## NAME OF THE ORGANISATION: LIFE INSURANCE CORPORATION OF INDIA DO AGRA

NAME OF THE POST: SUB-STAFF (GROUP)

CATEGORY : PWD

SCALE OF PAY: Rs 11660-22150

## RESERVATION ROSTER FOR PERSON WITH DISABILITIES AS ON 31.12.2020

Year Of Recruitment	Cycle No.	e Of Post	Whether Identified Suitable for Person With Disabilities Suffering From	Identii n With	ied Sui Disabi	AT.	Unreserved Or	Name Of The Person Appointed, S R NO and			Whether The Person Appointed is	Remarks, If any
		Na	a	ь	c	d&e						
1	2	3	4	Cn	6	7	8	9			10	11
1999-00	1	PEON	æ				R	AVDHESH KUMAR	221682	221682 4/25/2000 None	None	
2001-02	2	PEON					UR	GIRJA DEVI	702668	9/14/2001	None	
2011-12	ω	PEON					UR	SAPNA	221767	7/1/2011	None 1	Prom. to RC 01.05.15
2011-12	4	PEON					UR	DEV KUMAR	221771	2/21/2012	None 2	Prom. to RC 31.05.14
2011-12	cn	PEON					UR	DHANVEER	221772	221772 2/21/2012	None 3	Prom. to RC 29.02.16
2019-20	6	PEON					UR	PRABHAT	221815	221815 7/30/2019 None	None	

Respective categories

(a) Blindness or Low vision

(b) Deaf and hard of hearing

(c) Locomotor disability wityh cerebral palsy, leprosy cured, Dwarfism, Acid attack victims and muscular dystrophy
 (d) Autism, intellectual disability. Specific learning disability and mental illness
 (e) multiple disabilities from amongst persons under clauses (a) to (d) including deaf-blindness

\*\*\* Write a/b/c/(d&f) or None, as the case may be. \*\* If identified reserved , write a/b/c/(d&f) as the case may be, otherwise write UR

Sr. Divisional Manager

