



भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA

***DIVISIONAL OFFICE: AGRA***

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भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA

**LIFE INSURANCE CORPORATION OF INDIA  
DIVISIONAL OFFICE**

**" JEEVAN PRAKSH", Sanjay Place , M.G.ROAD AGRA -282002;**

**FOR CATEGORIES "A" TO "C" From page No 2 to Page No 22**

***FORM from FOR ENROLMENT OF CONTRACTORS FOR***

*(A) CAMC of UPS*

*(B) ARC for the replacement of SMF batteries for the existing on line  
UPS*

*(C) CAMC of Firefighting & Fire Alarm*



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LIFE INSURANCE CORPORATION OF INDIA

**LIFE INSURANCE CORPORATION OF INDIA**, Divisional Office:  
Jeevan Prakash, Sanjay Place , M.G.ROAD AGRA -282002; PHONE no.0562  
2525536 email – engg.agra@licindia.com

### **NOTICE FOR EMPANELMENT OF CONTRACTORS**

Life Insurance Corporation of India intends to shortlist the agencies/firms for different categories (A) CAMC of UPS (B) ARC for the replacement of SMF batteries for the existing on line UPS (C) CAMC of Firefighting & Fire Alarm for various Offices under AGRA Divisional Office. Enrollment form can be received from 08.12.2025 to 29.12.2025 up to 15.00 hours from the above office or visit our [www.licindia.in](http://www.licindia.in) “Tenders sanction” as well as for downloading of details eligibility criterion ,other requirements and enrolment form.

Interested contractors having experience of similar nature of works may submit their filled in Enrollment form along with necessary documents on or before 30.12.2025 up to 15.00 hours along with Demand Draft worth of Rs 590/- (**per category**) non – refundable in favour of “Life Insurance Corporation of India”, payable at **AGRA** to Sr. Divisional Manager on above address. Tenders without the requisite cost of form will not be entertained. Existing contractors of the corporation have also to apply a fresh along with all required documents as per enrollment form. No brokers /intermediaries shall be entertained. No delay in submission of forms including postal will be accepted

Sr. Divisional Manager reserves the right to cancel any or all tenders without assigning any reasons whatsoever.

**Date:**

**Sr. Divisional Manager**



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### **ठेकेदार के पेनल के लिए सूचना**

भारतीय जीवन बीमा निगम मण्डल कार्यालय आगरा के अंतर्गत स्थित इसके कार्यालयों के लिए विभिन्न कटेगरी (A) यूपीएस का एएमसी (B) यूपीएस बैटरी का रिप्लेसमेंट (C) फायर फाइटिंग एवं अलार्म का एएमसी हेतु ठेकेदार का पंजीकरण किया जाना है । ईनरोलमेंट फॉर्म (Enrolment फॉर्म) दिनांक 08.12.2025 से 29.12.2025 15.00 बजे तक कार्यालय से प्राप्त किए जा सकते हैं समान प्रकृति के कार्य में अनुभव रखने वाले फ़र्मो / ठेकेदारों सूचिकरण हेतु निर्धारित प्रपत्र में दिनांक 30.12.2025 15.00 बजे तक

उपरोक्त कार्यालय के पते पर **वरिष्ठ मण्डल प्रबन्धक को आवेदन कर सकते हैं।**

प्रपत्र शुक्ल रुपया 590.00 अप्रतिदेय है । सूचिकरण प्रारूप कार्यालय के वेब साइट [www.licindia.in](http://www.licindia.in) पर लॉग ऑन करें और "टेंडर" पर जा कर डाउनलोड किए जा सकते हैं और आगरा में देय डी डी 590.00 (रुपया पाँच सौ नब्बे मात्र ) अप्रतिदेय भारतीय जीवन

बीमा निगम के पक्ष में आगरा पर देय सलंगन होना चाहिए । बिना डीडी का ईनरोलमेंट फॉर्म स्वीकार नहीं होगा । जो ठेकेदार वर्तमान में भारतीय जीवन बीमा निगम में कार्य कर रहे हैं , वे भी आवेदन कर सकते हैं । इस प्रक्रिया में किसी दलाल या बिचौलिये का दखल स्वीकार नहीं है। पूर्णतया भरे हुए ईनरोलमेंट फॉर्म (Enrolment form) प्रस्तुत करने की **अंतिम तिथि 30-12-2025 शाम 03 बजे तक है ।**

