**ANNEXURE – A**

**APPLICATION FORM**

|  |  |  |
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| **SN** | **INFORMATION SOUGHT** | **INFORMATION PROVIDED** |
| 1 | Name of the firm |  |
| 2 | Address of Head Office with Telephone No and E mail ID |  |
|  | Address of office |  |
| Mobile No |  |
| E mail ID |  |
| 3 | Name of the contact person |  |
| Mobile No |  |
| 4 | Name of dealing Representative |  |
| Mobile No |  |
| 5 | Type of firm : Sole/Proprietorship/Partnership/Ltd Co/ Others |  |
| 6 | Name of proprietor/ partners/directors |  |
| 7 | Year of Establishment (enclosed incorporation certificate ) |  |
| 8 08 | Is the firm registered under the factory act ? If so state |  |
|  | 1. License no |  |
| 1. Date of last renewal of license ( copy of license to be enclosed ) |  |
| ( C ) ESIS no, if any |  |
| ( D) EPF registration no, if any |  |
| 9 | Whether certificate under shop and establishment act , duly renewed ( copy of license to be enclosed ) |  |
| 10 | State the latest income tax assessed year and the amount of tax assessed ( copy of last 3 years , IT returns , balance sheet and revenue a/c to be enclosed | FY YEAR 2022-23  FY YEAR 2021-22  FY YEAR 2020-21 |
| 11 | Turn over for last 3 years |  |
|  | FY 2022-23 |  |
| FY 2021-22 |  |
| FY 2020-21 |  |
| 12 | Whether black listed by any Govt.dept/ public sector company |  |
| 13 | Are you agreeable to abide strictly by the term and conditions of the tenders and contracts |  |
| 14 | PAN No ( specify in whose Name the pan no is available ) |  |
| 15 | Sale tax no ( enclosed the certificate ) |  |
| 16 | Service tax no ( CST NO/VAT NO/TAN NO ) |  |
| 17 | GST NO |  |
| 18 | 1. ISI Certificate No ( Enclosed the Copy of Validity Date ) 2. Copy of dealership /franchisee |  |
| 19 | Details of empanelment certificate of any 3 PSUs/ Govt institutions /reputed clients ( copy enclosed ) |  |
| 20 | Whether agreeable to undertake delivery and installation with in 15 days after placing order |  |
| 21 | Whether agreeable to replace the defective items with in 5 days from the date of intimation |  |
| 22 | Name of representative who will be conducting on site joint inspection ( if available ) |  |
| 23 | Mention any other specialities of your establishment |  |
| 24 | Are you in panel of any Division of LIC, if yes please mention with proof |  |

Supporting documents in regard to the above mentioned points should also be attached along with this application forms (Annexure A)

**SIGNATURE OF AGENCY /VENDOR**

* 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 attached it to the form.
* All pages of applications form and documents must be signed with seal.

I /We …………………………………………………

request Life Insurance Corporation Of India, Division Office, Jalpaiguri, Jeevan Prakash, Shantipara, Jalpaiguri to consider inclusion of my /our name in the list of their approved firms/ suppliers /Service Providers . We agree to provide full satisfaction to the Corporation in the event of their doing so.

Dated at This day of /JULY/2022.

**SIGNATURE WITH SEAL:**

NAME:

**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 an appropriate question number and attach it to the form.**

**CHECK LIST OF ENCLOSURES**

**(Advised to tick YES or NO)**

|  |  |  |
| --- | --- | --- |
| **Sl No.** | **ITEM** | **Proof Enclosed** |
| **1** | **MSME registration certificate valid as on date** | **YES/NO** |
| **2** | **Status Proprietary/Partnership/Private Limited Company/Public Limited Company** | **YES/NO** |
| **3** | **Is the firm registered under the factories Act? If so,state**  **License No**  **Date of validity of License(copy of license to be enclosed)** | **YES/NO** |
| **4** | **PAN (copy)** | **YES/NO** |
| **5** | **ESI Registration No.if any(copy)** | **YES/NO** |
| **6** | **EPF Registration No.if any(copy)** | **YES/NO** |
| **7** | **G.S.T No.(copy)** | **YES/NO** |
| **8** | **Certificate under Shops & Establishment Act(copy)** | **YES/NO** |
| **9** | **Attested copies of last 3 years,IT Returns, Balance Sheets & Revenue A/c to be enclosed** | **YES/NO** |
| **10** | **Annual Turnover(CA certified copies to be enclosed)** | **YES/NO** |
| **11** | **If your firm is empanelled with any office of LIC of India or any other PSU(Central) please give name,address & since when you are empanelled with them** | **YES/NO** |
| **12** | **Name,Addresses and Telephone Nos of some of your most valued Clients(separate list may be attached)** | **YES/NO** |