

APPLICATION FORM
EMPANELMENT OF FIRM/SUPPLIERS/SERVICE
PROVIDERS/VENDORS

(CATEGORY)

Sr. No. OF CATEGORY	MENTION NAME OF THE CATEGORY FOR WHICH ENROLMENT IS DESIRED

(Separate Application is to be filled-up for each category)

**SIGNATURE WITH SEAL
& DATE**

**APPLICATION FORM FOR EMPANELMENT FOR THE PERIOD OF
ONE FINICAL YEAR (2026-2027) FOR CATEGORIES (J)**

GENERAL INFORMATION

ANNEXURE-B

Sl. No.	Information Sought	Information Provided
1	Name of the Firm: (In Block Letters)	
2	Date of Establishment /Incorporation	
3.	Correspondence address and 1. Telephone No. 2. Moblie No. 3. E-Mail ID:	
4	Address of Head Office (If Separate) and Telephone No.	
5	Status: Proprietary/ Partnership/ Private Limited Company / Public Limited Company	
6	Names of the Partners /Directors	
7	Name of Chief Executive with present addresses and Telephone Nos.	
8	Name of Representative (s) with Designation who would be calling on us and attending to our jobs	
9	Name of Bankers with addresses & telephone numbers with mail IDs	
10	Is the Firm is registered under the Factory Act? If so, state(Attach copy) a) Licence Number: b) Date of last renewal of licence(Copy of licence to be enclosed) c) PAN d) ESIS No. if any e)Tin No. f) EPF Registration No. if any Enclose service tax registration certificate indicating amount (The certificate should not be more than 3 months old).	
11	Registration under Contract labour (Regulation & Abolition) Act,1970	
12	Whether holding certificate under Shops & Establishment Act, duly Renewed (Copy should be enclosed)	

ELIGIBILITY CRITERIA & OTHER GENERAL CONDITIONS.

1. The firm/Company/supplier/Dealer should have experience of at least 03(Three) Years.
2. Annual Turn Over should be up to Rs.3 lacs in any of 3 financial years (Attach Audited Balance Sheet, P&L Account and ITR for last 3 years).
3. The firm/Company/ should have a PAN No. of Income Tax Department, GST No.
4. The firm/Company/ should have executed works with reputed Private/Public Limited Companies and Government Institutions.
5. The duration of the empanelment will be for a period of One (01) years from the date of empanelment.
6. The eligibility conditions and application form(Annexure A) can be downloaded from our web site www.licindia.co.in or the same can be obtained from Manager(OS), Life Insurance Corporation of India, Jeevan Parkash Building, Block No. 14-15, SDA complex, Kasumpti Shimla H.P-171009 and the duly completed application form and other documents should be submitted in closed envelope super-scribed as "Application for empanelment" CATEGAORY-J along with a non-refundable application fee of Rs.236/- in form of demand draft in favour of Life Insurance Corporation of India, payable at Shimla. Last date for receipt of application form duly completed is 4.00 pm on 04/05/2026
7. The Firm/Company/Supplier/Dealer should keep sufficient stock in hand so as to comply with urgent need without delay.
8. The Firms will be empanelled only after positive recommendation of committee duly constituted to visit and inspect the premises/ workshop etc. of the applicants, if desired.
9. 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.
10. 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 with our 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.
11. That it has been mutually agreed between the Corporation and the vendor/firm/ Company/Supplier that any dispute arising out of this acceptance shall be refereed to for "Arbitration" to the Sr. Divisional Manager, LIC of India, Divisional Office, Shimla of the Corporation and his decision shall be binding on the Supplier/ Vendor/Firm/ Company.
12. The Supplier/Vendor/Firm/Company shall not raise any question of competence of the Sr. Divisional Manager to act as sole arbitrator. 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.
13. No advance payment will be made for any work order.
14. All the above terms and conditions are not exhaustive. It is subject to change according to circumstances by the Corporation.


Manager (OS)


Sr. Divisional Manager

Date of Publish on LIC site: 23APR, 26
Last Date of Receipt of Application: 4May, 26-4PM
Tender cost: 200 + 136 (RS 236)

number. Duly authenticating the same with seal and signature and attach it to the form. All required document shall be self attested with seal and signature. All original certificates/documents should be submitted for verification, if required by LIC of INDIA. Each page of the Application form should be signed.

13	State the latest Income Tax Assessed year and the amount of Tax assessed (Copies of last 3 years, IT Returns, Balance Sheets & Revenue A/c to be enclosed)	
14	Turn over for last three Financial Years F Y 2022-23 F Y 2023-24 F Y 2024-2025 Enclose CA Certified Letter or any other Eligible Mode such Balance Sheet tec.	
15	Are you agreeable to make deliveries to Corporation's Offices within and out side of Shimla as & when so directed?	
16	Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts (copies annexed)	
17	If your firm is empanelled with any office of L I C Of India or any other PSU (Central) , please give name and address	
18	Name, Addresses and Telephone Nos. of some of your most valued clients (Separate List may be attached)	
19	Approximate value of your output per Year	
20	Mention any other specialties of your establishment	
21	Performance Certificate issued by clients in the same nature of work during last three years(Enclose attested copy)	

Application form fee Rs.236/- Paid by cash/DD vide MR No. _____

Date _____.

I / We herby declare undertake that the information furnsohed by us in this application is true, correct and complete. In case nay information furnished by us is found to be false, incorrect or misleading at nay stage, the corporation may be at Liberty to reject our application and cancel our empanelment take appropriate action including blackliting.

I/We further request Life Insurance Corporation of India, Divisional Office, Shimla-9 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.

Signature with seal

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