

ANNEXURE VIII – Service Support Details/ Escalation Matrix

Ref: LIC/CO/IT-BPR/DS/2019-20 Date: 15.06.2019

Service Support Details/Escalation Matrix

Sr. No.	Name & Designation of the Official	Postal Address, Telephone & Fax No.	Email id	Mobile Number

For and on behalf of: _____ (Bidder)

Authorized Signatory

Name:

Designation:

Office Seal:

Place:

Date: