

FORMS TO BE FILLED UP BY SUPPLIERS / DEALERS /MAKERS

Applied for SI No.....	Name of the Particulars against the Serial No.
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PROFILE OF VENDOR

1	Name of the FIRM (in Block letters)	
2	Date of Establishment/Incorporation	
3	Office address	Ph- No E-mail
4	Factory Address (If any)	
5	Status of the firm: (Whether Pvt. Ltd. Company / Pubic Ltd. Company/ Partnership Firm / Proprietorship Firm)	
6	Name of the Proprietor/ Director/CEO (as the case may be):	
7	Name, Address, Tel. No., e-mail, of the Chief executive	
8	Whether registered with the Registrar of Companies/Registrar of Firms in India. If so, mention Number and date and enclose Registration Certificate copy.	
9	(a)License No. (a)Last renewed on documental Proof (last 3 years, of Sl.No.)	(a) (b)

கோட்ட அலுவலகம், "ஜீவன் பிரகாஷ்", அ.பெ.எண்.39, காந்திஜி சாலை, தஞ்சாவூர் - 613 001.



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

10	Name of the Banker with address Telephone No A/C No.... IFS Code No.	
11	Whether an assessee of Income Tax. If so, mention Permanent Account Number	PAN:
12	GST Registration No.	
13	Trade License No. (Enclose copy of license duly attested)	
14	NSIC Registration No. if any (Enclose Xerox copy)	
15	ESIC Registration No. if any (Enclose xerox copy of Certificate with copy of latest payment receipt)	
16	EPF Registration No if any (Enclose Xerox copy)	
17	Registration No. under Shop & Establishment Act if any (Enclose copy of Registration Certificate No. with date of renewal)	
18	Whether registered for sales tax purposes. If so, mention number and date. Also furnish copies of sales tax clearance certificate	
19	Turnover of the Company/Firm for the last 3 Years.(Please attach a copy of audited Balance Sheet and Profit & Loss Account)	2021-22: 2022-23 : 2023-24 :

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Divisional Office, "Jeevan Prakash", P.B No. 39, Gandhiji Road, Thanjavur 613
Tel.: 04362- 230921, 230923, 230523, 230223, Fax : 04362 -230947, email: os.thanjavur@licindia.com 04362-233677,

**LIC**भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

20	Income Tax Return (enclose copy of last 3 years)	2021-22: 2022-23: 2023-24:
21	Name, address, Tel. No. e-mail of the firms with whom you are approved suppliers (enclose copy of approval letters)	1. 2. 3.
22	Name of the Offices of LIC with whom you are suppliers (Enclose copy of approval letter/order copy/documents)	1. 2. 3.
23	MSME CERTIFICATE No. (Enclose copy of Registration Certificate No. with date)	
24	Mention any other important information	

I/We request Life Insurance Corporation of India, Thanjavur Division to consider inclusion of my/our/Firm in the list of approved Firms /Printers/ Suppliers/ Vendors/Dealers/ Service Providers and agree to abide by all Terms and Conditions in respect of any notice of Tender and also will abide by all Statutory Rules/Regulation/Act of both State as well as Central Government while carrying out job/work if any allotted to me/us. Further I/We undertake that I/we have no objection for inspection of our Office and verification of documents/Certificates by LIC Official.

I/We also state that the information provided hereinabove are true to the best of my /our knowledge and belief.

Date :

.....
Authorized Signatories
(Name & Designation, Seal of the Firm)

Note :

- (1) Above form should be filled legibly and duly signed & sealed
- (2) Incomplete forms and without required documents are liable to be rejected.
- (3) List of Panel will be displayed in the notice board. However only empanelled Firms /Printers/ Suppliers/ Vendors/Dealers/ Service Providers (as the case may be) will be informed about their inclusion in the list by correspondence

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(4) The Corporation reserves the right to cancel the name/s of the Firms /Printers/ Suppliers/ Vendors/Dealers/ Service Providers from its approved list at its absolute discretion without assigning any reason thereof.

SR.DIVISIONAL MANAGER

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