

TNAI SCHOLARSHIPS : ACADEMIC YEAR 2017 - 2018

The Trained Nurses' Association of India invites applications for award of scholarship for higher studies in Nursing for the year 2017-18. Scholarships are available for the following courses.

I. FOR GENERAL NURSES

- a) Post Certificate Diploma course in Nursing Education and Administration, and other speciality courses.
- b) Post-Basic BSc Nursing (Regular).
- c) Students pursuing Post-Basic BSc Nursing through Indira Gandhi National Open University (IGNOU) can also apply who have successfully completed the first year (candidates receiving salary or any other financial support will not be eligible).
- d) Master of Nursing.
- e) PhD, MPhil in Nursing.

II. FOR HEALTH VISITORS AND AUXILIARY NURSE MIDWIVES / MPH (F)

- (a) General Nursing and Midwifery course.
- (b) Any short-term course of not less than three months duration.

All the above mentioned courses should be recognised by Indian Nursing Council.

Eligibility criteria

- ♦ The candidates should have at least 3 years' membership of the TNAI.
- ♦ Confidential reports from all the two referees mentioned in your application should be received timely.
- ♦ The application should be recommended by the President or Secretary of the concerned TNAI State Branch.
- ♦ Preference will be given to the candidate's active participation in TNAI activities at National, State, District / Zonal and Unit level.
- ♦ The proof of annual family income of the candidates (who wish to apply for scholarship) should be obtained from competent authority and attached along with the application.
- ♦ The candidate should not be a recipient of any other scholarship or any financial help from any other source.
- ♦ The candidate should not have received TNAI scholarship for at least last 5 years.

General Conditions

- (a) The completed application forms should be received in this office by **May 31, 2018**.
- (b) All applications should be signed by / routed through your TNAI State Branch, President/ Secretary.
- (c) Completed applications received after the last date i.e. **May 31, 2018 will not be entertained**.

APPLICATION FOR TNAI SCHOLARSHIP : 2017-2018 Academic Year

Note:

- A. Completed Application form should be sent to the Secretary-General, Trained Nurses' Association of India, L-17, Florence Nightingale Lane, Green Park, New Delhi-110016, up to May 31, 2018. Incomplete application will not be accepted.
- B. There is no application fee, as per decision of Executive Council of TNAI in 2017.
- C. Last date of receiving application form is May 31, 2018 after which applications will be rejected.

Photograph

1. Full Name: Miss/Mrs./Mr./Sr. _____
(in block letters)
2. Date of Birth: _____ 3. Nationality: _____
4. a) Present Address _____

b) Permanent Address if different from present address: _____

5. Phone Nos. Mobile: _____ Landline: _____
E-mail: _____
6. Marital Status: Single, Married, Widow, Widower: _____
7. Number of children, if any, with age: _____
8. Name of the course: _____ Year of study: _____
9. Date of commencement of course: _____ Date of completion of course: _____
10. Name and address of the Institution: _____

11. TNAI Life Membership No. _____ Date of enrollment _____
12. Have you ever held any office of TNAI at Unit/District/State level? _____
13. Have you ever served on the National Executive Committee/ Council/HOD of TNAI? _____
14. Participation in TNAI activities / membership and fund raising campaign - Yes or No? _____
If yes, give details: _____
15. Have you published any articles, if Yes, Journal name & year and month of publication _____

16. Have you applied for any scholarship to any other Agency? If yes, please mention the name of the Agency to which you have applied _____

17. Will you be getting any financial help/stipend/scholarship/deputation allowance from any other source/institution? If yes, please give details: _____
18. Are you deputed for studies on full/half/without pay (mention how much amount you will be getting) or you have to resign your job to take up the study? Give details: _____
19. Please give names and addresses of two references from the Nursing profession (Head of the institution / Hospital / other Organisation etc.)

Name, designation and full Address (in capital letters) with mobile/ phone Nos./ Email

1. _____
2. _____

- A. I have attached copies of the Medical fitness certificate (in original) and following certificates attested either by TNAI Council member, Gazetted Officer or a District Magistrate with this application form:
- [a] Certificate of ANM / GNM / BSc / PC BSc / MSc
 - [b] Nurses & Midwives Council Registration Certificate
 - [c] Certificates of matriculation & higher examination, if passed
 - [d] Certificate of annual family income of the candidate from competent authority
 - [e] A letter from the Principal, College of Nursing showing admission in the respective institution
 - [f] Photocopy of TNAI Life membership card
- B. I undertake to refund the whole amount of scholarship paid to me, to the Trained Nurses' Association of India in case I am offered financial help from any other source(s).
- C. I hereby certify that the information given in this application form is true to the best of my knowledge and belief.

