

APPLICATION FORM FOR EMPANELMENT OF FIRM

(Separate application form is to be submitted for each Category)

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| S. No. of Category : | Name of Category : |
|-----------------------------|---------------------------|

LIFE INSURANCE CORPORATION OF INDIA,
DIVISIONAL OFFICE-1, JEEVAN PRAKASH, BHAWANI SINGH ROAD, JAIPUR- 302005.

**APPLICATION /GENERAL INFORMATION ABOUT THE MANUFACTURERS/ SUPPLIERS/
AUTHORISED DEALERS/VENDORS/PRINTERS/SERVICE PROVIDERS/CONTRACTORS**

| S.NO | Information Sought | Information Provided |
|------|--|----------------------|
| 1 | Name of the Firm(In Block Letters) | |
| 2 | Date of Establishment / Incorporation of the Firm | |
| 3 | Correspondence address, Telephone /Mobile No . E-mail ID | |
| 4 | Address of Head Office (If Separate) Telephone No. E-mail ID | |
| 5 | Status: Proprietary/ Partnership/Private Limited Company / Public Limited Company | |
| 6 | Names of the Partners /Directors/ Proprietor | |
| 7 | Name of Representative (s) with Designation who would be calling on us and attending to our jobs | |
| 8 | Is the Firm registered under the Factory Act? If so, state a) License Number: b) Date of last renewal of license (Copy of license to be enclosed) c) ESI No. if any d) EPF Registration No. if any | |
| 9 | a) PAN NO. (Enclose Copy) b) Labour License No. if any (Enclose Copy) c) GSTIN Registration No.(Enclose Copy) | |
| 10 | Whether holding certificate under MSME / NSIC /Shops & Establishment Act, duly Renewed (Copy should be enclosed) | |

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| 11 | 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) | |
| 12 | Turn over certificate for last three Financial Years. | |
| 13 | Whether Black Listed by any Govt. Deptt. / Public Sector Company. | |
| 14 | GSTIN No./TAN No./VAT/CST | |
| 15 | Are you agreeable to make deliveries to LIC's offices at Jaipur and its Branches located in Jaipur, Jhunjhunu, Alwar & Sikar district under its Jurisdiction ? | |
| 16 | Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts? | |
| 17 | Is your firm empanelled with any office of Life Insurance Corporation of India or any other PSU(Central)? Please give name and address and enclose proof. | |
| 18 | Name, Addresses and Telephone Nos. of some of your most valued clients.(Separate list may be enclosed) | |
| 19 | Approximate value of your Turnover per Year. | |
| 20 | Mention any other specialties of your Establishment | |

TERMS & CONDITIONS FOR EMPANELMENT

1. The firm/supplier/Service Provider should be in profession for at least 3 years. (Copy of registration certificate must be enclosed).
2. The firm should be on the approved panel of at least one Reputed Firms/Public/Govt. sector.
3. For Serial no. 9 Category, the firm should be on the approved panel of at least one reputed hospitals/ Public Sector / Private Sector companies.
4. The firm / supplier should have registration with state & local authorities for undertaking the profession (Copies of proof to be enclosed).
5. The firm / supplier should keep sufficient stock in hand so as to comply with the urgent need without delay.
6. Vendor should furnish the specific brand or make, in case of authorized dealer (Copy of valid authorized dealership certificate must be enclosed.)

7. Minimum Annual turnover required for empanelment is indicated against its category.
8. The empanelment will be done only on the favorable recommendation of the duly constituted committee that will visit & inspect the premises, workshop etc of the applicants.
9. Notice for Empanelment and Application Form, all are part of Application Form. All applicants are required to affix the signature and seal of the Authorized Official of the Company on each page of Notice for Empanelment, and Application Form in acceptance of terms & conditions therein.

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.

All the pages of application form and documents must be signed with seal of the firm.

- I/We_____ request Life Insurance Corporation of India, Divisional Office-1, "Jeevan Prakash", Bhawani singh Road, Jaipur-302005 to consider inclusion of my/our name in the list of their approved Firms/manufacturer/supplier/printer/service provider/contractor. We agree to give full satisfaction to the Life Insurance Corporation of India in the event of their doing so.
- I/We have read the instructions appended to the notice for empanelment 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.
- I/We agree that the decision of the Corporation in selection of MANUFACTURES/PRINTERS/VENDORES/SERVICE PROVIDER will be final and binding on me/us.
- All the information furnished by me here under is correct to the best of my/our knowledge and belief.
- I/We agree that I /We have no objection if inspection of my/our premises/workshop, shop etc. is done by the official of the Corporation.

Dated at.....this.....day of.....2025.

Signature with Seal

Name: _____

Designation: _____