Annexure: B

LIFE INSURANCE CORPORATION OF INDIA

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

Annexure: C

LIFE INSURANCE CORPORATION OF INDIA

PARTICULARS OF ENROLMENT WITH LIC AND OTHER ORGANISATION

I. ENROLMENT WITH LIC

Name of works for which enrolled by LIC 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

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 Lakhs)	Is copy of letter enclosed
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Signature of Contractor

Annexure: D

LIFE INSURANCE CORPORATION OF INDIA

PARTICULARS OF TOOLS AND PLANT

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

Signature of Contractor

Annexure: E

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 Lakhs	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 Lakhs)	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 Nos. 2,3 &4 above.

Signature of Contractor

Annexure: F

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 work & Nature of work	Owner	Authority under whom work was carried out	Ref. No. & Date	Amount (Rs. In Lakhs)	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 Nos. 2,3 &4 above.

Signature of Contractor

Annexure: G

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