



The Trained Nurses Association of India

Incorporating Students Nurses' Association, Health Visitors' League and Auxiliary Nurse-Midwives' Association

L-17, Florence Nightingale Lane, Green Park (Main), New Delhi-110016. INDIA

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TNAI

Application For CONVERSION SNAI - TNAI Life Membership (New Scheme)

Instructions
for
Applicants

- ☐ Write, with ball pen (black) in **CAPITAL LETTERS** only with one letter in each box.
- ☐ Each word should be separated by one blank box.
- ☐ Write complete address with District, PINCODE.
- ☐ Applicants should sign in full, clearly within the spaces provided.
- ☐ Incomplete form will be rejected.

Applicant's Full Signature

**Applicant's
Passport size
Photograph
only.
NO STAMP/SEAL/
NO SIGNATURE**

Name (as per State Nursing Council Registration Certificate) : Miss ☐ Mrs ☐ Ms. ☐ Sr. ☐ Mr. ☐ Dr. ☐ Prof. ☐ (Please tick (✓) as appropriate)

Father's Name :

Date of Birth

Day
Month
Year

Duration of GNM/B.Sc.(N)/ANM/HVL/Multipurpose Course

From

To

Month
Year
Month
Year

Registration Numbers

(Copy to be attached)

RN

RM

Midwife/ANM/Health Visitor

Name & Address of the SNAI Unit (School / College) : _____

College Phone No. : _____ **E-Mail ID :** _____

Name of the State Registration Council : _____

Permanent Address :

District

State

PINCODE (Compulsory)

Mobile No.

E-Mail ID.....

CERTIFICATE

Certified that Mr. / Ms.has completed B.Sc. (N) / GNM/ANM course successfully from our Institution.

Name & Signature of the SNAI Advisor : _____ **Name & Signature of the Principal :** _____

Office Seal