

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 Affix passportsize photo of the candidate

TNAI'S TRAINING CENTRE REGISTRATION FORM

I. COURSE DETAILS (Tick appropriate column)

| 1. Basic Life Support | 2. Advanced Cardiac Life | 3. RMNCH+A | |
|-----------------------|--------------------------|------------|--|
| | Support | | |

II. PERSONAL DETAILS

| Name of candidate | | | | | | | | | | | | | | | | | | | |
|--------------------------------------|-------------|----------|--|--|--|---|-------------|-------|-------|------|-------|------|-----|----------------|------|----|--|--|--|
| (in block letters) | | | | | | | | | | | | | | | | | | | |
| Residence address (in block letters) | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | _ | | | | | | | |
| | | | | | | | | | | | | PIN | J | | | | | | |
| Contact details | Mot | bile No: | | | | | | | | | | | | | | | | | |
| | Email | l: | | | | | | | | | | | | | | | | | |
| Date of Birth | | | | | | | | | | S | ex | | | | | | | | |
| Educational Qualification | | | | | | | | | | | | | | | | | | | |
| Designation &Address of the | | | | | | | | | | | | | | | | | | | |
| Institution | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| TNAI Membership No. | | | | | | | | (atta | ch th | e co | py of | memb | ers | hip q | caro | d) | | | |
| Accommodation if required | Arrival | | | | | | Departure | | | | | | | No. of Persons | | | | | |
| - | Date: Time: | | | | | ſ | Date: Time: | | | | | | | | | | | | |

III DETAILS OF FEE PAID

| Details of Fee remitted: | Mode of Payment: (Tick) | Cash DD/Online | | | | | |
|---|---|----------------|--|--|--|--|--|
| (Please attach proof of remittance fee) | | 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 <u>NOTES</u>

- 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 IndiaAccount No.6726396084IFSC 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) The registration is valid for 6 months from the date of registration. Registration fee is not refundable.
- V) Further communication and contacts: Phone: 0120-2977797,2977481, 971768104 e-mail: <u>tnaiitc@gmail.com</u>, 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 |
| | | | eBook Serial No. |
| | | | eBook issued by |
| | GST | | 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