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*	

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**

PTO

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.

VI) Further communication and contacts:

Phone: 0120-2977797,2977481, 971768104
e-mail: tnaiitc@gmail.com, tnai.cin.ech@gmail.com

Signature of Applicant

Place:
Date:

FOR OFFICE USE ONLY

V Accounts details

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)				

VI Training Center Verification

Verified by:
LDC

Verified by:
Instructor

Remarks:

Deputy Secretary General

Secretary General