

APPLICATION FORM FOR EMPANELMENT OF FIRM

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

S.NO.OF ITEM :

NAME OF ITEM:

A) CHECK LIST OF ENCLOSURES – (Advised to tick YES or NO, as applicable)

S.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 the 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	G.S.T No.	YES / NO
9	Whether holding certificate under shops & establishment act, if "YES" duly renewed copy should be enclosed	YES / NO
10	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
11	Annual turnover [CA certified copies to be enclosed]	YES / NO
12	If your firm is empanelled with any of office of LIC of India or any other PSU (Central) please give name, address & since when you are empanelled with them	YES / NO
13	Name, Addresses and Telephone Nos. of some of your most valued Clients (Separate list may be attached)	YES/NO

B)

S.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 email and website, if any]	
4	Application fee particulars for exemption, MSMED / NSIC registration certificate valid as on date to be enclosed	DD/BC/MR No.: Date : Amount:Rs.100+18(GST)
5	Address of Head Office (if Separate) and Telephone No.	
6	Status Proprietary/Partnership limited company/Public Limited Company	
7	Names of the Partners/Directors	
8	Name of Chief Executive with his Present addresses and Telephone Nos.	
9	Name of Representative (s) 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	ESIS No. if any	
13	EPF Registration No. if any	

14	P A N No.		
15	G.S.T No.		
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 (copies of last 3 years, IT Returns, Balance sheets & Revenue A/C to be enclosed)		
18	Turnover for last Three years	FY-2016-17	
		FY 2017-18	
		FY 2018-19	
19	Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts		
20	If your firm is empanelled with any of 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[Please enclose copy]		
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 application form. (Copy of proof must be enclosed).
- 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, Zonal Office, Hyderabad 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 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 hereunder is correct to the best of my/our knowledge and belief.
5. 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 LIC.

Place:

Signature

Date:

Name & Designation

Seal of the firm/company