



NAME OF WORK: ENROLLMENT OF LICENSED ELECTRICAL CONTRACTORS FOR H. T. ELECTRICAL WORKS AT OUR VARIOUS BUILDINGS IN THE STATE OF WEST BENGAL

Filled in Enrolment Form with Documents shall be submitted at the following address by **17.30hrs of 08.12.2023:**

**The Chief Engineer
Life Insurance Corporation of India.
Eastern Zonal office.
Engineering Department.
"HINDUSTHAN BUILDING"
4, C.R. Avenue (4TH floor)
Kolkata - 700072**

**LIFE INSURANCE CORPORATION OF INDIA**

EASTERN ZONAL OFFICE, ENGG. DEPTT. (4TH FLOOR)
 "HINDUSTHAN BUILDING", 4, C.R. AVENUE, KOLKATA – 700072
 PHONE: 033-22129077/22127443,
 E-mail: ez_engineering@licindia.com
 AN ISO 9001:2015 CERTIFIED DEPARTMENT

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Life Insurance Corporation Of India, Eastern Zonal Office,
 Engineering Department, Hindusthan Building, 4th Floor,
 4, Chittaranjan Avenue, Kolkata- 700072, Phone: 033 2212-7443,
 Email:ez_engineering@licindia.com,
 Website: www.licindia.in/tenders

NOTICE FOR ENROLLMENT OF CONTRACTORS

Life Insurance Corporation of India intend to form Panel of contractors for the following work:

| | |
|---|--|
| Description of Works | ENROLLMENT OF LICENSED ELECTRICAL CONTRACTORS FOR H. T. ELECTRICAL WORKS AT OUR VARIOUS BUILDINGS IN THE STATE OF WEST BENGAL |
| Sale Period (Downloading) | 24.11.2023 to 08.12.2023 |
| Enrolment form submission/ closing date & time | 08.12.2023 upto 17.30 hours |
| Contact Person E-mail: | ez_engineering@licindia.com |

Note: Any addendum/corrigendum/sale date extension in respect of above tenders shall be issued on website: www.licindia.in/tender, Contractors are therefore requested to regularly visit the said website to keep themselves updated.

Dated 24.11.2023

CHIEF ENGINEER



ENROLMENT OF CONTRACTORS VALID FOR THREE YEARS RECKONED FROM THE DATE OF PUBLICATION OF LIST OF ENROLLED CONTRACTORS.

SELECTION CRITERIA

LIC of India intends to empanel the contractors for Annual Maintenance Contract for repairs and maintenance of H.T. Transformer substation and associated switchgears installed at various Buildings under Eastern Zonal Office, Kolkata

LIC of India invites application from the interested firms who are enlisted with Nationalized Banks, Central or State Public Sector undertaking, CPWD or Central or State Govt and fulfills our **following selection criteria** may apply in the prescribed enrollment form.

1. Valid **Electrical Contractor License (minimum 11 KV)** for working on High Tension Electrical Installations.
2. Valid GST registration & PAN No.
3. Valid Trade License certificate.
4. Minimum work experience of FIVE (5) years as detailed below :

WORKS EXPERIENCE:

(i) Similar nature of work: The contractor must have experience of,

(a) Periodical maintenance of HT transformer substation installations, HT & LT Breakers including repairing/replacement of defective parts, filtration of Transformer oil etc.

(b) Attending breakdown maintenance in H.T transformer substation, HT & LT breakers.

© Supply, Installation, Testing and Commissioning of H.T. Transformer Substation and associated switchgears thereof.

(ii) The applicants need to submit completion certificate for having completed similar nature of work carried out during last five years, containing the details such as Date of Commencement & Completion, Details of similar nature of works, Final Completion Cost duly certified by Authorized Officials in case of Govt./Semi Govt. or Public Sector Undertaking.

5. Contractor should have permanent technical staff viz. Engineers/ technicians/electricians having minimum **5 years** experience in maintenance of H.T. Transformer Substation and accessories thereof.

