

FORMAT OF RECOMMENDATION LETTER FROM SNAI ADVISOR

* (to be scanned and uploaded).

CERTIFICATE OF RECOMMENDATION

Certified that(Name) is a student of I/II/III/IV year
B.Sc. Nursing/GNM/ANM course in this institution.

(i) Comments about the involvement of the student in SNAI activities:

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Signature of the SNAI Advisor

Name:

TNAI Membership No.:

E-mail ID & Mobile No.: