



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Guwahati Divisional Office, S.S. Road, Fancy Bazar, Guwahati - 781001 Email: sales.guwahati@licindia.com

APPLICATION FOR EMPANELMENT FOR ADVERTISING & PUBLICITY ACTIVITIES

SI	Information Sought	Information Provided
1	Name of the firm: (In Block Letters)	
2	Date of Establishment/ incorporation	
3	Registration No. (Please enclose photocopy of Certificate)	
4	Correspondence address and Telephone No.	
5	Address of Head Office (if separate) and Telephone No.	
6	Status: Proprietary/ Partnership/ Private Limited Company / Public Limited Company	
7	Names of the Partners/ Directors, present address & contact no.	
8	Name of Chief Executive with his/her present addresses and Telephone No.	
9	Name of local Representative (s) with Designation who should be calling on us and attending to our jobs.	

10	Name of Bankers with addresses & telephone nos.		
11	PAN No. of Income Tax Department (Please enclose photocopy)		
12	GST Registration No. (Please enclose photocopy of GST Certificate)		
13	Whether holding certificate under Shop & Establishment Act(duly renewed copy should be enclosed)		
14	State the latest Income Tax Assessed year and amount of Tax assessed (Copies of last 3 years IT Returns, Balance sheets & Revenue A/C to be enclosed)		
15	Turnover for last three years	<u>Gross Revenue</u>	<u>Net Income</u>
	FY 2020-21.		
	FY 2021-22.		
	FY 2022-23		
16	Details of empanelment with any office of LIC of India and / or other PSUs (Central) (Please enclose list giving full details and name and telephone no. of person who may be contacted for confirmation)		
17	Whether black listed by any Govt. Dept./ Pub. Sector company/LICI		
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, Divisional office, Guwahati, Assam to consider inclusion of my/ our name in the list of their approved vendors. We agree to give full satisfaction to the Corporation in the vent of their doing so.

I/We understand and agree that the appropriate Life Insurance Corporation of India Authority has the right as he may decide, not to issue tender form in any particular case and also to suspend, remove or blacklist my/our name from Life Insurance Corporation of India panel of Firm/Vendor for advertisement and publicity activities in the event of my/our submitting non-bonafide tenders or for technical or other delinquency in regard to which the decision of appropriate Life Insurance Corporation of India Authority shall be final and conclusive.

I/We certify that the particulars furnished in this application form are correct and if it subsequently found that I/We have given a false statement/certificate or that if I/We fail to notify the fact that my/our subsequent amalgamation with another contactor or firm, the Life Insurance Corporation of India may remove my/our name from the panel of Firm/Vendor for advertising and publicity activities and any contact that I/We may be holding at the time may be rescinded.

Dated at this day of2024.

Signature with Seal

Name:
Designation

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