

FORMAT OF RECOMMENDATION LETTER FROM PRINCIPAL

SNAI SCHOLARSHIP

*Recommendation by the Principal/Head of the Institution in the prescribed form on the letterhead of the institution (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 TNAI activities:
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.....

(ii) Comments about the academic performance and conduct of the student:
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.....

(iii) Status of the SNAI unit in the institution, including payment of the National subscription (2023 - 2024): Yes / No

(iv) Number of members enrolled in TNAI from this institution for the last year, i.e., 1st April 2023 to 31st March 2024 (including SNAI New Plan):
.....

(v) Also certified that only two applications (SNAI/TNAI) from the institution are recommended by the Principal/Head of the Institution in this academic year.



Signature of Head of the Institution

Name:

TNAI Membership No.:

E-mail ID & Mobile No.: