

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)

	deneral internation (compassory for any
1	Name of the Firm / Establishment /
	Press (in capital Letters
2	Date of Establishment/Incorporation
3	Address with Telephone No. Fax No.
	And Email id
4	Address of Office (If separate) And
tra mai a	Telephone Number
5	Status: Whether Sole proprietorship/
	Partnership/ Private Limited
	company/Public Limited company
6	Names of the Parthers/Directors
7	Name of Chief Executive with his present
	addresses & Telephone Numbers
8	Name of Representative (s) Indicating
İ	Designation who would be calling on us
	and Attending to our jobs and his/their
	mobile number.
9	Name of Bankers with addresses &
10	telephone nos.
10	Is the firm / establishment/press
	registered under the Factories Act? If so
	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
1	Corporation's Offices within and outside
ì	of Asansol Division when so directed?

Page 2

		Page 2	
14	Are you agreeable to abide strictly by		
(s) (s)	the Terms & Conditions of the Tenders	5	
	and Contracts.		1 7-2 - 22
15	Area occupied by the press/firm (Building		
	only)		
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		
e e	constant work. (Detail of job done to be		
	given)		
19	Name, Addresses and Telephone Nos.		
	Of at least three of your most valued	İ	
8	customers		
20	Approximate sales per year		
21	Do you undertake manufacture of		
(2.785)(6)	a) Envelopes		
	b) Office files		
	c) Stickers		
22	Mention any other specialties' of your		
	Establishment		
Note	: Please type this form or fill in legible ink. If	space provided is	insufficient, please type or write the replies
	separate sheet giving appropriate question i		
1/V	/e	req	uest LIFE INSURANCE CORPORATION OF
IND	A, ASANSOL DO to consider inclusion of m	ny/our Firm in the	e list of their approved vendors and agree
to g	ive full satisfaction to the Corporation in t	he event of their	doing so.
Date	e://2024		
			Signature with Seal
			2 W
Not	3		
a)	The completed applications along with releval	nt supporting docu	ments, if any, in a sealed cover super scribing
	"Stationery Application for Engagement of		mitted to "THE MANAGER (OS), LIC of India,
	Asansol Divisional Office, West End GT.Road, A	4sansoi-/13304	
L 1	The Corporation serves the right to inchule or	not the name of th	o applicant in the panel as its absolute
	the Corporation serves the right to include or discretion without assigning	not the name of th	e applicant in the puller 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



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 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

-	1 10004
Date:	/ /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

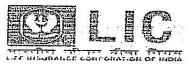
For empanelment of Firms/Suppliers/Vendors/service Providers required by LIC of India, **Asansol Divisional Office**

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
9570.0				

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://2024	
	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 : वर्दनान (प.जं.), दूरभाष सं./PHONE NO. (0341)225-7523 e-mnil: 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 Insurance Corporation of India Asansol Divisional Office West End, G.T.Road, Asansol – 713304

Name & Address of the company

Dear Sir/Madam, who are established and reputed Manufacturers of having factories/Depet athaving factories/Depet at (Name and address of the bidder) to offer their quotation, negotiate and conclude the contract with you against the above invitation for the Bid/empanelment. We hereby extend our commitment / standard guarantee and comprehensive warranty as per terms and conditions of the RFP and the contract for our equipment quoted/services offered against this invitation for Bid/empanelement by/of the above firm. We also extend our back to back service support and assurance of availability of our equipment, their components and Consumables as per terms and conditions of the RFP, to M/S For a period of five years & Seven years (for Line printers & Servers). Signature of the Company Secretary Signature Name: Designation:

Seal of the Company.



OUESTIONNAIRE NO.1

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 TABLE STATIONERS

GENERAL INFORMATION

(In Block Letters)				
2 Date of Establishment/Incorporation	1	3-	79 - 200 364	7
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	1			
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.	:			
Brown				
10 Is the press registered under the Factories Act ? If so, sta	te:		- Vocasion - Vocasion	- State Process
a License Number	į			
b Date of last renewal of license. Copy of license to be attached.	12)		9*1	
c PAN No.	;			
d ESIS No. If any	1		39	
e EPF Registration No. If any	•			
11 Whether holding certificate under shops & establishment Act, duly renewed. Copy should be enclosed	is :			191
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)	1	
16 Total Numbers of employees	: Permanent	Temporary
17 Number of shifts you work normally	:	Computery
18 Names of the offices of the LIC where supply of Stationery items have been undertaken during the la 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)	ve ,	,
19 Name, Addresses and Telephone Nos. Of at least three Of your most valued customers	ce :	
20 Approximate sales per year	:	
21) Do you undertake manufacture of	:	2
A Envelopes?		
B Office Files ?		
C Stickers ?		
22) Mention any other specialities of your Establishmen	ıt:	
Note: Please type this form or fill it legibly in ink. If spa Appropriate question numbers and attach it to the form	ace provided is insufficient, please ty i.	pe or write the replies on a separate sheet giving
UWe	er inclusion of my/our Firm in the lis	request LIFE INSURANCE st of their approved printers and agree
Date:-	Signature with Seal	
Note:-		557 100 455.01
1 The completed applications along with relevant supporter Emparelment of Computer Continuous Printers" Office, West End, G.T.Road, Asansol – 713304 "	orting documents, if any, in a scaled is to be submitted to " THE MANA	cover super scribing Stationery " Application (GER (OS), LIC of India, Asansol Divisional
2 The Corporation reserves the right to include or not than y reason.	he name of the applicant in the pane	l 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 any reason.



