***ANNEXURE 03***

***Details of Staff***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SI No** | **Name** | **Designation** | **Qualification** | | **Experience in years related to present work** | **Specific activities authorized** | ***For internal use only*** |
| **Qualification with Specialization** | **Name of the awarding institute** | ***Compliance to SLAB minimum competency requirements (Yes/No)*** |
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Note 1: Please clearly indicate staff responsible for site activities

Note 2: Please provide details separately for each field of testing/ Calibration/ Proficiency Testing Activities