

ASANSOL DIVISIONAL OFFICE, "JEEVAN PRAKASH", DIVISIONAL OFFICE, G.T.ROAD (West End), PO ASANSOL, DIST:PASCHIM-BARDHAMAN, WEST BENGAL, PIN 713304; PH: 0341-2254596, E-MAIL:os.asansol@licindia.com

ADO/OS

Date:-07/03/2024

NOTICE FOR EMPANELMENT OF FIRMS/SUPPLIERS/SERVICE PROVIDERS

Applications are invited from reputed firms for 'Empanelment for 3 years(2024-2027) with Life Insurance Corporation of India, Asansol Divisional Office, West End, G.T.Road, Asansol, Dist: West Bardhaman,

West Bengal for the following category:-

SI	Category	SI	Category
1	Printing of forms/Pads/visiting	12	Supply of linen items such as Towel,
	cards/brochures/leaflets		Bedsheets, Mattress etc.
2	Supply of pre-printed continuous computer stationery	13	Catering service providers
3	Supply of IT consumables, Printer Ribbons, Cartridge, Refill of cartridge	14	Road transport for Diary, Calendars, furnitures within the jurisdiction of Asansol DO/ Car Rentals
4	Supply and AMC of Note counting & fake note detection machine	15	Courier service
5	Supply and AMC of Fire Extinguishers	16	Name Plates, Seal, Rubber Stamps makers, Printing of Corporate Identity Cards with ribbon, printing of Visiting Cards etc.
6	Telephone, EPABX, Telephone Networking system, instrument etc.	17	Repair of office furniture/Binder
7	Supply of office stationery (Pen, files, Photo copy paper, Registers etc.)	18	Supply and maintenance of CCTV
8	Supply of Cloth envelopes, craft/ordinary envelopes	19	Supply and AMC providers of Photocopier machines
9	Supplier of Water purifiers, Water coolers, Air coolers	20	Miscellaneous works involving manual labor
10	Scrap Vendors (destruction of old	21	AMC service provider of Pest
	records/waste papers etc)		Control/Termite treatment etc.
11	Supply of office furniture & fittings, Steel	22	Gardening including trimming / cutting of
	Racks, slotted angle etc.		Trees and bushes, planting of sapling etc

The applicant (Vendor) must have at least one Local office or their representative at Kolkata/Bardhaman/Durgapur/Asansol for providing supply/services. Each vendor has to fill up Annexure- A apart from the specified forms meant for specific/technical jobs. Application fee of Rs.500+GST 18% = Rs.590.00 (for each category) should be deposited in cash in our cash counter or may be submitted along with the form in the form of a Demand Draft favoring LIC of India payable at Asansol.

Page No.2

The schedule is as follows:-

SI	Schedule	Date
1.	Date of publication of the Empanelment notice at our website www.licindia.in/tenders	07/03/2024
2	Date of publication of the advertisement in News paper having wide circulation	07/03/2024
3	Application form and detail notice of Empanelment may be downloaded from our website www.licindia.in/tender on and from.	07/03/2024 to 04/04/2024
4	Application fees of Rs.590/- may be deposited in cash in Asansol DO Cash counter on office Days from 10.00 am to 4.15 pm on and from:-	07/03/2024 to 04/04/2024
5	Last date for submission of hard copy of the forms & credentials to this office	05/04/2024 3 pm

6) The hard copy of the application for Empanelment with prescribed fees and credentials must be submitted to the following address:

"Superscribed as "Application for Empanelment of vendors in LICI Asansol DO, Category SI No..... Category..."

The Manager (OS)
LIC of India, Asansol Divisional Office
G.T.Road (West End), Asansol,
Dist: Paschim Bardhaman, West Bengal PIN 713304.

No application shall be entertained which are not received within the stipulated time and date and such applications arriving late shall be rejected summarily without any further correspondences.

The selection shall be at the sole discretion of the Competent Authority of LICI, Asansol DO. Existing empanelled vendors are also required to apply for fresh Empanelment. Firms blacklisted by any office of the Corporation need not apply. Application incomplete in any respect or not supported by requisite papers shall be summarily rejected. The vendors for supply of computer consumables must submit the Manufacturers Authorization Form (MAF) duly completed. The Corporation reserves the right to accept or reject any or all applications without Assigning any reason thereof.

