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LIFE INSURANCE CORPORATION OF INDIA
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Divisional Office, Jeevan Parkash, Sector-17B, Chandigarh
□□□□□□/Tel: 91-172-2701621, 91-172- 2704125
Email id sales.chandigarh@licindia.com

FORM FOR APPLICATION FOR EMPANELMENT (Annexure A)

Sl. No. of Category: (Category 1,2,3,4,5,6,7)Mentioned in the Notice for empanelment

Name of Category: Type of work

(Separate application is to be filled up for each category)

SL.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, Mobile No, E-mail id	
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	Service Tax Registration No. (Please enclose photocopy of certificate)	
13	Whether holding certificate under shops & Establishment act, if YES duly renewed copy should be enclosed.	

14	Is the firm registered under the factories Act? If so, state a. License No. b. Date of renewal of license (copy of license to be enclosed) c. PAN No. d. ESIS No., if any e. EPF Registration No., if any f. Sales Tax No. g. Service Tax No.	
15	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)	
16	Turnover for Last 3 Years FY2022-23 FY 2023-24 FY2024-25	Gross Revenue Net Income
17	Details of empanelment with any office of LIC of India and / or other PSUs (Central) (Please enclose list giving full details and name and telephone no. of person who may be contacted for confirmation)	
18	Applied for work & services— Mention the Serial No.'s and detail as given in Advertisement.	
19	Mention any other specialties & services of Your establishment	
20	Are you agreeable to make free deliveries of material & service to our Divisional Office Chandigarh and its all Branch Offices/Satellite Offices.?	
21	Are you agreeable to provide creative designer with lap top whenever call for?	
22	Are you agreeable to abide strictly by the terms and conditions of the Tenders and contracts as and when laid down by the Corporation?	
23	Approximate value of your output per year	

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, “Chandigarh, Sector 17-B ,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.



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□□□□□□/Tel: 91-172-2701621, 91-172- 2704125

PS: Application form fee Rs.295/-/Paid by cash/DD vides MR No._____ Date_____.

Dated at _____ this _____ day of _____ 2026

Signature with Seal & Date

Name:
Designation

Note The Corporation reserves the right to cancel the name of the printer/vendor/firm/transporter from its approved list at its absolute discretion without assigning any reason.

DECLARATION: (To be executed on letterhead of Vendors/firms/Dealers/Suppliers)

1. That the business concern has not been debarred/de listed/ kept on holiday/ black listed in the last three years.
2. That there have been no civil suit/ litigation/ arbitration cases arisen during the last five financial years, in the contracts including orders regarding exclusions/ expulsions or black listing
3. I / We agree to notify the officer accepting this application & registering my /our names on the list of firms/suppliers/vendors of Life Insurance Corporation of India, of any changes in the foregoing particulars as and when they occur and to verify and confirm these annually on 1st January.
4. I/We understand and agree that the appropriate Life Insurance Corporation of India Authority has the right as he may decide, not to issue tender form in any particular case and also to suspend, remove or blacklist my/ our name from Life Insurance Corporation Of India list of firm/suppliers/vendors in the event of my/our submitting non-bonafide tenders or for technical or other delinquency in regard to which the decision of appropriate Life Insurance Corporation of India authority shall be final and conclusive .
5. I/We certify that the particulars furnished in the enrolment forms are correct and that should it be found that I/We have given a false certificate or that if I/We fail to notify the fact of my/our subsequent amalgamation with another contractor or firm, the Life Insurance Corporation of India may remove my/our name from the list of Firms/ suppliers /vendors and any contract that I/We may be holding at the time may be rescinded.

Signature
Name:
Designation:

Seal of the Firm / Company

Place:

Date:

FOR OFFICE USE ONLY

**ENROLEMENT
TO** _____

FORM _____

ISSUED

**NOTE: THE FILLED ENROLMENT FORM SHOULD REACH IN THE OFFICE ON OR BEFORE
16/03/2026**

SIGNATURE OF ISSUING OFFICER

ELIGIBILITY CRITERIA & OTHER CONDITIONS FOR EMPANELMENT.

1. The firms/ vendors/suppliers should be in profession for at least 03 (three) years. (Copy of Registration certificate must be enclosed)
2. The firms/ vendors/suppliers should have registration with state & local authorities for Undertaking the profession (copies of proof: Copies of State / Local registration license VAT / TAN No. and PAN should be enclosed).
3. The firms/vendors/suppliers should be on the approved panel of at least three departments out of which at least one should be public sector or government undertaking.
4. Annual turnover of the firm /supplier/vendor should not be less than Rs 2 lac for small jobs, Rs 2 lac to Rs10 lac for medium jobs and above Rs 25 lac for big jobs in any of three financial years
The annual turnover should be based on last three years balance sheets & Income tax returns, (attach Balance sheets & income tax returns for the last three financial years)
5. The firm / supplier should keep sufficient stock in hand so as to comply with the urgent needs without delay.
6. The duration of the empanelment will be for a period of three (3) years from the date of empanelment.
7. The firms/ vendors/suppliers to note that all particular required as per the form & Annexure shall be filled completely in all respects strictly as per format. Enrolment form should be filled up in clean handwriting in capital letters or typed. The form not submitted strictly as per above instructions with in stipulated time period are liable to be rejected.
8. Mere submission of application for empanelment doesn't confer the right of empanelment. Life Insurance Corporation of India reserves its right to reject, accept or cancel the process of empanelment without assigning any reason thereof for which Life Insurance Corporation of India shall neither be liable nor obligatory to inform the applicant the guards of any such action.
9. That it has been mutually agreed between the Corporation and the firm /vendor/firm/ that any dispute arising out of this acceptance shall be referred to for "Arbitration" to the Sr. Divisional Manager, LIC of India, Divisional Office, Ludhiana of the Corporation and his decision shall be binding on the/supplier/vendor/firm/ company. The supplier/vendor/firm shall not raise any question of competence of the Sr. Divisional Manager to act as sole arbitrator.

10. The corporation reserves the right to remove / black list any supplier/ vendor/firm/company from the list of empanelled agencies for any deviation from the agreed terms and conditions, if any activity is observed which is detrimental to the interest of the corporation.
11. No advance payment will be made for any work order.
12. **Affix your firm/company seal with authorized signature on every page.**
13. All the above terms and conditions are not exhaustive. It is subject to change according to the circumstances by the Corporation.

Sr. Divisional Manager

Note: Firms/ Vendors/Suppliers who are on divisional office existing panel should also apply for fresh empanelment. Firms/ Vendors/Suppliers who have been blacklisted/removed earlier should not apply. If applied, their application will not be considered