



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Hazaribagh Divisional Office, "Jeevan Prakash" Julu Park, Holy Cross Road PB No-5, Hazaribagh-825301

APPLICATION FORM FOR EMPANELMENT OF FIRM – for Category-A

Serial Number of Category	Name of Category	Description of work applied for

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

APPLICATION FOR Firm/Supplier/Service Provider

PART I: GENERAL INFORMATION

Sl. no.	Information Sought	Information Provided
1	Name of the Firm: (In Block Letters)	
2	Date of Establishment / Incorporation	
3	Correspondence address and Telephone No. e-mail address	
4	Address of Head Office (If Separate) and Telephone No.	
5	Address of local office (at Hazaribagh) with Telephone & Mobile No.	
6	Status: Proprietary/ Partnership/ Private Limited Company / Public Limited Company. Registration No. for registration under Company's Act 1956. (If proprietary, submit affidavit by notary.	
7	Name of the Proprietor /Partners /Directors etc. with their Ph./ Mob Nos.	
8	Name of Chief Executive with his present addresses and Telephone No.	
9	Name of Representative (s) with Designation & contact no. who would be calling on us and attending to our job	
10	Name of Bankers with addresses & telephone nos.	

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11	<p>Is the Firm is registered under the relevant Acts of India (Like Factory Act / Company's Act / Partnership Act etc.) Further, state</p> <p>a) License Number: b) Date of last renewal of license(Copy of license to be enclosed) c) PAN (of I.T. Dep't) d) ESIS No. if any e) EPF Registration No. if any f) Labour licence No. and validity under various section of Labor Laws g) Service Tax registration No. h) Sales Tax registration No. (TIN / VAT) i) GST registration No (Enclose self attested copy of above)</p>	
12	Whether holding certificate under Shops & Establishment Act, duly Renewed (Copy should be enclosed)	
13	State the latest Income Tax Assessed year and the amount of Tax assessed (Copies of last 3 years, IT Returns, Balance Sheet & Revenue A/c to be enclosed) FY 2020-21, 2021-22 & 2022-23	
14	Turn over for last three Financial Years F Y 2020-2021 F Y 2021-2022 F Y 2022-2023	
15	Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts. (copies must attached)	
16	Whether your firm is empanelled with any office of L.I.C of India or any other PSU (Central). (Please give their full details with name, address and contact No. of person who may be contacted for confirmation)	
17	Name, Addresses and Telephone Nos. of some of your most valued clients (Separate List may be attached)	
18	Approximate value of your output per year	

19	Total number of a. Security Personnel b. Labours c. Staffs etc. employed as on 31.03.2023 at your end	
20	Area (Space) occupied by the Firm /Co.etc. in square ft.	
21	No. of shift you work normally	
22	Timing of shifts	
23	Weekly holidays	
24	Have orders been executed by you within the stipulated time during last year? If not, state reasons for the same	
25	Are you authorized supplier / dealer of the items, you deals in? If so, mention details, such as Brand name of the items. (Enclose self attested copy of dealership certificate if any) Copy of certificate of MSEs if your firm is Registered under the same (optional).	
26	Are you agreeable to enter into a rate contract or a running contract or fixed Quantity contract / contract with us?	
27	What type of printing machine do you use? Give details with capacity and properties. (For printers only)	
28	Mention any other specialties of your Establishment	

{Write NA (Not applicable) in the information column if the question is not relevant to your firm / work}

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.

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

I/We _____

Request Life Insurance Corporation of India, Hazaribagh Divisional Office, "Jeevan Prakash" Julu Park, Holy Cross Road ,PB No-5, Hazaribagh-825301 to consider inclusion of my/our name in the list of their Approved Firms/ Suppliers/Printers. I / We agree to give full satisfaction to the Corporation in the event of their doing so.

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

Signature with Seal

Name and address of the Firm/Agency

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