6. AVERAGE ANNUAL FINANCIAL TURN OVER:

The Applicant should have Average Annual Financial Turn Over of not less than **Rs. 25 /- Lacs** during any preceding 3 (three) Financial years out of previous 5 (five) financial years ending on 31st March 2023 i.e. Financial Year between 2018-2019, 2019-2020, 2020-2021, 2021-2022 & 2022-2023 (Scanned copy of certificate from Chartered Accountant to be submitted). Please note that in case final audited account statements are not available for the last year, then provisional account statements can be submitted duly certified by Chartered Accountant.

The contractor should furnish all the details mentioned above with the supporting documents as per pro-forma given in Annexure(s) enclosed herewith. If any of the above documents are not enclosed with the enrolment form, their empanelment may not be considered.

For more details and Enrolment Form please visit at www.licindia.in (Tenders).

Duly filled in enrolment form along with supporting documents shall be submitted in a sealed cover super scribing "**ENROLLMENT OF LICENSED ELECTRICAL CONTRACTORS FOR H. T. ELECTRICAL WORKS AT VARIOUS LIC BUILDINGS IN THE STATE OF WEST BENGAL**". within 08/12/2023 upto 17.30 hrs at the office of The Chief Engineer, LIC of India, Eastern Zonal Office, Hindusthan Building (4th Floor), 4, C.R. Avenue, Kolkata- 700072.



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Enrollment of HT Contractors, EZO

Last date for submission of Enrolment Form addressing to the Chief Engineer, LIC Of India, Hindusthan Building, 4, C. R Avenue, 4th Floor, Kolkata-700072 on or before 08/12 /2023 upto 17.50 Hrs. .

The name of all empanelled contractors shall be published in our website within 45 days (approximately) from the date of this publication.

A. DISQUALIFICATION:

The Chief Engineer reserves the right to reject enrollment of any contractor at his sole discretion without assigning any reason whatsoever. However during the verification process if it is found that,

- i) Contractor Made misleading or false representations in the forms, statements, affidavits and attachments submitted in proof of the enrollment requirement and/or
- ii) Records of poor performance during last five years, as on the date of publication of Notice , such as abandoning the work, rescission of the contract for reason which are attributable to non performance of the contractor, inordinate delays in completion, consistent history of litigation resulting in awards against the contractor or any of the constituents, of financial failure due to bankruptcy and so on.

Then their enrollment application will not be considered further.

Also the concerned Contractor will be debarred from participating in any tender program for a period of 3 years if the contractor made misleading or false representations in the forms, statements, affidavits and attachments submitted in proof of the enrollment requirement.

B. JOINT VENTURE: Joint Ventures applicants will not be considered.



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LETTER FROM THE CONTRACTOR

Life Insurance Corporation of India

Eastern Zonal Office,
Engineering Department (4th floor),
"Hindusthan" Building,
4, C.R. Avenue,
Kolkata-700072.

I / We _____ am / are desirous of being enrolled
on list of contractors for the work of **H. T. ELECTRICAL WORKS AT VARIOUS LIC BUILDINGS IN THE
STATE OF WEST BENGAL.**

Date :

Place :

Signature of the Applicant with official seal



INSTRUCTIONS FOR FILLING AND SUBMISSION OF ENROLMENT FORM

The Enrolment Form along with the Annexure A1, A2 and B to G, GST registration, Annexure-I, shall be completely filled in all respect and submitted to **The Chief Engineer, Engineering Department, Eastern Zonal Office, Hindusthan Building, 4 C R Avenue, Kolkata-700 072** along with these instructions for filling and submission of Enrolment Form on or before 08.12.2023 upto 17.30 Hrs. **Please** note that no consideration will be given for postal delays.