Continued-P/3

Page No.3

Conditions for empanelment

- 1. The Firm/Supplier/Service Provider should be in profession for at least 3 years. (copy of registration certificate must be enclosed).
- 2. The Firm/Supplier/Service Providers must have at least one füll time Running office/ shop or Working place at Kolkata/Paschim Bardhaman/Bankura/Purulia.
- 3. The Firm/Supplier/Service Provider should be on the approved panel of at least 3 reputed firms out of which at least one should be Public Sector or Govt. undertaking.
- 4. The Firm/Supplier/Service Provider should have registration with state or local authorities for undertaking the profession (Credentials must be enclosed).
- 5. Vendor should furnish the specific brand or make, in case of authorized dealer. (Copy of valid authorized dealership certificate must be enclosed).
- 6. The Firm/Supplier/Service provider should keep sufficient stock in hand so as to comply with urgent need without delay,
- 7. The Firm/Supplier/Service provider/Vendor shall be empanelled only after positive recommendation of committee duly constituted to visit and inspect the premises/ workshops/verification of credentials etc of the applicant. The applicant shall provide access and extend all possible cooperation in this regard.
- 8. All applicants are required to affix the signature and seal of the authorized official of the Firm on each page and Annexure A in acceptance of terms and conditions therein.
- 9. Application without enclosing the mandatory credentials and application fees receipt/ Demand Draft shall not be considered and rejected.
- 10. Incomplete applications and applications arriving late shall be rejected.
- 11. Decision of the competent authority of Asansol DO shall be final & can't be questioned.
- 12. For any query/Clarification, please contact our office mail at os.asansol@licindia.com

We accept all terms and conditions of the "Application for Empanelment of vendors for LICI, Asansol DO-2024"

Signature, Name, Designation: Seal of the Company/Firm/Vendor/Service provider

INSTRUCTION FOR FILLING UP THE APPLICATION FORM FOR EMPANELMENT OF VENDORS 2024-27

- 1. All applicants must fill up "Annexure A". Annexure A is mandatory for all applicants.
- All applicants must submit the application fees of Rs.590/- either in cash in Asansol DO cash counter
 or should enclose D/D favouring LIC of India payable at Asansol Applicants must submit application
 fees @ Rs.590/- for each category they shall apply.
- 3. Applicants must attach the relevant certificates/testimonials along with their applications:
 - a) Certificate of incorporation/Registration with Registrar of companies/Firms in India.
 - b) Contract copies or proof of empanelment for similar categories executed in the last years (2021 onwards)
 - c) Latest issued profession related license certificate.
 - d) Latest certificate issued under Shops & Establishment Act, 1953
 - e) Manufacturers Authorization Form (MAF) in Annexure D for Vendors applying for category No.3 in enclosed format.
 - f) NSIC/MSME Certificate if applicable.
 - g) Audited balance sheet and Profit & Loss account for the last 3 financial year (2020-21, 2021-22, 2022-23)
 - h) Certificate issued by CA for the turnover of the firm for the last 3 years (2020-21, 2021-22, 2022-23)
 - i) Copy of PAN card
 - j) ESI & EPF registration certificates, if applicable
 - k) GST Registration certificate
 - I) Bank A/C details
 - m) All applicants must submit the address proof of their office/Representative office/s located at Kolkata/ Paschim Bardhaman/Bankura/Purulia along with the details of contact person.
- 4) Along with the Annexure A, each applicant shall submit the relevant Performa duly completed along with the testimonials viz. applicants applying under Category 2 must also fill up Questionnaire No. 5 and likewise.
- 5) The details of the Annexures enclosed in the notice are as following:
 - a) Annexure A-General information-compulsory for all applicants (2pages)
 - b) Annexure B- Minimum turnover required for the applicants to apply
 - c) Annexure C- Details of valuable clients
 - d) Annexure D- Manufacturers Authorization Form (MAF)-compulsory for Applicants applying for Category (IT consumable items).
 - e) Questionnaire No.1- Questionnaire for Table stationery (Category No. 7)
 - f) Questionnaire No.2-Questionnaire for Envelope Makers (Category No.8)
 - g) Questionnaire No. 3- Questionnaire for Category No. 4,5,6,11
 - h) Questionnaire No. 4- Questionnaire for Category No. 3
 - i) Questionnaire No. 5- Questionnaire for Category No. 2
 - j) Questionnaire No.6 Questionnaire for Category 1



ASANSOL DIVISIONAL OFFICE, "JEEVAN PRAKASH", DIVISIONAL OFFICE, G.T.ROAD (West End), PO ASANSOL, DIST:PASCHIM-BARDHAMAN, WEST BENGAL, PIN 713304; PH: 0341-2254596, E-MAIL: os.asansol@licindia.com

Annexure A

General Information (compulsory for all)

1	Name of the Firm / Establishment /	
	Press (in capital Letters	30 33 80
2	Date of Establishment/Incorporation	
3	Address with Telephone No. Fax No.	
	And Email id	
4	Address of Office (If separate) And	
	Telephone Number	
5	Status: Whether Sole proprietorship/	
	Partnership/ Private Limited	
	company/Public Limited company	<u>u</u> n 1000.
6	Names of the Parthers/Directors	
7	Name of Chief Executive with his present	- 50X - 49
	addresses & Telephone Numbers	<u> </u>
8	Name of Representative (s) Indicating	
	Designation who would be calling on us	:
	and Attending to our jobs and his/their mobile number.	
9	Name of Bankers with addresses &	
9	telephone nos.	
10	Is the firm / establishment/press	
10	registered under the Factories Act? If so	
e E	state	
	a) License No	
	b) Date of last renewal (copy to	
	be attached)	
	c) PAN	
*	d) ESIS No if any	
	e) EPF Registration if any	
11	Whether holding certificate under shops &	
	establishments Act, duty renewed. Copy	
	should be enclosed	
12	State the latest Income Tax assessed year	
	and the amount Of Tax assessed. Copies of	
	last 3 year's IT returns, Balance sheets &	
	Revenue A/C to be enclosed	
13	Are you agreeable to make deliveries to	
	Corporation's Offices within and outside of Asansol Division when so directed?	
	Of Wattact Distaint which so differed:	

