



Office Services Department,  
Life Insurance Corporation of India,  
Divisional Office, 2-7-105, PB.No.4,  
Ambedkar Stadium Road,  
KARIMNAGAR – 505001.  
(Tel : 0878 – 2240409)

Annexure 'A'

**APPLICATION FORM FOR EMPANELMENT OF FIRM**

<i>Name of the Item to be supplied</i>	
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**Kindly note that**

[1] Separate application is to be filled up for each item.

[2] DD for Rs.200/- [in favor of LIC Of India, payable at Karimnagar] is required for each Application.

**Conditions for empanelment:**

- 1) The applicant firm/supplier should be in profession for at least 3 years as described in application form. (Copy of proof to be enclosed)
- 2) The firm should be on the approved panel of at least 3 reputed Firms.
- 3) The Firm/supplier should have registration with state & local authorities for undertaking the profession (copies of proof to be enclosed)
- 4) The firm/supplier should keep sufficient stock in hand so as to comply with the urgent needs without delay.

**APPLICATION FOR FIRM/SUPPLIER/SERVICE PROVIDER**

Sl. No.	INFORMATION SOUGHT	INFORMATION PROVIDED
1	Name of the Firm (In Block Letters)	
2	Date of Establishment/Incorporation	
3	Correspondence address	
4	e-mail address and Telephone No./Mobile No.	
5	Status Proprietary/Partnership limited company/Public Limited Company	
6	Names of the Partners/Directors	

7	Name of Chief Executive with his Present addresses and Telephone Nos./Mobile No.s	
8	Name of Representative (s) with Designation who would be calling on us and attending to our jobs	
9	Name of bankers with addresses & Telephone Nos. with whom you maintain the bank accounts.	
10	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 (e) EPF registration No. If any (f) Sales Tax no. (g) Service Tax No.	
11	Whether holding certificate under shops & establishment act, If “YES” duly renewed copy should be enclosed.	
12	State the latest Income Tax Assessed year and the amount of tax assessed (copies of last 3 years, IT Returns, Balance sheets & Revenue A/C to be enclosed)	
13	Turnover for last Three years <b>FY 2024-25</b> <b>FY 2023-24</b> <b>FY 2022-23</b>	
14	Are you agreeable to make deliveries to karimnagar Divisional Office and our Branch Offices under 2 districts of Adilabad & Karimnagar.	
15	Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts	
16	If your firm is empanelled with any of our office of LIC of India or any other PSU (Central) Please give name, address & since when you are empanelled with them.	
17	Name, Addresses and Telephone Nos. of some of your most valued Clients (Separate list may be attached)	
18	Approximate value of your output per year.	
19	Any other information/Extra Ordinary Performance of your Establishment, you want to provide.	

20	NEFT Details	<b>Account No. :</b> <b>IFSC code :</b> <b>Bank Name :</b> <b>Bank Branch:</b> <b>Account Type:</b> <b>Current/Savings</b> <b>PAN No :</b> <b>E – Mail ID :</b> <b>Mobile No. :</b>
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I/WE \_\_\_\_\_ request Life Insurance Corporation of India, Divisional Office, and Karimnagar to Consider/Inclusion of my /our name in the list of their approved firms/suppliers. We agree to give full satisfaction to the Corporation in the event of their doing so.

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

**Name:**

**Designation:**

**Signature with seal**

**Note:**

1. The Corporation reserves the right to cancel the name of the supplier/firm from its approved lists at its absolute discretion without assigning any reason.
2. 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.

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**DECLARATION**

1. I/We have read the instructions appended to the Annexure “A” and I/We understand that if any false information is revealed at a later date, any contract made between ourselves and the corporation, on the basis of the information given by me/us can be treated as invalid at the sole discretion of the corporation and I/We will be solely responsible for the consequences.
2. I/We agree that the decision of the corporation in selection of Manufacturer/printers/vendors /contractor/service providers will be final and binding on me/us.
3. All the information furnished by me hereunder is correct to the best of my/our knowledge and belief.
4. I/We agree that I/We have no objection if inspection of my/our premises/workshop, shop etc. is done by the officials of the corporation.

**Date:**

**Place:**

**Signature with seal**

**Name:**

**Designation:**

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