

ANNEXURE —AI

AFFIDAVIT

(On Non Judicial Stamp paper of Rs.250/- in case the individual who is the sole Proprietor of the firm)

I

S /O..... age..... years, occupation

That I am residing in..... locality of.....

District.....since lastyears.

That I am the sole proprietor of a proprietary concern name and style as

“” having its office at.....

District.....dealing in business of Government, civil contracts and ancillary works attached therefore.

Hence 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

.SI.No	Name of Sole partner or Director/other high official	Age	Share	Technical Experinence			<i>Whether</i> power of attorney holder
				Year to	As employee	As Contract	
1	2	3	4	5	6	7	8

**SIGNATURE & DATE OF CONTRACTOR/
PROPRIETOR WITH SEAL**

ANNEXURE-B

LIFE INSURANCE CORPORATION OF INDIA

PARTICULARS OF ENROLMENT WITH LIC AND OTHER ORGANISATION

I. ENROLMENT WITH LIC:

Name of works office for which enrolled by
LIC in the past

1,.....
2.....
3.....

Sr. No for which tenders were submitted:

Sr. No for which work-order was received:

II. ENROLMENT WITH OTHER ORGANIZATIONS:

Sl No	Name & 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

**SIGNATURE & DATE OF CONTRACTOR/ PROPRIETOR
WITH SEAL**

ANNEXURE-D**LIFE INSURANCE CORPORATION OF INDIA****LIST OF WORKS COMPLETED DURING LAST FOUR YEARS**

Sl. No.	Name and Complete Postal address of	Owner	Authority under whom work was carried out	Ref. No. & Date	Contract Amount (Rs. in Lac)	Is copy enclosed	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
1	2	3	4	5	6	7	8	9	10	11

SIGNATURE & DATE OF CONTRACTOR / PROPRIETOR WITH SEAL

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 Nos.2, 3 & 4 above .

ANNEXURE-E

LIFE INSURANCE CORPORATION OF INDIA

LIST OF WORKS IN HAND

S 1 N o	Name and Complete Postal address of			Order		Date of Commencement of work		Schedule date of Completion of work	Progress made and expected date of completion and reasons for delay, if any
	Site 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

SIGNATURE/ & DATE OF CONTRACTOR /
PROPRIETOR WITH SEAL

ANNEXURE-F

LIFE INSURANCE CORPORATION OF INDIA

PARTICULARS OF PERMANENT TECHNICAL STAFF

SI. No	Name	Designation	Age	Academic Qualification	Service with the firm	Details of Experience year to year 7
1	2	3	4	5	6	7

SIGNATURE & DATE OF CONTRACTOR /
PROPRIETOR WITH SEAL

**LIFE INSURANCE CORPORATION OF INDIA
CHECKLIST FOR ENROLMENT**

SL No.	Description of Enclosure	Enclosed/Not <u>Enclosed</u>
1	Partnership deed / Articles of Association / Affidavit i) Annexure A-1	
2	Annexure (A -2) (as supplied)	
3	Annexure — B (as supplied)	
4	Proof of turnover	
5	Latest I.T.C.C./Copy of return/certified Balance sheet.	
6	Solvency Certificate	
7	Photocopy of Service tax registration No./Pan card & License	
8	Certificate of Bank Guarantee	
9	Immo vable properties certificate	
10	Movable properties reference	
11	Annexure 'D' (as supplied)	
12	Annexure 'E' (as supplied)	
13	Copies of work order	
14	Annexure 'F' (as supplied)	

Note: Suitable modification to the above shall be made for different kind of works.

**SIGNATURE & DATE OF CONTRACTOR /
PROPRIETOR WITH SEAL**