

**FORM FOR APPLICATION FOR EMPANELMENT (Annexure A)**

**Sl. No. of Category:**

**Name of Category:**

**(Separate application is to be filled up for each category)**

<b>SL.No.</b>	<b>Information Sought</b>	<b>Information Provided</b>
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, Mobile No, E-mail id	
5	Address of Head of Office (if separate) and Telephone No.	
6	Status: Propriety/Partnership/Private Limited Company/Public Limited Company	
7	Names of the Partners/Directors	
8	Name of the Chief Executive with his/her present address and Telephone No.	
9	Name of the representative(s) with Designation who should be calling on us and attending our jobs.	
10	Name of Bankers with addresses and Telephone Nos.	
11	PAN No. of Income Tax Department (Please enclose photocopy)	
12	GSTIN No. (Please enclose photocopy of certificate)	
13	Whether holding certificate under Shops & Establishment Act, if YES duly renewed copy should be enclosed.	
14	Is the firm registered under the factories Act? If so, state a. License No. b. Date of renewal of license (copy of license to be enclosed) c. PAN No. d. ESIS No., if any	

	f. Sales Tax No. g. Service Tax No.	
15	State the latest Income Tax Assessed year and amount of tax assessed(copies of last 3 years IT Returns, Balance Sheet and Revenue A/c to be enclosed)	
16	Turnover for Last 3 Years FY2021-22 FY 2022-23 FY2023-24	Gross Revenue      Net Income
17	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)	
18	<b>Applied for work &amp; services— Mention the Serial No.'s and detail as given in Advertisement.</b>	
19	Mention any other specialties & services of Your establishment	
20	Are you agreeable to make free deliveries of material & service to our Divisional Office Ludhiana and its all Branch Offices/Satellite Offices.?	
21	Are you agreeable to provide creative designer with lap top whenever called for ?	
22	Are you agreeable to abide strictly by the terms and conditions of the Tenders and contracts as and when laid down by the Corporation?	
23	Approximate value of your output per year	

**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, "Jeevan Parkash" Urban Estate, Phase -1, Dugri, Ludhiana-141013, 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 event of their doing so.

PS: Application form fee Rs.590/Paid by cash/DD vides MR No. \_\_\_\_\_ Date \_\_\_\_\_.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 2025.

Signature with Seal & Date

Name:  
Designation

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



**DECLARATION: (To be executed on LETTERHEAD of Vendors/firms/Dealers/Suppliers)**

1. That the business concern has not been debarred/de listed/ kept on holiday/ black listed in the last three years.
2. That there have been no civil suit/ litigation/ arbitration cases arisen during the last five financial years, in the contracts including orders regarding exclusions/ expulsions or black listing
3. I / We agree to notify the officer accepting this application & registering my /our names on the list of firms/suppliers/vendors of Life Insurance Corporation of India, of any changes in the foregoing particulars as and when they occur and to verify and confirm these annually on 1<sup>st</sup> January.
4. 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 list of firm/suppliers/vendors 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 .
5. I/We certify that the particulars furnished in the enrolment forms are correct and that should it be found that I/We have given a false certificate or that if I/We fail to notify the fact of my/our subsequent amalgamation with another contractor or firm, the Life Insurance Corporation of India may remove my/our name from the list of Firms/ suppliers /vendors and any contract that I/We may be holding at the time may be rescinded.

Signature  
Name:  
Designation:

Seal of the Firm / Company

Place:  
Date:

**Note: - (Declaration to be executed on letterhead of Vendors/firms/Dealers/Suppliers)**

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FOR OFFICE USE ONLY

ENROLEMENT FORM \_\_\_\_\_ ISSUED  
TO \_\_\_\_\_

NOTE: THE FILLED ENROLMENT FORM SHOULD REACH IN THE OFFICE ON OR BEFORE  
07.04.2025 UPTO 16.15 HOUR

SIGNATURE OF ISSUING OFFICER