भारतीय जीवन बीमा निगम को सर्वाधिकार सुरक्षित है कि वह प्राप्त प्रस्तावों को बिना कारण बताए पूर्णतया / आंशिक रूप से स्वीकार / अस्वीकार कर सकता है ।

**दिनांक :**

**वरिष्ठ मण्डल प्रबन्धक**

### **INSTRUCTIONS FOR FILLING & SUBMISSION OF ENROLMENT FORM FOR CATEGORY FROM "A" TO "C"**

LIC of India invites application for enrolment from reputed MANUFACTURERES/ VENDORS/CONTRACTORS/agencies/firms for various type of works as mentioned

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from **Category-“A” to Category –“C”** for various offices under **AGRA Division** in the prescribed Enrolment Form at the office of the undersigned. The interested firms who are having valid Credentials / Certificate and having enlisting/worked with Banks, Central or State Public Sector undertaking, CPWD or Central or State Govt. may apply in the prescribed enrolment form.

1. Contractor should have GST registration etc (Copy to be enclosed). Contractors to note that all particulars required as per the form and Annexure shall be filled completely in relevant columns strictly as per the format. Accordingly, contractor/agencies will be enlisted in various categories of works on the basis of credentials submitted by the contractor, a panel shall be prepared.

**2. Minimum Eligibility Criteria for selection of contractors / empanelment of contractor / vendors for categories of works from “A” to “C” will be as follows::**

Category (1)	Nature of works (2)	Minimum Solvency Or Minimum Net worth		Average Annual Financial Turn Over (5)	Qualifying Value of works completed during last 7 years (6)
		Solvency (3)	Net worth (4)		
Category- “A”	Comprehensive Annual Maintenance Contract (CAMC) of UPS, servo stabilizer etc	Rs.2.00 lac	0.50 lakh	Rs.5.0 lac	Three Similar Works each costing not less than 2.00 Lakh OR Two Similar Works each costing not less than 2.50 Lakh OR One Similar Works each costing not less than 4.0 Lakh
Category- “B”	Annual Rate Contract for the replacement of SMF Batteries for the existing on line UPS up to 10.00 lakh	Rs.4.0 lac	Rs 1.0 lakh	Rs.5.00 lac	Three Similar Works each costing not less than 4.00 Lakh OR Two Similar Works each costing not less than 5.0 Lakh OR One Similar Works each costing not less than 8.0 Lakh
Category	Nature of works	Minimum Solvency Or Minimum Net worth in Lacs		Average Annual Financial Turn Over	Qualifying Value of works completed during

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(1)	(2)	Solvency (3)	Net worth (4)	(5)	last 7 years (6)
<b>Category- "C"</b>	Annual Rate Contract (ARC) For Fire Fighting , Fire alarm System ,Fire Extinguishers up to 5.0 Lakh	Rs.2.00 lac	0.50 lakh	Rs.5.0 lac	Three Similar Works each costing not less than 2.00 Lakh OR Two Similar Works each costing not less than 2.50 Lakh OR One Similar Works each costing not less than 4.0 Lakh

3. The forms not submitted strictly as per the above instructions within stipulated period are liable to be rejected.

4. The eligible contractors who will be selected for issue of tenders after scrutiny of enrolment forms shall be informed. Please note that no enquiries or correspondence regarding the selection for issue of tenders shall be entertained.

5. (a) **Latest Solvency Certificate** from any Nationalized/Scheduled Bank must be submitted. Sample Form for Solvency Certificate - **Annexure-H**. The certificate to be obtained from a Scheduled Commercial Bank excluding Cooperative Bank or Regional Rural Banks

5 (b) **Net Worth Certificate** by Certified Chartered Accountant (Sample Form for Net worth certificate-**Annexure- I**

6. The contractors are advised to follow the instructions given below:-

- Enrolment Form shall be filled-up in clean handwriting in capital letters or typed.
- Full address of the site of work, owner or authority under whom the works have been carried out should be given (Please refer Annexure 'E' & 'F').
- The contractors should ensure to submit the satisfactory Completion Certificate giving the value of work, year of completion and it should tally with the value of final bill in Annexure 'E'.

(d)The annual turnover should be based on latest Income-tax Clearance Certificate duly cleared by Income-tax Department/Certified balance sheet/acknowledged copy of income tax return.



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7. Please note that the submission of this enrolment form does not confer any right on you to claim issue of tenders and the Sr. Divisional Manger reserve the rights not to issue tender to any/all applicants without assigning any reason whatsoever.
8. For working Contractors/Agencies of LIC of India, the above criteria may be relaxed by 15%.
9. In case of Batteries/Stabilizer , the applying agencies should also be either O.E.M. or authorized dealers /Channel partners of reputed brands and the relevant documents such as authorized dealership certificate of above mentioned brand with validity should be submitted along with the enrolment form.
- 10.The contractor/agencies should also be enrolled under GST & relevant documents should be submitted.

The Contractor/Agencies desirous to be empanelled with us for various jobs may apply in prescribed Performa and the same can be downloaded from official website [www.licindia.in](http://www.licindia.in)(Tender Page ) and submitted by enclosing DD of Rs 500/- +GST Rs.90/- ( Five Hundred + GST Rs. Ninety only) non – refundable **for each category** in favour of “**LIC of India** “ payable at **AGRA**.  
(All the already enlisted contractors with LIC of India should also apply for empanelment through this NIT)

**The applications in prescribed Performa along with the enclosures as per Annexure are to be sent at following address so as to reach us on or before 30.12.2025 up to 15.00 hrs. Please note that no consideration will be given for postal delays.**

**Executive Engineer  
LIC of India**

Divisional Office: Jeevan Prakash, 6<sup>th</sup> floor Engineering Department  
Sanjay Place, M.G. ROAD AGRA -282002;

**The Cover should be super scribed as “Application for Empanelment of Contractor/Agencies under CATEGORY .....”.**



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**Note:**

1. Contractor/Agencies who are working with us should also apply for fresh empanelment.

2. The enrolment form downloaded from the website, **the enrolment form for each category** along with Annexure A1, A2 and B to I shall be completely filled in all respect along with cost of enrolment form Rs 500/-+Rs.90/-GST ( non-refundable, FOR EACH CATEGORY) by way of demand draft/pay order in favour of Life insurance Corporation of India payable at Varanasi.

**Note: These instructions for filling & submission of Enrolment Form shall also be duly signed and submitted along with Enrolment Form annexure A1, A2 and B to G.**

Encl: Enrolment Form with Annexure 'A1, A2' to 'B' to 'I'.

**Signature of Contractor**  
With seal & date

**ENROLMENT FORM NO.**\_\_\_\_\_

**(TO BE FILLED BY OFFICE)**

**FORM FOR ENROLMENT OF CONTRACTORS**

I/We \_\_\_\_\_ am/are desirous of  
being enrolled on the list of contractors for \_\_\_\_\_

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and hereby apply for the same.

Sl. No.	Name of Work	Please mention the work for which applied (separate Enrolment form to be filled for each category along with enrolment form cost Rs.500/++GST)	Please mention details of Demand Draft and attach it (Rs500/++GST @ 18%).			
			Name of Bank	DD No	Amt	Date

I/We give the following details for your consideration:

Sl. No	QUERY		ANSWER
1	Name of the firm		
2	Address		
3	PAN No(copy to be enclosed)		
	GST registration (copy to be enclosed)		
4	Contact details	Office phone no.	
		Residence phone no.	
		Mobile No.	
		Fax No.	
		Email	
5	Month and year in which the firm was established in present name		
6	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		



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	partnership deed of old firm be enclosed).			
7	Particulars of sister firms, if any :			
8	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 <b>Annexure A-1</b>			
	iii) Fill-in enclosed <b>Annexure A-2</b>			
9	Fill and enclose <b>Annexure B</b> giving details of enrolment with LIC of India in the past and with other organizations.			
10	Has the applicant or his partners or Directors been black listed in the past by any Central or State Govt.Deptt./Organisations.			
11	i) Annual Turn Over for last four years (enclose documentary evidence or proof to support figures duly verified by the Chartered Accountant with Registration Number		YEAR	Rs. in Lakh
		i	2021-22	
		ii	2022-23	
		iii	2023-24	
	iv	2024-25		
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	
12	i) Name and complete postal address of bankers			
	ii) Enclose solvency certificate indicating amount. (The certificate			



