



**LIFE INSURANCE CORPORATION OF INDIA,
GOA DIVISIONAL OFFICE – PANAJI – GOA**

(Annex- A2)

APPLICATION FOR EMPANELLEMENT of Firm/Supplier/ Service Provider

SL	Information Sought	Information Provided
1.	Name of the Firm (In Block Letters)	
2	Date of Establishment/ Incorporation	
3	Correspondence address and Telephone No/ Contact No with email address	
4	Address of Head Office (If Separate) and Telephone No / Mobile No	
5	Address of local office (at Goa) with Telephone & Mobile No.	
6	Status : Proprietary/ Partnership/Private Limited Company/ Public Limited Company	
7	Names of the Partners/ Directors & their Contact/ Mobile No.	
8	Name of Chief Executive with his present addresses and Telephone Nos/ Mobile No	
9	Name of Representative (s) with Designation who would be calling on us and attending to our job	
10	Name of Bank & Bank A/c details(Encl cancelled Cheque or Pass book)	
11	Is the Firm is registered under the Factory Act? If so, state a)Licence Number b)Date of last renewal of licence (Copy to be enclosed) c) PAN No (Copy to be enclosed) d) GST Reg.No (Copy to be enclosed) d) ESIC No. if any e)EPF Registration No. if any	_____ _____ _____ _____
12	Whether holding certificate under Shops & Establishment Act, duly Renewed (Copy to 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	Turn over for Last 3 years.(Gross Revenue & Net Income) in Lacs F.Y. 2017-2018 F.Y. 2018-2019 F.Y. 2019-2020	
15	Are you agreeable to make Deliveries to Corporation's Offices within Goa 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 LIC of India or any other PSU (Central), please give full details & enclose the copy of the empanelment letter.	

18	Name, Addresses and Telephone Nos of some of your most valued clients (Separate List may be attached)	
19	Mention if any other specialties & Services of your Establishment	
20	Have your firm ever blacklisted/removed by any Govt.Dept/PSUs or any Office of LIC of India?If yes ,then give details.	Yes/No
21	Are you agreeable to make free delivery of material & services to our Divisional Office?	Yes/No
22	Details of Application Fee of Rs.295/-. Mention DD No/Date and Bank Or LIC Miscellaneous Receipt No/Date.	

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 attaché it to the form with proper authentication.

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

I/We _____ Address _____

Mobile no. _____ Request Life Insurance Corporation of India, Divisional office, Panaji – Goa to consider inclusion of my/our name in the list of their approved Firms/suppliers/Service Providers.

I/We hereby agree to abide by the rules and instructions of LIC of India given from time to time & render our services & assure to extend full cooperation to the satisfaction of LIC of India upon being considered / selected for empanelment.

I/We have read the terms & conditions for empanelment listed by LIC of India, in Annexure A2 and understand that if any false information is detected at a later date, any future contract made between ourselves and corporation, on the basis of the information given by me/us, can be treated as invalid by the corporation and I/We will be solely responsible for the consequences.

I/We agree that the decision of the Corporation in selection of service providers will be final & binding on me/us. I/We agree that I/We have no objection if enquiries are made about the work performance with our clients.

I/We understand that my/our application and declarations and documents submitted will form the basis of any decision of LIC of India regarding empanelment/selection for purchase etc and in case of any doubt/clarification/dispute etc.the decision of LIC of India or its Officials will be binding on me/us/our firm.

Dated at thisday of 2020

Name of Firm & Proprietor: _____

Cell Number . _____ , Email Id - _____

Note –

- 1. Firms/Suppliers/ Service Provider who are on Divisional Office existing panel should also apply for fresh empanelment.**
- 2. Firms/Suppliers/ Service Provider who have been blacklisted/ removed earlier, should not apply. If applied, their application will not be considered.**
- 3. Separate Application is to be filled- up for each category.**
- 4. If there is any query please get clarification from Divisional Office before submission of Application form.**

Note : Eligibility criteria for availing benefits under the Public Procurement Policy :

- 5. “ Those who are willing to get benefit under the Public Procurement Policy for Micro & Small Medium Enterprises (MSME), Order 2012”, It is necessary for the enterprise to be registered with the Director of Industries acknowledgement of Entrepreneurs memorandum (Part- II) Or are registered with National Small Industries Corporation (NSIC) under Single point vendor registration scheme. The relevant copy of the Certificate must be enclosed.**
- 6. Apart from the benefit given to MSMEs such as issue of Tender Sets free of cost and exemption for payment of EMD, the Vendors who are registered with NSIC under Single point registration Scheme will additionally be exempted from submitting the Security Deposit up to the monetary limit for which the unit is registered. Please submit sealed envelopes super scribed as**
- 7. “APPLICATION FOR CATOGERY SL.NO NAME OF CATEGORY**

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(With name/ address/mobile no of the vendor.)