

LIFE INSURANCE CORPORATION OF INDIA

Divisional Office, "Jeevan Prakash" LIC of India, Divisional Office, Aligarh-202001 (U.P.)

INSTRUCTIONS FOR FILLING AND SUBMISSION OF ENROLMENT

The Enrolment [Works up to Rs.5.0 Lacs] form along with the Annexure A1, A2 and B to G shall be completely filled in all respect along with cost of Enrolment Form of Rs.590/- (non-refundable) for each category by way of demand draft/pay-order in favour of Life Insurance Corporation of India payable at Aligarh, Life Insurance Corporation of India, Divisional Office, "Jeevan Prakash, Masoodabad, G. T. Road, Masoodabad, Aligarh along with these instructions for filling and submission of Enrolment Form on or before 05.04.2023 up to 15.00 Hrs. Please note that no consideration will be given for postal delays.

- 1. Contractors to note that all particulars required as per the form and Annexure shall be filled in completely in relevant strictly as per the format.
- 2. The forms not submitted strictly as per the above instructions within stipulated period are liable to be rejected.
- 3. The eligible agencies, which will be selected for issue of tenders after scrutiny of enrolment forms, shall be informed by a letter. Please note that no enquiries or correspondence regarding the selection for issue of tenders shall be entertained.
- 4. The Contractors are advised to follow the instructions given below:
 - a) Enrolment Form shall be filled-up in clean handwriting in capital letters or typed.
 - b) Full address of the site of work, owner or authority under whom the works have been carried out should be given (Please refer Annexure D & E).
 - c) The agencies should ensure to submit the satisfactory Completion Certificate giving the value of work, year of completion and it should also tally with the value of final bill in Annexure D.
 - d) The annual turnover should be based on latest Income Tax Clearance Certificate duly cleared by Income Tax Department or audited balance sheet, copy of which should be enclosed.
- 5. 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 Manager reserve the right not to issue tender to any/all applicants without assigning any reason whatsoever.

Encl: Enrolment Form with Annexure A1, A2 and B to G

Sr. Divisional Manager

Signature of Contractor

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



FORM FOR ENROLMENT OF CONTRACTORS [Works up to Rs.5.0 Lacs]

I/We	am/are desirous of being	g enrolled on list of contractors
for	and hereby apply for the same	<u>, </u>

SI.NO.	NAME OF WORK	PLEASE MENTIONED THE WORK /CATEGORY FOR WHICH APPLIED
1	Category-I (Electrical, IT & Fire Alarm Maintenance work)	CATEGORI FOR WINCH AFFEILD
2	Category-II (Civil, Plumbing, Carpentry, Painting & Horticulture Maintenance work)	
3	Category-III (Air-Conditioning works i.e. Window, Split, Ductable & VRF system-AMC)	
4	Category-IV (Fire-Fighting & Alarm works AMC)	
5	Category-V (On-line UPS & Inverter AMC)	
6	Category-VI (Supply of SMF Batteries for UPS and Battery for Inverter)	

I/We give the following details for your consideration.

SI.NO.	QUERY	ANSWER
1	Name of the firm	
2	Address	
	PAN No.(Enclose attested copy)	
	TIN No.	
3	VAT Registration No.	
	Service Tax registration	
	No.(Enclose attestedcopy)	
	Contact Details :-	
	Office Phone No.	
4	Residence Phone No.	
4	Mobile No.	
	Fax No.	
	Email	
5	Trade Licensecertificate & Professional	
	LicenseNo.(Enclose attestedcopy)	
6	Month and year inwhich the firm was	
	established in presentname	
7	Particulars of old firm(if present firm is	
	new) if main partners of the present firm	
	were working as constructioncontractors,	
	in some other name in thepast(The	
	partnership deed of old firm be enclosed).	
8	Particulars of sister construction firms, if	
	any:	
9	i) What is the constitution of firm viz?	
	Sole Proprietor, Partnership, Pvt. Ltd.,	
	Public Ltd., etc.	



LIFE INSURANCE CORPORA	100 pt 10			
	ii)Enclose copy of partnership deed,Articles of			
	Association or Affidavit in case of sole			
	proprietorship as per Annexure A-1.			
	iii) Fill-in enclosed Annexure A-2.			
10	Fill and enclose Annexure B givingdetails			
	of enrolment with LIC of India in the past			
	and with other organizations.			
11	Has the applicant or his partners			
	orDirectors been black listed in the past			
	by any Central or State Govt.			
	Deptt./Organization.			
	i) Annual Turn Over for last four years		Year Rs. in Lakh	
	(enclose documentary evidence or proof	i	2019-20	
	to support figures) Year Rs. In Lakh	ii	2020-21	
		iii	2021-22	
12	ii) What evidence of proof is enclosed to			
	support the amounts of yearly turnover			
	iii) Enclose latest income tax clearance		Certificate enclosed fo	ır
	Certificate enclosed for Assessment		Assessment year	•
	year		765C55THETTE YEAT	
	i) Name and complete postal address of			
	bankers			
	ii) Enclose service tax registration		lacs with	
	certificate indicating amount		ides with	
	(Thecertificate should not be more than 3			
13	months old).			
	iii) Bank Guarantee limit with		i) Rslac with	
	variousbanks		ii)Rslac with	
	variousbanks		iii) Rs. lac with	
			TOTAL	
14	i) Enclose list of immovable properties		TOTAL	
14	with complete postaladdresses,			
	fulldescription and reasonable			
	marketvalue of property duly supported			
	by certificate of DM/Collector/First			
	ClassMagistrate/approved value			
	i)Particulars of movable properties along			-
	with Banker's reference			
	Value of tools & plants	-	Rs.	\dashv
15	Other Assets		Rs.	-
	Total		Rs.	-
	ii) Whose reference is enclosed?	-	113.	_
16	<u>'</u>			-
10	Fill in and enclose list of tools & plants			
	(for energy auditing purpose) as per			
47	Annexure-C enclosed.			\dashv
17	Fill in & enclose Annexure-D giving full			
	particulars about major works completed			
	during past three years Note: List of only			
	those works which are carried out by firm			



