



Life Insurance Corporation of India

Engineering Department, 2nd Floor, Divisional Office, National Insurance Bldg.
S.V.Patel Marg, Nagpur - 440 001. Email: engg.nagpur@licindia.com

**FORM FOR ENROLMENT OF CONTRACTORS/AGENCIES
(FOR JOB CATEGORY NO- A & B)
PREFERENCE OF AREA / CLUSTER APPLIED**

Cat eg ory	Nature of work	Category applied for: (Please tick 'YES' or 'NO')	Work value up to (Strike out whichever not applicable) (Rs. in lacks)
A1	ARC for Civil, fabrication, Carpentry work, Painting works	YES / NO	Upto 2.00 Lack
A2	ARC for Sanitary & Plumbing works	YES / NO	
A3	ARC for Electrical Works such as LT & HT work, pumps, etc.	YES / NO	
A4	SITC/ AMC for Fire Alarm systems	YES / NO	
A5	AMC of ACs	YES / NO	
B1	ARC for Civil, fabrication, Carpentry work, Painting and other works	YES / NO	Upto 5.00 Lack
B2	ARC for Sanitary & Plumbing and other works	YES / NO	
B3	ARC for Electrical Works such as LT & HT work, pumps, and other works	YES / NO	
B4	SITC/ AMC for Fire Alarm systems	YES / NO	
B5	AMC of ACs	YES / NO	

Signature of Contractor



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Engineering Department, 2nd Floor, Divisional Office, National Insurance Bldg.
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INSTRUCTIONS FOR FILLING & SUBMISSION OF ENROLMENT FORM

The Enrolment Form along with the Annexure shall be completely filled in all respects and to be submitted along with these instructions for filling & submission of Enrolment Form on or before 09.12.2022, addressed to the “Sr. Divisional Manager, Life Insurance Corporation of India, Engineering Department, 2nd Floor, Divisional Office, National Insurance Bldg. S.V. Patel Marg, Nagpur – 440 001. Email: engg.nagpur@licindia.com. The applicant should pay the Enrolment processing fess of Rs.590/- (non-refundable) including GST @ 18% in the form of D.D. in favour of Life Insurance Corporation of India payable at Nagpur and should be submitted along with the Enrolment Form.

1. Contractors to note that all particulars required as per the form and Annexure 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 from any Nationalized/Scheduled Bank 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 ‘D’ & ‘E’)
 - (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 .
 - (d) The annual turnover should be based on latest Income-tax Clearance Certificate, duly cleared by Income-tax Department.
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.

Sr. Divisional Manager

Note: These instructions for filling & submission of Enrolment Form shall also be signed and submitted along with Enrolment Form along Enrolment Form No. _____(To be filled by office)



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FORM FOR ENROLMENT FOR CONTRACTORS

I/We.....am/ are desirous of being enrolled on the list of contractors for ----- and hereby apply for the same.

I/We give the following details for your consideration:

Category no	Please mention the work for which applied	Work value up to

Sl. No.	Query	Answer
1.	Name of the firm	:
2.	Address	:
3	PAN No., GST NO	:
4.	Telephone Number Office	:
	Residence	:
	Mobile	:
	Fax No., if any	:
	E-Mail , if any	:
5	Telegraphic Address, if any	:
6.	Month and year in which the firm was established in present name	:
7.	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)	:

Sl. No.	Query	Answer										
8.	Particulars of sister construction firms (if any)	:										
9 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 Annexure A-1	:										
iii)	Fill-in enclosed Annexure A-2	:										
10.	Fill and enclose Annexure-B giving details of enrolment with LIC of India in the past and with other Organizations	:										
11.	Has the applicant or his partners or Directors been black listed in the past by any Central or State Government Dept./ Organization	:										
12. i)	Annual Turn Over for last Four years (enclose documentary evidence or proof to support figures)	<table border="1"> <thead> <tr> <th>Year</th> <th>Rs. in Lacs</th> </tr> </thead> <tbody> <tr> <td>i) 2018-19</td> <td></td> </tr> <tr> <td>ii) 2019-20</td> <td></td> </tr> <tr> <td>iii) 2020-21</td> <td></td> </tr> <tr> <td>iv) 2021-22</td> <td></td> </tr> </tbody> </table>	Year	Rs. in Lacs	i) 2018-19		ii) 2019-20		iii) 2020-21		iv) 2021-22	
Year	Rs. in Lacs											
i) 2018-19												
ii) 2019-20												
iii) 2020-21												
iv) 2021-22												
ii)	What evidence of proof is enclosed to support the amounts of yearly turnover	:										
iii)	Enclose for the last Four years Audited balance Sheet	: Certificate enclosed for Assessment years										
13. i)	Name and complete postal address of bankers	:										
ii)	Enclose Latest Bank solvency certificate indicating amount (The certificate should not be more than 12 months old).	:										
iii)	Bank Guarantee limit with various banks	: i) Rs.....lacs with..... ii) Rs.....lacs with..... Total Rs.										
14	Enclose list of immovable properties with complete postal addresses, full description & reasonable market value of property duly self attested/ certified.	:										
	Note: if called for, valuer's certificate for above declared list and value, to be submitted by Contractor.	: Rs..... of..... Date.....										

