



Satara Divisional Office,

513, "Jeevan Tara",
Ganpatdas Devi Path,
Sadar Bazar, Satara
Ph No. 02162-238384

Date :- _____

APPLICATION FOR EMPANELMENT - (APPLIED FOR) - _____

TO
The Sr. Divisional Manager,
L.I.C. of India,
Satara Divisional Office,
SATARA :- 415001

1 Name of the Firm : _____
(in block letters)

2 When established : _____

3 Regd Address, Telephone No. : _____
Mobile Nos, Email-id. _____

4 Regd Address of Office & : _____
Telephone No. etc (if separate) _____

5 Name of the Proprietor : _____

6 Whether Partnership or Limited Company : _____

7 Name of Partners, if partnership : _____
Name of Director and Chief Executive _____
If Limited Company and their present _____
Address/s _____

8 Name of representative(s) with Designation : _____
who would call on us and attend to our jobs _____

9 Names of the Bankers with Address of Branch : _____

Bank Account No. _____

IFSC Code :- _____

MICR Code :- _____

10 Is the firm registered under Relevant Act? : _____.

If so, state – _____.

a) License Number :- _____.

b) Date of renewal of license :- _____.

c) G.S.T.No. :- _____.

d) PAN No. _____.

11 State the Income Tax Returns : _____.

Assessed for the last three financial years _____.
and copies thereof _____.

12 Are you agreeable to make deliveries of the : _____.

Supply to Corporation's Offices under Satara _____.

Division spread under Satara & Sangli Districts. _____.

(if yes, Branch addresses list to be signed and _____.
attached for confirmation) _____.

13 Are you agreeable to enter into Rate Contract : _____.

or running contract or fixed quantity contract _____.

with us for a period of 1 year or more? _____.

14 Are you agreeable to abide strictly by the : _____.

Terms and Conditions of the Tenders and _____.

Contract whenever floated. _____.

15 Area occupied by the firm's business premises : _____.

16 Total No. of employees : _____.

17 No. of shifts you work normally : _____.

18 Weekly holidays : _____.

19 Names of the offices of Life Insurance : _____.

Corporation whose work you may have _____.

done during last 3 years. _____.

Mention only those offices for whom you _____.

may have done any large or constant work. _____.

20 Name of six of your most valued clients : _____.

at present. _____.

21 Approximate Turnover per year : _____.

22 Mention any other specialty of your : _____.

Establishment. _____.

I/We _____ request the Life Insurance Corporation of India, Divisional Office, Satara., to consider for inclusion of my/our name in the list of their Approved Supplier/Vendors/Contractors and agree to abide the terms and conditions and give full satisfactory services to the Corporation.

Date:- _____

Signature : _____

Place:- _____

Name: _____

Seal Stamp -

Designation: _____

Note:

- 1) Please fill this form legibly in ink. If the space provided is insufficient for the answer please type or write the answer on a separate slip with appropriate question number and attach it to the form.
 - 2) Answers to all questions are mandatory & incomplete forms or non compliance of necessary documents will not consider.
 - 3) Life Insurance Corporation of India reserve its right to reject, Accept any or all applications or cancel the process of empanelment without assigning any reason thereof for which Life Insurance Corporation of India shall neither be liable nor obligatory to inform the applicant the grounds of any such action.
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FOR OFFICE USE ONLY

Recommended to Empanelment Committee.

AO (SALES)

MANAGER (SALES)

Sign of Store Committee Members.

MEMBER (1) _____

MEMBER (2) _____

MEMBER (3) _____

MEMBER (4) _____

MEMBER (5) _____

CHAIRMAN (Store Committee) _____

Sr. Divisional Manager