



**LIFE INSURANCE CORPORATION OF INDIA
JEEVAN PRAKASH BUILDING
JAMSHEDPUR DIVISION**

APPLICATION FORM FOR EMPANELMENT OF FIRM

| | |
|---------------------|--|
| S.NO.OF CATEGORY | |
| NAME OF CATEGORY | |

Separate Application is to be filled up for each category

- List of category: 1. Continuous Stationery
2. Offset Printing
3. Table Stationery
4. Computer Consumables

Conditions for Empanelment:

- 1) The firm/supplier should be in profession for at least 3 years.
(Copy of proof must 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) Application form are available at LIC site www.licindia.in by paying (Rs. 500/- + 18% GST, Total Rs.590.00/-) -by CASH OR DEMAND DRAFT in favour of **"LIFE INSURANCE CORPORATION OF INDIA"** payable at Jamshedpur during cash hours **(Non Refundable)**.

5) Last date for submitting bid document is 17 hrs (5 PM) on 06.03.2026

APPLICATION FOR FIRM/SUPPLIER/SERVICE PROVIDER

PART 1: GENERAL INFORMATION

| S.NO. | INFORMATION SOUGHT | INFORMATION PROVIDED |
|-------|---|----------------------|
| 1. | Name of the Firm (In Block Letters) | |
| 2. | Date of Establishment/Incorporation | |
| 3. | Correspondence address and Telephone No. | |
| 4. | Address of Head Office (if Separate) and Telephone No. | |
| 5. | Status Proprietary/Partnership limited company/Public Limited Company | |

| | |
|-----|--|
| 6. | Name of Chief Executive with his present addresses and Telephone Nos. |
| 7. | Name of Representative (s) with Designation who would be calling on us and attending to our jobs. |
| 8. | Name of bankers with addresses & Telephone Nos. including NEFT details |
| 9. | <p>Is the firm is registered under the factories Act? If so, state</p> <p>(a) Trade License No: (copy to be enclosed) _____</p> <p>(b) Date of renewal of License (copy of license to be enclosed) _____</p> <p>(c) Pan No : (copy to be enclosed) _____</p> <p>(d) ESIS No. if any : (copy to be enclosed) _____</p> <p>(e) EPF registration No. if any : (copy to be enclosed) _____</p> <p>(f) MSME : (copy to be enclosed) _____</p> <p>(g) GST No : (copy to be enclosed) _____</p> <p>(h) SC,ST,OBC,GEN : (copy to be enclosed) _____</p> <p>(i) Registered under GEM Portal (copy to be enclosed) _____</p> |
| 10. | Whether holding certificate under shops & establishment act, duly renewed copy should be enclosed. |
| 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. | Turnover for last three years | FY 2023-2024 | |
| | | FY 2024-2025 | |
| | | FY 2025-2026 up to | |
| 13. | Are you agreeable to make deliveries to Corporation's office at Jamshedpur Divisional Office and other Offices outside Jamshedpur when so directed? | | |
| 14. | Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts | | |
| 15. | If your firm is empanelled with any of office of LIC of India or any other PSU (Central) Please give name and address. | | |
| 16. | Approximate value of your output per year. | | |
| 17. | Mention any other specialties of your Establishment. | | |

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.

I/WE _____

Request Life Insurance Corporation of India, Divisional Office Jamshedpur 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 _____ 2026

Signature with Seal:

Name:

Designation:

Note: The Corporation reserves the right to cancel the name of the supplier/firm, from its approved lists at their absolute discretion without assigning any reason