Sl. No.	Query	Answer
15.	Particulars of movable properties along duly self attested/ certified.	
	Value of tools & plants	Rs.
	Other Assets	Rs.
	Total	
	Note: if called for, valuer's certificate for above declared list and value, to be submitted by Contractor.	
16.	Fill in and enclose list of tools & plants as per Annexure-C enclosed	
17.	Fill in enclosed Annexure D giving full particulars about major works completed during the past three years Note: List of only those works which were similar in nature and carried out by the firm requesting for enrolment is to be given. Work completion certificate for qualifies projects must be notarized with address & contact numbers of issuing authority.	
18.	Work in progress	
i)	Whether full details of major work on hand given in Annexure-E Note: Details must be notarized.	
ii)	Are copies of work orders for such large works enclosed	
19.	Whether full information regarding permanent technical staff employed given in Annexure-F	
20.	i) How do you normally carry out works of water supply, sanitary and plumbing installations? ii) Who is the license holder and what his experience is.	
21.	i) How do you normally get works of electrical installations carried out? ii) Who is the license holder and what is his experience?	
22.	Any other information the applicant might like to give	
23.	Whether check list submitted as per Annexure-G	

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 1st 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 black list 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

AFFIDAVIT

(On Non Judicial Stamp paper)
(in case the individual who is the sole proprietor of the firm)

I,
s/o ageyears, 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 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.

ANNEXURE A2

LIFE INSURANCE CORPORATION OF INDIA

CONSTITUTION OF FIRM – SOLE PROPRIETORSHIP/PARTNERSHIP/LTD.CO./OTHER

DETAILS OF CONSTITUTENTS

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

SIGNATURE OF CONTRACTOR

LIFE INSURANCE CORPORATION OF INDIA

PARTICULARS OF ENROLMENT WITH LIC AND OTHER ORGANIZATION

I. ENROLMENT WITH LIC :

Name of works for 1)

Which enrolled by 2)

L.I.C. in the past 3)

4)

Sr. Nos. for which tenders were submitted :

Sr. Nos. for which work-order was received :

II. ENROLMENT WITH OTHER ORGANISATIONS:

Sr. 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
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

SIGNATURE OF CONTRACTOR

LIFE INSURANCE CORPORATION OF INDIA

PARTICULARS OF SHUTTERING TOOLS AND PLANT
(FOR CIVIL WORKS ONLY)

Sr. No.	Item	Specification	Quantity	Estimated Value	Remarks
(1)	(2)	(3)	(4)	(5)	(6)
1.	a) Shuttering plates b) Shuttering Wooden Planks c) Wooden props d) Steel props				
2.	Concrete Mixers				
3.	Concrete Vibrators i) Petrol Driven ii) Electric Driven				
4.	Tower Hoist				
5.	Trucks				
6.	Welding Equipments				
7.	Pump-Sets				
8.	Floor-Polishing Machine				
9.	Cranes				
10.	Others				

SIGNATURE OF CONTRACTOR

LIFE INSURANCE CORPORATION OF INDIA

LIST OF MAJOR WORKS COMPLETED DURING LAST FOUR YEARS

Sr. 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
	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)	(11)

SIGNATURE OF CONTRACTOR

ANNEXURE - E

LIFE INSURANCE CORPORATION OF INDIA

LIST OF WORK IN HAND

Sr. No.	Name and Complete Postal Address of			Order			Date of commencement of work	Scheduled 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	Amount (Rs. in Lac)	Is copy enclosed			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

SIGNATURE OF CONTRACTOR

LIFE INSURANCE CORPORATION OF INDIA

PARTICULARS OF PERMANENT TECHNICAL STAFF

Sr. 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 THE CONTRACTOR

ENROLMENT CHECKLIST

CHECKLIST FOR ENROLMENT:

Sr. No.	Description of Enclosure	Refer Item of form
1.	Partnership deed / Articles of Association / Affidavit (□) (□) Annexure A-1	9 (ii)
2.	Annexure (A-2) as supplied	9 (ii) (Particulars of Partners)
3.	Annexure – E (as supplied)	10 (Particulars of enrolment in LIC and other Organization)
4.	Proof of Turnover	12 (ii)
5.	Latest I.T.C.C.	12 (iii)
6.	Solvency Certificate	13 (ii)
7.	Certificate of Bank Guarantee	13 (iii)
8.	Immovable Property Certificate	14 (ii)
9.	Movable Property reference	15 (i)
10.	(□) Annexure 'C' (as supplied)	16 (Particulars of shuttering tools/ plant)
11.	(□) Annexure 'D' (as supplied)	17 (List of major works completed during last 4 years)
12.	(□) Annexure 'E' (as supplied)	18 (List of work in hand)
13.	(□) Copies of work order	18 (ii)
14.	(□) Annexure 'F' (as supplied)	19 (Particulars of permanent technical staff)

SIGNATURE OF THE CONTRACTOR