Date: _____

 Signature of the candidate

Recommendation

Recommendation by the State branch President or Secretary keeping in view the merit of the candidate and the eligibility for the TNAI Scholarship

 Signature
 President/Secretary State Branch, TNAI

CONFIDENTIAL REPORT - TNAI SCHOLARSHIP

Confidential Report of Mr / Mrs / Miss _____

1. For how long is the candidate known to you? _____

2. Please give your opinion whether you find her / him as:

Intelligent _____

Loyal & Dependable _____

Efficient _____

Considerable & Agreeable _____

Self Controlled _____

3. Does she/he exercise judgment? _____

4. Does she/he work in cooperation with her/his

Seniors _____

Colleagues _____

5. Do you consider that she/he is a good organiser and manager? _____

6. Does she/he possess qualities of leadership? _____

7. Does she/he show initiative? _____

8. Does she/he bear a good moral character? _____

9. Please give the reasons why you feel that she/he is fit to be given TNAI Scholarship. _____

10. Any other remarks: _____

Signature: _____

Name: _____

Designation: _____

Address: _____

SNA SCHOLARSHIPS

ACADEMIC YEAR : 2017 - 2018

The Trained Nurses' Association of India (TNAI) invites applications for award of SNA Scholarships for the academic year beginning 2018.

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.

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 Nursing Council).
2. The SNA unit recommending 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.

For Kind Attention of the Principal

1. Students of academic year 2017-2018 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).
3. Confidential report should be sent by the Class Coordinator / Unit SNA Advisor and the Principal along with the completed application form.

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

APPLICATION FOR SNA SCHOLARSHIP: 2017-2018 Academic Year

Note:

- A. Completed Application form **duly recommended by Principal of School or College and President/Secretary/ SNA Advisor of the State Branch, TNAI** should be sent to the Secretary-General, Trained Nurses' Association of India, L-17 Green Park, New Delhi-110016 up to **May 31, 2018**.
Incomplete applications will be rejected.
- B. Two passport size photographs should be attached with the application.
- C. **Application received after May 31, 2018 will not be entertained.**

<p>1. Full Name: Miss/Mrs./Mr./Sr./ _____ (in block letters)</p> <p>2. Student Mobile/Contact No./e-mail ID _____</p> <p>3. Nationality _____ 4. Date of Birth _____</p> <p>5. (a) Present Address: _____ _____</p> <p>(b) Permanent Address, if different from present address: _____ _____</p> <p>6. Name of the course for which SNA Scholarship is required and name and address of the institution:</p> <p>(a) Course: _____</p> <p>(b) Name & Address of the Institution: _____ _____</p> <p>(c) Date of commencement of course: _____</p> <p>(d) Date of completion of course: _____</p> <p>7. State whether married, single or widow/widower: _____</p> <p>8. If married, number of children, with age/status and employment: _____ _____</p> <p>9. Educational qualification: _____ _____</p> <p>10. Will you be getting any financial help, stipend/scholarship/from other source? If Yes, name the source and give details: _____ _____</p>	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;">Photograph</div>
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11. Give names, designations, full addresses and email ID of two 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. Please ensure that the referee sends the recommendation in time.

1. _____
2. _____

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] Certificate of Higher Secondary 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

Brief statement of SNA Unit :

- (a) Do you have SNA Unit: _____
- (b) Does it pay SNA Subscription fee regularly ? (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 at 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 of President/Secretary/State SNA Advisor of the TNAI State Branch

Note: Only completed application forms with all supporting documents, routed through proper channel, submitted on or before **May 31, 2018** will be accepted and entertained.

STUDENT NURSES' ASSOCIATION OF INDIA
OF
THE TRAINED NURSES' ASSOCIATION OF INDIA
Headquarters: L-17, Green Park, New Delhi – 110016.

CONFIDENTIAL REPORT - SNA SCHOLARSHIP COMMITTEE

Confidential Report of Miss / Mrs / Mr _____

1. How long and in what capacity have you known the candidate? _____

2. Please give your opinion whether you find her/him as:

Intelligent _____

Loyal and Dependable _____

Considerate and Agreeable _____

Self Controlled _____

3. Does she/he work in cooperation with her/his:

Seniors _____

Colleagues _____

4. Does she/he show initiative? _____

5. Does she/he exercise judgement? _____

6. Does he/she bear a good moral character? _____

7. Please give the reasons why you feel that she/he is fit to be given SNA Scholarship for her/his studies. _____

8. Any other remarks: _____

Date: _____

Signature _____

Name: _____

Designation: _____

Address: _____
