

Application for empanelment for Category Name..... Sr. No.....

No.	Information Sought	Information Provided
1.	Name of the firm / Agency / Dealer / Person (in Block letters)	
2.	Nature of Ownership (Whether Proprietary/Partnership /Private Ltd. Com other)	
3.	Date of Establishment/Incorporation of the Firm	
4.	Complete address of Firm	
5.	Telephone Nos. Office Fax No. Mobile No. E-mail address	
6.	Names of the Partners /Directors / Proprietors	
7.	Name of Chief Executive with his present addresses and Mobile number	
8.	Name of Representative{s} with designation who would be calling on us and attending to our jobs and Mobile number	
9.	Is the Firm registered under the Shop & Establishment Act? If so, state a) License number b) Date of last renewal of license (copy of license to be enclosed) c) PAN d) ESIS No if any e) EPF registration No.	
10.	Is the Firm registered under the Factories Act? If so state: license No: Date of last renewal of license: (Copy to be enclosed) GST No: CST No: TAN No ESIS No: EPF Registration No.	
11.	PAN Card No (copy to be enclosed)	
12.	Goods and Service Tax (GST) Number of the Firm. Attach Self- attested photo-copy of the GST Registration Number. HSN Code HSN Code Description	
13.	Turn over for last 3 years F.Y. 2017-2018 F.Y. 2018-2019	

मण्डल कार्यालय, "जीवन प्रकाश"

अयोध्या रोड, बेनीगंज, फैजाबाद -224001, फोन नं 05278-244265, फैक्स नं 05278-244203

Divisional Office, "Jeevan Prakash"

Ayodhya Road, Beniganj, Faizabad-224001 Phone no. 05278-244265 Fax No. 05278-244203





	F.Y. 2019-2020 (Enclosed copy of Balance Sheets, Profit & Loss A/c and I.T. Return of last Three Years)	
14	TAN No (Attach Copy)	
15	Has your firm been blacklisted/removed earlier by LIC or any of the PSUs/BFWI/Govt./Semi Govt. Quasi Govt. Departments in India Yes/No If yes, then details.	
16	Name of the Bankers with address & Telephone No.	
17	If your firm is already empanelled with any office of LIC of India or any other PSU, please give name and address of the office.	
18	Name, addresses and telephone Nos. Of three of your most valued clients (separate list may be attached)	
19	Do you agree to make free deliveries/Services to Faizabad Division Office and its branch/satellite office. (List enclosed)	
20	Do you agree to enter into a Ratecontract or Running contract or Fixed quantity contract?	
21	Do you agree to abide strictly by the Terms and conditions of the Tender end contracts	
22	Do you agree to submit samples Whenever called for?	
23	Area occupied by Shop/Printing Press	
24	Do you have dealership of any Brand /Make/Standard firm? If so, spccify.	
25	Total no. of employees	Permanent _____ Temporary _____ Skilled _____ Unskilled _____
26	Mention product & Services you provide. Also mention any other specialties of your firm.	

I/We request Life Insurance Corporation of India, Faizabad Divisional office to consider inclusion of my our firm / company in the list of their approved firms/suppliers / Service Providers and hereby assure to extend full co-operation up-to the satisfaction of Corporation in the event of their doing so.

I / We agree to abide by all the Terms & Condition as per Annexure A and framed by the Corporation from time to time.

Date:
Place:

Signature with Seal
Name:
Designation:

- Please attached/Demand Draft of Rs. 295 in favour of "LIC OF INDIA" payable at Faizabad being non refundable fee. If not paid by Cash at Cash Counter of LIC of India.
- Use separate sheet if space provided is insufficient.
- Attach copies of necessary documents as instructed in the form.
- All the pages of application form and documents must be signed with seal.

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