

**TNAI MAHARASHTRA STATE BRANCH,
C-2, 15/03 Geetanjali Co-operative Housing Society, Sector-16, Vashi, Navi Mumbai
Mumbai – 400703.
Phone No. – 022 27666070**

Application for SNA /TNAI Scholarship- 2021

Completed **Application form duly recommended by in charge / Principal of School or College of Nursing, and SNA Advisor of the Unit.** should be sent to the C-2, 15/03 Geetanjali Co-operative Housing Society, Sector – 16, Vashi, Navi Mumbai – 400703 by **30th January 2022. Incomplete applications will not be accepted.**

Total 8 scholarship two for ANM, two for GNM and two for BSC Nursing, one for P.B.BSC, one for M.Sc. nursing, one time scholarship of Rs. 10 thousand will be given.

For this Scholarship first/second/third/fourth year ANM/GNM/Basic B.Sc.NSG.student ,only one from SNA unit can apply.Send only one application per unit as Scholarships are limited.

Application fee of Rs. 100/- by cash or demand draft drawn in favor of "TNAI Maharashtra State Branch", two passport size photographs should be attached with the application.

Application received after 30th January 2022 will not be entertained

1. Full Name : Miss/Mrs./Mr./Sr. _____
(In block letters)

2. Student Mobile/Contact No./ _____;_

3. e-mail ID _____

4. Nationality _____

5. Date of Birth _____

6. (a) Present Address: _____

7. Name of the course you are undergoing for which SNA Scholarship is required and name and address of the institution.

(a) Course: _____

(b) Name and Address of the Institution: _____

(c) Date of commencement of course: _____

8. State whether married, single or widow/widower: _____

9. if married, number of children, with age/status _____

Photograph

10. Educational Qualification: _____

11. Will you be getting any financial help, Stipend /scholarship/ from other source? if Yes, name the source and give details:

12. Total Annual family Income from all sources. _____

13. Are you a SNAI member (New plan/ Old Plan) _____

14. Participated in any competition/ conference/ academic activities/ Mention if any prizes won _____

Give Names and full addresses of three persons for reference purpose, one of whom should be the head of Training School of 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.

1. _____

2. _____

3. _____

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

- a) Statement of academic performance of first 3 months of training/1st year Mark sheet/ 2nd year Mark sheet/ and 3rd year mark sheet (Basic B.Sc. nursing)
- b) Certificates of any other training/study undertaken.
- c) Higher Secondary Certificate or any other Higher Examination passed.
- d) Certificate of annual family income from tahasildar.
- e) PhotoCopy of cancelled cheque of Students account.

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 respect.

1) Name of the In-charge / Principal of School / College of Nursing

2) Signatur with seal _____

3) E-mail-ID: _____

4) Office Phone & Mobile No. _____

Office Seal.

For office use only-

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

Signature

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