1. Contractors to note that all particulars required as per the form and Annexure 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 contractors, 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. The Contractors 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 D & E).
 - (c) The contractor 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 D.
7. Please note that the submission of this enrolment form does not confer any right on you to claim issue of tenders and the Chief Engineer reserves the right not to issue tender to any / all applicants without assigning any reason whatsoever.

Encl: Enrolment Form with Annexure A1, A2 and B to G, GST Registration, Annexure-I

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 A1, A2 and B to G, GST Registration, Annexure-I.**

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Enrollment of HT Contractors, EZO

ENROLMENT FORM

Please note that all documents required to be submitted along with filled in Enrolment form are to be self attested by the authorized person of the applicant with an undertaking that full responsibility is taken by him/her on behalf the applicant for veracity of submitted documents.

I / We _____ am / are desirous of carrying out the above mentioned work and hereby apply for the **“ENROLLMENT OF LICENSED ELECTRICAL CONTRACTORS FOR H. T. ELECTRICAL WORKS AT VARIOUS LIC BUILDINGS IN THE STATE OF WEST BENGAL.**

”. I/We give the following details for your consideration:

| SI.No | QUERY | | ANSWER |
|-------|---|---------------------|--------|
| 1 | Name of the firm | | : |
| 2 | Address: | | |
| 3 | Local Address: | | |
| 4 | PAN No | | |
| | Valid EPF Registration No | | |
| | Goods & Service Tax (GST) No. | | |
| 5 | Contact Details | Office Phone No. | |
| | | Residence Phone No. | |
| | | Mobile No. | |
| | | Fax No. | |
| | | Email | |
| 6 | Telegraphic Address, if any | | |
| 7 | Month and year in which the firm was established in present name | | |
| 8 | Particulars of old firm (if present firm is new)if main partners of the present firm were working as Electrical contractors, in some other name in the past (The partnership deed of old firm be enclosed). | | |
| 9 | Particulars of sister construction firms, if any | | |
| 10 | i) What is the constitution of firm viz. Sole Proprietor, Partnership, Pvt. Ltd., Public Ltd., etc. | | |
| | ii) Enclose copy of partnership deed, Articles of Association or Affidavit in case of sole proprietorship | | |



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| | | | |
|----|---|-----|--|
| | as per Annexure A-1. | | |
| | iii) Fill-in enclosed Annexure A-2. | | |
| | | | |
| 11 | Fill and enclose Annexure B giving details of enrolment with LIC of India in the past and with other organizations. | | |
| 12 | Has the applicant or his partners or Directors been black listed in the past by any Central or State Govt. Deptt. / Organization(undertakings, boards, corporations, local bodies etc) | | |
| 13 | i) Annual Turn Over considering average of last three financial years ending 31st March,2023 i.e. Financial Year between 2018-2019, 2019-2020, 2020-2021 & 2021-2022, 2022-2023 (enclose documentary evidence or proof to support figures duly certified by Chartered Accountant with membership no.) | | YEAR |
| | | | Rs. in Lakh |
| | | i | |
| | | ii | |
| | | iii | |
| | | iv | |
| | ii) What evidence of proof is enclosed to support the amounts of yearly turnover | | |
| | iii) Enclose latest income tax clearance Certificate | | Certificate enclosed for Assessment year _____ |
| | iv) Enclose statement of Accounts of last 05 years as mentioned above duly certified by the Chartered Accountant (i.e. 2018-2019, 2019-2020, 2020-2021 & 2021-2022 & 2022-2023). | | |
| 14 | i) Name and complete postal address of bankers | | |
| | ii) NEFT and Bank Account Details (Photocopy of cancelled cheque should be attach): | | Name of Bank: Account No: IFSC Code: |
| | iii) Enclose solvency certificate indicating amount. (The certificate should not be more than One Year old) . Please provide following details about solvency certificate a) Complete address if the Bank who has issued solvency certificate: b)Telephone No. of the Bank | | NOT APPLICABLE |


