



LIFE INSURANCE CORPORATION OF INDIA, DIVISIONAL OFFICE, TIRUNELVELI
QUESTIONNAIRE FOR TABLE STATIONERIES
GENERAL INFORMATION

- 1) Name of the Stationery Vendor :
(In Block Letters)
-
- 2) Date of Establishment / :
Incorporation
-
- 3) Address with Telephone No., Fax No. :
and E-Mail ID.
-
- 4) Address of Office (If Separate) :
and Telephone No.
-
- 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 and
Telephone Nos.
-
- 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 company registered :
Under the Companies Act?
If so, state-
(a) LicenceNo. :
(b) Date of Last renewal of licence :
Copy of the licence to be enclosed
(c) PANNo. :
(d) ESISNo., If any :
(e) EPF Registration No. if any :
(f) GST No. :
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- 11) Whether holding certificate under :
shops & establishment act, duly
renewed. Copy should be enclosed
-
- 12) State the latest Income Tax :2021-2022
Assessed year and the amount of
Tax assessed :2022-2023
(Copies of last 3years IT Returns,
Balance Sheets & Revenue A/c to be :2023-2024
Enclosed)

13) Are you agreeable to make _____ :
deliveries to Corporation's offices
in Tirunelveli Divisional area when so directed?

14) Are you agreeable to abide _____ :
strictly by the Terms and Conditions
of the Tenders and Contracts.
(copies annexed)

15) Area occupied by the company _____ :
(Building only)

16) Total Number 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 sizable jobs
Or have done constantwork.
(Details of sizable supply made to be given)

19) Name, Addresses and Telephone Nos.
Of atleast three of your most valued clients _____ :

20) Approximate Sales per year _____ :

21) Do you undertake manufacture of _____ :
a) Office Files
b) Stickers

22) Mention any other specialties of your Establishment:

I/WE _____ request Life
Insurance Corporation of India, Divisional Office, Tirunelveli to consider inclusion of
my/our firm in the list of their approved stationers and agree to give full satisfaction to
the Corporation in the event of their doing so.

Dated : _____

Signature with seal

Note:

1. The completed applications along with relevant supporting documents, if any, in a sealed cover superscribing "Application for Empanelment of TABLE Stationeries" is to be submitted to "The MANAGER(E &OS), L.I.C of India, Divisional Office, Palayamkottai, Tirunelveli - 627 002 on or before 29.04.2024

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

3. The Corporation reserves the right to cancel the name of the Stationers from its approved lists at its absolute discretion without assigning any reason.