

**FORM OF APPLICATION FOR EMPANELMENT FOR**

- A. Various publicity related jobs like Wall Painting, Flex Preparation / Mounting, LED /Glow Sign Board preparation, Rental Hoarding etc.,**
- B. Printing of leaflets, brochures, posters etc..**
- C. Sales Promotional Gift Items.**

**(Please tick above the category you are applying for & submit separate application 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.  Mail-id:	
5	Address of Head Office (if separate) and Telephone No.	
6	Status : Whether Sole Proprietary / Partnership / Private Limited Company / Public Limited Company	

7	Names of the Proprietor / Partners / Directors	
8.	Name of Chief Executive with his / her present addresses and Telephone No./Mobile No	
9	Name of Representative (2) with Designation who should be calling on us and attending to our jobs.	
10	Name of Bankers with addresses & Telephone Nos.	
11	GST No. (Please enclose photocopy of Registration)	
12	<p>Whether holding valid certificate under Shops &amp; Establishment Act?</p> <p>License No :  GST No. :  PAN No. :  TAN No. :  EPF Registration No. if any :</p> <p>(Copies to be enclosed)</p>	
13	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)	

14	Are you agreeable to make free deliveries to our Divisional Office at Cuttack :	
15	Are you agreeable to submit samples whenever called for :	
16	Are you agreeable to enter into a rate contract /running contract / fixed quantity contract :	
17	Are you agreeable to abide strictly by the terms and conditions of the Tenders and Contracts as and when laid down by the Corporation:	
18	Turnover for last three years  FY        2021-22  FY        2022-23  FY        2023-24	<b>Gross Revenue</b> <b>Net Income</b>
19	Details of empanelment & business transaction with any office of LIC of India and / or other PSUs (Central) during the last 3 years (Please enclose list giving full details, Name & telephone No. of persons who may be contacted for confirmation)	

20	Mention any other specialties of your Establishment.	
21	Name, Address & Tel No. of some of your most valued Clients :	
22	Mention the articles you deal with.	

**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, Nuapatna, Cuttack, Odisha 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  
Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 2025

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.**