QUESTIONNAIRE NO.2

मण्डल कार्यालय : आसानसोल

कार्यालय सेवा विभाग, "जीवन प्रकाश", जी. टी. रोड, वेस्ट एण्ड, आसनसोल-713304 जिला: वर्दनान (प.चं.), 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 ENVELOPE MAKERS

PART I : GENERAL INFORMATION

1 Name of the Press (In Block Letters)	;		n mn 192		
2 Date of Establishment/Incorporation	1				
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	2				
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.	:		a		
10 Is the press registered under the Factories Act ? If so, sta	ıte:		*	n Danne n n	 <u> /</u>
a License Number	:				
b Date of last renewal of license. Copy of license to be attached.	:				10
c PAN No.	:				
d ESIS No. If any	;				
e EPF Registration No. If any	:				#0
11 Whether holding certificate under shops & establishmen Act, duly renewed. Copy should be enclosed	its :		 	•	 .,
12 State the latest Income Tax assessed year and the amoun Of Tax assessed. Copies of last 3 year's IT returns, Balance sheets & Revenue A/c to be enclosed	;	3	š		
. 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	:	rer manein	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 ?	8		
24 The type of Punching machines you are using (Hyddrolic or Electrical or by hand)			
25 Number of Punching machines :		7.50	
26 What is the type of Window Patching Machine (Electrical or manual)	20%		
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/We request 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.						
20						
10		N. J.				
			and the same of th			
	•					
Date:-		Signature with Scal				

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, Assausol 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.



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.

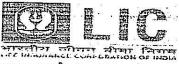
QUESTIONAIRE FOR EMPANELMENT OF DEALERS FOR SUPPLY OF

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

Name of the dealer	
(In block Letters)	
Security Control Contr	
Address and Telephone No/Mobile No./E- mail id	
İ	
a a second	
Address of the office if different from the above	
Outstation vendor to furnish local address of	
offices at West Bengal with contact details of	,
Local representatives.	
ASS	
Date of Establishment/Incorporation	The state of the s
THE PERSON TO THE THE THE THE THE THE THE THE THE THE	
N	
Status: Whether sole proprietorship/partnership/	
Pyt Ltd/ Public ltd.	
ryt Lita rubiic ita.	
Names of the Partners/Directors	
*	
	No.
	į
No COULTER	
Name of Chief Executive with his present	
Address and Telephone Numbers.]
ancement on an employed the Colonia of the Colonia of the Colonia on the Colonia of the Colonia	
	[
	1
Name of Representative(s) indicating	
Designation who would be calling on us and	
Attending of our jobs and his/her mobile numbers	
**************************************	,
	· ·
	1

27 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -	
Name of Bankers with addresses & Telephone Nos.	
1103.	i
Is the Company registered under the Shops &	
Establishments Act ?	
If so, state – License Number :-	
Excense Mumber :-	
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.	
enciosed.	Washington and the second of t
PAN NUMBER (ENCLOSE XEROX COPY)	
GSTIN NUMBER (ENCLOSE XEROX COPY)	•
GST RETURNS FILED UPTO MM/YYYY	
ESIS NO: IF ANY (ENCLOSE XEROX COPY)	
EPF REGN NO, IF ANY	
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	5 September 200
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.	
a .	
Mention any other specialities of your	
Establishments	
Note:- If the space provided is not sufficient, please	attach a separate sheet to give the details.
	-
7.77	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
give full satisfaction to the Corporation in the event	of their doing so. I/We further state that our firm has not been black-
fisted in any of the offices of LIC OF INDIA/Other	State/Central/Quasi Government Organizations.
B-4	
Date:	· ·
Place:	SIGNATURE
Note: The Corporation reserves the right to cancel	the name of the vendor from its approved list at its absolute discretion

without assigning any reason.



