

NORTHERN ZONAL OFFICE  
JEEVAN BHARTI BUILDING, 124, CONNAUGHT CIRCUS, N.DELHI-110001  
**APPLICATION FORM FOR EMPANELMENT OF FIRM**

S.NO.OF CATEGORY :

NAME OF CATEGORY:

(Separate application is to be submitted for each category)

Conditions for empanelment:

- 1) The applicant firm/supplier should be in the same profession for at least 3 years.  
(Copy of proof must be enclosed)
- 2) For Category No.1 to 19, the firm should be on the approved panel of at least 3 reputed public sector/large private sector companies/firms. (Mention details & submit copies of proof)
- 3) The Firm/supplier should have registration with state & local authorities for undertaking the profession (copies of proof to be enclosed)
- 4) The firm/supplier should keep sufficient stock in hand so as to comply with the urgent needs without delay.
- 5) Vendor should furnish the specific brand or make, in case of authorized dealer.  
(Copy of valid authorized dealership certificate must be enclosed.)
- 6) Minimum Annual turnover required for empanelment is indicated above against each category.
- 7) Members of a duly constituted committee would visit and inspect the premises, workshop, shop etc. of the applicants.
- 8) The empanelment would be done only on the favourable recommendations of the duly constituted committee that would visit and inspect the premises, workshop, shop etc. of the applicants.
- 9) For suppliers of IT consumables submission of authorization letter from original equipment manufacturer is mandatory.
- 10) Page No.5 to 10 are part of Annexure "A" & "B". **All applicants are required to affix the signature and seal of the Authorised Official of the Company on each Page of Annexure "A" & "B" in acceptance of terms and conditions laid therein.**



**APPLICATION FOR EMPANELMENT OF FIRM/SUPPLIER/SERVICE PROVIDER**

**PART 1: GENERAL INFORMATION**

S.NO.	INFORMATION SOUGHT	INFORMATION PROVIDED	
		No.	Cat. Name
	<b>Category for which you are applying</b>		
1.	Name of the Firm(In Block Letters)		
2.	Date of Establishment/Incorporation of the firm		
3.	Correspondence address, Telephone No. & mobile no./E-mail id		
4.	Address of Head Office (if Separate) and Telephone No.		
5.	Status of the Company/Firm : Proprietary/Partnership/ 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 and Telephone Nos.		
9.	Name of bankers with addresses & Telephone Nos.		
10.	Is the firm registered under the Factories Act? If so, state (a) Labour License No and validity under various section of Labour Laws.(Enclose photocopy) (b) EPF registration No. if any (c) ESI No. (Enclose copy) (d) PAN No. of Income Tax Department(Enclose self attested photocopy)		
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 (Self attested copies of last 3 financial years, IT Returns to be attached)	FY 2020-21	
		FY 2021-22	
		FY 2022-23	

*[Handwritten Signature]*

13.	Certificate issued by Chartered Accountant in respect of Annual Turnover for last three financial years	FY 2020-21	
		FY 2021-22	
		FY 2022-23	
14.	Whether Black listed by any Govt. dept/Public sector company		
15.	GST No. (Copy of Certificate to be enclosed)		
16.	Are you agreeable to make deliveries to Corporation's office at Delhi and NCR		
17.	Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts		
18.	If your firm is empanelled with any office of LIC of India or any other PSU (Central) Please give name and Address.		
19.	Name, Addresses and Telephone Nos. of some of your most valued Clients ( Separate list may be attached)		
20.	Mention any other specialties of your Establishment.		
21.	Websites details		

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, Northern 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 \_\_\_\_\_ 2024

Signature with seal

Name:

Designation:

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



**Annexure "B"**

**DECLARATION**

1. I / We have read the instructions appended to the Annexure "A" and I / We understand that if any false information is revealed at a later date, any contract made between ourselves and the Corporation, on the basis of the information given by me / us can be treated as invalid at the sole discretion of the Corporation and I / We will be solely responsible for the consequences.

2. I / We agree that the decision of the Corporation in selection of MANUFACTURERS/PRINTERS/VENDORS/ SERVICE PROVIDERS will be final and binding on me / us.

3. All the information furnished by me hereunder is correct to the best of my/our knowledge and belief.

4. I / We agree that I / We have no objection if inspection of My/Our premises/ workshop, shop etc. is done by the officials of the Corporation.

SIGNATURE:

NAME & DESIGNATION:

SEAL OF THE FIRM / COMPANY:

PLACE:

DATE:

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**Check list**

	<b>Parameter</b>	<b>Requirements</b>	<b>Document enclosed YES/ NO/ N.A.</b>
1.	Application	Application as per Annexure A	
2.	Declaration by service provider	Declaration by service provider as per Annexure B	
3.	Date of Establishment/Incorporation of the firm		
4.	Correspondence address, Telephone No. & mobile no./E-mail id		
5.	Address of Head Office (if Separate) and Telephone No.		
6.	Status of the Company/Firm : Proprietary/Partnership/ limited company/Public Limited Company		
7.	Names of the Partners/Directors		
8.	Name of Chief Executive with his Present addresses and Telephone Nos.		
9.	Name of Representative (s) with Designation who would be calling on us and attending to our jobs and Telephone Nos.		
10.	Name of bankers with addresses & Telephone Nos.		
11.	Is the firm registered under the Factories Act? If so, state		
	(a) Labour License No and validity under various section of Labour Laws.(Enclose photocopy)	Self attested copy enclosed	
	(b) EPF registration No. if any	Self attested copy enclosed	
	(c) ESI No. (Enclose copy)	Self attested copy enclosed	
	(d) PAN No of Income Tax Department(Enclose self attested copy enclosed)	Self attested copy enclosed	
12.	Whether holding certificate under shops & establishment act?(Duly Renewed copy should be enclosed)	Self attested copy enclosed	
13.	State the latest Income Tax Assessed year and the amount of tax assessed (Self attested copies of last 3 financial years, IT Returns to be attached)	Certified copies of IT Returns of the 3 financial years i.e. 2018-19, 17-18 & 16-17.	
14.	Certificate issued by Chartered Accountant in respect of Annual Turnover for last three financial years	Certified copies of Certificate issued by Chartered Accountant in respect of Annual Turnover for last three financial years i.e. 2018-19, 17-18 & 16-17.	

*Handwritten signatures*

15.	Whether Black listed by any Govt. dept/Public sector company		
16.	GST No.	Certified Copy	
17.	Are you agreeable to make deliveries to Corporation's office, Guest House, Staff Quarters at Delhi and NCR	Agree/Disagree	
18.	Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts	Agree/Disagree	
19.	If your firm is empanelled with any office of LIC of India or any other PSU (Central) Please give name and Address.	Copy	
20.	Name, Addresses and Telephone Nos. of some of your most valued Clients ( Separate list may be attached)		
21.	Mention any other specialties of your Establishment.		
22.	Websites Address	Mentioned/Not mentioned	

**AUTHORISED SIGNATORY  
NAME / DESIGNATION AND  
SEAL OF THE FIRM / COMPANY**  
Date:

*Handwritten signature in blue ink*