THE TRAINED NURSES' ASSOCIATION OF INDIA

Registered under the Society Act XXI of 1860. Registration No.199 incorporated in it
Student Nurses' Association, Health Visitors' League and Auxiliary Nurse-Midwives Federation
Affiliated to Commonwealth Nurses' and Midwives Federation

MAHARASHTRA STATE BRANCH

Details of Collaboration

Details of Institution:

- Name of the Institution: _____

- Address of the Institution: _____

- Name of Contact Person: _____

- Designation of Contact person: _____

- Contact number of Institution: _____

- Email ID of the Institution: _____

Nature of Collaboration:

- Mention the type of Program of Collaboration (please tick√ in appropriate box)

  ☐ Workshop   ☐ Conference   ☐ Rally   ☐ Webinar

  ☐ Biannual State TNAI Conference   ☐ Biannual State SNA Conference

  ☐ Online Training Program

- Mention the frequency of Collaboration: _____

- Mention the date of program: _____

- Target Population

  ☐ Nursing students   ☐ Nursing Staffs   ☐ Nursing Teachers
  ☐ Nursing Administrator   ☐ Mixed group

- Please tick the type of collaboration

  ☐ Educational session by TNAI Executive   ☐ Educational session by Collaborator
  ☐ Certificates by TNAI   ☐ Logo of TNAI on banner and certificate
  ☐ Welcome by host Institute   ☐ Presidential address by TNAI, State president
  ☐ Vote of Thanks by TNAI

THE TRAINED NURSES' ASSOCIATION OF INDIA

Registered under the Society Act XXI of 1860. Registration No.199 incorporated in it
Student Nurses' Association, Health Visitors' League and Auxiliary Nurse-Midwives Federation
Affiliated to Commonwealth Nurses' and Midwives Federation

MAHARASHTRA STATE BRANCH

- Mention the Signatories:

Head of the Institution   :   Yes ☐   No ☐

TNAI President   :   Yes ☐   No ☐

Professional Qualification of Collaborators:

Main Collaborator: _____

Details of other speakers (if any): _____

_____

Financial Collaboration:

How the expenses will be met?

Registration fee by delegates ☐   Self funding ☐

Sponsors arranged by the Institute ☐   Stall ☐

Any other. (please mention) _____

Important Points:

1. Following documents to be submitted along with the collaboration proposal
   - Program sheet
   - Tentative Budget
2. Program report to be submitted within 7 days of program.

Signature of the HOD of Institution

Remarks and Signature of President, State TNAI Branch.

_____

_____

_____