

**NAME OF THE ORGANISATION : LIFE INSURANCE CORPORATION OF INDIA.
NAME OF THE POST : ASSISTANT**

CATEGORY

RESERVATION ROSTER FOR PERSONS WITH DISABILITIES(RECRUITED) AS ON 31.12.2020

SCALE OF PAY

Year of Recruitment	Cycle No and Point No.	Name of Post	Whether Identified suitable for Persons with Disabilities suffering from			Category of Appointment *	S.R.NO.	Name of the Person Appointed and date of Appointment	Whether the person appointed is VH/HH/OH or None **	Remarks:if any
			HH	OH	VH					
2019-2020	1	Asstt.		OH		GEN	820514	DHARMIK SON CHATTTRA-07.02.2020	OH	
	2	Asstt.			VH	GEN	820515	NIKHIL KUMAR-07.02.2020	VH	

* If Identified reserved, write VH/HH/OH, as the case may be, otherwise write UR.
 ** Write VH,HH,OH or None, as the case may be.
 *** VH,HH,OH stand for Visually Handicapped, Hearing Handicapped and Orthopaedically Handicapped

[Signature]
Prepared by

[Signature]
Checked by

[Signature]
Manager (P&IR)

[Signature]
Sr.Divisional Manager

Date: 31.12.2020
Place: Jamshedpur

[Signature]
 क्षेत्रीय कार्यालय
 (सहायक/सहायक/सहायक/सहायक)
 Zonal Liaison Officer
 (SO/ST/EXSM/PWD)
 भारतीय जीवन बीमा निगम
 L.I.C. Of India
 पूर्ण मध्य क्षेत्रीय कार्यालय
 East Central Zonal Office
 - 800 001 /Patna - 800 001