

**APPLICATION FOR EMPANELMENT OF FIRM/SUPPLIER/SERVICE PROVIDER**

Serial Number of Category	Name of the Category

( Separate Application is to be filled-up for each category)

**CONDITIONS FOR EMPANELMENT**

The firm/supplier/Service Provider should be in profession for at least 3 years. (Copy of registration certificate must be enclosed)

Annual Turnover of the firm/supplier/Service Provider should be not less than Rs. 2 lacs in any of 3 financial years. (Attach Balance Sheet for three years).

The firm/supplier/ Service Provider should be on the approved panel of at least 3 firms from Patna out of which at least one should be Public Sector or Government undertaking.

The firms/supplier/Service Provider should have registration in compliance of law of land (Copies of proof to be enclosed).

**PART I: GENERAL INFORMATION**

Sl.No	Information Sought	Information Provided
1.	Name of the Firm: (In Block Letters)	
2.	Date of Establishment / Incorporation of the firm.	
3.	Correspondence address and Telephone No/Contact No with email address	
	Pin code	
	Telephone number	
	Mobile number	
	Alternate contact number	
	Email address	
4.	Address of Head Office (If different) and Telephone No/Mobile No	
	Pin code	
	Telephone number	
	Mobile number	
	Email address	
5.	Address of local office (at Patna) with Telephone & Mobile No.	
	Pin code	
	Telephone number	
	Mobile number	
	Alternate contact number	
	Email address	

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Sl.No	Information Sought	Information Provided
6.	Status: Proprietary/ Partnership/Private Limited Company / Public Limited Company	
7..	Names of the Partners /Directors & their Contact/Mobile No	
8.	Name of Chief Executive with his present addresses and Telephone Nos./Mobile No	
9.	Name of Representative (s) with Designation who would be calling on us and attending to our job	
	Contact Number	
10.	PAN number of the Firm	
11.	GST number of the Firm	
12.	Is your Firm registered under MSME / NSIC/ DIC.(Yes/No) In case of MSME & registered under NSIC/ DIC, enclose copy of certificate and date of renewal. Please also mention category such as General/SC/ST/ Women etc.	
	Certificate validity date category	
13.	(a)Particulars of old firm ( if present firm is new) if main partners of the present firm were working and providing same products/ services , in some other name in the past. (b)PAN number of old firm ( in case of change of name of the Firm)	
14.	<b>For Vendors Supplying Products,</b> Whether service of AMC/CMAC can also be provided? (Mention Yes/No/ Not Aplicable)	
15.	Name of Bankers with addresses & telephone nos.	
16.	Is the Firm registered under the Factory Act? If so, state Licence Number: Date of last renewal of licence(Copy of licence to be enclosed) ESIS No. if any EPF Registration No. if any	
17.	Whether holding certificate under Shops & Establishment Act, duly Renewed (Copy should be enclosed)	
18.	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)	
19.	Turn over for last three Financial Years FY 2020-2021 FY 2021-2022 FY 2022-2023	
Sl.No	Information Sought	Information Provided
20.	Is your Firm registered with GeM ( Government e Market Place)	

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21.	Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts. (copies annexed)	
22.	If your firm is empanelled with any office of LIC Of India or any other PSU (Central) , please give name and address	
23.	Has your firm been blacklisted/ removed earlier by LIC or any of the PSUs/BFSI/Govt./Semi Govt./Quasi Govt. department in India(YES/NO).	
24.	In case of Computer Consumables( supply of cartridges etc) category, are you ready to submit, at the time of bidding, the Manufacturer's Authorization Form (MAF) from OEM, as per Annexure B (attached)? (YES/NO/ Not Applicable)	
25.	Name, Addresses and Telephone Nos. of some of your most valued clients( 2020 onwards) (Separate List may be attached)	
26.	Website address of the Firm , if any	
27.	Mention some key specialties of your Establishment other than those mentioned above.	

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 number and attach it to the form with proper authentication.

All the pages of application form and documents must be signed with seal.

I/We \_\_\_\_\_

request Life Insurance Corporation of India, East Central Zonal Office, Jeevan Deep Exhibition Road, Patna-1 to consider inclusion of my/our name in the list of their approved firms/suppliers/Service Providers. I/We confirm that before submitting this application I/We have read all empanelment related notice / terms & conditions etc. I/We agree to abide by all the rules and regulations framed by the Corporation from time to time.