Page 2

		Page 2
14	Are you agreeable to abide strictly by	
55 69	the Terms & Conditions of the Tenders	
	and Contracts.	
15	Area occupied by the press/firm (Building only)	
16	Total Numbers of employees	Permanent Temporary
17	Number of shifts you work normally	10 (4000 Calculus 300/43), 30 (4
18	Names of the offices of the LIC where supply of Stationery items have been undertaken during the last 3 years. Mention only those offices for whom you have done sizeable jobs or have done constant work. (Detail of job done to be given)	
19	Name, Addresses and Telephone Nos. Of at least three of your most valued customers	
20	Approximate sales per year	
21	Do you undertake manufacture of a) Envelopes b) Office files c) Stickers	
22	Mention any other specialties' of your	
	Establishment	
	: Please type this form or fill in legible ink. If separate sheet giving appropriate question I	space provided is insufficient, please type or write the replies numbers and attach it to the form.
17 W	'e	request LIFE INSURANCE CORPORATION OF
		ny/our Firm in the list of their approved vendors and agree
	ve full satisfaction to the Corporation in t	
_	·	
Date	://2024	
		Signature with Seal
Note	}	
	The completed applications along with releval "Stationery Application for Engagement of Asansol Divisional Office, West End GT.Road, I	nt supporting documents, if any, in a sealed cover super scribing " is to be submitted to "THE MANAGER (OS), LIC of India, Asansol-713304
	The Corporation serves the right to inchule or discretion without assigning	not the name of the applicant in the panel as its absolute

c) The Corporation reserves the right to cancel the name of the Printer from its approved lists at it's absolute

discretion without assigning any reason



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Annexure B

For empanelment of Firms/Suppliers/Vendors/service Providers required by LIC of India, Asansol Divisional Office

Si	Category	Minimum Annual Turnover (Rs)
1	Printing of forms/Pads/brochures/leaflets	15 lakhs
2	Supply of pre-printed continuous computer stationery	20 Lakhs
3	Supply of IT consumables, Printer Ribbons, Cartridge, Refill of cartridge	10 Lakhs
4	Supply and AMC of Note counting & fake note detection machine	10 Lakhs
5	Supply and AMC of Fire Extinguishers	10 Lakhs
6	Telephone, EPABX, Telephone Networking system, instrument etc.	5 Lakhs
7	Supply of office stationery (Pen, files, Photo copy paper, Registers etc.)	3 Lakhs
8	Supply of Cloth envelopes, craft/ordinary envelopes	3 Lakhs
9	Supply of Water purifiers, Water coolers, Air coolers	5 Lakhs
10	Scrap Vendors for destruction of old records, waste paper etc	Not required
11	Supply of office furniture & fittings, Steel Racks, slotted angle etc.	10 Lakhs
12	Supply of linen items such as Towel, Bedsheets, Mattress etc.	5 Lakhs
13	Catering service providers	Not required
14	Road transport for Diary, Calendars, furniture within the jurisdiction of Asansol DO	Not required
15	Courier services	Not required
16	Name Plates, Seal, Rubber Stamps makers, Printing of Corporate Identity Cards with ribbon, printing of Visiting Cards etc.	Not required
17	Repair of office furniture/Binder	Not required
18	Supply and maintenance of CCTV	Not required
19	Supply and AMC providers of Photocopier machines	10 Lakhs
20	Miscellaneous works involving manual labor	Not Required
21	AMC service provider of Pest Control/Termite treatment etc.	Not Required
22	Gardening including trimming/cutting of trees and bushes, planting of saplings etc	Not required

Date:	1	/2024	

Signature of Applicant/Vendors/Supplier with Seal

Sr Divisional Manager



ASANSOL DIVISIONAL OFFICE, "JEEVAN PRAKASH", DIVISIONAL OFFICE, G.T.ROAD (West End), PO ASANSOL, DIST:PASCHIM-BARDHAMAN, WEST BENGAL, PIN 713304; PH: 0341-2254596, E-MAIL: os.asansol@licindia.com

Annexure C

For empanelment of Firms/Suppliers/Vendors/service Providers required by LIC of India, Asansol Divisional Office

Details of other valuable clients (PSU / Govt Organisation / Pvt firms)

SI	Name of client	Address	Financial Year	Whether contract copies / work coders / experience letters attached			
0.00							
			-				
		Acceptable					

Kindly note that the details regarding contracts/empanelment/work orders pertaining to last 3 Financial Years only should be mentioned i.e. from 2020-2021 onwards.

