LIC Of India, Divisional Office, Jeevan Prakash, Ainthapali, Sambalpur – 768 004
Tel : 0663-2541550 e-mail- os.sambalpur@licindia.com, Website : www.licindia.in

Life Insurance Corporation of India, Divisional Office, Sambalpur intends to invite application for Empanelment for Supply and maintenance of Fire Extinguishers in sealed envelopes from reputed Firms/Manufacturers/Suppliers/Agencies /Service provider/Vendors/Individuals or their dealers having sound financial capacity and proven track record for the last 3 years in the field to Government/PSU/Reputed organization etc.

1. Forms (Annexure-A,B & C) are required to be filled up which may be downloaded from tender from our website www.licindia.in Application for empanelment duly completed should be submitted at OS Department, LIC if India, Sambalpur Divisional Office at above given address in a closed envelope super scribed as "Application for empanelment of suppliers/vendors for supply and maintenance of Fire Extinguishers along with non refundable application fee of Rs. 590/- in the form of demand draft in favour of "Life Insurance Corporation of India" payable at Sambalpur. The application can also be obtained from our above address on any working day up to 16.00 hours on 09.03.2026.
2. The vendors/firms desirous to be empanelled with us for above said jobs and fulfilling conditions may apply for empanelment for jobs undertaken at Sambalpur Divisional Office and its Branch Offices , Satellite Offices. The application in the questionnaire (Annexure 'A', 'B' & 'C') along with the enclosures, i.e. necessary certificates in evidence of the facts mentioned in the forms are to be sent at the address mentioned above so as to reach on or before 09.03.2026 by 16.00 hours. The Corporation bears no responsibility for applications received after due date and those are liable to be rejected.
3. Firms/suppliers who have been blacklisted/removed earlier by any office of the Corporation, should not apply. If applied, their applications will not be considered.
4. Mere submission of Application for empanelment does not confer any right empanelment. Life Insurance Corporation of India reserves its right to reject, accept any or all applications or cancel the process of empanelment without assigning any reason thereof. Life Insurance Corporation of India shall neither to be held liable nor obligatory on its part to inform the application the ground of any such action. The Corporation reserves the right to raise the minimum eligibility criteria for empanelment depending on the response.
5. Existing vendors are also need to apply a fresh.
6. Applications incomplete in any respect will not be entertained and are liable to be rejected.
7. Firms/vendors are to be signed in each page.

Sr. Divisional Manager.

वरिष्ठ मंडल प्रबंधक
Sr. Divisional Manager
भारतीय जीवन बीमा निगम
LIC OF INDIA
सबलपुर मण्डल/ Sambalpur Divn

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Annexure – A

APPLICATION FORM FOR EMPANELMENT OF FIRM

Condition for Empanelment :-

1) The applicant firm/supplier should be in the same profession for at least 3 years. (copy of proof must be enclosed.)
2) The firm should (preferable) be on the approved panel of at least 3 reputed public sector/large private sector companies/firms.
3) The firm/supplier should have registration with state & local authorities for undertaking the profession (copies of proof to be enclosed)
4) The firm must have their office in Odisha, preferably at Sambalpur/Bhubaneswar/Cuttack & Berhampur.
5) The firm/suppliers should keep sufficient stock in hand so as to comply with the urgent needs 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.)
7) Minimum Annual torn over required for empanelment is Rs. 10.00 lacs.
8) The empanelment would be done only on the favorable recommendations of the duly constituted committee after verification of all papers submitted by you.
9) All applicants are required to affix the signature and seal of the Authorized Officials of the Company on each page of Annexure 'A', 'B' & 'C' in acceptance of terms and conditions laid therein.

- Availability of application form in Website : From 23.02.2026 to 09.03.2026
- Last Date of submission of application form : by 16.00 hrs on 09.03.2026

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APPLICATION FOR FIRM/SUPPLIER/SERVICE PROVIDER

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, Telephone No. & Mobile no./E-mail id	
4.	Address of Head Office (if separate) and Telephone No.	
5.	Status of the Company/Firm: Proprietary/Partnership/limited company/Public Limited Company	
6.	.Name of the Partners/Directors	
7.	Name of the Chief Executive with his present addresses and Telephone Nos.	
8.	Name of Representative(s) with Designation who would be calling on us and attending to our jobs and Tel. Nos.	
9.	Name of bankers with addresses & Telephone Nos.	
10.	Is the firm registered under the Ractories Act ? If so, state	
a.	Labour Licence No and validity under various section of Labour Laws (Enclose Photocopy)	
b.	EPF registration No, if any	
c.	ESI No (Enclose copy)	
d.	PAN No. of Income Tax Department (Enclose self attested photocopy)	

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SL.NO.	INFORMATION SOUGHT	INFORMATION PROVIDED
11.	Whether holding certificate under shop & establishment act ? (Duly renewed copy should be enclosed)	
12.	State the latest Income Tax Assessed year and the amount of tax assessed (self attested copies of last 3 financial years, IT returns to be attached)	FY 2024-25 FY 2023-24 FY 2022-23
13.	Certificate issued by Chartered Account in respect of Annual Turnover for last 3 financial years	FY 2024-25 FY 2023-24 FY 2022-23
14.	Whether Blacklisted by any Govt. Deptt./Public sector company	
15.	CST No.	
16.	VAT No.	
17.	Service Tax Regd. No. GST ID No.	
18.	TAN No.	
19.	Are you agreeable to make deliveries to Corporation's office at Sambalpur & its units.	
20.	Are you agreeable to abide strictly by the Terms and conditions of the Tenders and contracts.	
21.	If your firm is empanelled with any office of LIC of India or any PSU (Central) please give name and address.	
22.	Name,Addresses and Telephone Nos. of some of your most valued Clients (separate list may be attached)	
23.	Are you registered with NSIC/Dir. Of Industries/Distt. Ind. Centre as Micro, Small and medium (MSME) Enterprise. (If yes, attach self attested copy of certificate)	
24.	Mention any other specialities of your Establishment.	
25.	Websites details	

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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.**

I/WE _____ request, Life Insurance Corporation of India, Sambalpur Divisional Office, Sambalpur 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 _____2026.

Signature with seal

Name :-

Designation:-

Date:-

Place :-

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

Annexure "B"

DECLARATION :

1. I/We have read the instructions appended to the Annexure "A" and I/We understand that if any false information is revealed at a later date, any contract made between ourselves and the Corporation, on the basis of the information given by me/us can be treated as invalid at the sole discretion of the Corporation and I/We will be solely responsible for the consequences.
2. I/We agree that the decision of the Corporation in selection of Manufactures/Vendors/Service Providers will be final and binding on me/us.
3. All the information furnished by me hereunder is correct to the best of my knowledge and belief.
4. I/We agree that I/We have no objection if inspection of My Our premises/work shop, shop etc. ios done by the officials of the Corporation.

SIGNATURE :

NAME & DESIGNATION :

SEAL OF THE FIRM/COMPANY

PLACE :

DATE :

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Annexure "C"

Date :

(AFFIDAVIT ON STAMP PAPER REGARDING NON-BLACK LISTING/PROCUTIONS)
(TO BE NOTARISED IN STAMP PAPER RS.100/- PAPER)

I/We hereby depose that neither me nor our Organization _____ including our partners / share holders / Directors were ever blacklisted/prosecuted by any other Organization/Department/Statutory body (ies) in any state or by any court of law.

Witness :-