



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

APPLICATION FORM

EMPANELMENT OF FIRMS/COMPANIES/DEALERS/SERVICE PROVIDERS/SUPPLIERS/VENDORS

| |
|---|
| <p>Mention Name of the category for which Enrolment is desired</p> |
| |

(SEPERATE APPLICATION IS TO BE FILLED-UP FOR EACH CATEGORY)

Guwahati Divisional Office,
Jeevan Prakash, S.S. Road,
Fancy Bazar, Guwahati-781001, Phone: 03612733071
Email:sales.guwahati@licindia.com,



Guwahati Divisional Office, "Jeevan Prakash", S.S. Road,
Fancy Bazar, Guwahati-781001, Phone: 03612733071
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Application for Firm/Supplier/Vendor/Service provider

General information

| Sl.no. | Information sought | Information provided |
|--------|---|----------------------|
| 1 | Name of the Firm(in Block Letters) | |
| 2 | Date of Establishment/Incorporation | |
| 3 | Correspondence address and Telephone .No | |
| 4 | Address of Head Office (If Separate) and Telephone No. Mobile No., Email ID | |
| 5 | Status: Proprietary/partnership/private Limited company/Public Limited /Company | |
| 6 | Names of the partners/Directors | |
| 7 | Manufacturer/Dealer/Distributor/ Supplier of which group of items (Please see the advertisement in News paper /LIC website for the specified group of items) | |
| 8 | Name of Chief Executive with his present addresses and Tel. No. | |
| 9 | Name of local Representatives(s) with Designation who would be calling on us and attending to our jobs and their postal address | |
| 10 | Name of Bankers with addresses & telephone Nos. | |
| 11 | Is the Firm is registered under the Factory Act? If so, state a) Licence Number b) Date of last renewal of licence (copy of licence to be enclosed) c) PAN d) ESIS No. if any e) EPF Registration No. (if any) | |

| | | |
|----|--|--|
| 12 | Whether holding certificate under shops & Establishment Act, duly Renewed copy should be enclosed | |
| 13 | State the latest Income Tax Assessed year and the amount of Tax assessed (Copies of last 3 years, IT Returns, Balance sheets & Revenue A/C to be enclosed) | |
| 14 | I) TIN Number II) VAT III) CST Registration NO IV) Service tax registration No V) | |
| 15 | Turn Over for last three years F. Y. 2016-17 F. Y. 2017-18 F. Y. 2018-19 | |
| 16 | Are you agreeable to make deliveries to Corporation's Offices within and out of Guwahati when so directed? | |
| 17 | Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts(Copies annexed) | |
| 18 | If your firm is empanelled with any Office of LIC of India or any other PSU(central) please give name & Address | |
| 19 | Name, Addresses and Telephone Nos. of some of your most valued clients (Separate List may be attached) | |
| 20 | Approximate value of your output per year. | |
| 21 | Mention any other specialties of your Establishment. | |

I/We agree to notify the officer accepting this application and registering my /our names on list of Firms/Suppliers/Service Providers/Vendors 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 blacklist my/our name from Life Insurance Corporation of India list of Firms/Suppliers/Service Providers/Vendors 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 or my/our subsequent amalgamation with another contractor or firm, the Life Insurance Corporation Of India may remove my/our name from the list of Firms/Suppliers/Service providers/Vendors and any contract that I/We may be holding at the time may be rescinded.

Place:

Date:

Signature with Seal & Date

For Office Use only :

Date : ___ / ___ /2019

ENROLLMENT FOR NO. _____ ISSUED TO _____

[Note : The filled in enrolment form should reach this office on or before 15/11/2019 within 15:00 hours]

Signature of the Issuing Officer



Guwahati Divisional Office, Jeevan Prakash, SSRoad,
Fancy Bazar, Guwahati-781001, Phone: 03612733071
Email:sales.guwahati@licindia.com

Condition for empanelment

1. Contractors to note that all particulars required as per the form and Annexure shall be filled in completely in all respects strictly as per the format.
2. The forms not submitted strictly as per the above instructions within stipulated time period are liable to be rejected.
3. The eligible Firms/Suppliers/Service providers/Vendors who will be selected for issuance of tenders after scrutiny of enrolment forms, shall be informed through letter. Please note that no enquires or correspondence regarding the selection for issue of tenders shall be entertained.
4. Enrolment form should be filled-up in clean handwriting in capital letters or typed.
5. The annual turn over should be based on Last THREE YEARS Income tax clearance Certificates, duly cleared by Income-tax Department.
6. The Firm/suppliers/Service provider should be in profession for at least 3years. (copy of registration certificate must be enclosed) and should have a PAN/TIN/VAT/CST registration.
7. Annual Turnover of the firm/supplier/service Provider/Vendor should be not less than Rs. 2 lacs for small jobs.,Rs.2 lacs to Rs.10 lacs for medium jobs and above Rs. 25 lacs for big jobs in any of 3 financial years.(Attach Balance Sheet for the last three years)
8. The firm/supplier/Service provider should be on the approved panel of at least three department out of which at least one should be public sector or Government undertaking.
9. The firms/Supplier/Service provider should have registration in compliance of law of land(Copies of proof to be enclosed)
10. The firms blacklisted/removed earlier need not to apply.


Senior Divisional Manager

Note: Please type this form or fill it legibly in ink. If space provided is insufficient please attach separate sheet giving appropriate question number. All the photocopies should be self attested. The corporation reserve to right to cancel the name of the printer from its approved lists at his absolute discretion without assigning any reason.

GUWAHATI DIVISIONAL OFFICE
LIFE INSURANCE CORPORATION OF INDIA