



Ahmedabad Divisional Office, O.S. Department,
7th Floor, Jeevan Prakash Building, Tilak Road, Ahmedabad – 380 001.

APPLICATION FORM – TECHNICAL BID

- (1) Name of the Firm : _____
- (2) Nature of Ownership : _____
- (3) Name of the Proprietor/Partners/Directors: _____
- (4) Name OF Representative who Would be calling on us and attending to our jobs: _____
- (5) Correspondence Address of Firm/Company: _____

- (6) Office Tel. No. / Mobile No. /Fax No. : _____
- e-Mail Address : _____
- (7) Date Of Establishment Of Firm in Present Name : _____
(If Name changed Earlier Name and Address)
- (8) Nature Of Business : _____
(Copy Of Registration Certificate under Shop and Establishment Act is Required)
- (9) Name Of The Banker with Address and Tel. No. : _____

Account No. : _____
IFS Code : _____
- (10) Latest Income Tax Assessed Year : _____
Amt. of Tax Assessed : _____
- (11) Last Tax Assement/ Balance Sheet, duly Certified by CA (Copies Of last 3 Years' IT returns, Balance Sheets, and Revenue Account to be enclosed) : _____

- (12) GST No.: _____
- (13) Income Tax PAN No. : _____
- (14) Firm registration No : _____
- (15) Are you agreeable to make deliveries to _____
Corporation's office & out of Ahmedabad
when directed?
- (16) Are you agreeable to enter into a Rate Contract or running contract with us.: _____
- (17) Details of empanelment with other institutions : _____
(Including LIC)
Turnover for the last 3 F.Y.
(Pl. enclose Photocopies)
- (18) Name- Address Of your most Valued Clients : _____
(Minimum 2-Two)
- (19) Have you ever been Blacklisted by LIC Of India : _____
Or PSU/BFSI Org./Govt./Semi Govt./Quasi Govt.
Deptt. In India as on or before Date of Submission
of Bid
- (20) Mention any other specialties of your _____
Establishment.
- (21) Is the firm Registered under the Factory Act,1948 : _____
If yes, Pl State..
1. License Number :
2. Dt. Of Last Renewal Of License :
3. ESIS Number :
4. EPF Reg. No. :
(Pl. attach Photocopy of above)
- (22) Whether registered under the central sales tax rules, mention
CST no..... (Enclose copy)
- (23) Is the firm registered for micro & small enterprises
(MSE) with director of Industries/District industries center as
manufacturing /service enterprises or registered with
National Small Industries Corporation (NSIC) under
single point vendor registration scheme. If so, enclose copy.
- (24) Is the firm owned by SC/ST entrepreneurs? If so, enclose copy.

**Please type this form or fill it legibly in ink.
Use separate sheet if space provide is in sufficient.**

**I/WE..... request The life Insurance Corporation of India ,Divi.office,
Ahmedabad to consider of supplier & assured to render the services to the fullest satisfaction
of the corporation.**

This.....Day of.....2023 at.....

SIGNATURE

WITH OFFICE SEAL