

TNAI -Tamilnadu Branch

Outstanding Student Nurses Scholarship

The Trained Nurses Association of India –Tamilnadu branch is pleased to award scholarship for nursing students who excel in their studies. These annual scholarships are issued to nursing students (ANM, GNM, BSc.N) who secure first five ranks in the University/Board exams among the **SNA members**. The award shall be issued for first to final year students excel in each academic year starting from 2016-2017.

Principals/Deans of the concerned schools/colleges of Nursing and ANM schools shall apply for this scholarship by certifying their students(among the **SNA members**) who secure university/Board first five ranks starting from first to final year of the academic period with their attested mark sheets issued by Board/University before 30th November of every year.

Name of the

Scholarship: Outstanding Student Nurses Scholarship by TNAI-TN branch

Eligibility: Scholarship shall be given to Nursing students (ANM, GNM, BSc.N) among the member institutions who excel in their studies and secure first 5 ranks in the University/board exams from first year to final year **without any arrears**.

Periodicity: Annual

Scholarship: Cash, Medal and Certificate (Cash @ Rs.5000 for ANM, Rs.7000 for GNM and Rs.10,000 for BSc.N).If more than one student is secured the same rank, the amount would be shared

Last date for submitting application: 30th November every year. The application shall be submitted by the respective schools/colleges Principal/Dean.

Application shall be submitted to: Chairperson –Nursing Education TNAI-TN branch

(Dr.S.Rajamani, Govt. College of Nursing, Madurai Medical College, Madurai.

Cell No. 9894905800 – rajamani_msc07@yahoo.co.in)

Scholarship shall be issued during: State TNAI/SNA conference

TNAI –TAMILNADU BRANCH
OUT STANDING STUDENT NURSES SCHOLARSHIP – 2017

APPLICATION FORM

| |
|-------|
| Photo |
|-------|

Date:

1. Name of the student : _____
2. Father's Name : _____
3. SNA membership receipt No (Central / State) : _____
4. Name of the Institution : _____
5. Institution -address : _____

6. Education qualification

| Type of Nursing Course | Name of the University/Board | Year of Merit (1 st -4 th year) | Marks obtained (enclose attested copy) | Any arrears in previous exam |
|------------------------|------------------------------|---|--|------------------------------|
| | | | | |
| | | | | |

7. Communication Address of the student : _____

Pincode: _____

8. Mobile No of the student: (10 digits only) :1.

2.

9. Email id of the student :

Signature of the Student

Name of the Principal/Dean

Mobile No:

Declaration by the Principal /Dean:

I hereby declare that the details said above are true to my knowledge. I will abide by the decision of the Selection Committee.

**Signature of the Principal/Dean
with seal**

ENCL: Attested copy of the mark sheets