Dated at.....this.....day of.....2024

Signature with Seal

Name:

Designation:

**Note-**

Firms/ Suppliers/ Service Provider who are on Zonal Office existing panel should also apply for fresh empanelment.

Firms/ Suppliers/ Service Provider who have been blacklisted / removed earlier, should not apply. If applied, their application will not be considered.

Separate Application is to be filled-up for each category.

If there is any query please get clarification from office before submission of Tender.

Note:-Eligibility criteria for availing benefits under the Public Procurement Policy:-

"For those who want 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 the Certificate must be enclosed.

Signature with seal of manufacturers/suppliers/printers/vendors/service providers/contractors

**Affidavit**

**Annexure "B"**

(To be given by the bidder on stamp paper of 100/-)

I/We, authorized representative of \_\_\_\_\_ being Indian Company / Sole Trading Company / Partnership Firm, registered under \_\_\_\_\_ bearing registration no. \_\_\_\_\_ having office at \_\_\_\_\_ do hereby solemnly affirm and state as under:-

1. A 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 MANUFACTURERS/PRINTERS/VENDORS/ SERVICE PROVIDERS will be final and binding on me / us.
3. All the information furnished by me 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.
5. I /We confirm that we are neither black listed nor facing any penal action from an establishment of Central Govt or the State Govt or the PSU for breach of agreement.
6. I /We state that in case of consideration of my application for empanelment by Life Insurance Corporation of India on the basis of the statement made by me /us in this Affidavit and in my application form.. I / We further state that non- compliance of any provisions, being a statutory requirement, any mis-statement made shall be sufficient reason for Life Insurance Corporation of India to initiate against us legal action and / or blacklist our firm,

SIGNATURE:

NAME & DESIGNATION:

SEAL OF THE FIRM / COMPANY:

Signature with seal of manufacturers/suppliers/printers/vendors/service providers/contractors

**LIC of India, ECZO, Patna**

**Annexure-C**

NEFT/RTGS Particulars submitted by the applicant for direct payment to Beneficiary Account against the Bill Payment

The Secretary (OS)  
LIC of India  
ECZO, 5<sup>th</sup> floor Jeevan Deep,  
Exhibition Rd. Patna

Date:

Dear Sir,

Re: Direct credit of proceeds to my Bank account through RTGS/ NEFT.

Kindly credit the proceeds against my bill/bills to my bank account directly through NEFT/RTGS. I am furnishing the required details below. Copy of PAN and cancelled cheque/copy of passbook enclosed.

Beneficiary Bank IFSC CODE (Mandatory 11 characters field)											
Name of Beneficiary' Bank											
Address of Beneficiary's Bank											
Account No. of Beneficiary											
Name of Beneficiary											
Address of the Beneficiary											
Type of Account Current/Savings / Cash Credit etc											
PAN No.											
Beneficiary email address & Mobile No.											

I hereby agree and undertake that the details given above are absolutely correct and LIC of India shall not assume any liability or responsibility arising out of or be made liable for any incorrect information given by me. I have confirmed with my Banker that direct credit to my bank account is possible as the branch is under core banking solutions, hence I request you to kindly credit the proceeds to my bank account through NEFT/RTGS. I also enclose herewith copy of PAN and cancelled cheque containing the A/C details/copy of passbook.

Encl.As above.

SIGNATURE:

NAME & DESIGNATION:

SEAL OF THE FIRM / COMPANY:

Signature with seal of manufacturers/suppliers/printers/vendors/service providers/contractors



**Check List Page-1**

Sl.No	Parameter	Requirements	Document enclosed YES/ NO / N.A
1.	Application	Duly completed application as per Annexure A	
1(a).	affidavit	Affidavit on Rs.100/- stamp as per Annexure B	
2.	Date of Establishment / Incorporation of the firm.		
3.	Correspondence Address , Telephone No & mobile no./ E-mail id.		
4.	Address of Head Office (If different) and Telephone No/Mobile No		
5.	Address of local office (at Patna) with Telephone & Mobile No.		
6.	Status: Proprietary/ Partnership/Private Limited Company / Public Limited Company		
7.	Names of the Partners /Directors & their Contact/Mobile No		
8.	Name of Chief Executive with his present addresses and Telephone Nos./Mobile No		
9.	Name of Representative (s) with Designation who would be calling on us and attending to our job.		
10.	PAN number of the Firm	Self attested copy enclosed	
11.	GST number of the Firm	Self attested copy enclosed	
12.	Is your Firm registered under MSME / NSIC/ DIC.(Yes/No) In case of MSME & registered under NSIC/ DIC, enclose copy of certificate and date of renewal. Please also mention category such as General/SC/ST/ Women etc. Certificate validity date category	Self attested copy enclosed. General/SC/ST/Women category also mentioned.	
13.	(a)Particulars of old firm ( if present firm is new) if main partners of the present firm were working and providing same products/ services , in some other name in the past. (b)PAN number of old firm ( in case of change of name of the Firm)		
14.	<b>For Vendors Supplying Products.</b> Whether service of AMC/CMAC can also be provided? (Mention Yes/No/ Not Aplicable)		

