

TRAINED NURSES ASSOCIATION OF INDIA

KERALA STATE BRANCH

APPLICATION FOR REMYA RAJAN AND P K VINEETHA MEMORIAL BEST NURSE AWARD 2025

1. Name of the Applicant :
2. Age and Date of Birth :
3. Permanent Address with Telephone no. :

4. Qualification :
5. KNMC registration No. :
6. TNAI Membership No. :
7. Name of the Hospital / Institution presently employed :
8. Post held at present :
9. Employment details

Post Held	Name of Institution	From - To	Total years of experience

10. Whether your Institution have a TNAI unit : yes/no

11. Post Held in TNAI :

- a. Unit:
- b. Zone/District:
- c. State:
- d. National:

12. Details of workshop, conference,
Training programmes attended/organized :

13. Papers presented :

14. Articles Published :

15. Voluntary participation in times of
Emergencies/ crisis :

16. Special contribution to TNAI/Profession/
Society/Nursing service :

I hereby declare that the information given above is true to the best of my knowledge.

Place:

Signature.

Date:

COMMENTS AND RECOMMENDATIONS BY

1. Head of the Institution

2. TNAI Unit President/Secretary