



APPLICATION FOR EMPANELMENT OF CONTRACTORS

FOR

**Addition/Alteration, Repair/Maintenance and allied works for various buildings of
DO/BOs/SOs and Staff Quarters under Bardhaman & Asansol Division, West
Bengal**

Name of work :

- 1. Civil,**
- 2. Sanitary & Water Supply,**
- 3. Electrical,**

EMPANELMENT NO. : ENGG/EMPANELMENT/25, DATE:17.04.2025

LAST DATE OF SUBMISSION : UPTO 07.05.2025 AT 15.00 HRS.

**SR. DIVISIONAL MANAGER,
LIC OF INDIA,
BARDHAMAN DIVISIONAL OFFICE,
GOPAL NAGAR, GHORDOUR CHATI,
SRIPALLY, NEAR BAIKUNTHAPUR GP,
DIST-PURBA BARDHAMAN, PIN-713103**

APPLICATION FORM FOR ENROLMENT OF CONTRACTORS

Please note that all documents required to be submitted along with filled in Enrollment form are to be self attested by the authorized person of the applicant with an undertaking that full responsibility is taken by him/her on behalf the applicant for veracity of submitted documents.

I/We.....am/are desirous of being enrolled on the list of agencies for proposed.....

(Name of work) and hereby apply for the enlistment. I/We give the following details for your consideration

Sl.No.	QUERY	ANSWER
1	Name of the firm :	
2	Address:	
3	Local Address:	
4	PAN No	
	TIN No.	
	Goods & Service Tax (GST) No.	
5	Contact Details	
	Office Phone No.	
	Residence Phone No.	
	Mobile No.	
	Fax No.	
	Email	
6	Telegraphic Address, if any	
7	Month and year in which the firm was established in present name	
8	Particulars of old firm (if present firm is new) if main partners of the present firm were working as construction contractors, in some other name in the past (The partnership deed of old firm be enclosed).	
9	Particulars of sister construction firms, if any	

10	i) What is the constitution of firm viz. Sole Proprietor, Partnership, Pvt. Ltd., Public Ltd., etc.			
	ii) Enclose copy of partnership deed, Articles of Association or Affidavit in case of sole proprietorship as per Annexure A-1 .			
	iii) Fill-in enclosed Annexure A-2 .			
11	Fill and enclose Annexure B giving details of enrolment with LIC of India in the past and with other organizations.			
12	Has the applicant or his partners or Directors been black listed in the past by any Central or State Govt. Deptt. / Organizations(undertakings/boards/corporations/local bodies etc).			
13	i) Average annual financial Turn-over on works during last 4 years ending 31 st March of the previous financial year. (in lac) 2020-2021 2021-2022 2022-2023 2023-2024 (Enclose documentary evidence or proof to support figures duly certified by Chartered Accountant with membership no.)		YEAR	Rs. in Lakh
		i	2020-2021	
		ii	2021-2022	
		iii	2022 -2023	
	iv	2023 -2024		
ii) What evidence of proof is enclosed to support the amounts of yearly turnover				
iii) Enclose latest income tax clearance Certificate		Certificate enclosed for Assessment year _____		
iv) Enclose statement of Accounts of last 4 years as mentioned above duly certified by the Chartered Accountant				
14	i) Name and complete postal address of bankers			
	ii) NEFT and Bank Account Details (Photocopy of cancelled cheque should be attach):	Name of Bank:		
		Account No:		
		IFSC Code:		

	<p>iii) Enclose solvency certificate indicating amount. (The certificate should not be more than 3 months old). Please provide following details about solvency certificate</p> <p>a) Complete address of the Bank who has issued solvency certificate:</p> <p>b) Telephone No. of the Bank connecting Branch Head:</p> <p>c) E-mail ID of the Bank:</p>							
	<p>iv) Bank Guarantee limit with Various banks.</p>	<p>i) Rs.....Lac with.....</p> <p>ii) Rs.....Lac with.....</p> <p>iii) Rs.....Lac with</p>						
15	<p>i) Enclose list of immovable properties with complete postal addresses, full description & reasonable market value of property duly supported by certificate of D.M./Collector/First Class Magistrate/ approved valuer.</p> <p>ii) Whose supporting certificate is enclosed</p>	<p>Rs. _____</p> <p>of _____</p> <p>Date _____</p>						
16	<p>i) Particulars of movable properties along with Banker's reference</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Value of tools & plants</td> <td>Rs.</td> </tr> <tr> <td style="text-align: right;">Other Assets</td> <td>Rs.</td> </tr> <tr> <td style="text-align: right;">Total</td> <td>Rs.</td> </tr> </table> <p>ii) Whose reference is enclosed?</p>	Value of tools & plants	Rs.	Other Assets	Rs.	Total	Rs.	
Value of tools & plants	Rs.							
Other Assets	Rs.							
Total	Rs.							
17	<p>Fill in and enclose list of tools as per Annexure-C enclosed.</p>							
18	<p>Fill in & enclose Annexure-D giving full particulars about major works completed during past Four years NOTE: List of only those works which are carried out by firm requesting for enrollment is to be given. Work completion certificate for qualified projects must be notarized with address & contact numbers of issuing authority</p>							

