

THE TRAINED NURSES' ASSOCIATION OF INDIA
HEADQUARTERS: L-17, FLORENCE NIGHTINGALE LANE,
GREEN PARK, NEW DELHI - 110016

APPLICATION FOR SNA SCHOLARSHIP

NOTE: 1. 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 Dy. Secretary-General-cum-SNA Advisor, Trained Nurses' Association of India, L-17, Green Park, New Delhi – 110016 up to July 15, 2015. **Incomplete applications will not be accepted.**

2. Application 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 form.

3. Application received after the due date will be charged a late fee of Rs.150/- till July 31, 2015, after which no application will be considered.

PHOTO

1. Full Name: Miss/Mrs./Mr./Sr./_____ (in block letters)
2. Student Mobile/Contact No./e-mail ID_____
3. Nationality_____ 3. Date of Birth_____
4. Present Address: _____

5. Permanent Address: _____

6. Name of the course you are under going for which SNA Scholarship is required and name and address of the institution:
(a) Course: _____
(b) Name & Address of the Institution: _____

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- (c) Date of commencement of course:_____
- (d) Date of completion of course:_____
7. State whether married, single or widow:_____
8. If married, number of children, with age/status and employment:_____
- _____
9. Educational Qualification:_____
- _____
10. Brief statement of your Association with SNA:
- (a) Are you a member of SNA Unit of your School:_____
- (b) Since when the unit is functioning:_____
- _____
- (c) Does it pay regular SNA Subscription fee (Tick) Yes/No.
- (d) If yes, mention the last 3 years subscription paid by the unit, indicate only year wise receipt number with date:
- _____
- _____
- _____
- (e) Have you participated in any or the SNA activities for fund raising? List them_____
- _____
11. Will you be getting any financial help, stipend/scholarship/from other source? If Yes name the source and give details:_____
- _____
12. 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.

Name, designation, full & clear Address with pin code (in block letters)

1. _____

2. _____

3. _____

13. Attach copies of certificates attested by a Principal Tutor of your 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) Medical certificate (Original).
 - (e) Certificate of annual family income.

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

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).**

As a recipient of the SNA Scholarship, I shall generously donate to the TNAI-SNA Scholarship Fund on completion of my training and subsequent employment to help other needy students and work atleast for two years in my country.

Date: _____

Signature of the Candidate

School/College Principal

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

Signature

In-charge / Principal of School /College of Nursing

e-mail-ID_____

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