



The Trained Nurses Association of India (TNAI)  
International Training Center for BLS and ACLS (AHA Approved)  
**Registration form**

Passport-  
Size photo of  
the Candidate

Course (tick the appropriate)	
Basic life support (BLS)	Advanced Cardiac life support (ACLS)

Name (in block letters)		
Address (in block letters)		
Contact details	Mobile Number:	
	Email:	
Personal details	Age:	Sex:
Educational qualification		
Designation & Address of the institution		
TNAI Number	(attach the copy)	
Accommodation details (if required)	Arrival Date:	Time:
	Departure Date:	Time:
Payment details:	Cash:	Amount:
	(mention the receipt number)	
	DD*:	Amount:
	(mention the receipt number)	
	Cheque*:	Amount:
	(mention the receipt number)	
	NEFT/ RTGS/ IMPS***:	Amount:
(mention the UTR number)		

Signature of the Participant

\*DD to be in the favour of "Trained Nurses Association of India", Payable at New Delhi, Registration will be confirmed subjected to the clearance of the DD or cheque.

\*\*\*Bank details for the NEFT/ RTGS/ IMPS:

Name : The trained Nurses' Association of India	Bank Name: Indian Bank
Branch Name: Hauz Khas, New Delhi	Account Number: 6602721709
IFS Code: IDIB000H019	

Fees	TNAI members	Non TNAI members
BLS	2000 INR	3000 INR
ACLS	3000 INR	4000 INR
Accommodation	500/bed/day	800/bed/day

Sent the completed forms to:

The Secretary General, Central Institute of Nursing & Research, Plot No. 37 & 37-1,  
Knowledge Park- III, Greater Noida - 201310 (U.P.) Tel: 0120- 2323659 Email: [tnai.cin.ech@gmail.com](mailto:tnai.cin.ech@gmail.com).