



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Application for: Firms/Suppliers/Service providers/Vendors

General information

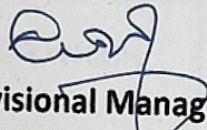
Srno.	Information Sought	Information provided
1	Name of the firm (in block letters)	
2	Date of Establishment/incorporation	
3	Correspondence address and 1. Telephone no. 2. Mobile no. 3. E-mail id.	
4	Address of the head office (if Separate)and telephone no.	
5	Status: Proprietary/Partnership/private Limited company/PublicLimited compay	
6	Names of the Partner/Directors	
7	Name of the chief Executive with present address and telephone nos.	
8	Name of Representative (S) with designation who would be calling on us and attending our jobs	
9	Name of Representative (S) with designation who would be calling on us and attending our jobs.	
10.	Is the firm registered under the Factory act? a) License number b) Date of last renewal of license (copy of License to be enclosed) c) PAN d) GST no. e) ESIS NO. IF ANY	

	f) EPF registration no. if any g) Labour License no and validity under h) sections of Labour law	
11	Whether holding certificate under shops and Establishment Act, duly renewed (copy should be enclosed)	
12	State the latest income Tax Assessed Year and the amount of tax assessed (copies of last 3 years, I>T> Returns, Balance sheets and Revenue a/c to be enclosed).	
13	Turn over for last three Financial Year F Y 2023-2024 FY 2022-2023 FY 2021-2022	
14	Are you agreeable to make deliveries to Corporation's offices within and outside of Jalandhar division as and when so directed?	
15	Are you agree to abide strictly by the terms and conditions of the Tenders and Contracts (Copy annexed)	
16	If your firm is empaneled with any other PSU (central), Please give name and address.	
17	Name addresses and Telephone nos. of some of your most valued clients. (separate list may be attached)	
18	Approximate value of your output per year	
19	Mention any other specialties of your establishment.	
20	INS Accreditation Number for Advertising Agencies	
21	Whether the Firm/Vendor had been Blacklisted any time in the past?	

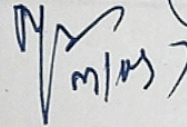
Note: Please type this form or fill it legibly in ink. If Space provided is insufficient please type or write the replies on a separate sheet giving appropriate question number and attach it to the form.

All the pages of application form and documents must be signed with seal.

Signature with seal and date


Sr Divisional Manager

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A 100 (5) 7


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