

**EMPANELLMENT OF CONTRACTORS/AGENCIES  
FOR MODERNISATION ( INTERIOR/CIVIL WORKS INCLUDING ELECTRICAL, FIRE  
ALARM, DATA CABLING WORKS ) OF LIC OFFICES IN TELANGANA ANDHRA  
PRADESH & KARNATAKA STATES UNDER SOUTH CENTRAL ZONE**

**INSTRUCTIONS FOR FILLING & SUBMISSION OF ENROLMENT FORM**

|                                                                                                                                                                                                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| The Chief Engineer, LIC of India, South Central Zonal Office, "Jeevan Bhagya", Saifabad, Hyderabad-500063.<br><b>Phone: 040-23235508, 040-23232895</b><br><b>e-mail: <a href="mailto:scz_engineering@licindia.com">scz_engineering@licindia.com</a></b> |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

The Enrolment Form along with the **Annexure- A to E, P&Q** shall be completely filled in all respects and to be submitted on or before **07.06.2018** up to 17.00hrs along with these instructions for filling & submission of Enrolment Form. Please note that no consideration will be given for postal delays.

1. Contractors to note that all particulars required as per the form and Annexures shall be filled in completely in relevant blanks 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 contractors who 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. Latest Solvency Certificate (**not more than three months old from the date of NIT/PQTN**) from any Nationalised / Scheduled Bank for minimum amount of 20 % of estimated cost as per advertisement should be submitted along with Enrolment Form.
5. 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 'A' & 'B')
  - (c) The contractors 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 'A'.
6. Please note that the submission of this enrolment form does not confer any right on you to claim issue of tenders and the Chief Engineer reserves the right not to issue tender to any/all applicants without assigning any reason whatsoever.

**Signature of Contractor**

Encl : **Enrolment Form with Annexures 'A' to 'E', 'P' & 'Q'**

**FORM FOR ENROLMENT OF CONTRACTORS**  
**FOR MODERNISATION ( INTERIOR/CIVIL WORKS INCLUDING ELECTRICAL, FIRE ALARM, DATA CABLING WORKS) OF LIC OFFICES IN TELANGANA ANDHRA PRADESH & KARNATAKA STATES UNDER SOUTH CENTRAL ZONE**

|                                                                                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Filled in Enrolment form shall be submitted to:</b>                                                                                                                                                                                                         |  |
| The Chief Engineer, LIC of India, South Central Zonal Office, "Jeevan Bhagya", Saifabad, <b>Hyderabad-500063.</b><br><b>Phone: 040-23235508, 040-23232895</b><br><b>e-mail: <a href="mailto:scz_engineering@licindia.com">scz_engineering@licindia.com</a></b> |  |

| Sl. No. | Query                                                                                                                                                                                                          |   | Answer |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|
| 1.      | Name of the firm                                                                                                                                                                                               | : |        |
|         | Proprietary / Corporate                                                                                                                                                                                        |   |        |
| 2.      | Address                                                                                                                                                                                                        | : |        |
| 3.      | PAN No & Name on the PAN Card                                                                                                                                                                                  |   |        |
|         | GST Registration Number                                                                                                                                                                                        |   |        |
|         | Type of Business (As per registration with GST)                                                                                                                                                                |   |        |
| 4.      | Telephone Number - Office                                                                                                                                                                                      | : |        |
|         | Residence                                                                                                                                                                                                      | : |        |
|         | Mobile No.                                                                                                                                                                                                     | : |        |
|         | E-mail                                                                                                                                                                                                         | : |        |
| 5.      | Month and year in which the firm was established in present name                                                                                                                                               | : |        |
| 6.      | Particulars of old firm (if present firm is new), if main partners of the present firm were working as construction contractors, in some other name in the past (The partnership deed of old firm be enclosed) | : |        |
| 7.      | Particulars of sister construction firms if any                                                                                                                                                                | : |        |