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| | | |
|----|--|---|
| | connecting Branch Head: c)E-mail ID of the Bank: OR Enclosed Net Worth certificate as per Pre-qualification criteria which is certified by Chartered Accountant (Sample Form for Net Worth Certificate – Annexure –II is attached) | |
| | iv) Bank Guarantee limit with Various banks. | i) Rs.....Lac with..... ii) Rs.....Lac with..... iii) Rs.....Lac with |
| | v) Payment received details certified by Chartered Accountant of Qualifying works executed for private sector. (<i>Form no. 26AS and Form no. 16A for the relevant period of qualifying Private works</i>) | |
| 15 | i) Enclose list of immovable properties with complete postal addresses, full description & reasonable market value of property duly supported by certificate of D.M./Collector/First Class Magistrate/ approved valuer. | NOT MANDATORY |
| | ii)Whose supporting certificate is enclosed | Rs. _____ of _____ Date _____ |
| 16 | i) Particulars of movable properties along with Banker's reference | NOT MANDATORY |
| | Value of tools & plants | Rs. |
| | Other Assets | Rs. |
| | Total | Rs. |
| | ii) Whose reference is enclosed? | |
| 17 | Fill in and enclose list of tools as per Annexure-C enclosed. | |
| 18 | Fill in & enclose Annexure-D giving full particulars about major works completed during past 5 years NOTE: List of only those works which are carried out by contractor requesting for enrolment is to be given (As per Annexure-III). | |
| 19 | Work in Progress: | |
| | i) Whether full details of major work on hand given in | |


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| | | | |
|----|--|--|--|
| | Annexure-'E' | | |
| | ii) Are copies of work orders for such large works enclosed | | |
| 20 | Whether full information regarding permanent technical staff employed given in Annexure 'F' | | |
| 21 | i) How do you normally carry out the periodical maintenance/breakdown maintenance of H.T. transformer substation installations | | |
| | ii) Who is the license holder and what is his experience of this work is. | | |
| 22 | i) How do you normally get work of Transformer Substation installations carried out | | |
| | ii) Who is the license holder & what is his experience | | |
| 23 | Any other information the applicant might like to give | | |



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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.

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



AFFIDAVIT

(On Non Judicial Stamp paper of **Rs. 100/-** in case the individual who is the sole proprietor of the firm)

I s/o
..... age years, occupation business r/o
..... do hereby state on oath as under:

That I am residing in locality of District
..... since last years.

That I am the sole proprietor of a proprietary concern name and style as
“.....” having it’s office at
District dealing in business of Government, civil contracts and
ancillary works attached therefore.

Hence this affidavit.

Deponent _____

Note: **This Affidavit shall be notarized.**



ANNEXURE A2

**CONSTITUTION OF FIRM –
SOLE PROPRIETORSHIP/PARTNERSHIP/LTD.CO./OTHER**

DETAILS OF CONSTITUTENTS

| Sr. No. | Name of sole partner or Director / other High Officials | Age | Share | Technical Experience | | | Whether power of attorney Holder |
|---------|---|-----|-------|----------------------|-------------|---------------|----------------------------------|
| | | | | Year to Year to | As Employee | As contractor | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | | | | | | |

SIGNATURE OF CONTRACTOR



ANNEXURE – B

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)
- Sr. Nos. for which tenders were submitted :
- Sr. Nos. for which work-order was received:

II. ENROLMENT WITH OTHER ORGANISATIONS:

| Sr. 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**

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ANNEXURE-C

PARTICULARS OF MEASURING INSTRUMENTS AND TOOLS

| Sr No. | Item | Specification | Quantity | Estimated Value | Remarks |
|---------------|-------------|----------------------|-----------------|------------------------|----------------|
| (1) | (2) | (3) | (4) | (5) | (6) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SIGNATURE OF CONTRACTOR



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ANNEXURE – D

LIST OF MAJOR WORKS COMPLETED DURING LAST FIVE YEARS

The detail address along with Phone No. and E-mail ID of the Authority under whom works was carried out must be given.

| 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 carried out | 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

CONTRACTOR

CHIEF ENGINEER



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ANNEXURE – E**LIST OF WORK IN HAND**

The detail address along with Phone No. and E-mail ID of the Authority under whom works was carried out must be given.

