



भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA

Annexure-A

## APPLICATION FORM

### EMPANELMENT OF FIRM/SUPPLIERS/SERVICE PROVIDERS/VENDORS

(CATEGORY-A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P & Q, R, S, T, U&V)

Sr. No. OF CATEGORY	MENTION NAME OF <b>ONE CATEGORY</b> FOR WHICH ENROLMENT IS DESIRED

Separate Application is to be filled-up for each category)

SIGNATURE WITH SEAL  
& DATE