| Sl. No. | Query                                                                                                                                  |   | Answer                                                           |            |
|---------|----------------------------------------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------|------------|
| 8.      | i) What is the constitution of firm viz. Sole Proprietor, Partnership, Pvt. Ltd., Public Ltd., etc.                                    |   |                                                                  |            |
|         | ii) Enclose copy of partnership deed, Articles of Association or Affidavit in case of sole proprietorship as per <b>Annexure "P"</b> . |   |                                                                  |            |
| 9.      | Fill and enclose <b>Annexure "Q"</b> giving details of enrolment with LIC of India in the past and with other organizations            |   |                                                                  |            |
| 10.     | Has the applicant or his partners or Directors been black listed in the past by any Central or State Government Deptt./ Organisation   | : |                                                                  |            |
| 11 i)   | Annual Turn Over for last four years (enclose documentary evidence or proof to support figures)                                        | : | Year                                                             | Rs. in Lac |
|         |                                                                                                                                        |   | i) 2013-14                                                       |            |
|         |                                                                                                                                        |   | ii) 2014-15                                                      |            |
|         |                                                                                                                                        |   | iii) 2015-16                                                     |            |
|         |                                                                                                                                        |   | iv) 2016-17                                                      |            |
| 11 ii)  | What evidence of proof is enclosed to support the amounts of yearly turnover (Annexure-"C")                                            | : |                                                                  |            |
| 11 iii) | iii) Enclose latest income tax clearance Certificate                                                                                   |   | Certificate of chartered accountant enclosed for Assessment year |            |
| 12. i)  | Name and complete postal address of bankers (Please fill the particulars in Annexure-D)                                                | : |                                                                  |            |
| ii)     | Enclose solvency certificate indicating amount <b>(The certificate should not be more than 3 months old).</b>                          | : |                                                                  |            |

Note: The Contractors are need to fill up the following particulars in the attached Annexures along with Enrolment form.

|              |   |                                                                      |
|--------------|---|----------------------------------------------------------------------|
| Annexure – A | : | List of Major works carried out during last Seven years              |
| Annexure – B | : | List of works in hand/ In progress                                   |
| Annexure – C | : | Details and Proof of Yearly Turn over particulars                    |
| Annexure – D | : | List of Bank and Tax registration number Particulars                 |
| Annexure – P | : | Affidavit in case of sole proprietorship                             |
| Annexure – Q | : | Enrolment with LIC of India in the past and with other organizations |
| Annexure – E | : | Enrollment checklist                                                 |

### DECLARATION

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 1<sup>st</sup> 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 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 may 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 SHOULD REACH IN THE OFFICE ON OR BEFORE **07.06.2018**.

**SIGNATURE OF ISSUING OFFICER**

**ANNEXURE-A****LIST OF MAJOR INTERIOR/FURNITURE WORKS COMPLETED DURING LAST SEVEN YEARS**

| Sl.<br>No. | Name and Complete Postal Address of |       |                                              | Order                 |                                     |                          | Value of work<br>as per final bill<br>Rs. in Lacs | Commence<br>ment of work<br>month &<br>year | Completion<br>of work<br>month &<br>year | Penalty<br>levied for<br>delay of<br>completion<br>, if any |
|------------|-------------------------------------|-------|----------------------------------------------|-----------------------|-------------------------------------|--------------------------|---------------------------------------------------|---------------------------------------------|------------------------------------------|-------------------------------------------------------------|
|            | Site of work & Nature of work       | Owner | Authority under whom<br>work was carried out | Ref.<br>No. &<br>Date | Contract<br>Amount (Rs.<br>in Lacs) | Is copy<br>enclosed<br>? |                                                   |                                             |                                          |                                                             |
| (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-B****LIFE INSURANCE CORPORATION OF INDIA****LIST OF WORKS IN HAND/IN PROGRESS**

| 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 |
|---------|-------------------------------------|-------|-------------------------------------------|-----------------|----------------------|------------------|------------------------------|--------------------------------------|------------------------------------------------------------------------|
|         | Site of work & Nature of work       | Owner | Authority under whom work was 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-C****LIFE INSURANCE CORPORATION OF INDIA****ANNUAL TURNOVER FOR THE LAST FOUR YEARS**

| Sl. No. | Financial Year | Total contract amount received | IT returns filed/assessed enclosed Yes/No | C.A.R. copy enclosed Yes/No | Name of work & Department | Is copy enclosed | Remarks |
|---------|----------------|--------------------------------|-------------------------------------------|-----------------------------|---------------------------|------------------|---------|
| (1)     | (2)            | (3)                            | (4)                                       | (5)                         | (6)                       | (7)              | (8)     |
| 1.      | 2013-2014      |                                |                                           |                             |                           |                  |         |
| 2.      | 2014-2015      |                                |                                           |                             |                           |                  |         |
| 3.      | 2015-2016      |                                |                                           |                             |                           |                  |         |
| 4.      | 2016-2017      |                                |                                           |                             |                           |                  |         |

