भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Financial Bid

Name of the bldg & Address	Area (sq.ft.) Approx	Floor No.	Rate per sq.ft for Carpet Area in Rs. (Excluding all Taxes)

Please give below the detail of Bidder: - **(All fields are mandatory)**

Full Name of Firm/Organization/Individual	
Present Address	
Name of Contact Person	
Designation	
Contact No. Office	
Mobile No.	
Email Id	
Nature of Business to be conducted in the premises.	
Are you related to the any employee or ex-employee of the LIFE INSURANCE CORPORATION OF INDIA?	

I _____ (Name of the bidder) hereby declare that I have seen the premises proposed above and agree to accept it on rent in ***"as is where is"*** condition. I also agree to abide by all the rules, terms and conditions forming part of this bid or imposed later on.

Authorized Signatory:
Name of Person:
Seal (In case of firm/organization)