

#### **TNAI PUBLICATIONS**

# ORDER cum PAYMENT CONFIRMATION AND INCENTIVE RELEASE FORM

## I ORDER FORM

	me and complete address of the institution billing & delivery purpose			
Pos	tal Index Number (PIN)			
Naı	me of concerned person			
Mobile No.				
	e-mail ID			
(	GST No. (if applicable)			
Sr. No.	Title of TNAI Publications	Price of Book ₹ (After 40% Discount)	Qty. Required	Total Amount ₹
1	Nursing Foundation Volume-I	417		
2	Nursing Foundation Volume-II	447		
3	Medical Surgical Nursing Volume I & II	1,770		
4	Community Health Nursing	510		
	Total of one set of publications	3,144		

#### **II PAYMENT CONFIRMATION:**

TNAI BANK ACCOUNT DETAILS	
a) Name of Account	The Trained Nurses Association of India
b) Account Number	6602721709
c) Nature of Account	Savings Bank
d) IFSC Code	IDIB000H019
e) Name & Address of bank	Indian Bank, HauzKhas Branch, New Delhi-110016
i) UTR No./Transaction ID	
ii) Date of Transaction	
iii) Amount Transferred	

## **III INCENTIVE RELEASE FORM:**

Beneficiary Bank Details for releasing Incentive			
f)	Name of Account Holder		
g)	Account Number		
h)	Nature of Account		
i)	IFSC Code		
j)	Name & Address of Bank		
k)	PAN No.		

Please fill the Form in all respect and send to the following e-mail ID or WhatsApp Number: <a href="mailto:thefollowing.com/">thefollowing.com/</a> 17838373816

Institute seal with signature