Student Nurses' Association of India
of
The Trained Nurses' Association of India

Incorporating Student Nurses' Association, Health Visitors'
League and Midwives & Auxiliary Nurse-Midwives Association
L-17, Florence Nightingale Lane, Green Park, New Delhi- 110016. INDIA
Tel.: +91-11-26566665, 26966873, 26534765, 40195407, 40195409, Telefax : 91-11-26858304
E-mail: sna@tnaionline.org, tnai_2003@yahoo.com, • Website : www.tnaionline.org

PERFORMA FOR SNAI UNIT
To be enclosed with Applications for SNAI-TNAI Membership (New Plan)

☐ Write with ball pen (black) in CAPITAL LETTERS only with one letter in one box.
☐ Each word should be separated by one blank box.
☐ Write complete address with District & Pincode.

Institution Code

Name & Address of the School / College of Nursing

District

State

PINCODE (Compulsory)

E-mail : .... Phone No. :

Programme Offered : B.Sc. (N) ☐ **GNM** ☐ **ANM** ☐ **MPHW (F)** ☐

Name of the state Nurses & Midwives Registration Council : ....

SNAI-TNAI Membership (New) Plan ☐

Number of Students ☐☐☐☐
(Please enclose the list of Students year wise)

Name of the Unit SNAI Advisor	Name of the Principal
TNAI No.	TNAI No.
Signature	Signature
Mobile No.:	Mobile No.:

NAME OF THE MOTIVATOR (Principal/SNAI Advisor / Faculty): ....

BANK NAME & BRANCH..
....

MOTIVATOR BANK ACCOUNT NO.

MOTIVATOR BANK IFSC CODE

PAN no. of the Motivator

E-mail Address: ....

Mobile Number: ....

(Please attach the front page of the Bank Passbook & copy of Pan Card.)

INSTRUCTIONS :

1. Attested true copies of recognition certificates of Indian Nursing Council/State Nurses' Registration Council / Board to be enclosed along with the performa (in case of new school/college.)
2. Please enclose all the application of the students individually.

By Secretary General, TNAI