19	Work in Progress:		
	i) Whether full details of major work on hand given in Annexure-‘E’ . The details must be notarized		
	ii) Are copies of work orders for such large works enclosed		
20	Whether full information regarding permanent technical staff employed given in Annexure ‘F’		
21	i) How do you normally carry out works of water supply, sanitary and plumbing installations		
	ii) Who is the license holder and what is his experience of this work is.		
22	i) How do you normally get work of Electrical installations carried out		
	ii) Who is the license holder & what is his experience		
23	Any other information the applicant might like to give		
24.	Electrical Contractor License to be submitted for Electrical Work		

DECLARATION

I/We agree to notify the officer accepting this application and registering my/our names on list of contractors of Life Insurance Corporation of India, of any changes in the foregoing particulars as and when they occur and to verify and confirm.

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 contractors in the event of my/our furnishing false particulars in the enrolment form or 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 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 contractors and any contract that I/We may be holding at the time may be rescinded.

PLACE:

DATE :

SIGNATURE OF CONTRACTOR

A F F I D A V I T

(On Non Judicial Stamp paper of **Rs. 100/-** in case the individual who is the sole proprietor of the firm)

I, s/o
....., age years, occupation business r/o
..... do hereby state on oath as under:

That I am residing in locality
of District since last years.

That I am the sole proprietor of a proprietary concern name and style as
“.....” having its office at
..... District dealing
in business of Government, civil/electrical contracts and ancillary works attached therefore.

Hence this affidavit.

Deponent _____

Note: This Affidavit shall be notarized.

ANNEXURE A2

**CONSTITUTION OF FIRM –
SOLE PROPRIETORSHIP/PARTNERSHIP/LTD.CO./OTHER**

DETAILS OF CONSTITUTES

Sr. No.	Name of sole partner or Director / other High Officials	Age	Share	Technical Experience			Whether Power of attorney Holder
				Year to Year	As Employee	As contractor	
1	2	3	4	5	6	7	8

SIGNATURE OF CONTRACTOR

PARTICULARS OF ENROLMENT WITH LIC AND OTHER ORGANIZATION

- I. ENROLMENT WITH LIC :
- Name of works for 1)
 Which enrolled by 2)
 L.I.C. in the past 3)
 4)
- Sr. Nos. for which tenders were submitted :
 Sr. Nos. for which work-order was received:

II. ENROLMENT WITH OTHER ORGANISATIONS:

Sr. No.	Name & Address of Authority with whom you are enrolled	FIRST TIME ENROLMENT		LAST RENEWAL OR ENROLMENT		
		Year to year	Is copy of letter enclosed	Year to year	Class or Category	Limit (Rs. in Lac)
(1)	(2)	(3)	(4)	(5)	(6)	(7)

SIGNATURE OF CONTRACTOR

PARTICULARS OF SHUTTERING TOOLS AND PLANT

Sr No	Item	Specification	Quantity	Estimated Value	Remarks
(1)	(2)	(3)	(4)	(5)	(6)
1.	a) Shuttering plates b) Shuttering wooden planks c) Wooden props d) Steel props				
2.	Concrete Mixers				
3.	Concrete Vibrators i) Petrol Driven ii) Electric Driven				
4.	Tower Hoist				
5.	Trucks				
6.	Welding Equipments				
7.	Pump-Sets				
8.	Floor-Polishing Machine				
9.	Cranes				
10.	Others				

SIGNATURE OF CONTRACTOR



LIFE INSURANCE CORPORATION OF INDIA
ASANSOL DIVISIONAL OFFICE

ANNEXURE – D

LIST OF MAJOR WORKS COMPLETED DURING LAST FOUR YEARS

The detail address along with Phone No. and E-mail ID of the Authority under whom works was carried out must be given.

Sr. No.	Name and Complete Postal Address of			Order			Value of work as per final bill (Rs. in Lac)	Commencement of work, month Year	Completion of work, month Year	Penalty levied for delay of completion, if any
	Site of Work & Nature of Work	Owner	Authority under whom work was carried out	Ref. No. & Date	Contract Amount (Rs. in Lac)	Is copy enclosed				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	

CONTRACTOR

SR.DIVISIONAL MANAGER



LIFE INSURANCE CORPORATION OF INDIA
ASANSOL DIVISIONAL OFFICE

ANNEXURE – E

LIST OF WORK IN HAND

The detail address along with Phone No. and E-mail ID of the Authority under whom works was carried out must be given.

