

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

**CATEGORY  
SCALE OF PAY**

**RESERVATION ROSTER FOR PERSONS WITH DISABILITIES(RECRUITED) AS ON 31.12.2023**

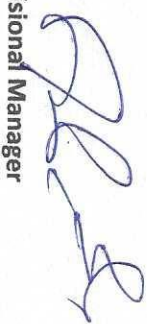
Year of Recruitment	Cycle No and Point No.	Name of Post	Whether Identified suitable for Persons with Disabilities suffering from			Category of Appointment *	S.R.NO.	Name of the Person Appointed and date of Appointment	Whether the person appointed is VH/HH/OH or None **	Remarks:if any
			HH	OH	VH					
1	2	3	4	5	6	7	8	9	10	11
2019-2020	1	Asstt.		OH		GEN	820514	DHARMIK SON CHATTRA-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

Prepared by 

Checked by 

Manager (P&R) 

Sr. Divisional Manager 

Date: 31.12.2023  
Place: Jamsheedpur

क्षेत्रीय संपर्क अधिकारी (अंतर्देशीय)  
Zonal Liaison Officer (O.B.C.)  
प्रदेशीय विभाग / LIC OF INDIA  
पूर्व मध्य क्षेत्रीय कार्यालय, पटना-1  
East Central Zonal Office, Patna-1

क्षेत्रीय संपर्क अधिकारी (अंतर्देशीय/अन्तर्देशीय/अन्तर्देशीय)  
Zonal Liaison Officer (SC/ST/XSM/PWD)  
प्रदेशीय विभाग / LIC OF INDIA  
पूर्व मध्य क्षेत्रीय कार्यालय, पटना-1  
East Central Zonal Office, Patna-1