भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Divisional Office, Centre point Complex, Station Road, Kolhapur, 416002

APPLICATION FORM FOR EMPANELMENT OF FIRM
(For the period of three Years)

S.No. of Category: Name of category:

(Separate application is to be submitted for each Category)

ANNEXURE
'A'

Conditions for empanelment:

1. The Firm/Supplier/Service Provider should be in profession for at least 3 years (copy of registration certificate must be enclosed).
2. The Firm/Printer/Service Provider should be on the approved panel of at least 3 reputed firms out of which at least one should be Public Sector or Govt. undertaking.
3. The Firm/Supplier/Printers/Service Provider should have registration with state and local authorities for undertaking the profession (Copies of State Registration and BNC license to be enclosed).
4. Printers should have sufficient space for operating printing, binding and other activities and sufficient storage space at one place only.
5. The firm/supplier should keep sufficient stock in hand so as to comply with urgent need without delay.
6. Vendor should furnish the specific brand or make, in case of authorized dealer (Copy of valid authorized dealership certificate must be enclosed).
   Suppliers of computer consumables should be authorized Distributors of the brand. Letters of authorization are must.
7. The Firms will be empanelled only after positive recommendation of committee duly constituted to visit and inspect the premises / workshop etc. of the applicants.
8. All applicants are required to affix the signature and seal of the Authorized official of The Company/Firm on each page of Annexure "A" in acceptance of terms and conditions therein. If firm is empanelled with Life Insurance Corporation of India, kingly attach the concerned letter.
9. For any enquiry / Clarifications you may contact to Anand k Das (9425031367) or Mrs Poonam Bhurke (9372344055)

Annexure A

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 of the Firm	
3.	Correspondence address and Telephone no/contact no. with e mail address	
4	Address of head office (if separate) and Tele. no. /Mob. No.	
5	Address of local office (at Kolhapur) with Tele. No. and Mob. No.	
6	Give details of Business/Profession	
7	Details of products available/services provided by you. You can enclose separate sheet/letter head for giving details)	
8	STATUS: Whether Partnership/Private ltd. Company/Public limited company/Proprietorship	
9	Name of the Partners/Directors and their Contact / Mobile Nos./Mail ID	
10	Name of the Chief Executive with his present address and telephone/mobile nos./Mail ID	
11	Name of Representative(s) indicating Designation who would be calling on us and attending to our jobs (with Telephone and Mobile Nos./Mail ID)	
12	Name of Banker with address and Telephone Nos.	
13 A B C D E F G H	Is the Firm/Agency registered under the Shop and Establishment Act? License No. Date of last renewal of license (Copy of license to be enclosed) PAN NO (Enclose photo copy) TAN NO. if any GST No. (Enclose photo copy) ESIS No. if any (Enclose photo copy) EPF Registration NO., if any (Enclose photo copy) Labour license no. and validity under section of Labour Laws (Enclose photo copy)	
14	Whether holding certificate under shop and Establishment Act duly renewed (Copy should be enclosed)	
15	State the latest Income Tax Assessed year and the amount of Tax assessed (Copies of last three years, IT Returns, Balance Sheets and Revenue A/c to enclosed)	

16	Turn over for last Three Years F Y 2024-25 FY 2023-24 FY 2022-23	
17	Website Address of Company/Firm	
18	Whether Black listed by any Govt. Deptt./ Public Sector Company?	
19	Are you agree to make deliveries of materials and services to the Corporation's offices at Kolhapur ,Sindhudurg and Ratnagiri District.	
20	Do you agree to abide strictly by the Terms and Conditions? (Copy annexed)	
21	Total Numbers of employee	Permanent _____ Temporary _____ Skilled _____ Unskilled
22	Number of shifts you work normally	
23	Timing of shifts	
24	Weekly holidays	
25	Names of offices of the LIC of India whose work you may have done during the last three years. Mention only those offices for which you have done sizable jobs or constant work. (Details of jobs done to be given).Enclose copy of Empanelment Letter.	
26	Name, Addresses and Telephone Nos. of some your most valued clients (separate list may be enclosed)	
27	Mention any other specialties of your Firm/Establishment	

Note: Please type this form or fill it legible 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.

SIGNATURE:

NAME:

SEAL OF THE FIRM:

Annexure A

PART II: TECHNICAL INFORMATION (FOR PRINTERS ONLY)

S. No	Information Sought	Information Provided
1.	Particulars of composing Facilities. a. D.T.P. Systems (Make Packages, Languages Others features, if any) b. Other composing facilities such as hand composing.	
2.	Scanning Machines being used.	
3.	Printing Machines: a. Offset Machine (Make size colour Speed and other features, if any) b. Letter Press Machines: (Make Size Speed and other features, if any) c. Screen Printing facility d. Pre-printed continuous stationery machine (Make size colour speed and other features, if any)	
4.	Particulars of Positives and Plate making facility	
5.	Binding and finishing a. Cutting Machines (Make size of Blade Hand/ Power Driver) b. Particulars of Punching Machine c. Particulars of perforating Machine d. Particulars of gilding department	
6.	Have you got photo-type setting machine, if so please furnish full details of typefaces.	

7.	If any of the equipments mentioned above is under lease, loan or hire purchase agreement should be furnished	
8.	Please furnish details particulars of any other agreements you may have entered into which are subsisting and are likely have a bearing on the jobs which may be entrusted to you.	

Note:

1) 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.

2) The Corporation reserves the right to cancel the name of the firm/ suppliers /service providers from its approved lists at its absolute discretion without assigning any reason.

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

DECLARATION

1. I/We request Life Insurance Corporation of India, Divisional Office, Centre point Complex, and Station Road KOLHAPUR to consider inclusion of my / our name in the list of their approved Firm/Suppliers/Service Providers. I / We agree to give full satisfaction to the Corporation in event of their doing so.
2. I / We have read the instructions and I / we understand that the information furnished now is found false at a later date, any contract made between ourselves and the LIC, on the basis of the information given by me / us can be treated as invalid at the sole discretion of the LIC and I/We will be solely responsible for the consequences.
3. I /We agree that the decision of the LIC in selection of Firm/Suppliers/Service Providers will be final and binding on me / us.
4. All the information furnished by me hereunder is correct to the best of my / our knowledge and belief.
5. 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 LIC.

Date at _____ this_____ day of _____ 2026.

Signature

Name:

Designation:

Seal of the Firm: