

THE TRAINED NURSES ASSOCIATION OF INDIA, DELHI STATE BRANCH



APPLICATION FORM FOR NURSING EXCELLENCE AWARD 2025

S.No	Contents	Details of the Applicant	
1	Name (in Block Letters)		
2	Application Category: Clinical/ Academic/ Public Health/ Administration		Paste a passport-size photo with a white background
3	*TNAI Life Membership No		
4	Date of Birth		
5	Father's / Husband's Name		
6	*Present Address of Communication		
7	Mobile Number & Email ID		
8	*Name of the Institution (where currently working)		
9	*Employee ID Details		
10	*Whether retired if so, the date of retirement, if applicable		

11. Educational Qualification

	Course	Year of completion	Name of the Institution	Board/ University (Affiliated)
	i) GNM ii) B.Sc. Nursing/ Post Basic ii) M.Sc. Nursing iv) MPhil (Nursing) v) Ph.D. (Nursing) vi) Any other courses related to NURSING ONLY			

12. Experience

S. No	Position	Organization/Institution	Starting year	Till Date

13. *Special / Commendable Contributions towards Nursing Profession

14. *Achievements (Recognitions & Awards)

i) _____

ii) _____

iii) _____

15. *Any other Information

16. The information furnished above is complete and correct. I have not suppressed any relevant information. In the event of any change in the particulars given above which affects my eligibility for consideration

Place:

Date:

Applicant's Signature:

NOTE: **supporting self-attested document to be enclosed with the form**