Date	Date	:	//2024
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Signature of Applicant/Vendors/Supplier with Seal



ANNEXURE D

मण्डल कार्यालय : आसानसील

कार्यालय सेवा विभाग, "जीवन प्रकाश", जी. टी. रोड, वेस्ट एण्ड, आसनसोल-713304 जिला : वर्दवान (प.बं.), दूरभाष सं./PHONE NO. (0341)225-7523 c-mail: os.asansol@licindia.com DIVISIONAL OFFICE: ASANSOL OS DEPTT., "JEEVAN PRAKASH", G.T. ROAD, WEST END, ASANSOL-713304, DIST: WEST BARDHAMAN , WEST BENGAL.

MANUFACTURER'S AUTHORIZATION FORM (MAF) (TO BE SUBMITTED ON COMPANY'S LETTERHEAD)

REF: APPLICATION FOR EMPANELMENT

To

The Senior Divisional Manager

Life Instrance Corporation of India Asansol Divisional Office West End, G.T.Road, Asansol – 713304	
Dear Sir/Madam,	
We, M/S	••••••••••
to offer their quotation, negotiate and conclude the contract with you against the above invitation for the Bid/empan	elment.
We hereby extend our commitment / standard guarantee and comprehensive warranty as per terms and conditions or RFP and the contract for our equipment quoted/services offered against this invitation for Bid/empanelement by/of t	f the he above firm.
We also extend our back to back service support and assurance of availability of our equipment, their components at Consumables as per terms and conditions of the RFP, to M/S	ıd
Dated at	2020
Signature of the Company Secretary	
Signature	
Name:	
Designation;	
•	
Name & Address of the company . Scal of the Company.	



OUESTIONNAIRE NO.1

मण्डल कार्यालय : आसानसोल

कार्यालय सेवा विभाग, "जीवन प्रकाश", जी. टी. रोड, वेस्ट एण्ड, आसनसोल-713304 जिला : वर्दवान (प.बं.), दूरभाष सं./PHONE NO. (0341)225-7523 e-mail: os.asansol@licindia.com divisional office: asansol os deptt., "Jeevan Prakash", G.T. Road, West end, Asansol-713304, dist: West Bardhaman, West Bengal.

QUESTIONNAIRE FOR TABLE STATIONERS

GENERAL INFORMATION

(In Block Letters)			
2 Date of Establishment/Incorporation	*	3 2	
3 Address with Telephone No. Fax No. And Email id			
	7		
4 Address of Office (If separate) And Telephone Number	:		
5 Status: Whether Sole proprietorship/ Partnership/ Private Limited company/Public Limited company	:		
6. Names of the Partners/Directors	•		
	707		
7 Name of Chief Executive with his present addresses & Telephone Numbers	:		
8 Name of Representative (s) Indicating Designation who would be calling on us and Attending to our jobs and his/their mobile nos.	:		
9 Name of Bankers with addresses & telephone nos.	1		
Stora .			
10 Is the press registered under the Factories Act ? If so, sta	te:		
a License Number	:		
b Date of last renewal of license. Copy of license to be attached.	*1	·	
c PAN No.	: •		
d ESIS No. If any	1		>
e EPF Registration No. If any	•	W	
11 Whether holding certificate under shops & establishment Act, duly renewed. Copy should be enclosed	is :		
12 State the latest Income Tax assessed year and the amount Of Tax assessed. Copies of last 3 year's IT returns, Balance sheets & Revenue A/c to be enclosed	:		

14 Are you agreeable to abide strictly by the Terms & Conditions of the Tenders and Contractors. (copies annexed)		
15 Area occupied by the press (Building only)	٤	
16 Total Numbers of employees	: Permanent	Temporary
17 Number of shifts you work normally	:	
18 Names of the offices of the LIC where supply of Stationery items have been undertaken during the last 3 years. Mention only those offices for whom you have done sizeable jobs or have done constant work. (Details of jobs done to be given)	•	
19 Name, Addresses and Telephone Nos. Of at least three Of your most valued customers	3	,
20 Approximate sales per year	:	
21) Do you undertake manufacture of		
A Envelopes?		*
B Office Files?		
C Stickers?		
22) Mention any other specialities of your Establishment:		
Note: Please type this form or fill it legibly in ink. If space Appropriate question numbers and attach it to the form.	provided is insufficient, please type or	r write the replies on a separate sheet giving
I/WeCORPORATION OF INDIA, ASANSOL DO to consider it to give full satisfaction to the Corporation in the event of the co	nclusion of my/our Firm in the list of t	request LIFE INSURANCE their approved printers and agree
Date:-	Signature with Seal	
Note:-		
1 The completed applications along with relevant supports for Empanelment of Computer Continuous Printers" is Office, West End, G.T.Road, Asansol – 713304 "	ing documents, if any, in a scaled cove to be submitted to " THE MANAGE	r super scribing Stationery " Application R (OS), LIC of India, Asansol Divisional

2 The Corporation reserves the right to include or not the name of the applicant in the panel as its absolute discretion without assigning

3 The Corporation reserves the right to cancel the name of the Printer from its approved lists at it's absolute discretion without assigning



QUESTIONNAIRE NO.2

मण्डल कार्यालय : आसानसोल

कार्यालय सेवा विभाग, "जीवन प्रकाश", जी. टी. रोड, वेस्ट एण्ड, आसनसोल-713304 जिला : वर्दनान (प.वं.), दूरभाष सं./PHONE NO. (0341)225-7523 e-mail: 05.0520150l@licindia.com DIVISIONAL OFFICE: ASANSOL

OS DEPTT., "JEEVAN PRAKASH", G.T. ROAD, WEST END, ASANSOL-713304, DIST: WEST BARDHAMAN , WEST BENGAL.

