



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. Basic Life Support		2. Advanced Cardiac Life Support		3. RMNCH+A	
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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