

**ENROLMENT FORM  
FOR EMPANELMENT OF ARC OF ELECTRICAL CONTRACTOR**



**LIFE INSURANCE CORPORATION OF INDIA**

**DIVISIONAL OFFICE, PANDRI, RAIPUR, C.G.**

**INSTRUCTIONS FOR FILLING AND SUBMISSION OF ENROLMENT FORM**

The Enrolment Form along with the Annexure 1 to 3 shall be completely filled in all respect along with cost of Enrolment Form of Rs.295.00 ( non-refundable) by way of demand draft in favour of Life Insurance Corporation of India payable at Raipur addressed to the Life Insurance Corporation of India,

along with these instructions for filling and submission of Enrolment Form on or before 16.08.2023 (5.00 PM) Please note that no consideration will be given for postal delays.

1. Agencies to note that all particulars required as per the form shall be filled in completely in relevant strictly as per the format.
2. The forms not submitted strictly as per the above instructions within stipulated period are liable to be rejected,
3. The eligible agencies, which will be selected for issue of tenders after scrutiny of enrolment forms, shall be informed by a letter. Please note that no enquiries or correspondence regarding the selection for issue of tenders shall be entertained.
4. Latest Solvency Certificate from any Nationalised / Scheduled Bank as per advertisement should be submitted along with Enrolment Form.
5. The Agencies are advised to follow the instructions given below :
  - (a) Enrolment Form shall be filled-up in clean handwriting in capital letters or typed.
  - (b) Full address of the site of work, owner or authority under whom the works have been carried out should be given (Please refer Annexure 2 & 3).
  - (c) The agencies should ensure to submit the satisfactory Completion Certificate giving the value of work, year of completion and it should also tally with the value of final bill in Annexure 2.
  - (d) The annual turnover should be based on latest audited balance sheet, copy of which should be enclosed.

6. Separate application must be submitted for different items of works along with non refundable amount of Rs.295 /- each towards processing fee in the form of Demand Draft drawn in favor of LIC of India payable at Raipur. This is applicable when an applicant submits application for more than one item of works.
7. Please note that the submission of this enrolment form does not confer any right on you to claim issue of tenders and the **Executive Engineer** reserves the right not to issue tender to any / all applicants without assigning any reason whatsoever.

Sl. No.	Category for Empanelment on the basis of Estimated cost of Work/Nature of Work	Minimum Solvency OR Minimum Net Worth		Average Annual Financial Turn Over	Qualifying Value of work completed during last 7 Years
		Solvency	Net Worth		
(1)	(2)	(3)	(4)	(5)	(6)
1.	ARC / AMC and other Works with Estimated Tender Amount upto Rs 5.00 Lakh	2.00 Lakh	0.50 Lakh	5.00 Lakh	Three Similar Works each costing not less than 2.00 Lakh OR Two Similar Works each costing not less than 2.50 Lakh OR One Similar Works each costing not less than 4.00 Lakh

Encl. : Enrolment Form with  
Annexure 1 to 3

**Executive Engineer**

Signature of Contractor

**Note: These instructions for filling and submission of Enrolment Form shall also be signed and submitted along with Enrolment Form with Annexure 1 to 3.**

LIFE INSURANCE CORPORATION OF INDIA

ENGINEERING DEPARTMENT

Raipur Divisional Office

**FORM FOR ENROLMENT OF CONTRACTORS**

I / We \_\_\_\_\_ am / are desirous of being enrolled  
on \_\_\_\_\_ list of \_\_\_\_\_ agencies for \_\_\_\_\_ the  
\_\_\_\_\_ and hereby apply for the  
same.

Sl. No.	Name of Work	Please mention the work for which applied.
1		

I / We give the following details for your consideration.