QUESTIONNAIRE FOR ENVELOPE MAKERS

PART I : GENERAL INFORMATION

1 Name of the Press (In Block Letters)	:					
2 Date of Establishment/Incorporation						
3 Address with Telephone No. Fax No. And Email id						
4 Address of Office (If separate) And Telephone Number	:	75				· · · · · · · · · · · · · · · · · · ·
5 Status: Whether Sole proprietorship/ Partnership/ Private Limited company/Public Limited company						
6. Names of the Partners/Directors	:			4		
7 Name of Chief Executive with his present addresses & Telephone Numbers	:	•		-i ini	······································	· · · · · · · · · · · · · · · · · · ·
8 Name of Representative (s) Indicating Designation who would be calling on us and Attending to our jobs and his/their mobile nos.	:	t 11 4	 •			
9 Name of Bankers with addresses & telephone nos.	;	*				
10 Is the press registered under the Factories Act ? If so, s	tate:					
a License Number	:					
b Date of last renewal of license. Copy of license to be attached.	:					×
c PAN No.	:					
d ESIS No. If any	:					
e EPF Registration No. If any	:					8
11 Whether holding certificate under shops & establishme Act, duly renewed. Copy should be enclosed	ents :		 			
12 State the latest Income Tax assessed year and the amou Of Tax assessed. Copies of last 3 year's IT returns, Balance sheets & Revenue A/c to be enclosed	nt ;	p				
13 Are you agreeable to make deliveries to Corporation's Offices within and out of Asansol DO when so directed	?;					

14 Are you agreeable to abide strictly by the Terms & Conditions of the Tenders and Contractors. (copies annexed)	:	
15 Area occupied by the press (Building only)	: •	
16 Total Numbers of employees	: Permanent	Т
17 Number of shifts you work normally	:	Темрогату
18 Names of the offices of the LIC where supply of Stationery items have been undertaken during the last 3 years. Mention only those offices for whom you have done sizeable jobs or have done constant work. (Details of jobs done to be given)		•
19 Do you have experience in printing of multi colour Envelopes? State the major work done for the last Three years with details.		
20 Name, Addresses and Telephone Nos. Of at least three Of your most valued customers	:	•
21 Approximate sales per year from envelope making Alone.	y	
22 Which and what type of quality materials do you Use for the windows?		
23 Are the Windows affixed manually or is it done through Machines ?		
24 The type of Punching machines you are using (Hyddrolic or Electrical or by hand)		
25 Number of Punching machines :		•
26 What is the type of Window Patching Machine (Electrical or manual)		
27 Particulars of Punching Machine ;	,	
28 Particulars of Perforating machines :		

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 numbers and attach it to the form.

I/Werequest LIFE INSURANCE CORPORATION OF INDIA, ASANSOL DO to consider inclusion of my/our Firm in the list of their approved printers and agree to give full satisfaction to the Corporation in the event of their doing so.					
9		7			
Date:-		Signature with Scal			

Note:-

- 1 The completed applications along with relevant supporting documents, if any, in a sealed cover super scribing Stationery "Application for Empanelment of Computer Continuous Printers" is to be submitted to "THE MANAGER (OS), LIC of India, Assaysol Divisional Office, West End, G.T.Road, Assaysol –713304"
- 2 The Corporation reserves the right to include or not the name of the applicant in the panel as its absolute discretion without assigning any reason.
- 3 The Corporation reserves the right to cancel the name of the Printer from its approved lists at it's absolute discretion without assigning any reason.



QUESTIONNAIRE NO. 3

मण्डल कार्यालय : आसानसोल

कार्यालय सेवा विभाग, "जीवन प्रकाश", जी. टी. रोड, वेस्ट एण्ड, आसनगोल-713304 जिला : वर्दवान (प.बं.), दूरभाष सं./PHONE NO. (0341)225-7523 e-mail: OS. asansol@licindia.com DIVISIONAL OFFICE: ASANSOL

OS DEPTT., "JEEVAN PRAKASH", G.T. ROAD, WEST END, ASANSOL-713304, DIST: WEST BARDHAMAN , WEST BENGAL.

