



मण्डल कार्यालय:पो.बो.18, सब सिटी सेन्टर, उदयपुर-313001, फोन 0294-2484162, 2481108, 2481291 e-mail:Sales.udaipur@licindia.com

DIVISIONAL OFFICE : POST BAG NO. 18- JEEVAN PRAKASH, SUB CITY CENTRE, UDAIPUR – 313001 (RAJ.) E-mail : Sales.udaipur@licindia.com

EMPANELMENT OF SUPPLIERS/PRINTER/MANUFACTURERS.

Applications are invited from Reputed/Manufacturers/Printers/Vendors Service Providers/Wall painting/Mobile Van for Empanelment for following items:-

S.NO.	CATEGORY	MINIMUM TURNOVER REQUIRED PER ANNUM (IN LAST 3 YEARS) IN LACS
1	Electronics items/ Electrical Items/ Appliances/ Automobiles and Accessories	10 Lacs
2	Home & Living items, Kitchenware, Personal Care, Life Style (Men/Women/Kids Wear)	10 Lacs
3	Books, Stationery, Sports, Entertainment, Trophies & Gift Items	5 Lacs
4	Gold coins, Silver Coins & Gift Cards	10 Lacs
5	Supply of Publicity materials such as Hoarding/Flex / Banners/Boards, Canopies & Standies	5 Lacs
6	Printing of Publicity Materials/Pamphlets etc/Magazines	5 Lacs
7	Wall Painting	3 Lacs
8	Hiring of Mobile Publicity Van	3 Lacs

1. The eligibility conditions and Application Form can be downloaded from our website www.licindia.in or the same can be obtained from the office of **Manager (Sales), LIC of India, Divisional Office, "Jeevan Prakash", Sub-City Centre, Reti Stand, Udaipur-313001 (Raj.)**. Application for empanelment duly completed should be submitted at the same address in a closed envelope superscribed as **"Application for Empanelment of Suppliers/Vendors/Category Sr.No...."** alongwith non-refundable application fee of **Rs.118/-** in the form of demand draft in favour of "Life Insurance Corporation of India payable at Udaipur. **Last date for receipt of application forms duly completed is 4.00 PM on 10/07/2023.**
2. The firms/Suppliers who are on our panel are required to apply for fresh empanelment, if interested.
3. Firms/Suppliers who have been blacklisted/removed earlier should not apply. If applied their application will not be considered.
4. Mere submission of application for empanelment does not confer the right of empanelment. Life Insurance Corporation of India reserves its right to reject, accept any or all applications or cancel the process of empanelment without assigning any reason thereof for which Life Insurance Corporation of India shall neither be liable nor obligatory to inform the applicant the grounds of any such action.

Sr.Divisional Manager



मण्डल कार्यालय:पो.बो.18, सब सिटी सेन्टर, उदयपुर-313001, फोन 0294-2484162,2481108,2481291 E-mail Sales.udaipur@licindia.com

DIVISIONAL OFFICE : POST BAG NO. 18- JEEVAN PRAKASH, SUB CITY CENTRE, UDAIPUR – 313001 (RAJ.)

E-mail : Sales.udaipur@licindia.com

APPLICATION FORM FOR EMPANELMENT OF FIRM

S.NO.OF CATEGORY	NAME OF CATEGORY

Condition of Empanelment :

- 1. Separate application is to be filled/Submitted for each category**
2. The firm/Supplier should be in profession for atleast 3 years (copy of Proof must be enclosed)
3. The firm should be on the approved panel of atleast 3 reputed Firms
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 needs without delay.
6. Annual turnover should not be less than the minimum requirement as mentioned in the attached list of items (Attached Balance Sheet for last 3 years)

APPLICATION FOR FIRM/SUPPLIERS/SERVICE PROVIDERS

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 & Tel/Mobile No. E-mail Address of the Firm	
4	Address of Head Office (if Separate) and Telephone/Mobile No.	

5	Status Proprietary/Partnership Limited Company/Public Limited Company		
6	Names of the Partners/Directors		
7	Name of Chief Executive with his Present Address & Telephone No./Mobile No.		
8	Name of Representative (s) with Designation who would be calling on us and attending to our job.		
9	Name of Bankers with Address & Telephone Nos.		
10	Is the Firm is registered under the Factories Act? If so, State a) Licence No. b) Date of Renewal of Licence (copy of licence to be enclosed) c) PAN No. d) ESIS No, if any e) EPF Registration No., If any		
11	Whether holding certificate under Shops & Establishment Act, duly renewed copy should be enclosed.		
12	State the latest Income Tax Assessed Year and the Amount of Tax assessed (Copies of last 3 years, IT Returns, Balance Sheet & Revenue A/c to be enclosed)		
13	Turnover for last Three years	FY 2022-23	
		FY 2021-22	
		FY-2020-21	
14	Are you agreeable to make deliveries to Corporation's Office at Udaipur and other Offices outside Udaipur when so directed?		
15	Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contract		
16	Is your Firm is empanelled with any of Office of LIC of India or any other PSU (Central) Please give name and Address.		
17	Name, Address & Telephone Nos. of some of your		

	most valued Clients (Separate list may be attached)	
18	Approximate value of your output per year	
19	Mention any other specialities of your Establishment	
20	1. PAN NO. 2. GST NO. (Copy of Certificate to be attached)	
	Any Other Information.	

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, Udaipur** 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.....thisday of.....2023.

Signature with Seal
Name
Designation



मण्डल कार्यालय:पो.बो.18, सब सिटी सेन्टर, उदयपुर-313001, फोन 0294-2484162, 2481108, 2481291 e-mail Sales.udaipur@licindia.com

DIVISIONAL OFFICE : POST BAG NO. 18- JEEVAN PRAKASH, SUB CITY CENTRE, UDAIPUR – 313001 (RAJ.) E-mail : Sales.udaipur@licindia.com

संदर्भ : म.का.101 / विक्रय-सूचीबद्ध-2023-25 /

दिनांक

मैसर्स _____

विषय:- फर्म को सूचीबद्ध (Empanelment) करने बाबत

विषयान्तर्गत लेख है कि आपकी फर्म का नाम हमारी अनुमोदित सूची में सम्मिलित करने पर विचार किया जा सकता है । सूचीबद्ध किये जाने हेतु निम्नलिखित जानकारियां यथासंभव मय दस्तावेज के हमें प्रेषित करें :-

- 1- Profile of Firm/Company
- 2- Product of Firm
- 3- Item of Empanelment (Required by Agency)
- 4- List of Clients
- 5- Registered with other Institution
- 6- Latest ITCC (Income Tax Clearance Certificate)
- 7- PAN NO/GST Registration No.
- 8- Partnership Deed
- 9- Registration No. of Company/Firm
- 10 Balance Sheet, Trading & Profit & Loss A/c for Last 3 years
- 11 Income Tax Return for Last 3 years.
- 12 MSME Certificate

उपरोक्तानुसार दस्तावेजों की प्रमाणित छाया प्रति प्रेषित करें ।

प्रबन्धक (विक्रय)