



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA



FINANCIAL BID

Name of the Building and address	Area (sq.ft) Approx:	Floor no	Rate per sq.ft for Carpet Area in Ts. (Excluding all Taxes)

Please give below the detail of Bidder: - (All fields are mandatory)

Full Name of Firm/Organisation/Individual	
Present Address	
Name of Contact Person	
Designation	
Contact No: of Office	
Mobile No.	
Email Id	
Nature of Business to be conducted in the premises	
Are you related to any employee or ex-employee of the LIFE INSURANCE CORPORATION OF INDIA	

I (Name of the Bidder) hereby declare that I have seen the premises proposed above and agree to accept it on rent in "as is where is" condition. I also agree to abide by all the rules, terms and conditions forming part of this bid or imposed later on.

Authorized Signatory:

Name of Person

Seal (in case of firm/organization)