_\_

3. Nationality \_\_\_\_\_ 4. Date of Birth \_\_\_\_\_

5. (a) Present Address: \_\_\_\_\_  
\_\_\_\_\_

(b) Permanent Address, if different from present address: \_\_\_\_\_  
\_\_\_\_\_

6. Name of the course for which SNA Scholarship is required and name and address of the institution:

(a) Course: \_\_\_\_\_

(b) Name & Address of the Institution: \_\_\_\_\_  
\_\_\_\_\_

(c) Date of commencement of course: \_\_\_\_\_

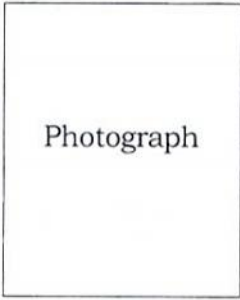
(d) Date of completion of course: \_\_\_\_\_

7. State whether married, single or widow/widower: \_\_\_\_\_

8. If married, number of children, with age/status and employment: \_\_\_\_\_  
\_\_\_\_\_

9. Educational qualification: \_\_\_\_\_  
\_\_\_\_\_

10. Will you be getting any financial help, stipend/scholarship/from other source? If Yes, name the source and give details: \_\_\_\_\_  
\_\_\_\_\_



11. Give names and full addresses of three persons for reference purpose, one of whom should be the head of Training School or College of Nursing and the other should be a teaching staff of your School or College and the third, a person of standing who knows you well but not related to you. Please ensure that the referee is sending the recommendation in time.

A. I have attached Medical certificate (in Original) and copies of following certificates attested by a Principal Tutor of my School / Gazetted officer or a District Magistrate as listed below with application form.

- [a] Statement of academic performance of first 3-4 months of your training.
- [b] Certificates of any other training/study undertaken.
- [c] Higher Secondary certificate or any other Higher Examination passed
- [d] Certificate of annual family income.

B. I hereby certify that the information given in this Application Form is true to the best of my knowledge and belief.

C. 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

### School/College Principal

*Brief statement of SNA Unit :*

(a) Do you have SNA Unit: \_\_\_\_\_

(b) Does it pay regular SNA Subscription fee (Tick) Yes / No:

(c) If yes, mention the last 3 years subscription paid by the unit, indicate only year wise receipt number with date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) Did your unit participate in any SNA activities Unit / State / National level? List them

\_\_\_\_\_  
\_\_\_\_\_

Recommendation by the In-charge/ Principal School of Nursing keeping in view the merit of the candidate and the eligibility for the scholarship. Before forwarding the application, it is to be ensured that the application is complete in all respects.

\_\_\_\_\_  
\_\_\_\_\_

1. Name of the In-charge / Principal of School /College of Nursing \_\_\_\_\_

2. Signature: \_\_\_\_\_

3. E-mail-ID \_\_\_\_\_

4. Office Phone & Mobile No. \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

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