Sr. No.	Name and Complete Postal Address of			Order			Date of commencement of work	Scheduled date of completion of work	Progress made and expected date of completion and reasons for delay, if any
	Site of Work & Nature of Work	Owner	Authority under whom work was carried out	Ref. No. & Date	Amount (Rs. in Lac)	Is copy enclosed			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	

CONTRACTOR

SR.DIVISIONAL MANAGER



**LIFE INSURANCE CORPORATION OF INDIA
ASANSOL DIVISIONAL OFFICE**

ANNEXURE – F

PARTICULARS OF PERMANENT TECHNICAL STAFF

Sr. No.	Name	Designation	Age	Academic Qualification	Service with the Firm	Details of Experience Year to Year
(1)	(2)	(3)	(4)	(5)	(6)	(7)

**PERFORMANCE REPORT OF WORKS REFERRED IN PRE-QUALIFICATION BID
TO BE SUBMITTED IN FOLLOWING FORMAT**

- 1.Name of the work/project & location :
- 2.Agreement No.
- 3.Estimated Cost
- 4.Tendered Cost
- 5.Date of Start
- 6.Date of completion
 - (I) Stipulated date of completion
 - (ii) Actual date of completion
- 7.Period of delay beyond stipulated date of completion, if any
 - (a) Extended period without imposition of Penalty :.....Days/ Months
 - (b) Extended period with imposition of Penalty :.....Days/ Months

Performance Report

I)	Contractors Site organisation	:	(a) Well organised (b) Adequate (c) Poorly organised
II)	Quality of materials with reference to specifications	:	a) Good, (b) Satisfactory (c) Poor
III)	Workmanship and Supervision	:	a) Good, (b) Satisfactory (c) Poor
IV)	Labour Relations and facilities	:	a) Good, (b) Satisfactory (c) Poor
V)	Attitude towards settlement of disputes and differences	:	(a) Co-operative (b) Non Co-operative
VI)	Safety Record (a) Were there any accidental / structural collapses at site (b) If answer to (a) is Yes, state whether due to		i)Yes ii) No i)Negligence ii) Improper work iii) Reasons beyond control

9. Any other Remarks :.....

Signature of Executive Engineer or Equivalent (with seal & date)

Note: This format shall be part of Pre-qualification form and the bidder shall obtain Performance Certificate from the Employer in above format and submit along with pre-qualification document.

GST REGISTRATION DETAILS FORMAT

SR. No.	Requirement	Submissions
1.	Name of Construction Associate as per GST Registration Certificate	
2.	Address as per GST Registration Certificate	
3.	City	
4.	Police Station	
5.	Postal Code	
6.	Region / State (to provide complete State name)	
7.	Permanent Account Number	
8.	GST IN ID / PROVISIONAL ID Number (copy of acknowledgement is required)	
9.	Business nature as per Registration with GST	
10.	Service Accounting Code / HSN Code	
11.	Contact Person	
12.	Phone Number / Mobile Number	
13.	E-mail ID	
14.	Compliance Rating if updated by GST IN	

NB: The specific details should also be asked for all new contracts and it should be an integral part of the Contract Document.

ENROLMENT CHECKLIST

Sr. No.	Description of Enclosure	Refer Item of form	Uploaded YES/NO
1.	Partnership deed / Articles of Association / Affidavit (★) (★) Annexure A-1	10 (ii)	
2.	Annexure (A-2) as supplied	10 (iii) (Particulars of Partners)	
3.	Annexure – B (as supplied)	11 (Particulars of enrolment in LIC and other Organization)	
4.	Proof of Turnover	13 (i)	
5.	Latest I.T.C.C.	13 (iii)	
6.	NEFT Details	14 (ii)	
7.	Solvency Certificate	14 (iii)	
8.	Certificate of Bank Guarantee	14(iv)	
9.	Immovable Property certificate	15(ii)	
10.	Movable Property certificate	16 (ii)	
11	(★) Annexure 'C' (as supplied)	17 (Particulars of tools/ plant)	
12.	(★) Annexure 'D' (as supplied)	18 (List of major works completed during last 7 years)	
13.	(★) Annexure 'E' (as supplied)	19 (i) (List of work in hand)	
14.	(★) Copies of work order	19 (ii)	
15.	(★) Annexure 'F' (as supplied)	20 (Particulars of permanent technical staff)	
16	(★) Annexure 'G' (as supplied)	Performance report	
17	GST Registration details	Filled in form	

SIGNATURE OF THE CONTRACTOR