

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

ANNEXURE-II

NAME OF THE POST : SUB-STAFF (GROUP) PWD

CATEGORY : PWD

SCALE OF PAY : Rs 18930-36075

RESERVATION ROSTER FOR PERSON WITH DISABILITIES AS ON 31.12.2025

Year Of Recruitment	Cycle No.	Point No	Name Of Post	Whether Identified Suitable for Person With Disabilities Suffering From				Unreserved Or Reserved	Name Of The Person Appointed, S R NO and Date Of Appointment	Whether the Person Appointed is in category a, b, c and (d&e) or None ***	Remarks,		
				a	b	c	d&e						
1	2	3	4	5	6	7	8	9	10	11	12		
1999-00	1	1	PEON	YES	YES	YES	YES	a	221682 AVDHESH KUMAR	4/25/2000	None	1	Prom.to RC 06.12.22
2001-02	1	2	PEON					UR	702668 GIRJA DEVI	9/14/2001	None		
2011-12	1	3	PEON					UR	221767 SAPNA	7/1/2011	None	2	Prom.to RC 01.05.15
2011-12	1	4	PEON					UR	221771 DEV KUMAR	2/21/2012	None	3	Prom.to RC 31.05.14
2011-12	1	5	PEON					UR	221772 DHANVEER	2/21/2012	None	4	Prom.to RC 29.02.16
2019-20	1	6	PEON					UR	221815 PRABHAT	7/30/2019	None	5	Expired on 27.06.2023
2021	1	7	PEON					UR	207395 ANKIT KUMAR	2/16/2021	None		
2021	1	8	PEON					UR	207482 ANISH	7/30/2021	None		
2023	1	9	PEON					UR	230506 SURAJ	5/31/2023	None		

Respective categories

- (a) Blindness or Low vision
 - (b) Deaf and hard of hearing
 - (c) Locomotor disability with 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
- ** If identified reserved, write a/b/c/d&f as the case may be, otherwise write UR
 *** Write a/b/c/d&f or None, as the case may be

B. D. PRASAD
 REGIONAL MANAGER

NATIONAL LIAISON OFFICER (SC/ST/PWD/X-S)

L.I.C. OF INDIA
 Regional Office, Kanpur / N.C.ZONAL OFFICE KANPUR

Sr. Divisional Manager

K. L. GUPTA
 Sr. Manager

Dr. P. K. Gupta
 Sr. Manager

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