Sl.no	QUERY		ANSWER
1	Name of the firm	:	
2	Address and contact details of Registered office		
3 (a)	PAN No		
	TIN No.		
	GST Registration No.		
3 (b)	Address and contact details of Regional office if any in the locality of the proposed work		

4	Contact Details of local Service centre of the place of work	Address.		
		Office Phone No		
		Mobile No.		
		Fax No.		
		Email		
5	Telegraphic Address, if any			
6	Month and year in which the firm was established in present name			
7	Particulars of old firm (if present firm is new) if main partners of the present firm were working as construction contractors, in some other name in the past (The partnership deed of old firm be enclosed).			
8	Particulars of sister concern firms, if any :			
9	What is the constitution of firm viz. Pvt. Ltd., Public Ltd., etc.			
10	Fill and enclose <b>Annexure 1</b> giving details of enrolment in the past with other organisations			
11	Has the agency been black listed in the past by any Central or State Govt.Deptt. / PSU Organisation			
12	i) Annual Turn Over for last four years (enclose documentary evidence or proof to support figures)		YEAR	Rs. in Lakh
		i	2019-20	
		ii	2020-21	
		iii	2021-22	
	iv	2022-23		
	ii) Enclose audited balance sheet		Certificate enclosed for Assessment year _____	

13	i) Name and complete postal address of bankers		
	ii) Enclose solvency certificate indicating amount. <b>(The certificate should not be more than 3 months old).</b>		
	iii) Bank Guarantee limit with Various banks		i) Rs. _____ Lac with _____ ii) Rs. _____ Lac with _____ iii) Rs. _____ Lac with _____
			TOTAL
14	Fill in & enclose <b>Annexure-2</b> giving full particulars about major works completed during past <b>Four</b> years <b>NOTE: List of only those works which are carried out by the firm requesting for enrolment is to be given. Work completion certificate for qualified projects must be notarized with address &amp; contact numbers of issuing authority</b>		
15	Work in Progress:		
	i) Whether full details of major work on hand given in <b>Annexure '3</b> <b>Note: The details must be notarized .</b>		
	ii) Are copies of work orders for such large works enclosed		
16	Any <b>other information</b> the applicant might like to give		

**DECLARATION**

I/We agree to notify the officer accepting this application and registering my/our names on list of contractors 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 and 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 list of contractors in the event of my/our furnishing false particulars in the enrolment form or 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 contractors and any contract that I/We may be holding at the time may be rescinded.

PLACE :

DATE :

SIGNATURE OF CONTRACTOR

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: FOR OFFICE USE ONLY:

ENROLMENT      FORM      NO. \_\_\_\_\_      ISSUED      TO

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NOTE:      **THE FILLED IN ENROLMENT FORM SHOULD REACH IN THE OFFICE ON OR BEFORE 16.08.2023 (5.00 PM)**

SIGNATURE OF ISSUING OFFICER

**ANNEXURE –1**

**LIFE INSURANCE CORPORATION OF INDIA**

**PARTICULARS OF ENROLMENT WITH LIC AND OTHER ORGANIZATION**

- I. ENROLMENT WITH LIC :
- Name of works for 1)  
Which enrolled by 2)  
L.I.C. in the past 3)  
4)

II. ENROLMENT WITH OTHER ORGANISATIONS:

r. No.	Name & Address of Authority with whom you are enrolled	FIRST TIME ENROLMENT		LAST RENEWAL OR ENROLMENT			
		Year to year	Is copy of letter enclosed	Year to year	Class or Category	Limit (Rs. in Lac)	Is copy of letter enclosed
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

**SIGNATURE OF CONTRACTOR**

## LIFE INSURANCE CORPORATION OF INDIA

LIST OF MAJOR WORKS COMPLETED DURING LAST **FOUR** YEARS

Sr. No.	Name and Complete Postal Address of			Order			Value of work as per final bill (Rs. in Lac)	Commencement of work month Year	Completion of work month Year	Penalty levied for delay of completion, if any
	Site of Work & Nature of Work	Owner	Authority under whom work was	Ref. No. & Date	Contract Amount (Rs. in Lac)	Is copy enclosed				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

SIGNATURE OF CONTRACTOR



**ANNEXURE – 3****LIFE INSURANCE CORPORATION OF INDIA****LIST OF WORK IN HAND**

<b>Sr. No.</b>	<b>Name and Complete Postal Address of</b>			<b>Order</b>			<b>Date of commencement of work</b>	<b>Scheduled date of completion of work</b>	<b>Progress made and expected date of completion and reasons for delay, if any</b>
	<b>Site of Work &amp; Nature of Work</b>	<b>Owner</b>	<b>Authority under whom work was carried out</b>	<b>Ref. No. &amp; Date</b>	<b>Amount (Rs. in Lac)</b>	<b>Is copy enclosed</b>			
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>	<b>(6)</b>	<b>(7)</b>	<b>(8)</b>	<b>(9)</b>	<b>(10)</b>

**SIGNATURE OF CONTRACTOR**