ANNEXURE-A

LIFE INSURANCE CORPORATION OF INDIA

PARTICULARS OF ENROLMENT WITH LIC AND OTHER ORGANSIATION

I. ENROLMENT WITH LIC :

Name of works office for Which enroled by LIC in the past

1) 2) 3) 4)

II. ENROLMENT WITH OTHER ORGANISATIONS :

Sl. No.	Name and address of Authority with whom you are enroled	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-B

LIFE INSURANCE CORPORATION OF INDIA

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 Lacs	Commence -ment of work month & year	Completion of work month & year	Penalty levied for delay of completion, if any
	Place of work	Owner	Authority under whom work was carried out	Ref. No. & Date	Contract Amount (Rs. in Lacs)	Is copy enclosed?				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

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 No.s.2, 3 & 4 above

SIGNATURE OF CONTRACTOR

ANNEXURE-C

LIFE INSURANCE CORPORATION OF INDIA

LIST OF WORKS IN HAND

Sl. No.	Name and Complete Postal Address of			Order			Date of commencement of work	Scheduled date of completion of work	Progress and expected date of completion and reasons for delay, if any
	Place of installation work	Owner	Authority under whom installation work is being carried out	Ref. No. & Date	Amount (Rs. in Lacs)	Is copy enclosed?			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

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 No.s.2, 3 & 4 above

SIGNATURE OF CONTRACTOR

ANNEXURE-D

LIFE INSURANCE CORPORATION OF INDIA

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