

cycle No/ point No	UR or reserved for SCs/ /OBCs	NAME	SR NO	DATE OF APPOINT MENT	WHETHER BELONG TO SC/ST/ OBC/ GENERAL	FILLED AS UR OR AS RESERVED FOR SC/ ST/ OBC	SIGNATUR E OF APPOINTIN G AUTHORIT Y OR OTHER AUTHORIS ED OFFICER	REMARKS
1	2	3	4	5	6	7	8	9
1	UR	TRIVEDI P B	455063	22-12-2014	UR	UR		