

LIFE INSURANCE CORPORATION OF INDIA,
ZONAL OFFICE "JEEVAN BHARATI"
CONNAUGHT PLACE, NEW DELHI-110 001

APPLICATION FORM FOR EMPANELMENT OF FIRM

S.No of Category:	Name of the Category:
(Separate Application is to be filled-up for each category)	

Conditions for empanelment:

- 1) The firm/supplier should be in profession for at least 3 years. (Copy of proof must be enclosed)
- 2) Annual Turnover should be not less than Rs.2 lacs for Categories at serial no. 6, 7, 12, 13, 16, 19 & 20; not less than Rs.5 lacs for Category at serial no. 5 & 17, not less than Rs.10 lacs for Categories at serial no. 8, 9, 10, 11, 14, 15 & 18; not less than Rs.12 lacs for Category at serial no. 3(ii); not less than Rs.15 lacs for Category at serial no. 1; not less than Rs.20 lacs for Category at serial no. 4; not less than Rs.50 lacs for Category at serial no. 2; and not less than Rs.75 lacs for Category at serial no. 3(i) in any of 3 financial years. (Attach proof).
- 3) The firm should be on the approved panel of at least 3 reputed Firms.
- 4) The firm/supplier should have registration with state & local authorities for undertaking the profession (Copies proof to be enclosed)

APPLICATION FOR Firm/Supplier/Service Provider

PART 1: GENERAL INFORMATION

S.No.	Information sought	Information Provided
1	Name of the Firm (In Block Letters)	
2	Date of Establishment / Incorporation	
3	Correspondence address and Telephone No.	
4	Address of Head Office (If Separate) and Telephone No.	
5	Status Proprietary/ Partnership/Private Limited Company / Public Limited Company	
6	Names of the Partners /Directors	
7	Name of Chief Executive with his present addresses and Telephone Nos.	
8	Name of Representative (s) with Designation who would be calling on us and attending to our jobs	
9	Name of Bankers with addresses & telephone nos.	
10	Is the Firm is registered Under the Factories Act? If so, state (a) Licence No (b) Date of Last renewal of	

	licence (Copy of the licence to be enclosed) (c) PAN No. : (d) ESIS No., If any : (e) EPF Registration No. if any	
11	Whether holding certificate under shops & establishment act, duly renewed. Copy should be enclosed	
12	State the latest Income Tax Assessed year and the amount of Tax assessed (Copies of last 3 years, IT Returns, Balance Sheets & Revenue A/c to be enclosed)	
13	Turnover for last three years	FY. 2007-2008..... F.Y. 2006-2007..... F.Y. 2005-2006
13	Are you agreeable to make deliveries to Corporation's offices within and out of Delhi when so directed?	
14	Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts.	
15	If your firm is empanelled with any of office of LIC of India or any other PSU (Central), please give name and address.	
16	Name, Addresses and Telephone Nos. of some of your most valued clients (Separate List may be attached)	
17	Approximate value of your output per year	
18	Mention any other specialties of your Establishment	

Note: Please type this form or fill it legibly in ink. If space provided is insufficient, please type or write the replies on a separate sheet giving appropriate question number and attach it to the form.

I/WE _____

request Life Insurance Corporation of India, Zonal Office, New Delhi to consider inclusion of my/our name in the list of their approved firms/suppliers. We agree to give full satisfaction to the Corporation in the event of their doing so.

Dated at.....this.....day of.....,2008

Signature with Seal

Name:

Designation:

Note: The Corporation reserves the right to cancel the name of the supplier/firm from its approved lists at this absolute discretion without assigning any reason.