



THE TRAINED NURSES ASSOCIATION OF INDIA (TNAI)

Headquarters: L-17, Florence Nightingale Lane, Green Park,
New Delhi-110016

Phone: 26566665, 26534765, e-mail: tnai_2003@yahoo.com

TNAI'S TRAINING CENTRE REGISTRATION FORM

Affix
passport-
size photo of
the
candidate

I. COURSE DETAILS (Tick appropriate column)

1. <i>Basic Life Support</i>		2. <i>Advanced Cardiac Life Support</i>		3. <i>RMNCH+A</i>	
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II. PERSONAL DETAILS

Name of candidate (in block letters)																		
Residence address (in block letters)																		
											PIN							
Contact details	Mobile No:																	
	Email:																	
Date of Birth													Sex					
Educational Qualification																		
Designation &Address of the Institution																		
TNAI Membership No.													(attach the copy of membership card)					
Accommodation if required	Arrival						Departure						No. of Persons					
	Date:						Time:						Date:			Time:		

III DETAILS OF FEE PAID

Details of Fee remitted: (Please attach proof of remittance fee)	Mode of Payment: (Tick)	Cash	DD/Online Transfer	
	Amount remitted	Rs.		
	Payment reference No.			
	a) FOR CASH			
	Invoice No./ Date			
	b) FOR DD/ONLINE TRANSFER			
	DD/ Cheque No. ECS/UPI/UTR /Transaction ID			
Date of Transaction				

IV NOTES

- I) Cheque/DD drawn in the favor of **The Trained Nurses Association of India** Payable at **New Delhi**. The Registration will be confirmed subjected to the realization of the DD/Cheque
- II) Bank details of TNAI for the NEFT/ RTGS/ IMPS:

Name of Account: **The Trained Nurses Association of India**

Account No. **6602721709**

IFSC Code: **IDIB000H019 Indian Bank Hauz Khas New Delhi**

III) The Confirmation of receipt of fee subject to submission of UTR Number and date of transaction.

IV) *Send the duly filled Registration Forms to:*

The Secretary General
The Trained Nurses Association of India
Plot No.37 & 37/1, Knowledge Park-III
Greater Noida-201310 (UP)

V) *Further communication and contacts:*

Phone: 0120-2977480,2977797,2977481
e-mail: tnaiitc@gmail.com, tnai.cin.ech@gmail.com

Signature of Applicant

Place:

Date:

FOR OFFICE USE ONLY

V Accounts details

VI Training Center Verification

1	Invoice No.		Name of course	
2	Date		Date of Training Started	
3	Amount	Rs.	Date of Training completed	
4	Course Fee		No. of days	
5	Accommodation charges		Registration No.	
6	Other charges:		Training Status	
			Date of Manual issued	
			Manual Serial No.	
			Manual issued by	
			Renewal details:	
7	Total (4+5+6)			
8	Balance due/refund (3-7)			

Verified by:

LDC

Verified by:

Instructor

Remarks:

Assistant Secretary General

Secretary General