

## **SNA SCHOLARSHIPS**

### **ACADEMIC YEAR 2019 - 2020**

The Trained Nurses' Association of India (TNAI) invites applications for award of SNA Scholarships for the academic year 2019-2020.

Scholarships are available for the following courses:

1. Revised ANM Programme / Multipurpose Health Workers (Female)
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) Principal /Incharge, 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/regulatory body).
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 2019-2020 (1st year only) 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.

**APPLICATION FOR SNA SCHOLARSHIP: 2019-2020 Academic Year**

1. Full Name: Miss/Mrs./Mr./Sr./ \_\_\_\_\_  
(in block letters)
2. SNA ID Number: \_\_\_\_\_
3. Date of Birth \_\_\_\_\_ 4. Nationality \_\_\_\_\_
5. Present Address: \_\_\_\_\_  
\_\_\_\_\_
6. Student Mobile No. \_\_\_\_\_ E-mail ID : \_\_\_\_\_
7. Course details:
- (a) Name of the Course: \_\_\_\_\_
- (b) Name & Address of the Institution: \_\_\_\_\_  
\_\_\_\_\_
- (c) Commencement of course: Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_
- (d) Completion of course: Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_
8. State whether married, single or widow/ widower: \_\_\_\_\_
9. If married, number of children, with age: \_\_\_\_\_  
\_\_\_\_\_
10. Basic educational qualification: \_\_\_\_\_  
\_\_\_\_\_
11. Will you be getting any financial help, stipend/scholarship from other sources? If Yes, name the source, amount and give details: \_\_\_\_\_  
\_\_\_\_\_
12. Mention name, designation, address and email ID of two references from Head of Training School or College of Nursing and faculty (Senior TNAI member) of your School or College.
1. \_\_\_\_\_
2. \_\_\_\_\_

**Enclose the following:**

- A. I have attached self attested copies of the following certificates:
- [a] Statement of academic performance of first 3-4 months of training.
- [b] Certificate of Higher Secondary or any other Higher Examination passed.
- [c] 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 SNA Subscription fee regularly ? (Tick) Yes / No:
- (c) If yes, mention the last 3 years subscription paid by the unit, indicate 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 Principal/In-charge of School or College 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.

\_\_\_\_\_  
Name of the Principal /In-charge of School /College of Nursing \_\_\_\_\_  
Signature: \_\_\_\_\_ TNAI Membership No. \_\_\_\_\_  
E-mail-ID: \_\_\_\_\_  
Office Phone & Mobile No. \_\_\_\_\_

**Recommendation**

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:**

1. Completed Application form **duly recommended by the 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 before **May 31, 2020**.
2. **Incomplete applications will be rejected.**
3. Enclose the bank account details of the applicant with front page of bank passbook (Xerox copy) and crossed cheque
4. There is **no application fee**, as per the decision of Combined EC & Council of TNAI in 2017
5. **Application received after May 31, 2020 will not be entertained.**
6. The address, Mobile No. and e-mail ID of the President/Secretary/SNA Advisor of the respective TNAI State branches are available in the TNAI website (www.tnaionline.org) or send mail to sna@tnaionline.org and tnai\_2003@yahoo.com

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

**CONFIDENTIAL REPORT - SNA SCHOLARSHIP**

1. Name of the Candidate: Mr / Mrs / Miss \_\_\_\_\_
2. For how long is the candidate known to you? \_\_\_\_\_
3. Please give your opinion whether you find her / him as:  
Intelligent  Loyal & Dependable  Efficient
4. Does she/he work in cooperation with her/his: Seniors  Colleagues
5. Please give the reasons why you feel that She/he is fit to be given SNA Scholarship for her/his studies  
\_\_\_\_\_  
\_\_\_\_\_
6. Any other remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**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 & Address: \_\_\_\_\_

IFSC Code:

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**Note:** Enclose a copy of a cancelled cheque from your account.

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