

APPLICATION FORM FOR EMPANELMENT OF FIRM

S.NO.OF CATEGORY	NAME OF CATEGORY

((Separate application is to be filled up for each category))

Conditions for empanelment:

- 1) The firm/supplier should be in profession for at least 3 years.(Copy of proof must be enclosed)
- 2) The firm should be on the approved panel of at least 3 reputed Firms.(Enclose copies of latest orders)
- 3) The Firm/supplier should have registration with state & local authorities for Undertaking the profession (copies of state registration & A.M.C. Licence,VAT/TAN/PAN/SCT/GST No to be enclosed)
- 4) The firm/supplier should keep sufficient stock in hand so as to comply with the Urgent needs without delay.
- 5) Annual Turnover should at least Rs. 3 Lacs { Attach Audited Balance Sheet, P&L A/C and Income Tax returns for last 3 years)
- 6) Copy of GST registration no.
- 7) Latest copy of NSIC/MSME if registered

Annexure-I

APPLICATION FOR FIRM/SUPPLIER/SERVICE PROVIDER

PART – I: GENERAL INFORMATION

1) Name of the Dealers :
(In Block Letters)

2) Date of Establishment / Incorporation:
(Enclose certificate)

3) Address and Telephone No. :

4) Address of Office (If Separate) :
And Telephone No. /Mobile No.

5) Status: Whether Partnership/ :
Private Limited Company /
Public Limited Company

6) Names of the Proprietor/Partners/
Directors:

7) Name of Chief Executive with :
His present addresses and
Telephone Nos. /Mobile No.

8) Name of Representative (s) :
Indicating Designation who would
Be calling on us and attending to our jobs

9) Name of Bankers with :
Addresses & telephone nos.

10) Is the press registered under the Factories Act? If so, state –

- (a) License No. :
 - (b) Date of Last renewal of license :
 - Copy of the license to be enclosed
 - (c) GST NO. :
 - (d) CST NO. :
 - (e) VAT NO. :
 - (f) TAN NO. :
 - (g) ESIS NO. if any :
 - (h) EPF Registration No. if any :
-

10(a) Is the Firm registered under NSIC/MSME if yes
Attach latest copies of the same

11) Whether holding certificate under Shops & establishment act, duly Renewed. Copy should be enclosed.

12) 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.
Please mention your PAN No.
(Copy to be enclosed)

13) Are you agreeable to make free Deliveries to our DIVISIONAL OFFICE, KARNAL ?

14) Are you agreeable to submit samples Whenever called for?

15) Are you agreeable to enter into a Rate contract or running contract or Fixed quantity contract?

16) Are you agreeable to abide Strictly by the Terms and Conditions Of the Tenders and Contracts as and when Laid down by the corporation.

17) Area occupied by the Shop/Press:

18) Total Number of Employees:

Permanent _____ Temporary _____
Skilled _____ Unskilled _____

19) Number of shifts you work normally :
Timing of shifts :

20) Weekly Holidays:

21) Name, Addresses and Telephone Nos.
Of some of your most valued clients:

22) Name of the L I C OFFICES whose printing
Work you might have done during the last
Three years. :
(Details of jobs given by LIC and completed
By you, enclosed certificates)

22) Approximate value of your Turnover per year:

22) Do you carry stocks of papers and any other
Material? If so, what stocks do you generally hold?

23) Do you possess certificate of authorization from manufactures of
Cartridges: If yes, please provide copy of the same.

24) Mention any other specialties of your Establishment:

Contd. part -II

PART – II: TECHNICAL INFORMATION

1) Particulars of composing facilities:

a) D. T. P. Systems

Make Packages Languages Other Features, if any

b) Other composing facilities such as hand composing

2) Particulars of scanning machines being used.

3) Printing Machine

a) Offset Machine

Make Size Colour Speed Other features, if any

a) Pre-printed continuous stationery machine

Make Size Colour Speed Other features, if any

a) Letter press machines

b) Screen printing facility

4) Particulars of Positives and Plate making facility.

5) Binding and Finishing.

a) Cutting Machines

Make Size of Blade Hand/Power Driver

b) Particulars of Punching Machines.

c) Particulars of perforating machines.

d) Particulars of gliding department.

6) Have you got photo-typesetting machine if so, please furnish full details of type faces.

7) If any of the equipments mentioned above is under lease, loan or hire purchase Agreement should be furnished.

8) Please furnish details particulars any other agreements you may have entered in to which are subsisting and are likely have a bearing on the jobs, which may be entrusted to you.

I/WE _____ request Life Insurance Corporation of India, KARNAL DIVISIONAL OFFICE, to consider inclusion of my/our name in the list of their approved vendors and agree to give full satisfaction to the Corporation in the event of their doing so.

P.S. : Application form fee Rs. 118/- (Rs. 100 + Rs. 18 GST) paid by Cash/ Demand Draft vide M.R. No.

DECLARATION

1. I/We have read the instructions appended to the Annexure- I and I/We understand that if any false information is revealed at a later date, any contract made between ourselves and the corporation, on the basis of the information given by me/us can be treated as invalid at the sole discretion of the corporation and I/We will be solely responsible for the consequences.
2. I/We agree that the decision of the corporation in selection of Manufacturer/printers/vendors/contractor/service providers will be final and binding on me/us.
3. All the information furnished by me hereunder is correct to the best of my/our knowledge and belief.
4. I/We agree that I/We have no objection if inspection of my/our premises/workshop, shop etc.is done by the officials of the corporation.

Dated at _____ this _____ day of _____ 2024

Signature with Firm's seal

Name

Designation _____

Note (1). Please type this form or fill it legibly in ink. If space provided is insufficient,

Please write the replies on a separate sheet giving appropriate question number and attached it to the form. Please affix your firm/company seal with authorized signature on every page.

Note (2). The corporation reserves the right to include/exclude/cancel the name of the printer from its approved lists at their absolute discretion without assigning any reason.

Annexure-II

Application for empanelment as Contractor for A M C for Water coolers, Air coolers, Air Conditioners Water purification/Aqua guard, Note Counting Machine, EPABX etc.

1. Name of the Agency: _____

2. Address of the office. _____

3. Name of the Proprietor/s Chief Executive _____

4. Date of establishment: _____

(Enclose Certificate)

5. Name and address of present clients: (Attach separate statement)

6. Whether Registration Certificate under Shop and Establishment Act duly renewed? Yes/No.

(If yes, attach copy)

7. Whether holding Registration Certificate issued by Regional Provident Fund Commissioner? Yes/ No.

(if yes, attach copy)

8. Whether holding Registration Certificate issued by Employees State Insurance Corporation? Yes/No.

(if yes, attach copy)

9. Whether holding Registration Certificate issued by Superintendent of Central Excise and Customs Government of India for Service Tax?
Yes/ No.

(If yes, attach copy)

10. Affidavit by the Proprietor for ownership of the firm should be attached.

11. Number of Staff employed: _____

12. Copy of Income Tax Clearance Certificate and latest Income Tax return should be attached.

13. Copy of License issued by Office of Labour Commissioner should be attached.

DECLARATION

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4. I/We agree that I/We have no objection if inspection of my/our premises/workshop, shop etc.is done by the officials of the corporation.

Dated at _____ this _____ day of _____ 2024

Name

Signature with Firm's seal

Designation_____

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 duly signed & stamped.