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	should not be more than 6 months older than the last date of submission of application for empanelment ).Sample Form for Solvency Certificate - <b>Annexure-I</b> . The certificate to be obtained from a Scheduled Commercial Bank excluding Cooperative Bank or Regional Rural Banks <b>OR</b> Net Worth Certificate by Certified Chartered Accountant (Sample Form for Net worth certificate-Annexure		
13	Fill in & enclose <b>Annexure-E</b> giving full particulars about major works completed during past Four years <b>NOTE: List of only those works which are carried out by firm requesting for enrolment is to be given. Work completion certificate for qualified projects must be notarized with address &amp; contact numbers of issuing authority</b>		
14	Work in Progress:		
	i) Whether full details of major work on hand given in <b>Annexure- F</b> <b>Note:The details must be notarized</b>		
	ii) Are copies of work orders for such large works enclosed.		
15	Whether full information regarding permanent technical staff employed given in <b>Annexure 'G'</b>		
16(i)	Whether the firm is a		NA

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	manufacturer of AIRCONDITIONER/water cooler or whether an authorized channel partner /dealer during the last five years and is in force during the current year (Enclose channel partner/dealership letter from OEM)		
16(ii)	Make /Brand Offered		
17(i)	Whether the firm is a manufacturer of BATTERIES or whether an authorized channel partner /dealer during the last five years and is in force during the current year (Enclose channel partner/dealership letter from OEM)		
17(ii)	Make /Brand Offered		
18(i)	Whether the firm is a manufacturer of SERVO/STABILIZERS or whether an authorized channel partner /dealer during the last five years and is in force during the current year (Enclose channel partner/dealership letter from OEM)		
18(ii)	Make /Brand Offered		
19	<b>FOR ELECTRICAL WORKS</b>		
(i)	Name of License Holder		
(ii)	Electrical License Number		NA
(iii)	Date of Issuance		
(iv)	Validity Period		
(v)	Name & Place of the department from where Electrical License has been issued		
	( Enclose the copy of Electrical License )		

**Note:** Attached duly self attested Photocopy of all documents including PAN , GST registration, ITCC, authorized dealership certificate from O.E.M, Annual Turn Over , Solvency ,Work Completion certificate and other documents as per Criteria's mentioned above for the category applied should be Enclosed with enrolment form.



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**(All pages are to be signed with seal and address)**

**Signature of Contractor**  
With seal & date

**DECLARATION**

I/We agree to notify the officer accepting this application and registering my/our names on list of contractors/agencies of Life Insurance Corporation of India, of any changes in the foregoing particulars as and when they occur and to verify and confirm these annually on 1st January. 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/agencies in the event of my/our 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**

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**ANNEXURE – “A1”**

**AFFIDAVIT**



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(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 it's office at  
.....District ..... dealing in business of  
Government, civil contracts and ancillary works attached therefore.

Hence this affidavit.

**Deponent** \_\_\_\_\_

**Note: This Affidavit should be notarized**

**ANNEXURE-“A2”**

**CONSTITUTION OF FIRM –**



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**SOLE PROPRIETORSHIP/PARTNERSHIP/LTD.CO./OTHER**

**DETAILS OF CONSTITUTENTS**

Sl.No.	Name of sole partner or director / other high official	Age	Share	Technical Experience			Whether power of attorney holder
				Year to	As Employee	As contract	
1	2	3	4	5	6	7	8

**SIGNATURE OF CONTRACTOR**

**ANNEXURE-"B"**

**PARTICULARS OF ENROLMENT WITH LIC AND OTHER ORGANISATION**

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**I. ENROLMENT WITH LIC:**

Name of works office for which enrolled by LIC in the past

- 1.
- 2.
- 3.

