

TAMIL NADU NURSES AND MIDWIVES COUNCIL

(Constituted Under Tamil Nadu Act III & XXVI of 1926 & 1960)

Jayaprakash Narayanan Maligai, Old No.140, New No.56, Santhome High Road (Near Santhome Church),
Mylapore, Chennai – 600 004, Tel: 044-46786539,

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All communications to be addressed to the 'Registrar' and not by Name

Ref.No:2694/NC/2021

22.04.2021

To

All the Dean/Joint Director of Health Services/ Principal/ Management of all the School /College of Nursing

Sir/Madam,

Sub: Tamil Nadu Nurses and Midwives Council, Chennai-4
- Inspection Panel list — Updation — reg.

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The Council is in the process of updating the Principal / Vice-Principal's / Nursing Tutor Grade-I data's as per the given Proforma for the Council's inspection purpose. Since most of the Principal/Vice-Principal/Nursing Tutor Grade-I from Schools/Colleges of Nursing have been transferred/retired from service/MRB recruitment/migrated from one institution to another institution.

Hence treat this as most urgent and forward the details of the Profoma in Excel format (enclosed) within ten days.

Yours faithfully,

Dr.S.Ani Grace Kalaimathi, REGISTRAR

Encl: as above.

Note: The Panel list should be submitted in the excel format by Hard copy & soft copy.

/ps.

Sl No.	Name of the Institution				Email address	Address of		U.G.			P.G.				Experience	
		Name of the Principal	Designation	Contact Phone Number (with code No:)		Office:	Residence:	Name of the Institution	Name of the University	Year of Passing	Name of the Institution	Name of the University	Speciality	Year of Passing	After U.G	After P.G.
1				Land Line:												
				Mobile Number:												

SI No.	Name of the Institution	Name of the		Contact Phone Number		Email address	Address of		U.G.			P.G.				Experience	
		Vice-Principal	Designation	150000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	code No:)		Office:	Residence:	Name of the Institution	Name of the University	Year of Passing	Name of the Institution	Name of the University	Speciality	Year of Passing		
				Land Line:													
1				Mobile Number:	N.												

Sl No.	Name of the Institution	Name of the Nursing Tutor Gr-I	Designation	Contact Pi	Phone Number	The state of the s	Address of		U.G.			P.G.				Experience	
					code No:)		Office:	Residence:	Name of the Institution	Name of the University	Year of Passing	Name of the Institution	Name of the University	Speciality	Year of Passing		
				Land Line:										N .			
1				Mobile Number:													