## ANNEXURE 'A'

## QUESTIONARE FORM OF EMPANELMENT OF HOTEL/RESORT/WEDDING POINT FOR 'CORPORATE MEETING'

SL.NO.	PARTICULARS OF THE FIRM/BUSINESS DETAILS	
1	NAME OF THE HOTEL/RESORT/WEDDING POINT	
2	STATUS: PROPRIETOR /PARTNERSHIP/PRIVATE LTD CO./PUBLIC LTD CO./OTHERS	
3	DATE OF ESTABLISHMENT OF FIRM IN THE PRESENT NAME (Please enclose Registration Certificate)	
4	NAME OF THE PROPRIETOR/PARTNER/DIRECTOR	
5	NAMES OF REPRESENTATIVES WHO WOULD BE CALLING ON US AND ATTENDING TO OUR JOBS	
6	CORRESPONDENCE ADDRESS OF THE FIRM/COMPANY	
7	TELEPHONE NOS. OFFICE MOBILE NO. E MAIL	
8	REGISTRATION NO. OF FIRM	
	PAN NO.	
	GST NO.	
	GST Registration: Regular/Composite	

	Up to 100	Up to 300	Up to 500
Rate per Pax including Breakfast/ Lunch & AMT			
Rate per Pax including Breakfast/ Lunch/ Hi-Tea & AMT			
Rate per Pax including Breakfast/ Lunch/ Dinner Hi-Tea & AMT			

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

I/We ...... request the Life Insurance Corporation of India, Divisional Office, Meerut to consider/inclusion of my/our Hotel/Resort/Wedding Point in the list of approved suppliers//vendors.

I/We agree to abide by all the rules and regulations framed by the Corporation time to time.

This...... Day of ...... 2025 at .....

Signature Name Designation Seal of the Firm/Company