

FORM FOR APPLICATION FOR EMPANELMENT**(Annexure A)**

Sr. No.	Information Sought	Information Provided	
1	Name of the firm (In Block Letters)		
2	Date of Establishment/Incorporation		
3	Registration No. (please enclose photocopy of Certificate)		
4	Correspondence address and Telephone No.		
5	Address of Head of Office (if separate) and Telephone No.		
6	Status: Propriety/Partnership/Private Limited Company/Public Limited Company		
7	Names of the Partners/Directors		
8	Name of the Chief Executive with his/her present address and Telephone No.		
9	Name of the representative(s) with Designation who should be calling on us and attending our jobs.		
10	Name of Bankers with addresses and Telephone Nos.		
11	PAN No. of Income Tax Department (Please enclose photocopy)		
12	GST No. (Please enclose photocopy of certificate)		
14	State the latest Income Tax Assessed year and amount of tax assessed(copies of last 3 years IT Returns, Balance Sheet and Revenue A/c to be enclosed)		
15	Turnover for Last 3 Years FY 2015-16 FY 2016-17 FY 2017-18	<u>Gross Revenue</u>	<u>Net Income</u>

16	Details of empanelment with any office of LIC of India	
17	Applied for work & services— Mention the Serial No.'s and detail as given in Advertisement.	
18	Mention any other specialties & services of Your establishment	
19	Are you agreeable to make free deliveries of material & service to our Divisional Office Chandigarh and its all Branch Offices/Satellite Offices.?	
20	Are you agreeable to provide creative designer with lap top whenever call for?	
21	Are you agreeable to abide strictly by the terms and conditions of the Tenders and contracts as and when laid down by the Corporation?	

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.

I / We _____ request Life Insurance Corporation of India, Divisional Office, Jeevan Prakash Buliding, Sector-17B, Chandigarh to consider inclusion of my /our name in the list of their approved Vendors. We agree to give full satisfaction to the Corporation in the event of their doing so.

PS: Application form fee Rs.118/Paid by cash/DD vides MR No. _____ Date _____.

Dated at _____ this _____ day of _____ 2019.

Signature with Seal

Name:
Designation

Note: The Corporation reserves the right to cancel the name of the Vendor/ Firm/Supplier/Printer/Transporter from its approved list at its absolute discretion without assigning any reason.