



भारतीय जीवन बीमा निगम

Life Insurance Corporation of India

SALES Department.4TH Floor. Divisional office. Magarpara. Bilaspur (C.G) – 495001

Email sales.bilaspur@licindia.com Phone: 07752-249824-249825

ANNEXURE- A: APPLICATION FORM

For 'Empanelment of Firms / Suppliers and Service Providers

Serial No:-	Detail of the Category
Category:-	

Sr	DESCRIPTION	DETAILS
1	Name of the Company/Firm	
2	Type of Vendor: Firms/ Supplier/ Authorized dealer or Service provider	
3	Year of establishment	
4	Status of the firm: (Whether Pvt. Ltd company/Public Ltd. Company/partnership firm/Proprietorship Firm)	
5	Whether registered at micro small / medium enterprises (MSME) within relevant authority, if yes please enclose the certificate.	
6	Company's Registered/Head office Address, Land line telephone no,watsaap no. & email- id	
7	Company's Local office (at Bilaspur) Address, Land line telephone no watsaap no. & Email- id.	
8	Company's Local office (in the state of Chattisgarh) Address, Land line telephone no & Email- id.	
9	Name of the Chairman/Managing Director/CEO/Country Head (as the case may be), his address & telephone no.	
10	In case of a partnership, name of Partners/ Directors	



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11	Name & full contact details of the representative(s) who would be calling on us & attending to our jobs.	
12	Whether registered with the Registrar of companies/Register Firms in India. If so, mention Number and date and attach Registration Certificate copy)	
13	Profession related licence No & date of last renewal of the licence. Copy of licence to be enclosed.	
14	Certificate Number of certificate under Shops & Establishment Act, 1953? Is it duly renewed? Copy of certificate to be enclosed.	
15	Turn Over for last three years (Please attach a copy of audited Balance Sheet and P&L A/C)	
	2017-18	
	2018-19	
	2019-20	
16	TIN No.(Please Attach Copy)	
17	PAN NO.(Please Attach Copy)	
18	ESI Registration No. (if applicable, attach copy)	
19	EPF Registration no.(If applicable, attach copy)	
20	GST Registration Number (Please Attach Copy)	
21	NEFT Details (Please Attach Copy Blank Cheque having Firm name on the Cheque)	
	Bank Name	
	Branch Address	
	Type of Account	
	Account No.	
	IFSC	



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22	Empanelment details with LIC of India with whom you are empaneled in the last 3 financial years? If yes, enclose contract copies and give full details	
	Name of the Divisional office of LIC of India	Category & year of empanelment
	1.	
	2.	
	3.	
23	Names of PSU/ Govt. organizations/Pvt Firm with whom you are empaneled in the last 3 financial years? If yes, enclose contract copies and give full details	
	Name of firm PSU/ Govt. organization/Pvt Firms	Category & year of empanelment
	1.	
	2.	
	3.	

NOTE: Write NA (Not Applicable) for information column that does not apply to your Firm/ Company. No column should be left blank. Make sure to type this form or to fill it legibly in ink. If space provided be insufficient, please type/ write your replies on a separate sheet giving appropriate reference to the question and attach it to the form.

Note:

- 1) Please type this form or fill it legibly in ink. If space provided is insufficient please type or write the replies on separate sheet giving appropriate question number attach it to the form.
- 2) The Corporation reserves the right to cancel the name of the firm/ supplier/service providers from its approved lists at this absolute discretion without assigning any reason.

All the the pages of application form and documents must be signed with seal



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DECLARATION

1. I / We request Life Insurance Corporation of India, Divisional office – Bilaspur Magarpara.Bilaspur (C.G) 495001 to consider inclusion of my / our name in the list of their approved Firm / Supplier / Service Providers. I / We agree to give full satisfaction to the Corporation in event of their doing so.
2. I / We have read the instructions and I/ We understand that the information furnished now is found false at a later date, any contract made between ourselves and the LIC, on the basis of the information given by me/ us can be treated as invalid at the sole discretion of the LIC and I/ We will be solely responsible for the consequences.
3. I/ We agree that the decision of the LIC in selection of Firm/ Suppliers Service Providers will be final and binding on me/us.
4. All the information furnished by me here under is correct to the best of my/ our knowledge and belief.
5. I/ We agree that I/ We have no objection if inspection of my/ our premises/ workshop/ shop etc. is done by the Officials of the LIC.

Date at _____ this _____ day of _____ 2020

Signature of Tenderer/ Vendor with Seal