QUESTIONAIRE FOR EMPANELMENT OF DEALERS FOR SUPPLY OF

CURRENCY COUNTING MACHINE / EPABX /FURNITURE ITEMS/ FIRE EXTINGUISHERS / GENERATOR HIRE (TICK WHICHEVER IS APPLICABLE)

	N _e
Name of the dealer	
(In block Letters)	
A J. S. S. S. L. Cont. 1 of the Cont	
Address and Telephone No/Mobile No./E- mail id	
Address of the office if different from the above	The state of the s
Outstation vendor to furnish local address of	The season was described above to the season to the first section of the season to the
offices at West Bengal with contact details of	
Local representatives.	
Date of Establishment/Incorporation	
Date of Establishment/Incorporation	
8	
Status: Whether sole proprietorship/partnership/	
Pyt Ltd/ Public ltd.	
Names of the Partners/Directors	
es established	
	F
Name of Chief Executive with his present	
reame of Cines executive with his present	
Address and Telephone Numbers.	
encode convenience de la constitución de la consti	
	•
Name of Representative(s) indicating	
Designation who would be calling on us and	Į
Attending of our jobs and his/her mobile numbers	9
= -	
	1
	1

Name of Bankers with addresses & Telephone	
Nos.	
	1
is the Company registered under the Shops & Establishments Act ?	
If so, state -	
License Number :-	
Enterno Fidino II	
Date of renewal of License.	
State the latest Income Tax Assessed year and the	
Amount of Tax assessed. Copies of last 3 yrs, IT	
Returns, Balance sheets & Revenue A/C to be	
enclosed.	
PAN NUMBER (ENCLOSE XEROX COPY)	
THE HOMBER (ENGLOSSE RENOW COLL)	
GSTIN NUMBER (ENCLOSE XEROX COPY)	
	,
GST RETURNS FILED UPTO MM/YYYY	
ESIS NO: IF ANY (ENCLOSE XEROX COPY)	
DOWNER THE (BRODOGE ABROA COPT)	
EPF REGN NO, IF ANY	
	•
A	
Are you agreeable to make deliveries to	
Corporation's offices within/out of Asansol DO Jurisdiction (inclusive of mofussil/rural areas)	•
when so directed?	
Are you agreeable to abide strictly by	
the terms and conditions of the Tenders and	
Contracts?	
Name of the offices of LIC where you have	
supplied materials during the last 3 yrs.	
9	
Mention any other specialities of your	
Establishments	
Note:- If the space provided is not sufficient, please	attach a separate sheet to give the details.
* *	
I/We	request LIFE INSURANCE CORPORATION OF INDIA,
ASANSOL DIVISIONAL OFFICE to consider incl	usion of my/our firm in the list of their approved dealers and agree to
	t of their doing so. I/We further state that our firm has not been black-
listed in any of the offices of LIC OF INDIA/Other	State/Central/Quasi Government Organizations.
Date:	
	*
Place:	SIGNATURE
Note:- The Corporation reserves the right to cance without assigning any reason.	the name of the vendor from its approved list at its absolute discretion



QUESTIONNAIRE NO 4

मण्डल कार्यालय : आसानसोल

कार्यालय सेवा विभाग, "जीवन प्रकाश", जी. टी. रोड, वेस्ट एण्ड, आसनसोल-713304 जिला : वर्दवान (प.बं.), दूरभाष सं./PHONE NO. (0341)225-7523 e-mail: 0s.asansol@licindia.com <u>DIVISIONAL OFFICE: ASANSOL</u>
os DEPIT., "JEEVAN PRAKASH", G.T. ROAD, WEST END, ASANSOL-713304, DIST: WEST BARDHAMAN, WEST BENGAL.

QUESTIONNAIRE FOR EMPANELMENT OF L.T. CONSUMABLES VENDORS

Name of the Vendor (In block letters)	
Date of Incorporation	
Pare of meorporation	
Office Address with Telephone Nos.	
E-mail Address of the Firm	,
Status: Whether sole Proprietorship/Partnership/ Private Limited Company/Public Limited Company	•
Names of the Partners/Directors	
Other Person's Name with Phone Nos.	
other reison's mame with Phone 1405.	
Offices of LIC/Banks/Other PSUs/Govt.offices	
Where empanelled (copy to be enclosed)	
Your Product Line	
PAN No.	
TIN No.	
Experience in sales of Network Materials/IT consumables like CD/CD-RW/DVD, Toners	
(New, Refilling & Reconditioning), Ribbons (New &	3
Refilling) Line Printer Ribbons (Printonix P500, P7000, P7010, LIPI6306), Reconditioning of printer heads	
Authorisation obtained from (authorized dealers)	
Name, addresses and Telephone Nos of alleast three	
of your most valued clients (with you for more than 3 years)	
Whether holding Certificate under shops &	
establishment Act duly renewed?	b .
Arc you agreeable to make deliveries to Corporation's offices within and out of Asansol DO jurisdiction of so directed?	

Are you agreeable to abide strictly by the Terms & conditions of the Tenders and contractors (copies annexed).	
Mention any other Special features of your firm.	
We	der inclusion of my/our firm in the list of their

Approved IT consumables panel and agree to give satisfaction to the Corporation in the event of their doing so.

Dated:-

Signature with Seal

Note: The Completed applications along with relevant supporting documents, if any, in a sealed cover Superscribing "Application for Empanchment of IT Consumables" is to be submitted to "The Manager(OS), LIC of India, Asansol Divisional Office, West End, G.T.Road, Asansol 713304".

The Corporation reserves the right to include or not the name of the Applicant in the panel at it's absolute Discretion without assigning any reason.

The Corporation reserves the right to cancel the name of the IT consumable Vendor from it's approved lists at it's absolute discretion without assigning any reason.



