



**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](http://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