



**TRAINED NURSES ASSOCIATION OF INDIA (TNAI)
Maharashtra State Branch**

Moving ahead with commitment and dedication since 1908

Proforma for “Best Teacher” award (Year 2024)

Name (in Block Letters): _____

Date of birth: _____ Sex: _____

Professional Education: _____

Designation: _____

Correspondence address: _____

Contact No: _____ / _____

Email id: _____

Name and address of the Institution: _____

Email Id of institution: _____

Experience in years: Clinical:

Teaching:

Administrative:

TNAI Membership No: _____

Other professional Membership: _____

have you enrolled any nursing staff for TNAI Membership: yes/No

If yes, how many? (Kindly attach documentary proof)

Any positions held in TNAI: _____

Have you ever initiated innovative curriculum programme of study or teaching materials that brought recognition to the organization:

Any publications in international/ Indian journal:

Contributor in textbook writing, teaching material or educational film:

Resource person in international/national conferences, workshops:

Participation in workshops/conference/educational activities:

Demonstration of evidence based teaching/learning and integration of theory and practice:

Any awards received earlier for exemplary work in teaching:

Any outstanding community participation for Health-related activities:

Any other contributory work towards nursing education:

Any 2 nursing personals reference letters

1. Name _____ Designation _____ Contact No _____

2. Name _____ Designation _____ Contact No _____

Signature of the applicant

Kindly attach documentary, photographic or any other form evidence.