

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

DETAILS OF CONSTITUENTS :

Sl. No.	Name of sole partner or Director/ other High Officials	Age	Share	Technical Experience			Whether power of attorney Holder
				Year to year	As Employee	As Contractor	
-1	-2	-3	-4	-5	-6	-7	-8

SIGNATURE OF CONTRACTOR

PARTICULARS OF ENROLMENT WITH LIC AND OTHER ORGANSIATION

I. ENROLMENT WITH LIC :

Sr. Nos. for which work order was received:

Sl. No.	Name and address of Authority with whom you are enrolled	FIRST TIME ENROLMENT		LAST RENEWAL OR ENROLMENT			
		Year to year	Is copy of letter enclosed	Year to year	Class or Category	Limit (Rs. in Lac)	Is copy of letter enclosed
-1	-2	-3	-4	-5	-6	-7	-8

SIGNATURE OF CONTRACTOR

LIFE INSURANCE CORPORATION OF INDIA

PARTICULARS OF SHUTTERING TOOLS AND PLANT

ANNEXURE-C

Sl.No.	Item	Specification	Quantity	Estimated Value	Remarks
-1	-2	-3	-4	-5	-6

SIGNATURE OF CONTRACTOR

LIFE INSURANCE CORPORATION OF INDIA
LIST OF MAJOR SIMILAR NATURE WORKS COMPLETED DURING LAST FOUR YEARS

ANNEXURE-D

Sl. No.	Name and Complete Postal Address of			Order			Value of work as per final bill (Rs. in Lac)	Commencement of work month & year	Completion of work month & year	Penalty levied for delay of completion, if any
	Place of work & Nature of work	Owner	Authority under whom work was carried out	Ref. No. & Date	Contract Amount (Rs. in Lac)	Is copy enclosed?				
-1	-2	-3	-4	-5	-6	-7	-8	-9	-10	-11

SIGNATURE OF CONTRACTOR

LIFE INSURANCE CORPORATION OF INDIA
LIST OF WORKS IN HAND

ANNEXURE-E

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 work & Nature of work	Owner	Authority under whom work was carried out	Ref. No. & Date	Amount (Rs. in Lac)	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

LIFE INSURANCE CORPORATION OF INDIA
PARTICULARS OF PERMANENT TECHNICAL STAFF

ANNEXURE-F

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

LIFE INSURANCE CORPORATION OF INDIA
ANNUAL TURNOVER FOR THE LAST FOUR YEARS

ANNEXURE-G

Sl. No.	Financial Year	Total contract amount received	IT Certificate enclosed Yes/No	Audited Balance sheet copy enclosed Yes/No	Remarks
(1)	(2)	(3)	(4)	(5)	(6)
1.	2017-2018				
2.	2018-2019				
3.	2019-2020				
4.	2020-2021				
5	2021-2022 (Estimated)				

SIGNATURE OF CONTRACTOR

LIFE INSURANCE CORPORATION OF INDIA
ENROLLMENT CHECKLIST

ANNEXURE-H

Sl. no.	Description of Enclosure	Refer item of form	Enclosed/Not Enclosed
1.	Partnership deed / Articles of Association / Affidavit (Annexure A-1)	7 (ii)	
2.	Annexure(A-2) as enclosed	7(iii) (particulars of partners)	
3.	Annexure B (as enclosed)	8 (particulars of enrolment in LIC and other Organization)	
4.	Details (Annex-G) and Proof of turnover	10(ii)	
5.	Latest Audited balance Sheet.	10(iii)	
6.	Solvency Certificate	11(ii)	
7.	Certificate of Bank Guarantee	11(iii)	
8.	Immovable properties certificate	12(ii)	
9.	Movable properties reference	13(ii)	
10.	Annexure C (as enclosed)	14 (particulars of tools and plant)	
11.	Annexure D (as enclosed)	15 (List of major works completed during last 4 years)	
12.	Annexure E (as enclosed)	16 i (List of work in hand)	
13.	Copies of work order	16(ii)	
14.	Annexure F (as enclosed)	17 (particulars of permanent technical staff)	

SIGNATURE OF CONTRACTOR