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

SIGNATURE OF CONTRACTOR

CONTRACTOR

CHIEF ENGINEER



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ANNEXURE – G**ENROLMENT FORM CHECKLIST**

| Sr. No. | Description of Enclosure | Refer Item of form | Uploaded YES/NO |
|---------|---|---|-----------------|
| 1 | PAN, GST Registration & EPF Registration no. | 4 | |
| 2 | Partnership deed / Articles of Association / Affidavit (★) (★) Annexure A-1 | 10 (ii) | |
| 3 | Annexure (A-2) as supplied | 10 (iii) (Particulars of Partners) | |
| 4 | Annexure – B (as supplied) | 11 (Particulars of enrolment in LIC and other Organization) | |
| 5 | Proof of Turnover | 13 (i) | |
| 6 | Latest I.T.C.C. | 13 (iii) | |
| 7 | NEFT Details | 14 (ii) | |
| 8 | Solvency Certificate/Net Worth Certificate | 14 (iii) | |
| 9 | Certificate of Bank Guarantee | 14(iv) | |
| 9a | Form no 26AS and Form No 16A For the relevant period of qualifying Private works. | 14(v) | |
| 10 | Immovable Property certificate | 15(ii) | |
| 11 | Movable Property certificate | 16 (ii) | |
| 12 | (★) Annexure 'C' (as supplied) | 17 (Particulars of Measuring Instruments and tools) | |
| 13 | (★) Annexure 'D' (as supplied) | 18 (List of major works completed during last 7 years) | |
| 14 | (★) Annexure 'E' (as supplied) | 19 (i) (List of work in hand) | |
| 15 | (★) Copies of work order | 19 (ii) | |
| 16 | (★) Annexure 'F' (as supplied) | 20 (Particulars of permanent technical staff) | |

SIGNATURE OF THE CONTRACTOR



LIFE INSURANCE CORPORATION OF INDIA
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GST REGISTRATION DETAILS FORMAT

| SR. No. | Requirement | Submissions |
|---------|---|-------------|
| 1. | Name of Construction Associate as per GST Registration Certificate | |
| 2. | Address as per GST Registration Certificate | |
| 3. | City | |
| 4. | Police Station | |
| 5. | Postal Code | |
| 6. | Region / State (to provide complete State name) | |
| 7. | Permanent Account Number | |
| 8. | GST IN ID / PROVISIONAL ID Number (copy of acknowledgement is required) | |
| 9. | Business nature as per Registration with GST | |
| 10. | Service Accounting Code / HSN Code | |
| 11. | Contact Person | |
| 12. | Phone Number / Mobile Number | |
| 13. | E-mail ID | |
| 14. | Compliance Rating if updated by GST IN | |

ANNEXURE- "I"



LIFE INSURANCE CORPORATION OF INDIA
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To,
 The Chief Engineer,
 LIC of India,
 Eastern Zonal Office,
 Hindusthan Building (4th Floor),
 4, C.R. Avenue,
Kolkata- 700072.

BANKERS CERTIFICATE FROM A BANK

This is to certify that to the best of our knowledge and information that M/s / Shri..... having marginally noted address as a customer of our Bank are/is respectable and can be treated as good for any engagement up to a limit of Rs..... (Rupees.....)

This certificate is issued without any guarantee or responsibility on the Bank or any of the Officers.

Date:
 Place:

(Signature of Authorized Officials)
 For the Bank.

NOTE:

1. Banker's Certificate should be on letterhead of the Bank, addressed to Tender Issuing Authority..
2. In case Partnership firm, certificate should include names of all partners as recorded with the Bank.
3. The Enrolment Form may not be considered valid if any change to the above format is made.