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Signature with seal of manufacturers/suppliers/printers/vendors/service providers/contractors

**Check list Page-2**

Sl.No	Parameter	Requirements	Document enclosed YES/ NO / N.A
15.	Name of Bankers with addresses & telephone nos.		
16.	Is the Firm registered under the Factory Act? If so, state		
	Licence Number:	Self attested copy enclosed	
	Date of last renewal of licence(Copy of licence to be enclosed)	Self attested copy enclosed	
	ESIS No. if any	Self attested copy enclosed	
	EPF Registration No. if any	Self attested copy enclosed	
17.	Whether holding certificate under Shops & Establishment Act, duly Renewed (Copy should be enclosed)	Self attested copy enclosed	
18.	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)	Certified copies of IT returns of the 3 financial years i.e 2022-23,21-22 & 20-21.	
19.	Turn over for last three Financial Years F Y 2020-2021 F Y 2021-2022 F Y 2022-2023	Certified copies of Certificate issued by Chartered Accountant in respect of Annual Turnover for last three financial years i.e 2022-23,21-22 & 20-21.	
20.	Is your Firm registered with GeM ( Government e Market Place)		
21.	Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts. (copies annexed)		
22.	If your firm is empanelled with any office of LIC Of India or any other PSU (Central) , please give name and address	Self attested copy attached	
23.	Has your firm been blacklisted/ removed earlier by LIC or any of the PSUs/BFSI/Govt./Semi Govt./Quasi Govt. department in India(YES/NO).		
24.	In case of Computer Consumables category, are you ready to submit, at the time of bidding, the Manufacturer's Authorization Form (MAF) from OEM, as per Annexure B (attached)? (YES/NO/ Not Applicable))		

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Signature with seal of manufacturers/suppliers/printers/vendors/service providers/contractors



Check list Page-3

Sl.No	Parameter	Requirements	Document enclosed YES/ NO / N.A
25.	Name, Addresses and Telephone Nos. of some of your most valued Clients ( 2020 onwards)(Separate List may be attached)	Attach list from 2020 onwards.	
26.	Mention some key specialties of your Establishment other than those mentioned above.		
27.	NEFT /RTGS details	Duly completed annexure C with cancel cheque / certified bank detail.	

**AUTHORISED SIGNATORY  
NAME / DESIGNATION AND  
SEAL OF THE FIRM / COMPANY  
Date:**

Signature with seal of manufacturers/suppliers/printers/vendors/service providers/contractors







THE INSURANCE LAWS (AMENDMENT) ACT, 2015

1. In terms of provisions of Section 33 (3) of The Insurance Laws (Amendment) Act, 2015 Insurance Regulatory and Development Authority of India (IRDAI), is authorized to verify all such books of account, register, other documents and the data base in the custody of the contractor in respect of service 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 IRDAI within such time as may be specified by IRDAI.

2. In terms of provisions of Section 33 (4) of The Insurance Laws (Amendment) Act, 2015 Insurance Regulatory and Development Authority of India (IRDAI), if it considers expedient to do so, may direct any person hereinafter referred to as " Investigating Officer" to make an investigation as specified under Sec. 33 (1) or carry out an inspection as specified under Section 33 (2) of the Insurance Laws (Amendment) Act, 2015, who may examine on oath any Manager, managing Director or Other Officer of the service provider or contractor where the services are outsourced by LIC of India.

I/ We have read and understood all the terms & conditions and the eligibility conditions and all the information furnished by me hereunder is correct to the best of my knowledge and belief.  
I/We agree that I / we have no objection if enquiries are made about the work listed by me / us in the forms submitted.

Date

Signature of Tenderer / Vendor with Seal