LIC
भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

PUNE DIVISION

# RESERVATION ROSTER FOR PROMOTION

DO - I & II

Annexure - II

# PERSON WITH DISABLITIES REGISTER

1. Name of Organisation : LIFE INSURANCE CORPORATIONOF INDIA

2. Name of the Post : RC (PwD) Category : Scale to Pay : Rs. _____

As on 31-12-2022

3. Number of Posts in the Cadre (Cadre Strength) : _____

4. Percentage of Reservation Prescribed : VH _____ HH _____ OH _____

(RESERVATION WEF 08/04/2011)

| Sr. No. 1 | Date/year of Promotion | Cycle No. and Point No. | Name of Post | Whether Identified suitable for persons with Disabilities suffering from | | | Ur reserved or Reserved | Name of the Person appointed & Date of appointment | | | Whether Person appointed by VH/HH/OH/ None | Rem |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | 9 | 10 |
| | | | Addition | VH | HH | OH | | Name | Sr. No. | Date of Appointment | | |
| 79 | 2022 | | Shri SJ Bandle | | | | | | | | | |
| 79 | 2022 | | RC | | | | | Shri S J Bandle | 445995 | 28-2022 | | |

विजय सोनावणे
सहा. प्रशासकीय अधिकारी
Welfare cell

Perera
(सहा. प्रशा. अधि.)

Sr. Divisional Manager

राजेश सु. गायकवाड/Rajesh S. Gaikwad
सहा. प्रशासकीय अधिकारी (का. एवं औ. सं. विभाग)
Administrative Officer (P & IR Dept.)
कल्याण प्रकोष्ठ / Welfare Cell
भा.जी.नी.नी./ प.से.का./ मुंबई
LIC/WZO/MUMBAI

PUNE DIVISION

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|---|---|---|---|---|---|---|---|
| | | | | VH | HH | OH | |
| 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | | | Addition 2023 | | | | |
| | | | → NIL ← | | | | |

विराज सोनावणे
सहा.प्रशासनिक अधिकारी,
WC for CC(I)

प्रभारी(प्र.एवं औ.सं.)
MANAGER(P&IR)

सुनिल कुमार गुलाब
Sr. Divisional Manager

राजेश सु. गायकवाड / Rajesh S. Gaikwad
प्रशासकीय अधिकारी (प्र.एवं औ.सं. विभाग)
Administrative Officer (P & IR Dept.)
मंडल कार्यालय / Divisional Office
म.जी.ज.नि. / L.I.C. / मुंबई
LIC / WZO / MUMBAI



DO - I & II

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4. Percentage of Reservation Prescribed : VH _____ HH _____ OH _____

**(RESERVATION WEF 08/04/2011)**

| Name of the Person appointed & Date of appointment | | | Whether Person appointed by VH/HH/OH/ None | Remarks If any |
|---|---|---|---|---|
| 8 | | | 9 | 10 |
| Name | Sr. No. | Date of Appointment | | |