

Annexure - A

Application for Empanelment

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APPLICATION FORM FOR EMPANELMENT OF FIRM

[Separate application to be submitted for each category]

Sl. No. of ITEM:

Name of ITEM:

A) CHECKLIST OF ENCLOSURES [Advised to tick YES or NO as applicable]

Sl No.	ITEM	PROOF ENCLOSED
1	MSMED/ registration certificate valid as on date	YES/NO
2	Status Proprietary/Partnership/Private Limited Company/ Public Limited Company.	YES/NO
3	Is the firm registered under factories act? If so, state [a] License No.	YES/NO
4	[B] Date of renewal of License [copy of license to be enclosed]	YES/NO
5	PAN No.	YES/NO
6	ESI registration No. if any	YES/NO
7	EPF Registration No. if any	YES/NO
8	Whether holding certificate under shops & establishment act, If YES duly renewed copy should be enclosed.	YES/NO
9	State the latest Income tax Assessed Year and the amount of tax assessed[Attested copies of last 3 Years, IT Returns, Balance Sheets & Revenue A/C to be enclosed]	YES/NO
10	Annual turnover[CA certified copies to be enclosed]	YES/NO
11	If your firm is empanelled with any of the office of LIC of India or any other PSU [Central].Please give name, address & since when you are empanelled with them.	YES/NO
12	Name, Addresses and Telephone Nos. of some of your most valued clients[Separate List may be attached]	YES/NO

B]

Sl No.	INFORMATION SOUGHT	INFORMATION PROVIDED
1	Name of the Firm [In Block Letters]	
2	Date of Establishment/Incorporation [The firm should have been established 3 years before]	
3	Correspondence address and Telephone No. [Details of e mail and website, if any]	
4	Registration fee particulars for exemption, MSMED/NSIC registration certificate valid as on date to be enclosed.	DD/BC/MR No.: Date: Amount: Rs 100/-
5	Address of Head Office [if separate] and Telephone No.	
6	Status Proprietary/Partnership/Private Limited Company/ Public Limited Company.	
7	Names of the Partners/Directors	
8	Name of the Chief Executive with his Present addresses and Telephone Nos.	

9	Name of the Representative with designation who would be calling on us and attending to our jobs	
10	Name of bankers with addresses with whom you maintain the bank accounts.	
11	Is the firm registered under the factories act? If so, state [a]License No. [b]Date of renewal of License [copy of license to be enclosed]	
12	PAN No. TIN No.	
13	ESI Registration No. if any	
14	EPF Registration No. if any	
15	GST Registration Number.	
16	Whether holding certificate under shops & establishment act, If YES duly renewed copy should be enclosed	
17	State the latest Income Tax Assessed Year and the amount of tax assessed [Attested copies of last 3 years, IT Returns, Balance sheets & Revenue A/C to be enclosed]	
18	Annual Trunover [Chartered Accountant certified copies to be enclosed] Previous 3 Financial Years	
19	Are you agreeable to abide strictly by the Terms & Conditions of LIC's Tenders and Contracts	
20	If your firm is empanelled with any of the Office of LIC of India or any other PSU [Central} Please give name, address & since when you are empanelled with them.	

21	Name, Addresses and Telephone Nos. of some of your most valued Clients [separate list may be attached]	
22	Please furnish Particulars of MSMED/NSIC if registered [enclose copy of the certificate]	
23	Any other information/Extra Ordinary Performance of your Establishment, you want to provide	
24	If Company, please submit latest Annual Report	

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 by mentioning the serial number and attach it to the form.

Conditions for empanelment:

- 1] The applicant firm/supplier should be in the same activity for at least 3 years as described in the application form.
- 2] The turn over mentioned for each item in the notification should be strictly complied with.
- 3] The firm should be on the approved panel of at least 3 PSUs or Large Public Limited Companies or MNCs.
- 4] The Firm/supplier should have registration with State & local authorities for running the business/ service activities etc., [copies of proof to be enclosed]
- 5] Certificate of Satisfactory completion of work/supply issued by departments/Authority must be attached as proof.
- 6] The firm/supplier should keep sufficient stock in hand so as to comply with our urgent needs without delay.
- 7] In terms of Provisions of Section 33 [3] of the Insurance Act, 1938 as amended by the Insurance Laws [Amendments] Ordinance 2014, the Insurance Regulatory Authority of India [IRDAI] is authorised to verify all such books of account, register, other documents and the data base in the custody of the contractor in respect of services outsourced by the LIC of India. It shall be the duty of the contractor to provide such documents/statements/information as may be required by the IRDAI within such time as may be specified by the IRDAI.
- 8] All certificates should be attested by a gazetted Officer/ Class I Officer of LIC / Bank Manager and also be self attested.

DECLARATION

1. I request the Life Insurance Corporation of India, Divisional Office, SHIVAMOGGA to consider inclusion of my/our name in the list of their approved firms/suppliers.
2. I / We have read the instructions and I / We understand that if the information furnished now is found false at a later date, any contract made between ourselves and the LIC, on the basis of the information given by me/us can be treated as invalid at the sole discretion of the LIC and I / We will be solely responsible for the consequences.
3. I / We agree that the decision of the LIC in selection of Manufacturer/ Printers/ Vendors/ Contractor/Service providers will be final and binding on me/us.
4. All the information furnished by me/us above 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 Officials of the LIC.

Place:

Date:

**Signature
Name & designation
Seal of the firm/company**