



T.N.A.L, CHHATTISGARH STATE BRANCH

E-mail : tnaichhattiegarh@gmail.com website : www.tnaichhattisgarh.com

ELECTION STATE SNA VICE-PRESIDENT AND SECRETARY

1. OBJECTIVE

- **TO ASSUME RESPONSIBILITIES FOR CONTRIBUTING TO NURSING EDUCATION IN ORDER TO PROVIDE THE HIGHEST QUALITY HEALTH CARE.**
- **TO PROVIDE REPRESENTATIVE OF FUNDAMENTAL AND CURRENT PROFESSIONAL INTEREST AND CONCERNS.**
- **TO AID IN THE DEVELOPMENT OF THE WHOLE STUDENT COMMUNITY, HIS/HER PROFESSIONAL ROLE, AND HIS/HER RESPONSIBILITY FOR THE HEALTH CARE OF PEOPLE IN ALL WALKS OF LIFE.**

2. ELIGIBILITY

- 1 THE NOMINATED CANDIDATE SHALL BE VICE-PRESIDENT, SECRETARY OR A OFFICE BEARER IN LOCAL SNA.**
- 2 THE CANDIDATES SHALL BE FAMILIAR WITH THE CURRENT BYLAWS OF TNAI.**
- 3 ONLY ACTIVE MEMBERS WHO SHALL BE ABLE TO REMAIN THROUGHOUT TWO YEARS OF THEIR TENURE SHALL BE ELIGIBLE FOR THE POST OF VICE-PRESIDENT, SECRETARY.**
- 4 CANDIDATE MUST HAVE THE ABILITY OF SPEAKING BOTHIN HINDI AND ENGLISH.**
- 5 ABSENCES • CANDIDATE WHO MISS MORE THAN TWO REGULARLY SCHEDULED MEETINGS OF ANY TERM YEAR WITHOUT PRIOR NOTIFICATION OF A VALID EXCUSE TO THE EXECUTIVE BOARD MAY BE REMOVED FROM OFFICE BY A PLURALITY VOTE OF THE CURRENT MEMBERSHIP PRESENT AT THE NEXT SCHEDULED MEETING.**
- 6 THE CANDIDATE MUST HAVE A HIGH MORAL CONDUCT AND SHOULD BE A REGULAR STUDENT**



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Nomination Form

(Tick that which is applicable. Note: only one position per nomination form)

NOMINATION FOR:

➤ VICE PRESIDENTSNA CG STATE

➤ SECRETARY SNA CG STATE

DETAILS OF CANDIDATE

NAME IN FULL

REGISTERED RESIDENTIAL ADDRESS :

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NAME OF THE COLLEGE :

SNA MEMBERSHIP : PRESENT/ABSENT.

YEARLY SUBSCRIPTION PAID TO STATE TNAI---- YES/NO

➤ IF YES RECEIPT NO.....DATE

YEARLY SUBSCRIPTION PAID TO NATIONAL TNAI---- YES/NO

➤ IF YES RECEIPT NO.....DATE

CURRENT STUDY STATUS

ACADEMIC ACHEIVEMENTS:

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PREVIOUS GOVERNANCE EXPERIENCE:

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COLLEGE-RELATED & OTHER PROFESSIONAL ACTIVITIES (PAST AND PRESENT)

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CONSENT: By signing this nomination form the nominee, if appointed, consents to act as a State Vice-President/Secretary of TNAI Chhattisgarh.

SIGNATURE OF NOMINEE: DATE:

NOMINATED BY: PROPOSER:

(PLEASE PRINT AND SIGN)

This nomination form must be signed by principal of college and counter signed by the nominee signifying his/her candidature. Completed forms must be received by the Returning officer at 5pm ON 21ST JUNE 2017.