

# **GUIDELINES FOR SANCTION** **OF FINANCIAL ASSISTANCE** **FOR CONTINUING NURSING EDUCATION** **(CNE)**

## **1. INTRODUCTION**

The scheme provides financial assistance to Recognized Schools and Colleges of Nursing Institutions for organizing Workshops at District Level in nursing field. Further, the scheme intends to promote high standards in nursing Schools/Colleges by way of extending facilities to teachers and students, by providing a forum for sharing their knowledge, experiences and expert skills in providing nursing practice.

## **2. OBJECTIVE**

The basic objective of the scheme is to provide an in-depth skills in nursing procedures and update the knowledge of the participants from academic institutions/hospitals.

## **3. ELIGIBILITY/TARGET GROUP**

Financial assistance under the scheme is available to one School and for one College of each district, which comes under the purview of Tamilnadu Nurses and Midwives Council (TNNMC).

4. The Financial Assistance for conducting CNE Programme will be given only to the Recognized Nursing Institutions of TNNMC as detailed below:-

Rs.10,000/- (Rupees ten thousand only) for one workshop. If expenditure incurred more than the sanctioned amount, Council will not sanction.

Regarding the participant registration fee, kindly follow the CNE guidelines.

5. The above Financial Assistance will be given in the following ratio.

- 1) 20% - Refreshment charges.
- 2) 50% - CNE Materials
- 3) 30% - Miscellaneous Expenses

6. The proposal for Financial Assistance should be routed through the Principal and it should reach the TNNMC one Month before the conduct of the CNE Programme. The Financial Assistance will be given only for one CNE Programme per year.

7. The Schools/Colleges which wish to avail of financial assistance under this scheme should submit their proposal in the prescribed Proforma (Annexure-1)

## **8. PROCEDURE FOR APPROVAL**

Workshop topic should be **strictly related to nursing procedure using OSCE METHOD.**

From each district, 2 institutions will be selected ie., one for School of Nursing and one for College of Nursing.

Selection of institution will be first come first serve and according to the title of the Workshop.

If title of the Workshop is not relevant, then chance will go to the next institution.

Final decision will be borne by the Council for selection of institution.

Brochure to be submitted with all details.

## **9. PROCEDURE FOR RELEASE OF GRANTS**

After the TNNMC's approval of the proposal, the approval letter for the activity will be sent to the College. The financial assistance will be released 10 days before the activity.

10. a) The OSCE pattern of written-up procedure details should be submitted to the TNNMC within 15 days after the workshop (Hard copy in spiral binding and soft copy).
- b) The detailed report of expenses should reach the Council within a month of conduction of CNE after endorsement by the concerned Principal.
11. The detailed Report should include the following:
  - a) Copy of the Invitation.
  - b) Photographs (2 or 3) taken during the CNE focusing mainly on audience, skill stations and speakers.
  - c) Certificate stating that no other financial assistance has been received from any other source.
  - d) Feed Back Form from the participants indicating the quality and usefulness of the CNE.
  - e) List of Participants with their RN/RM numbers (Hard & Soft copies) or Online uploading by the CNE Observer
  - f) Copy of the Participant certificate
  - g) Utilization Certificate for the expenditure incurred duly signed by the Organizing Secretary and countersigned by the Principal of the Institution along with relevant original bills / vouchers (Annexure II).

# ANNEXURE-I

PLEASE TICK (✓) THE APPROPRIATE ITEM

1. Activity : Workshop
2. Geographical Coverage : District Level
3. Title of Workshop : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Date (s) : From \_\_\_\_\_  
To \_\_\_\_\_  
Total number of days \_\_\_\_\_
5. Venue : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Name & Address of organizing Nursing School / College of Nursing :
  - a) School/College Name : \_\_\_\_\_  
\_\_\_\_\_
  - b) Department (s) : \_\_\_\_\_  
\_\_\_\_\_
  - c) Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pin \_\_\_\_\_

Phone/mobile No. \_\_\_\_\_

Email: \_\_\_\_\_

7. Name of the affiliating University/Board : \_\_\_\_\_  
 \_\_\_\_\_
8. Name and Designation of Convener / Organizing Secretary : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Broad details of estimated expenditure (in Rupees) for which financial assistance is sought (Grant Total) : Rs. \_\_\_\_\_
10. Details of previous Grant received by the Organizing School/College from the TNNMC in the past :  
 a) Council's Sanction Letter No. & Date : \_\_\_\_\_  
 b) Title of Workshop : \_\_\_\_\_  
 c) Amount sanctioned : Rs. \_\_\_\_\_  
 d) Whether accounts have been settled : \_\_\_\_\_
11. Detailed proposal of the Activity :  
 a) Title of the activity : \_\_\_\_\_  
 \_\_\_\_\_  
 b) Background including details of past events organized on the proposed topic : \_\_\_\_\_  
 c) Aims/Objectives (in at least 500 words) : \_\_\_\_\_  
 d) Target audience / participants with expected number: Minimum 30 maximum 50 only allowed for workshops : \_\_\_\_\_  
 \_\_\_\_\_  
 e) Details of Sessions: Please mention themes/topics to be covered under each Session, number of skill stations planned and names of Resource Persons : \_\_\_\_\_  
 \_\_\_\_\_  
 f) Expected outcome : \_\_\_\_\_  
 \_\_\_\_\_

Date:  
 Signature

Signature of Convener/Organizing Secretary

**ANNEXURE-II**

**FORMAT FOR STATEMENT OF EXPENDITURE  
&  
UTILIZATION CERTIFICATE**

1. TNNMC File No.:
2. Title of the Workshop:
3. Name of the Convener/Organizing Secretary:
4. Number of Participants:
5. Duration of the Activity (with dates):

It is certified that the amount of Rs.....  
(Rupees.....) out of the total grant of  
Rs.....

(Rupees.....) sanctioned  
to.....by the TNNMC vide its letter  
No..... dated ..... under  
..... scheme has been utilized for the purpose  
for which it was sanctioned and in accordance with the terms and conditions as laid  
down by the Council. If as a result of check or audit objection some irregularities are  
noticed at a later stage, action will be taken for refund, adjustment or regularization.

Name and signature of Convener / Organizing Secretary

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Name & Signature of Head of College (with seal)

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