S. No for which tenders were submitted:  
 S. No for which work-order was received:

**II. ENROLMENT WITH OTHER ORGANIZATIONS:**

Sl. No.	Name and 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 lacs)	Is copy of letter enclosed
1	2	3	4	5	6	7	8

**SIGNATURE OF CONTRACTOR**

**ANNEXURE-“C”**

**PARTICULARS OF SHUTTERING TOOLS AND PLANT**



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(Suitable modifications may be done as per Categories applied for)

Sl. No.	Particulars	Items	Specification	Quantity	Estimated Value	Remark
1	a) Shuttering plates. b) Shuttering wooden plated c) Wooden props. d) Steel props.					
2	Concrete Mixture					
3	Concrete Vibrator Petrol Driven Electric Driven					
4	Tower Hoist					
5	Trucks					
6	Welding Equipments					
7	Pump-sets					
8	Floor-Polishing Machine					
9	Cranes					
10	Others					

**SIGNATURE OF CONTRACTOR**

**ANNEXURE – “D”**

**PARTICULARS OF TOOLS AND PLANT**

(Suitable modifications may be done as per Categories applied for)





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Sr. No.	Item	Specification	Quantity	Estimated Value	Remarks
(1)	(2)	(3)	(4)	(5)	(6)
1.	Power Analyzer				
2.	Earth Resistance Testing Equipments				
3.	Meggers				
4.	HT jointing kits				
5.	Resistance load for testing				
6.	Welding Equipments				
7.	Crane				
8.	Cable tester				
9.	Steel ladders				
10.	Others				

**SIGNATURE OF CONTRACTOR**



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**ANNEXURE-“E”**

**LIST OF MAJOR SIMILAR NATURE WORKS COMPLETED DURING LAST FOUR YEARS**

Sl. 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	11

**SIGNATURE OF CONTRACTOR**

**NOTE:** To enable us to process your application quickly, please ensure that complete Postal Address including Pin Code and Telephone Numbers / Fax Numbers / E-mail Address etc. are furnished under Column Nos.2, 3 & 4 above



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**ANNEXURE-“F”**

**LIST OF WORKS IN HAND**

S I . N O	Name and Complete Postal address of			Order			Date of Commenceme nt of work	Schedule date of Completi on of work	Progress made and expected date of completi on and reasons for delay, if any
	Site of Work & nature of work	Owne r	Authorit y under whom work was carried out	Ref. No. & Dat e	Contra ct Amount (Rs. in Lac)	Is copy enclose d			
1	2	3	4	5	6	7	8	9	10

**SIGNATURE OF CONTRACTOR**



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**ANNEXURE-“G”**

**PARTICULARS OF PERMANENT TECHNICAL STAFF**

Sl. No	Name	Designation	Age	Academic Qualification	Service with the firm	Details of Experience year to year
1	2	3	4	5	6	7

**SIGNATURE OF CONTRACTOR**



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**Annexure -H**

**To,**

**Sr. Divisional Manager,**

**-----Office**

**BANKERS CERTIFICATE FROM A BANK**

This is to certify that to the best of our knowledge and information that M/s / Shri-----  
----- having marginally noted address as a customer of our  
bank are/ is respectable and can be treated as good for any engagement up to a limit of Rs.---  
----- (Rupees in words-----)

This certificate is issued without any guarantee of responsibility on the bank or any of the officers

Signatures of authorized official  
For the Bank

Note:

1. Banker's certificates should be on letter head of the bank addressed to Tender issued authority
2. In case of partnership firm ,certificate should include names of all partners as recorded with the bank
3. The Bid will not be considered valid if any change to the above format is made



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**Annexure -I**

**FORM FOR CERTIFICATE OF NETWORTH FROM CHARTERED ACCOUNTANT**

It is to certify that as per the audited Balance Sheet and Profit & Loss Account during the Financial Year ....., the Net Worth of M/s.....( Name & Registered Address of Individual / Firm / Company) as on 31<sup>st</sup> March .....( **previous financial year** from the year in which NIT is published / application invited for Empanelment ) is Rs.....( Rupees.....) after considering all liabilities. It is certified that computation of Net Worth based on my / our scrutiny of the Books of Accounts, Records and Documents is true and correct to the best of my / our knowledge.

(Signature of Chartered Accountant)

Name of Chartered Accountant:

Membership No. of ICAI:

Date:

Seal:

**Note:**

1. The Net worth Certificate should be on letter head of the Chartered Accountant.
2. In case of Bidder is partnership firm, certificate should include names of all partners as recorded with the Chartered Accountants.