<u>Annexure – II</u>

S. No ·	Designation	Name & Residential Address	Whether SC / ST Ex- Leprosy Patients or Ward of Leprosy Patients	Date of Joining	Period of continuous working in Leprosy	Scale of pay	Qualifications	Training status	Year & place of training	Full / Part time
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

Details of the staff engaged in leprosy SET Centre

Note : N.B. – Qualification , training and experience are to be supported by attested true copies of certificates attached with each year's application.