

Application for empanelment for Category _____

No.	Information Sought	Information Provided
1	Name of the firm/ Agency/dealer/Person (Block letter)	
2	Nature of Ownership (Whether Proprietary/ Partnership/ Personal)	
3	Date of establishment in case of firm	
4	Complete address of the firm / Personal address	
5	Telephone no. Mobile no. Email address	
6	Name of the Partners / Directors / if firm or partnership firm	
7	Name of Representatives with designation who would be calling on us and attending to our jobs Mobile no of representatives	
8	Is the firm registered under the shop establishment Act? If so state a) License number b) Date of license expiry c) PAN No. d) ESIS no. if any e) EPF registration no.	
9	Is the Firm registered under the Factories Act? If so state : License no. : Date of Last renewal of license a) GST No. b) CST No. c) TAN No. d) ESIS No. e) EPF Registration no.	
10	Pan Card No. (Copy enclosed)	
11	GST no. of the firm (self attested copy attached if) HSN Code : HSN Code description	

12	Turn over for last 3 years F.Y : 2019-2020 F.Y : 2020-2021 F.Y : 2021-2022	
13	TAN No.	
14	Has your firm been blacklisted / removed / earlier by LIC or any of the PSUs / BFWI / Govt. / Semi Govt. / in India Yes / No.	
15	Name of the Bankers with the address and telephone no.	
16	Whether the firm is empanelled with any office of LIC or any PSU State the Name of the office.	
17	Do you agree to make free deliveries to Rajkot Div. Office or any of the Branches under Rajkot Div.	
18	Do you agree to enter into a rate contract or Running Contract or Fixed Quantity contract.	
19	Do you agree to abide strictly by the terms and conditions of Tender and contracts	
20	Do you agree to submit samples whenever called for?	
21	Are you occupied by shop/ printing Press.	
22	Do you have dealership of any brand / make / Standard firm.	
23	Total number of employee	Permanent : Temporary : Skilled : Un Skilled :
24	Mention product and services you provide. Also mention any other specialties of your firm.	

I/We _____ request life Insurance Corporation of India, Rajkot Divisional Office to consider inclusion of my /i/our firm/ company in the list of their approved firms / suppliers / Services 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 corporation from time to time.

Date :

Place :

Signature with Seal