

Annexure "A"

Conditions for empanelment:

1. The applicant firm/supplier should be in profession for at least 3 years as described in application form (copy of proof must be enclosed.)
2. The firm should be on the approved panel of at least 3 reputed firms, preferably PSUs,PSBs.
3. The firm/supplier should have registration with state & local authorities for undertaking the profession. (copy of proof must be enclosed.)
4. Certificate of satisfactory completion of work/supply issued by concerned departments/authority/reputed firm must be attached as proof.
5. The firm/supplier should keep sufficient stock in hand so as to comply with the urgent needs without delay.
6. Firm willing to apply for computer consumables such as cartridge, ribbon, printer head must have manufacturer authorization of the same in the prescribed format and should not have been blacklisted by LIC/any govt. body/PSU/Banks for any period of time.
7. The applicant should not have been blacklisted by LIC/any govt. body/PSU/Banks for any period of time and never convicted by the law of the land. This holds for all the categories.
8. LIC may visit the office/factory of the empaneled vendor if required. The report of the visiting team will be considered for empanelment.

Note:- Eligibility criteria for availing benefits under the public procurement policy:

Those who are willing to get benefit under the Public Procurement policy for Micro& Small Enterprises(MSEs) order 2012", it is necessary for the enterprise to be registered with the director of Industries (DI)/ District Industries Centre(DIC) as manufacturing /Service enterprises and having acknowledgement of Entrepreneurs memorandum(Part-II) or are registered with National Small Industries Corporation (NSIC) under single point vendor registration scheme." The relevant copy of certificate must be enclosed.

APPLICATION FORM FOR EMPANELMENT OF FIRM

SL. No. of Category:

Name of Category:

(Separate application is to be filled up for each category)

| SL NO | INFORMATION SOUGHT | INFORMATION PROVIDED |
|-------|---|----------------------|
| 1. | NAME OF THE FIRM (IN BLOCK LETTER) | |
| 2. | DATE OF ESTABLISHMENT/INCORPORATION | |
| 3. | CORRESPONDENCE ADDRESS AND TELEPHONE NOS. | |
| 4. | STATUS: PROPRIETY/PARTNERSHIP LIMITED COMPAY/PUBLIC LIMITED COMPANY. | |
| 5. | NAMES OF THE PARTNERS/DIRECTORS | |
| 7. | NAME OF CHIEF EXECUTIVE WITH PRESENT ADDRESS AND TELEPHONE NOS. | |

| | | | | | | | | |
|-------------|---|---|-------------|--|-------------|--|-------------|--|
| | | | | | | | | |
| 8. | NAME OF REPRESENTATIVE(S) WITH DESIGNATION WHO WOULD BE CALLING ON US AND ATTENDING TO OUR JOBS. | | | | | | | |
| 9. | NAME OF BANKERS WITH ADDRESS & TELEPHONE NOS. WITH WHOM YOU MAINTAIN THE A/C | | | | | | | |
| 10. | 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) | | | | | | | |
| | c. Pan no. | | | | | | | |
| | d. ESIS NOL. If any | | | | | | | |
| | e. EPF Registration no , if any | | | | | | | |
| | f. Sales Tax No. | | | | | | | |
| | g. GST No. | | | | | | | |
| 11. | WHETHER HOLDING CERIFICATE UNDER SHOPS AND ESTABLISHMENT ACT, IF YES, DULY RENEWED COPY SHOULD BE ENCLOSED | | | | | | | |
| 12. | STATE THE LATES INCOME TAX ASWSSESSED YEAR AND THE AMOUNT OF TAX ASSESSED(COPIES OF LAST 3 YEARS I.TAX RETUNS , BALANCE SGHEETS AND REVENUE A/C TO BE ENCLOSED. | | | | | | | |
| 13. | TURN OVER FOR LAST 03 YEARS. | <table border="1"> <tr> <td>F.Y 2022-23</td> <td></td> </tr> <tr> <td>F.Y 2023-24</td> <td></td> </tr> <tr> <td>F.Y 2024-25</td> <td></td> </tr> </table> | F.Y 2022-23 | | F.Y 2023-24 | | F.Y 2024-25 | |
| F.Y 2022-23 | | | | | | | | |
| F.Y 2023-24 | | | | | | | | |
| F.Y 2024-25 | | | | | | | | |
| 14. | IF YOUR FIRM IS EMPANELLED WITH ANY OF OFFICE OF LIC OR ANY OTHER PSU(CENTRAL), PLELASE GIVE NAME AND ADDRESS ABND SINCE WHEN YOU ARE EMPANELLED WITH THEM (COPY TO BE ENCLOSED) | | | | | | | |
| 15. | NAMES, ADDRESS AND TELEPHONE NOS. OF SOME OF RECENT WORK, DATE OF COMPLETION, VALUE OF WORK DONE,COMPLETION CERTIFICATE, COPIES OF ORDERS(DURING LAST 3 YEARS). MAJOR WORK IN HAND(COPY OF WORK ORDER) | | | | | | | |
| 16. | APPROXIMATE VALUE OF YOUR OUTPUT PER YEAR | | | | | | | |
| 17. | ANY OTHER INFORMATION / EXTRA ORDINARY PERFORMANCE OF YOUR ESTABLOSHMENT, YOU WANT TO PROVIDE | | | | | | | |

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 no, and attach it to the form.

I/We..... request Life Insurance Corporation of India, Patna Divisional Office-2, Patna to consider/include of my/our name in the list of their approved firms /suppliers. We agree to give full satisfaction to the Corporation in the event of their doing so.

Signature
Name:
Designation:
Seal of the firm/Company

Dated at.....this.....day of2025

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

DECLARATION

1. I/ We have read the instructions appended to the Annexure "A" and I /We understand that if any false information is revealed at a later date, any contract made between ourselves and the Corporation, on the basis of the information given by me / us can be treated as invalid at the sole discretion of the Corporation and I/We will be solely responsible for the consequences.
2. I /We agree that the decision of the Corporation in selection of Vendors/Suppliers/Printers/Manufacturers/Service providers will be final and binding on me/us.
3. All the information furnished by me / us hereunder 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 Corporation.

Signature
Name:
Designation:
Seal of the firm / Company

Place:
Date: