

DECLARATION

I/We request Life Insurance Corporation of India, Divisional Office, Tirunelveli to consider inclusion of my/our name in the list of their empanelment of Suppliers/Printers etc. We agree to give full satisfaction to the Corporation in the event of their so.

1. I/We have read the instructions and conditions and I/We have understood that any false information is revealed at a later date, any contract made between ourselves and LIC of India, on the basis of the information given by me/us can be treated as invalid at the sole discretion of the Corporation and I/we will be solely responsible for the consequences.
2. I/We agree that the decision of the Corporation in the selection of Firms/Suppliers/Printers will be final and binding on me/us.
3. All the information furnished by me/us hereunder is correct to the best of my/our knowledge and belief.
4. I/We agree that I/We have no objection in inspection of my/our premises/workshop, shop etc., is done by the official of the Corporation.
5. I/We hereby declare that our firm is not blacklisted by LIC of India/Government/Semi-Government Organisation and any other Department of Govt of India.

Note: The Corporation reserves the right to cancel the name of the supplier/firm/Printers from its approved list at the absolute discretion without assigning any reason.

Date at _____ this _____ day of _____ 2024.

Signature of the Printer/Supplier/ Firm with Seal and Date

Name: _____

Designation: _____