	requesting forenrolment is to be given.	
	Work completion certificate for qualified	
	projects must be notarized with address	
	& contact numbers of issuing authority.	
	Work in Progress:	
18	i) Whether full details of major work on hand given in Annexure 'E'.	
10	ii) Are copies of work orders for such large works enclosed?	
19	Whether full information regarding permanent technical staff employed given in Annexure 'F'.	
20	i) How do you normally carry out works of water supply, sanitary and plumbing installations	
	ii) Names of the certified Energy auditor	
	from BEE and what his experience of this work is.	
21	Performance Certificate issued by clients	
	during last three years(Enclose attested copy)	
22	Any other information the applicant might like to give	

DECLARATION

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I/We agree to notify the officer accepting this application and registering my/our names on list of contractors 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 in the event of my/our furnishing false particulars in the enrolment form or 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 my 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



FOR OFFICE USE ONLY:

ENROLMENT FORM NO	ISSUED TO
NOTE: THE FILLED IN ENROLMENT FORM SHOU	LD REACH IN THE OFFICE ON OR BEFORE
03.12.2014.	
	SIGNATURE OF ISSUING OFFICER





AFFIDAVIT

I,					s/o		age		yea	ars,
occupati	on busines	ss r/o		d	o hereby stat	e on oath a	s under:			
Т	hat I am	residin	g in		localit	y of Distr	ict		si	nce
ast		yea	ars.							
				of a	proprietary	concern	name	and	style	as
<i>"</i>			_" having	it's offic	ce at	_District			_dealing	in
business	of Govern	ment, ci	vil contracts	and anci	illary works a	ttached the	erefore.			
Н	lence this	affidavit.								
						Deponent				

Note: This Affidavit should be notarized.





LIFE INSURANCE CORPORATION OF INDIA CONSTITUTION OF FIRM – SOLE PROPRIETORSHIP/PARTNERSHIP/LTD.CO./OTHER

DETAILS OF CONSTITUTENTS

Sr.No.	Name of sole partner or Director/other High Officials	Age	Share	Technical Experience			
				Year to year	As employee	As contractor	Whether power of attorney holder
1	2	3	4	5	6	7	8





LIFE INSURANCE CORPORATION OF INDIA PARTICULARS OF ENROLMENT WITH LIC AND OTHER ORGANIZATION

I. ENROLMENT WITH LIC :

Name of works for 1)

Which enrolled by 2)

L.I.C. in the past 3)

4)

Sr.Nos. for which tenders were submitted:

Sr.Nos. for which work-order was received :

II. ENROLMENT WITH OTHER ORGANISATIONS:

Sr.No.	Name & Address of Authority with whom you are enrolled	First Enrolr	Time ment	Last Re	Last Renewal or Enrolment		
		Year to Year	Is copy of letter enclosed	Year to year	Class of Category	Limit (Rs. In Lac)	Is copy of letter enclosed.
1	2	3	4	5	6	7	8



ANNEXURE – D

List of works completed during last 3 years.

SI.NO.	Details of Organization /		Capacity of D.G.	Type of	Details of Order					
	Name of Firm/Agency	Postal Address	Set (KVA)	D.G. Set	Reference No. & Date	Date of Commencement	Contract Period	Contact Amount (Rs.)		



ANNEXURE – E

List of contracts in hand.

SI.NO.	D. Details of the Capa Organization / Firm of			Type of	Details of Order				
	Name of	Postal		D.G.	Reference	Date of	Contract	Contact	
	Firm/Agency	Address	Set (KVA)	Set	No. & Date	Commencement	Period	Contact Amount (Rs.)	

Signature of the Firm / Agency (With seal & date)



ANNEXURE-F

Sr.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 the contractor



ANNEXURE-G

ENROLMENT CHECKLIST

CHECKLIST FOR ENROLMENT:

Sr.No.	Description of Enclosure	Refer Item of form		
1	Partnership deed/Articles of	9(ii)		
	Association/Affidavit(*), (*) Annexure A-			
	1			
2	Annexure (A-2) as supplied	9 (ii)		
		(Particulars of Partners)		
3	Annexure-E (as supplied	10 (Particulars of enrolment in (LIC and		
		other Organization)		
4	Proof of Turnover	12(ii)		
5	Latest I.T.C.C.	12(iii)		
6	Service tax registration Certificate	13 (ii)		
7	Certificate of Bank Guarantee	13 (iii)		
8	Immovable Property Certificate	14 (ii)		
9	Movable Property reference	15 (i)		
10	(*) Annexure 'C' (as supplied)	16 (Particulars of shuttering		
		tools/plant)		
11	(*) Annexure 'D' (assupplied)	17 (List of major works		
		completed during last 4 years)		
12	(*) Annexure 'E' (as supplied)	18 (List of work in hand)		
13	(*) Copies of work order	18 (ii)		
14	(*) Annexure 'F' (as supplied)	19 (Particulars of permanent		
		technical staff)		