

THE NURSING TEACHERS ASSOCIATION (N.T.A)

D-405, Sunvalley, Near New Collectorate, City Center Extension, Gwalior-475001

Email Id:- thenursingteachersassociation@gmail.com

LIFE MEMBERSHIP APPLICATION

PHOTO

To,

The Secretary
The Nursing Teachers Association
Gwalior (M.P.) India-475001

I hereby apply to be enrolled as a member of the The Nursing Teachers association as.....member through local branch.....under theState/ territorial branch of NTA.

- Name (Block Letter):-.....
(First) (Middle) (Last)
- Date of birth:-...../...../.....
DD MM YY
- Address:-.....
.....
- Contact:-.....
- Email:-.....
- Highest Academic qualification.....
- Blood group.....
- Experience:-UG.....PG.....Total (In Year).....
- Area of Research (If Applicable):-.....
- Membership in other association :- Yes /No
If yes then details :-
a.) Name of Association :-.....b.) Type of Membership.....
c.) Post held by you;-.....
- Current status of work:-.....
- Name of institution:-.....
- Reference from nursing personnel / NTA Fellow or Member
a.)Signature: -----
b.)Name:-.....
c.)Membership No.....
Membership fees detail
a.)Amount paid (In Rs/-).....b.)Mode of Payment.....
c.)Transaction No. if any.....d.)Date of Transaction

I certified that all details filled are true,if my statement is found to be incorrect my membership would stand to be cancelled. I hereby give undertaking that I shall abide by the rules and regulations of NTA

Date:.....

Place:-.....

Signature of the Candidate

(Name :-.....)

Note :- Membership Fees is 1000/- per person, can be paid directly to bank account * Account Name:- The Nursing teachers Association
*Account no.- 38541724709 * Bank detail & Branch:- State Bank of India,New Collectorate,Gwalior ,IFSC:-SBIN0016843

(Office use only)

- Name of Member.....
- Membership Fees paid.....
- Remark.....

Verified by Secretary (Regional Branch)
The Nursing Teachers Association

Office Signatory
The Nursing Teachers Association