**SIGNATURE OF CONTRACTOR**

**TAX REGN. NOS AND BANK AND OTHER PARTICULARS**

| Sl.No. | PARTICLUARS                                                                          |  |
|--------|--------------------------------------------------------------------------------------|--|
| 1.     | Name of the account holder/firm/company                                              |  |
| 2.     | PAN NO & Name on the PAN Card                                                        |  |
| 3.     | GST REGISTRATION NO.                                                                 |  |
| 4.     | Type of Business (As per Registration with GST)                                      |  |
| 5.     | Service Accounting Code / HSN Code                                                   |  |
| 6.     | Name of the Bank                                                                     |  |
| 7.     | Branch Name with full address                                                        |  |
| 8.     | Account No.                                                                          |  |
| 9.     | Type of Account (Savings/Current A/C)                                                |  |
| 10.    | IFSC/FRCS/RTGS/NEFT Code of the Branch<br><br>(Enclose Xerox copy of cheque leaflet) |  |

The bank particulars are required to refund the EMD etc. to the unsuccessful tenders if the agency/contractor is selected for issue of tenders subject to fulfilling the required qualifying criteria satisfactorily.

**A F F I D A V I T**

(On Non Judicial Stamp paper of Rs.\* 100/- in case the individual who is the sole proprietor of the firm)

I

.....  
s/o ..... age ..... years, occupation  
business r/o ..... do hereby state on oath  
as under:

That I am residing in ..... locality  
of District ..... since last ..... years.

That I am the sole proprietor of a proprietary concern name and style as  
“.....” having it's 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.**

**ANNEXURE – Q****LIFE INSURANCE CORPORATION OF INDIA****PARTICULARS OF ENROLMENT WITH LIC AND OTHER ORGANIZATION****I.**

|                                                              |    |  |
|--------------------------------------------------------------|----|--|
| Name of works for<br>Which enrolled by<br>L.I.C. in the past | 1) |  |
|                                                              | 2) |  |
|                                                              | 3) |  |
|                                                              | 4) |  |
| Sr. Nos. for which tenders were submitted :                  |    |  |
| Sr. Nos. for which work-order was received:                  |    |  |

**II. ENROLMENT WITH OTHER ORGANISATIONS:**

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

SIGNATURE OF CONTRACTOR

## ENROLMENT CHECKLIST

**CHECKLIST FOR ENROLMENT FOR MODERNISATION/ INTERIOR/CIVIL WORKS INCLUDING  
ELECTRICAL, FIRE ALARM, DATA CABLING WORKS UNDER SOUTH CENTRAL ZONAL  
OFFICE, HYDERABAD**

| Sl.No. | Description of Enclosure  | Refer item of form                                                   | Enclosed/Not Enclosed |
|--------|---------------------------|----------------------------------------------------------------------|-----------------------|
| 1.     | *Annexure A (as supplied) | List of major works completed during last 7 years                    |                       |
| 2.     | *Annexure B (as supplied) | List of work in hand/In Progress                                     |                       |
| 3.     | Annexure C (as supplied)  | 9(ii) [Proof of Yearly turnover]                                     |                       |
| 4.     | *Annexure D (as supplied) | Tax Regn Nos Particulars and bank details                            |                       |
| 5.     | *Annexure P (as supplied) | Affidavit in case of sole proprietorship                             |                       |
| 6.     | *Annexure Q (as supplied) | Enrolment with LIC of India in the past and with other organizations |                       |
| 7.     | Solvency Certificate      | 12(ii)                                                               |                       |
| 8.     | *Copies of work order     |                                                                      |                       |

PLACE :

DATE :

SIGNATURE OF CONTRACTOR