

ANNEXURE 'A'

APPLICATION FORM FOR EMPANELMENT OF FIRM

S.No.of Category:	Name of the Category with Sub code if any
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(Separate Application is to be filled-up for each category)

CONDITIONS FOR EMPANELMENT:

- 1) The firm/supplier should be in profession for at least one year (copy of proof must be enclosed).
- 2) Annual Turnover of the firm should not be less than the turnover mentioned against the different categories in any of the three financial years (Attach proof).
- 3) The firm should be on the approved panel of at least 3 reputed Firms.
- 4) The firm/supplier should have registration with state & local authorities for undertaking the profession (Copies of proof to be enclosed)

APPLICATION FOR Firm/Supplier/Service Provider

PART-1 :GENERAL INFORMATION

S.NO.	Information sought	Information to be Provided
1	Name of the Firm (in Block Letters)	
2	Date of Establishment/ Incorporation	
3	Correspondence address and Telephone No.	
4	Address of Head Office (if Separate) and Telephone No.	
5	Status Proprietary/ Partnership/Private Limited Company / Public Limited Company	
6	Names of the Partners /Directors	
7	Name of Chief Executive with his present address and Telephone Nos.	
8	Name of Representative (s) with Designation who would be calling on us and attending to our jobs.	
9	Name of Bankers with addresses & telephone nos.	
10	Is the Firm registered Under the Factories Act “? If so, state (a) Licence No. (b) Date of Last renewal of licence (copy of the licence to be enclosed) (c) PAN No.: (d) ESIS No. If any (e) EPF Registration No. if any.	
11	Whether holding certificate under shops & establishment	

	act. duly renewed Copy should be enclosed	
12	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).	
13	Turnover for last three financial years	F.Y. 2008-09 F.Y. 2007-08 F.Y. 2006-07
14	Are you agreeable to make deliveries to corporation's offices within and out of Aurangabad when so directed?	
15	Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts.	
16	If your firm is empanelled with any of offices of LIC of India or any other PSU (Central), please give name and address.	
17	Name, Addresses and Telephone Nos.of some of your most valued clients (Separate List may be attached).	
18	Mention any other specialities of your Establishment.	

Note: Please fill this form 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, Aurangabad to consider inclusion of my/our name in the list of their approved firms/suppliers. We agree to give full satisfaction to the Corporation in the event of their doing so.

Dated at----- this----- day of-----2010.

Signature with Seal

Name :

Designation:

Note: The Corporation reserves the right to cancel the name of the supplier/firm from its approved lists at his absolute discretion without assigning any reason.