

APPLICATION FOR:

EMPANELMENT OF VENDOR/FIRM/SUPPLIER/SERVICE PROVIDER

GENERAL INFORMATION **Annexure- B**

SL NO	INFORMATION SOUGHT	INFORMATION PROVIDED
1	Name of the Firm (in Block Letters)	
2	Date of Establishment/Incorporation	
3	Correspondence Address and 1. Telephone Number 2. Mobile Number 3. E-mail ID	
4	Address of Head Office (If separate) and Telephone number	
5	Status : Proprietorship/ Partnership/ Private Limited Company/Public Limited Company	
6	Name of Partners/Directors	
7	Name of Chief Executive with present address and Telephone / Mobile Number	
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 numbers.	
10	GST REGISTERED NUMBER (if registered)	

	<p>Is the Firm/establishment registered under the Factory Act ? If so, Please state</p> <p>a) Licence Number b) Date of last renewal of licence (copy of licence to be enclosed) c) P.A.N. d) E S I Number, if any e) EPF Registration No. If any</p>	
12	<p>Whether holding certificate under Shops & Establishment Act, duly Renewed Copy (to be enclosed).</p>	
13	<p>State the latest Income Tax Assessed Year and the amount of Tax assessed. (Copies of last 3 years, IT Returns, Balance Sheets & Revenue Account to be enclosed)</p>	
14	<p>Turnover for the last three Financial Years F.Y. 2018-19, 2019-20 & 2020-21 or F.Y. 2019-20, 2020-21 & 2021-22 (if finalized).</p>	
15	<p>Are you agreeable to make deliveries to Corporation's Offices within and outside of LUDHIANA as & when so directed?</p>	
16	<p>Are you agreeable to abide strictly by the Terms and Conditions contained in Notice of Empanelment? (Please attach annexure).</p>	
17	<p>If Your Firm is empanelled with any office of LIC Of India or any other Central/State Government Unit/PSUs, Please give name and addresses. Attach copies of Work orders/ certificate from such Central/State Government</p>	

	Units/PSUs.	
18	Name, Addresses and Telephone Numbers of some of your most valued clients. (You may attach Separate Lists)	
19	Approximate value of Output Per Annum of Establishment.	
20	Mention any other specialties of Your Establishment/Firm	

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.

**SIGNATURE WITH SEAL
AND DATE**

TERMS AND CONDITIONS OF EMPANELMENT

1. The Firm/Suppliers/Printers/Service Providers must submit the application form/enrolment form duly completed in all respects. No question of the application form should be left blank. **Dots/dashes will not be accepted as answers.**
2. The Firm/Supplier/Service Provider should be in profession for **at least 3 years**. The Firm/Supplier/Printers/Service Provider should have **registration with state/ local authorities for undertaking the profession** (Copies of State Registration to be enclosed).
3. The Firm/Printer/Service Provider **should be on the approved panel of at least 3 reputed firms** out of which **at least one should be Public Sector or Govt. undertaking.**
4. The Firm/Suppliers/Printers/Service Providers must submit duly self-attested **Income Tax returns for the last three financial years along with Trading and Profit & Loss account. The turnover of the financial years must be clearly available in the above statements.**
5. **The condition of Minimum Average Annual Turnover of last three years will be strictly followed.**
Average Turnover may be for the financial year 2018-19, 2019-20 & 2020-21 OR 2019-20, 2020-21, & 2021-22 (if finalized).
6. Vendors should furnish the specific brand or make, if required, and in case of authorized dealer (Copy of Valid authorized dealership certificate must be enclosed.)
7. All the Firms/Suppliers/Printers/Service Providers have to apply for fresh appointment. All the Firms/Suppliers/Printers/Service Providers who have been black listed/debarred/de listed /removed from panel, should not apply. If applied, their application will not be considered.
8. The Firms will be empanelled only after positive recommendation of committee duly constituted to scrutinize, visit and inspect the premises / workshop etc. of the applicants and approval of competent authority.
9. All applicants are required to **affix the signature and seal of the Authorized official of the Company/Firm on each page of Annexure "B"** in acceptance of terms and conditions therein. Both Declaration Forms (**Declaration I and II**) duly filled in, **signed and stamped** must be appended with the application form.
10. It has been mutually agreed between the Corporation and the vendor/firm/company that any dispute arising out of this acceptance shall be referred to for "Arbitration" to the Senior Divisional Manager, LIC of India, Divisional Office, Ludhiana of the Corporation and his decision shall be binding on the vendor/firm/company. The vendor/firm/company shall not raise any question of competence of the Senior Divisional Manager to act as sole arbitrator.
11. Mere submission of application for empanelment does not confer, in any way, any right on the applicant to claim empanelment. Sr. Divisional Manager, Ludhiana reserves the right to accept or reject in full or part any application, without assigning any reason thereof.
12. All the above terms and condition are not exhaustive. It is subject to change according to the circumstances by the Corporation.


Sr. Divisional Manager


2023

DECLARATION - I

I/We agree to notify the officer accepting this application and registering my/our names on list of Firms/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 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's 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 of 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
AND DATE

DECLARATION – II

I _____ proprietor/partner/director/member/authorized
Official of the M/S _____ do
hereby solemnly affirm and declare as under:-

1. That I am the duly authorized official to give the following declaration.
2. That the business concern is in the profession of _____ for the **last three financial years**.
3. **That the business concern has not been debarred/de listed/Black Listed in the last three years.**
4. That there have been _____ civil suit/litigation/arbitration cases arisen **during the last five financial years**, in the contracts including orders regarding exclusions/expulsions or **black listing**.
5. That in case the business concern is found to indulge in any foul practice such as pooling etc. the department can take any disciplinary action as debarring and cancellation of registration/empanelment as deemed fit by the department.
6. I solemnly declare that the statements made above are true and correct to the best of my knowledge and belief.

Signature and Seal of the Business Concern

Date : _____ Place