THE TRAINED NURSES ASSOCIATION OF INDIA
MAHARASHTRA STATE BRANCH

Office Address: C2, 15/03, Geetanjali CHS, Sector 16, Vashi, Navi Mumbai
Pin. 400703, Phone: 022-2766670

Application form for SNAI Scholarship 2024

INSTRUCTIONS:

1. Application form should be duly **recommended by SNAI Advisor of the unit and Principal of College or School of Nursing.**
2. Completed application form should be sent to the above mentioned **office address of TNAI Maharashtra state branch**
3. Last date to submit application form is **31st January 2025**.
4. Only one student from SNAI unit can apply for scholarship.
5. Total 15 students will be given scholarship
   - ANM students - 5
   - GNM students – 5
   - Basic B.Sc. Nursing students – 5
6. Selected student will be given one time scholarship of. (Rs.10, 000).
7. All Certificates to be attested by principal of Institute.
8. SNAI Unit – Certificate/Receipt /Letter by TNAI, HQ should be annexed.
9. **Incomplete applications forms will be rejected. No Application Fees.**
10. Application received after **31st January 2025**.will not be entertained.

A. STUDENT PERSONAL DETAILS:

1.	**Full Name (in block Letters)**		
2.	**Date of Birth**		**Affix passport size photo here**
3.	**Student Mobile Number**		
4.	**Student Email ID.**		
5.	**Number of Family Members**		
6.	**Address of the student**		

B. EDUCATIONAL QUALIFICATION

S. N.	Education	Stream (Com/Science/Arts)	Year of Passing	Percentage
1	Higher Secondary Certificate Exam (HSC)			
2				

C. NURSING EDUCATION DETAILS

1.	**Name of Nursing Course studying**	
2.	**Name of the Nursing Institution**	
3.	**Address of the Nursing Institution**	
4.	**Date of Commencement of course**	
5.	**Academic Year of the course (1st /2nd/ 3rd /4th)**	

D. STUDENT FINANCIAL INFORMATION

1.	**Do you receive any financial help / Scholarship from other sources?**	
2.	**If yes, mention the name of source and amount received.**	
3.	**Do you receive stipend?**	
4.	**If yes, mention the amount received per month.**	

E. DETAILS OF CERTIFICATES ATTACHED

(Xerox copies of certificates should be attested by Principal or Gazette or a District Magistrate)

S. N.	Name of certificate	Yes	No
1.	Attested Xerox copy of Higher Secondary Certificate is must or any other Higher Examination passed		
2.	Attested Xerox copy of Statement of academic performance of first 3 months of training 1st & 2nd year Mark sheet (GNM) 1st ,2nd & 3rd year mark sheet (Basic B.Sc. nursing)		
3.	Certificates of any other training/study undertaken		
4.	Certificate of annual family income from Tahasildar valid till March 2024		
5.	Xerox copy of cancelled Cheque or first page of bank passbook of student.		

- I hereby certify that the information given in this Application Form is true to the best of my Knowledge and belief.
- 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**

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DETAILS OF SNA UNIT OF SCHOOL/ COLLEGE

(Details to be filled by the Principal of School / College of Nursing)

1.	Do you have SNA Unit:		
2.	Year of establishment of SNA Unit		
3.	SNA Unit Code number		
4.	Does it pay regular SNA Subscription fee (Tick) Yes / No.:		
5.	If yes, mention last 3 years subscription paid by the unit.		

Year	Receipt Number	Date

6.	Did your unit participate in any SNA activities Unit / State / National level? List them.		

Date	Level (unit/ State /national)	Details of Event	Remark (Prize received if any)

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Recommendation by the SNA Advisor of the unit and 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.

Recommendation by the SNA Advisor of the Unit:

- Name of the SNA Advisor of the Unit:

- E-mail-ID:

- TNAI Number of SNA Advisor:

- Office Phone: _____ Mobile No. _____

- Signature & Stamp: _____

Recommendation by the Principal of School / College of Nursing:

- Name of the Principal of School / College of Nursing

- E-mail-ID: _____

- TNAI Number of the Principal of School / College of Nursing: _____

- Office Phone: _____ Mobile No. _____

- Signature & Stamp : _____

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FOR OFFICE USE ONLY

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

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Signature of the Committee members of Scholarship

Designation in the Committee	Name of the Committee Member	Signature with date
Member-1		
Member -2		
SNA advisor, TNAI State branch		
Secretary, TNAI State branch		
President, TNAI State branch		

Disbursement Details

Amount	
Name of the Student	
Account Number	
IFSC Code	
Bank name	
Bank Branch with Address	
Date of Transaction	
Signature of Treasurer	