QUESTIONNAIRE NO. 5

मण्डल कार्यालय : आसानसोल

कार्यालय सेवा विभाग, "जीवन प्रकाश", जी. टी. रोड, वेस्ट एण्ड, आसनसोल-713304 जिला : वर्दवान (प.बं.), दूरभाष सं./PHONE NO. (0341)225-7523 e-mail: OS. asansol@licindia.com DIVISIONAL OFFICE: ASANSOL OS DEPTT., "JEEVAN PRAKASH", G.T. ROAD, WEST END, ASANSOL-713304, DIST: WEST BARDHAMAN, WEST BENGAL.

QUESTIONNAIRE FOR PRE-PRINTED COMPUTER CONTINUOUS STATIONERY

PART I : GENERAL INFORMATION

	·
1 Name of the Press / FIRM . (In Block Letters)	:
2 Date of Establishment/Incorporation	it .
3 Address with Telephone No. Fax No. And Email id	1
4 Address of Office (If separate) And Telephone Number	
5 Status: Whether Sole proprietorship/ Partnership/ Private Limited company/Public Limited company	:
6. Names of the Partners/Directors	:
7 Name of Chief Executive with his present addresses & Telephone Numbers	:
8 Name of Representative (s) Indicating Designation who would be calling on us and Attending to our jobs and his/their mobile nos.	:
9 Name of Bankers with addresses & telephone nos.	
10 Is the press registered under the Factories Act ? If so, stat	nte:
a License Number	:
b Date of last renewal of license. Copy of license to be attached.	;
r PAN No.	*
d ESIS No. If any	ī
e EPF Registration No. If any	i.
11 Whether holding certificate under shops & establishment Act, duly renewed. Copy should be enclosed	nts :
12 State the latest Income Tax assessed year and the amount Of Tax assessed. Copies of last 3 year's IT returns, Balance sheets & Revenue A/c to be enclosed	nt
Printing the required forms, books etc. In Hindi, English, Bengali?	
and an	

15 Are you agreeable to abide strictly by the Terms & Conditions of the Tenders and Contractors.				
(copies annexed)				
16 Area occupied by the press (Building only)	:	35 - 3 2 335		
17 Total Numbers of employees	:	3 444		
18 Number of shifts you work normally	Perm	anent	Тепрогату	***************************************
19 Names of the offices of the LIC whose printing work You may have done during the last 3 years. Mention of Those offices for whom you have done sizeable jobs of Have done constant work. (Details of jobs done to be given)	only		le.	
20 Name, Addresses and Telephone Nos. Of at least thre Of your most valued customers	e :			
		•		
21) Approximate sales per year	:			
(2) Do you carry stocks of papers and any other material If so, what stocks do you generally hold?	ls,			
3) State the nature of printing job undertaken by you (Full details to be given)	:	ii.	· -	 . · · · · · · · · · · · · · · · · · ·
4) Do you undertake manufacture of	1			**************************************
A Envelopes ?				
B Office Files ?				
C Stickers?			•	
25) Mention any other specialities of your Establishment Note: Please type this form or till it legibly in ink. If spa		s insufficient nieus	a type or write the rapiles on a second	na rata shaat alvina
Appropriate question numbers and attach it to the form.		* *		mrate sneet giving
PAF	TII : TECH	IMCAL INFORM	IATION	
Particulars of composing facilities	•			
. D.T.P. Systems				•
Inko Packages	200	Languages	Other Features if any	
			E .	1

3 Printing		Machines	
A.	Offset	Machines	

Make	Size	Colour	Speed	Other Peatures if any
				2
*****			· · · · · · · · · · · · · · · · · · ·	
	ľ			
			73 . E	
900 900				
			1	
			1	
<u> </u>	 			

B Letter press Machines

Make	Size	Speed	Other Features if any

C Screen Printing Facility - whether available ?

D Pre- printed continuous stationery machine.

Make	Size	Colour	Speed	Other features if any

- 4 Particulars of Positives and Plate making facility
- 5 Binding and Finishing
- A Cutting Mahines:-

Make	Size Blade	Other features if any
<u> </u>		

- B Particulars of punching machines
- C Particulars of perforating machines
- D Particulars of gilding 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 of any other agreement you may have entered into which are subsisting and are likely to have a bearing on the jobs, which may be entrusted to you:

CORPORATION OF INDIA, AS	ANSOL DO to consider inclusion of my/our Firm in the list of the poration in the event of their doing so.	request LIFE INSURANCE telr approved printers and agree
	7	Ĭ
		•
Date:-	Signature with Seal	

Note:-

- 1 The completed applications along with relevant supporting documents, if any, in a scaled cover super scribing Stationery "Application for Empanelment of Computer Continuous Printers" is to be submitted to "THE MANAGER (OS), LIC of India, Asansol Divisional Office, West End, G.T.Road, Asansol 713304 "
- 2 The Corporation reserves the right to include or not the name of the applicant in the panel as its absolute discretion without assigning any reason.
- 3 The Corporation reserves the right to cancel the name of the Printer from its approved lists at it's absolute discretion without assigning any reason.



