

**SAMBALPUR DIVISIONAL OFFICE, AINTHAPALI, SAMBALPUR**

**ANNEXURE-A APPLICATION FORM**

**For Empanelment of Firms/Suppliers & Service providers**

Sl No	DESCRIPTION	DETAILS
1	Name of the Company/Firm	
2	Type of Vendor: Firms/Company/Supplier/ Authorized dealer or Service provider	
3	Year of establishment	
4	Status of the firm: (Whether Pvt. Ltd company/Public Ltd. Company/partnership firm/Proprietorship Firm)	
5	Category: Items deals with.	
6	Whether registered at micro/ small / medium enterprises (MSME) within relevant authority, if yes please enclose the certificate.	
7	Company's Registered/Head office Address, Land line telephone no, whatsapp no. & email- id	
8	Company's Local office Address, Land line telephone no, whatsapp no. & Email- id (If any)	
9	Name of the Chairman/Managing Director/CEO/Country Head (as the case may be), his address & telephone no.	
10	In case of a partnership, name of Partners/ Directors	
11	Name & full contact details of the representative(s) who would be calling on us & attending to our jobs.	
12	Whether registered with the Registrar of companies/Register Firms in India. If so, mention Number and date and attach Registration Certificate copy	
13	Profession related license No & date of last renewal of the license. Copy of license to be enclosed.	
14	Certificate Number of certificate under Shops & Establishment Act, 1953? Is it duly renewed? Copy of certificate to be enclosed.	
15	Turn Over for last three years (Please attach a copy of audited Balance Sheet and P&L A/C)	
	2024-2025	
	2023-2024	
	2022-2023	
16	TIN No.(Please Attach Copy)	
17	PAN NO.(Please Attach Copy)	
18	GST Registration Number (Please Attach Copy)	
19	NEFT Details (Please Attach Copy Blank Cheque having Firm name on the Cheque)	
20	Bank Name	
	Branch Address	
	Type of Account	
	Account No.	
	IFSC	

21	Empanelment details with any office of LIC of India with whom you are empanelled in the last 3 financial years? If yes, enclose contract copies and give full details	
	Name of the Divisional office of LIC of India	
	Category & year of empanelment	
22	Empanelment details with any PSU/ Govt. organization/Pvt Firms with whom you are empanelled in the last 3 financial years? If yes, enclose contract copies and give full details	
	Name of firm PSU/ Govt. organization/Pvt Firms	
	Category & year of empanelment	
23	Empanelment Fees particulars	

- NOTE: 1 Write NA (Not Applicable) for information column that does not apply to your Firm/ Company.
- 2 Please type this form legibly in ink & no column should be left blank. If space provided is insufficient please type or write the replies on separate sheet giving appropriate question number attach it to the form.
- 3 The Corporation reserves the right to cancel the name of the firm/ supplier/service providers from its approved lists at its absolute discretion without assigning any reason there to.
- 4 All the the pages of application form and documents must be signed with seal.

#### DECLARATION

- 1 I / We request Life Insurance Corporation of India, Sambalpur Divisional office to consider inclusion of my / our name in the list of their approved Firm / Supplier / Service Providers. I / We agree to give full satisfaction to the Corporation in event of their doing so.
- 2 I / We have read the instructions and I/ We understand that if the information furnished now is found false at a later date, any contract made between ourselves and the LIC, on the basis of the information given by me/ us can be treated as invalid at the sole discretion of the LIC and I/ We will be solely responsible for the consequences.
- 3 I/ We agree that the decision of the LIC in selection of Firm/ Suppliers Service Providers will be final and binding on me/us.
- 4 All the information furnished by me/us here under is correct to the best of my/ our knowledge and belief.
- 5 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 LIC.
- 6 I/We understand that empanelment with LIC Divisional office, Sambalpur does not guarantee any business order or contract.

Date :

Signature of Dealer/Suppliers/Vendor with Seal