

APPLICATION FORM FOR EMPANELMENT OF FIRM: YEAR 2026-2028*(Separate Application is to be submitted for each category)***CONDITIONS FOR EMPANELMENT –**

- 1) The Firm/supplier/service providers should be in profession for at least 3 years (Copy of Trade License Registration Certificate with Renewal of Principality / Corporation / Statutory Authority must be enclosed)
- 2) For Category (1 to 8), the firm should be on the approved panel of at least three reputed firms. Out of which one must be Govt. /Quasi Govt. organization/PSU.
- 3) The Firm/supplier should have registration with state & local authorities for undertaking the profession (Copies of proof to be enclosed)
- 4) The Firm/supplier should keep sufficient stock in hand so as to comply with the urgent need without delay.
- 5) Vendor should furnish the specific brand or make, in case of authorized dealer. (Copy of valid authorized dealership certificate must be enclosed)
- 6) Minimum annual turnover required for empanelment is indicated against its category.
- 7) The empanelment would be done only on the favourable recommendation of the duly constituted committee that would visit & 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 on each page of Annexure "A" in acceptance of terms and conditions therein.
- 9) Balance Sheet duly Audited
- 10) Must present PAN, GST Registration No. with GST clearance certificate/ payment receipt, Bank Account details
- 11) ESIC registration No./EPF/NSIC registration wherever applicable.



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 Letter)	
2	Date of Establishment/Incorporation of the Firm	
3	Correspondence Address and Telephone No.	
4	Address of Head Office (If separate) and Telephone No., E-Mail Address Factory Address	
5	Status: Proprietary/Partnership/Private Limited Company/Public Limited Company	
6	Names of the Partners/Directors/Proprietor	
7	Name of the Chief Executive with his present Addresses, Telephone Nos., E-Mail	
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 Nos., IFS Code	
10	Is the Firm registered under the Factory Act? If so, state a) License No. b) Date of last renewal of License (Copy to be enclosed) c) PAN d) ESIC No., if any e) EPF Registration No., if any f) GST Registration No.	
11	a) PAN No. of Income Tax Deptt. (Copy to be enclosed) b) Labour License No. & Validity under Section of Labour Laws (Enclose photocopy) c) Service Tax Registration no. (Enclose copy) d) EPF Registration No. (Enclose Copy) e) ESI No. (Enclose copy)	
12	Whether holding certificate under Shops & Establishment Act, duly renewed (Copy should be enclosed)	



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	Turnover for last Three Years (Audited Balance sheet/CA Certificate to be attached for last 3 years) F.Y. 2020-21 F.Y. 2021-22 F.Y. 2022-23	
15	Whether Blacklisted by any Govt. Deptt./Public Sector Company	
16	CST No. / VAT No./Service Tax Regn. No./TAN No.	
17	Are you agreeable to make deliveries to Corporation's Office at Bardhaman & its Branches under jurisdiction	
18	Are you agreeable to abide strictly by the Terms & Conditions of the Tenders & Contracts (Copies annexed)	
19	If your Firm empanelled with any office of LIC of India or any other PSU (Central), please give name and address	
20	Name, address and Telephone Nos. of some of your most valued Clients (separate list may be attached)	
21	Approximate value of your turnover per Year	
22	Mention any other specialties of your establishment	

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.

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

I/We _____ request Life Insurance Corporation of India, **BARDHAMAN DIVISIONAL OFFICE, GHOR DOUR CHATTI, SREEPALLY, BARDHAMAN – 713103** to consider inclusion of my/our name in the list of their approved firms/suppliers/service providers. We agree to give full satisfaction to the Corporation in the event of their doing so.



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Sales Department, Ghordour Chati, Bardhaman Division.
 E-mail : sales.bardhaman@licindia.com

Dated at.....this.....Day of 2024

Signature with seal

Name:

Designation:



Sd/-
Sr. Divisional Manager