QUESTIONAIRE NO. 6

मण्डल कार्यालय : आसानसोल

कार्यालय सेवा विभाग, "जीवन प्रकाश", जी. टी. रोड, वेस्ट एण्ड, आसनसोल-713304 जिला : वर्दवान (प.वं.), दूरभाष सं./PHONE NO. (0341)225-7523 e-mail: <u>os.asansol@licindia.com</u> <u>DIVISIONAL OFFICE: ASANSOL</u> os DEPTT., "JEEVAN PRAKASH", G.T. ROAD, WEST END, ASANSOL-713304, DIST: WEST BARDHAMAN, WEST BENGAL.

QUESTIONNAIRE FOR PRINTING PRESS

PARTI: GENERAL INFORMATION

1 Name of the Press (In Block Letters)	:	10			
					•
2 Date of Establishment/Incorporation 3 Address with Telephone No. Fax No. And Email id	 :			V 11	
5 Address with Letephone Ad. Fax No. And Eman Id	•				
4 Address of Office (If separate) And Telephone Number), 10 20 .11			
5 Status: Whether Sole proprietorship/ Partnership/ Private Limited company/Public Limited company	:			1	
6. Names of the Partners/Directors	:			3 800	
		3 *			
7 Name of Chief Executive with his present addresses & Telephone Numbers					· · · · · · · · · · · · · · · · · · ·
8 Name of Representative (s) Indicating Designation who would be calling on us and Attending to our jobs and his/their mobile nos.	:				
9 Name of Bankers with addresses & telephone nos.	:				
10 Is the press registered under the Factories Act ? If so, si	tate:				
a License Number	:				
b Date of last renewal of license. Copy of license to be attached.	:				
c PAN No.					
d ESIS No. If any	:				to .
e EPF Registration No. If any	i.				40
11 Whether holding certificate under shops & establishment Act, duly renewed. Copy should be enclosed	nts :	2.41			
<u>:</u>					
12 State the latest Income Tax assessed year and the amount Of Tax assessed. Copies of last 3 year's IT returns, Balance sheets & Revenue A/c to be enclosed	nt · :	•	d dament	900 via	
13 Are you having facility and infrastructure for Printing the required forms, books etc. In Mindl, English Bengali?	,				

14 Are you agreeable to make deliveries to Corporation's Offices within and out of Asansol DO when so directed?	?:	2077207	8			
15 Are you agreeable to abide strictly by the Terms & Conditions of the Tenders and Contractors. (copies annexed)	ı.					11
16 Area occupied by the press (Building only)	:					
17 Total Numbers of employees	: n-					
18 Number of shifts you work normally	;	rmanent	***************************************	Temporary	***************************************	
19 Names of the offices of the LIC whose printing work You may have done during the last 3 years. Mention only Those offices for whom you have done sizeable jobs or Have done constant work. (Details of jobs done to be given)					,	× -
20 Name, Addresses and Telephone Nos. Of at least three Of your most valued customers	:	••••;				
		*				
				•		
21) Approximate sales per year :				•		
22) Do you carry stocks of papers and any other materials, If so, what stocks do you generally hold?			34.4	<u></u>		•
23) State the nature of printing job undertaken by you (Full details to be given) :			* ********			· <u></u>
24) Do you undertake manufacture of :			-			
A Envelopes?						
B Office Files ?						
C Stickers?						
25) Mention any other specialities of your Establishment:			····			
Note: Please type this form or fill it legibly in ink. If space p Appropriate question numbers and attach it to the form.	rovide	d is insufficient, please	type or write tl	ne replies on a sep	arate sheet givin	g
PART	I : TE	CHNECAL INFORMA	MOITA		10	
1 Particulars of composing facilities				ě		
A . D.T.P. Systems						
Make Packages		Languages	Other I	entures if any		
	10 10 10	- 				100000
						
B Other composing facilities such as hand composing:						
2 Particulars of Scanning machines being used. :					***	CARSON HOUSE IS

3 Printing Machines A. Offset Machines

Make	Size	Colour	Speed	Other Features if any
		<u> </u>		
		333 0 0	1	•

B Letter press Machines

Viaite	Size	Speed	Other Features if any

C Screen Printing Facility - whether available?

D Pre- printed continuous stationery machine.

Make	Size	Colour	Speed	Other features if any
		* *		

- 4 Particulars of Positives and Plate making facility
- 5 Binding and Finishing
- A Cutting Mahines:-

Make	Size Blade	Other features if any
- 1000 B		

- B Particulars of punching machines
- C Particulars of perforating machines
- D Particulars of gilding 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 of any other agreement you may have entered into which are subsisting and are likely to have a bearing on the jobs, which may be entrusted to you:

	•	ì	
			(p -1
		,	
		747	
Date:-		50 ± 0	Signature with Seal

request LIFE INSURANCE

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CORPORATION OF INDIA, ASANSOL DO to consider inclusion of my/our Firm in the list of their approved printers and agree

to give full satisfaction to the Corporation in the event of their doing so.

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- 3 The Corporation reserves the right to cancel the name of the Printer from its approved lists at it's absolute discretion without assigning