

**Indian Association of Leprologists (IAL)**  
**Expression of Interest (EOI) for *Leprosy Focus Group* (LFG)**

Name of the LFG interested in: .....

**Expression of interest ((EOI) as: *Coordinator / Convener/Member* (Tick the choice)**

Name:

Qualifications:

IAL Membership Number:

E Mail:

Mobile:

Address:

Current Affiliations:

Past affiliations of relevance:

Academic and Research experience:

Experience in Leprosy Activities:

Your vision to this focus group:

Your ideas to achieve the Vision:

Date:

Signature: