



## **APPLICATION FORM FOR EMPANELMENT OF FIRM**

<b>S. No. of Category:</b>	<b>Name of Category:</b>	<b>Jurisdiction :</b>
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(Separate application is to be submitted for each Category)

### **TERMS & CONDITIONS FOR EMPANELMENT**

- 1 The firm/supplier/Service Provider should be in profession for at least 3 years. (Copy of registration certificate must be enclosed).
2. The firm should be on the approved panel of at least 1 Reputed Firms. (one of which should be of public sector)
3. The firm / supplier should have registration with state & local authorities for undertaking the profession (Copies of proof to be enclosed).
4. Minimum Annual turnover required for empanelment is indicated against its category.
5. All applicants are required to affix the signature and seal of the Authorized Official of the Company on each page along with acceptance of terms & conditions therein.

मंडल कार्यालय जयपुर II-, प्लॉट नं : 1, सैक्टर 5, प्रताप नगर, सांगानेर जयपुर-30-2033  
कार्यालय सेवा विभाग, दूरभाष 27-0141 :95901 -2795909 ईमेल : [os.jaipur2@licindia.com](mailto:os.jaipur2@licindia.com)

**GENERAL INFORMATION ABOUT THE MANUFACTURERS/ SUPPLIERS/ AUTHORISED DEALERS/VENDORS/PRINTERS/SERVICE PROVIDERS/CONTRACTORS**

S.NO	Information Sought	Information Provided
1	Name of the Firm(In Block Letters)	
2	Date of Establishment / Incorporation of the Firm	
3	Correspondence address, Telephone No./Mobile, E-mail ID	
4	Address of Head Office (If Separate) Telephone No.	
5	Status: Proprietary/ Partnership/Private Limited Company / Public Limited Company	
6	Names of the Partners /Directors	
7	Name of Chief Executive with his present address, Telephone No. , E-mail ID	
8	Name of Representative (s) with Designation who would be calling on us and attending to our jobs	
9	Name of Bankers with Addresses & Telephone Nos.	
10	Is the Firm registered under the Factory Act? If so, state a) License Number: b) Date of last renewal of license (Copy of license to be enclosed) c) ESI No. if any d) EPF Registration No. if any	
11	a) PAN NO. of Income Tax Deptt. (Enclose Copy) b) Labour License No. ( Enclose Copy) c) Service Tax Registration No.( Enclose Copy)	

	d) EPF Registration No. ( Enclose Copy) e) ESI No. ( Enclose Copy)	
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	Turn over for last three Financial Years F Y 2019-20 F Y 2018-19 F Y 2017-18	
15	Whether Black Listed by any Govt. Deptt. / Public Sector Company.	
16	CST No. / VAT No./ TAN No.	
17	Are you agreeable to make deliveries to LIC offices within jurisdiction of Jaipur II as & when so directed?	
18	Are you agreeable to abide strictly by the Terms & Conditions of the Tender floated by DO-II, Jaipur?	
19	Is your firm empanelled with any office of Life Insurance Corporation of India or any other PSU(Central)? Please enclose proof.	
20	Name, Addresses and Telephone Nos. of some of your most valued clients.(Separate list may be enclosed)	
21	Mention any other specialties of your Establishment	

Note: Please type this form or fill it legibly in ink. If space provided is insufficient, please type or write the replies on a separate sheet giving appropriate question number and attach it to the form. All the pages of application form and documents must be signed with seal of the firm.

Signature with seal & date

मंडल कार्यालय जयपुर II-, प्लॉट न : 1, सैक्टर 5, प्रताप नगर, सांगानेर जयपुर-30-2033  
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I/We \_\_\_\_\_  
request Life Insurance Corporation of India, Jaipur Divisional Office-II, Plot no. 1, Sector 5, Pratap Nagar, Sanganer, Jaipur (Rajasthan) – 302033, to consider inclusion of my/our name in the list of their empanelled manufacturer/supplier/printer/service provider/contractor. We agree to give full satisfaction to the Life Insurance Corporation of India in the event of their doing so.

Dated at.....this.....day of .....2024.

**Signature with Seal**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

मंडल कार्यालय जयपुर II-, प्लॉट नं : 1, सैक्टर 5, प्रताप नगर, सांगानेर जयपुर-30-2033  
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## **DECLARATION**

1. I/ We have read all the terms & conditions and I / We understand that if any false information is revealed at a later date, any contract made between ourselves and the Life Insurance Corporation of India, on the basis of the information given by me / us can be treated as invalid at the sole discretion of the Life Insurance Corporation of India and I / We will be solely responsible for the consequences.
2. I/We agree that the decision of the Life Insurance Corporation of India in selection manufacturer/supplier/printer/service provider/contractor will be final and binding on me / us.
3. All the information furnished by me/us here under is correct to the best of my / our knowledge and belief.
4. I / we agree that I / We have no objection if inspection of my / our premises / workshop, shop etc is done by the officials of the Life Insurance Corporation of India.
5. I/We hereby declare that our firm is not blacklisted by LIC of India/PSU/Govt/Semi Govt Organization and any other Department of Govt. of India.

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

SIGNATURE:

NAME: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

SEAL OF THE FIRM/ COMPANY: \_\_\_\_\_

PLACE:-

DATE:-

मंडल कार्यालय जयपुर II-, प्लॉट नः 1, सैक्टर 5, प्रताप नगर, सांगानेर जयपुर-30-2033  
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