



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,

Web:www.tamilnadunursingcouncil.com E-mail:info@tamilnadunursingcouncil.com

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

Ref.No:2694/CR-NC/2023

07.09.2023

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.

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 and also sent the same through our email (tnnmcims@gmail.com)

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.

Sl No.	Name of the Institution	Name of the Principal	Designation	Contact Phone Number (with code No.)		Email address	Address of		U.G.			P.G.				Experience	
							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:													

Sl No.	Name of the Institution	Name of the Vice-Principal	Designation	Contact Phone Number (with code No.)		Email address	Address of		U.G.			P.G.				Experience	
							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:													

Sl No.	Name of the Institution	Name of the Nursing Tutor Gr-I	Designation	Contact Phone Number (with code No.)		Email address	Address of		U.G.			P.G.				Experience	
							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:													