OUESTIONNAIRE NO 4

मण्डल कार्यालय : आसानसोल

कार्यालय सेवा विभाग, "जीवन प्रकाश", जी. टी. रोड, वेस्ट एण्ड, आसनसोल-713304 जिला : वर्दवान (प.इं.), 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 EMPANELMENT OF I.T. CONSUMABLES VENDORS

Name of the Vendor	
(In block letters)	
(m block letters)	
Date of F	
Date of Incorporation	
OCC 111	
Office Address with Telephone Nos.	500 State St
E-mail Address of the Firm	
r-man Address of the Firm	,
Statute Williams	
Status: Whether sole Proprietorship/Partnership/	•
Private Limited Company/Public Limited Company	
Names of the Partners/Directors	
ivalities of the Parmers/Directors	
Other Person's Name with Phone Nos.	
Other Person's Name with Phone Nos.	1
COST - CLICOTO I CON TOTAL CO	
Offices of LIC/Banks/Other PSUs/Govt.offices	
Where empanelled (copy to be enclosed)	1
Your Product Line	
1 our Froduct Line	
PAN No.	
Y SYLA TAR*	
TIN No.	
111/1/10.	376 - 20-
T	
Experience in sales of Network Materials/IT	
consumables like CD/CD-RW/DVD, Toners	
(New, Refilling & Reconditioning), Ribbons (New &	l _a
Refilling) Line Printer Ribbons (Printonix P500, P7000, P7010, LIPI6306), Reconditioning of printer	
heads .	
Authorisation obtained from (authorized dealers)	
the state of the state of the state of the state of	
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 &	
ortablishment Act July was 112	
establishment Act duly renewed?	
Arc you agreeable to make deliveries to Corporation's offices within and out of Asansol DO	
jurisdiction of so directed?	
Torronnegan at so au ceien;	

CORPORATION OF INDIA, Asansol Divisional Office to consider 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 Empanelment 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: <u>OS. asan</u>sol@licindia.com <u>DIVISIONAL OFFICE: ASANSOL</u>

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	:				
3 Address with Telephone No. Fax No. And Email id	1		2000 to 10		
4 Address of Office (If separate) And Telephone Number	:			,	
5 Status: Whether Sole proprietorship/Partnership/ Private Limited company/Public Limited company	:				4
6. Names of the Partners/Directors	:				1-000-00000000000000000000000000000000
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.	:	•		•	 500,000
9 Name of Bankers with addresses & telephone nos.	•			- - 11-11-1	
10 Is the press registered under the Factories Act? If so, st	ıte:		1000	The state of	
a License Number	:				**
b Date of last renewal of license. Copy of license to be attached.	:				
r PAN No.				*	10
d ESIS No. If any	i				
e EPF Registration No. If any	•				
11 Whether holding certificate under shops & establishmer Act, duly renewed. Copy should be enclosed	its :				
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	it				
Printing the required forms, books etc. In Hindi, English, Bengali?	:) .			

14 Are you agreeable to make deliveries to Corporation's Offices within and out of Asansol DO when so directed?:		
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) :		
17 Total Numbers of employees :		
18 Number of shifts you work normally :	Permanent	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?		
23) State the nature of printing job undertaken by you (Full details to be given) .	II.	
24) Do you undertake manufacture of :		
A Envelopes ?		
B Office Files ?		
C Stickers ?	84	•
25) Mention any other specialities of your Establishment:		
Note: Please type this form or fill it legibly in ink. If space pro Appropriate question numbers and attach it to the form.	vided is insufficient, please t	ype or write the replies on a separate sheet giving
PARTII:	TECHMICAL INFORMA	TION
Daylinglan of comparing facilities		
Particulars of composing facilities A. D.T.P. Systems		,
Make Puckages	17	LOUIS Production
ruckages	Languages	Other Features if any
3 Other composing facilities such as hand composing:		

3	Prin	ting	Ma	chines
- 50		*****		

A. Offset Machines

Make	Size	Colour	Speed	Other Peatures if any
				oraci i catares ii any
			1 .	ļ
- War 1970				
	ľ			
	i	*	1	8

B Letter press Machines

Make	Size	Speed	Other Features if any
N 5 N N N N N N N N N N N N N N N N N N			
		9	

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
959		

- 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 to give full satisfaction to the	, ASANSOL DO to consider inclusion of my/our Firm in the lis Corporation in the event of their doing so.	of their approved printers and agree	
	*	Ĭ	
		•	
Data:-	Cirroturo with Can		20

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

	10				
1 Name of the Press				*	
(In Block Letters)	11.500				
2 Date of Establishment/Incorporation					
3 Address with Telephone No. Fax No. And Email id		_		W 11	
5 Address with receptione 140. Fax 140, And Eman Id					
3					
		1 1000000		<u> </u>	
4 Address of Office (If separate)					
And Telephone Number	<u> </u>				
5 Status: Whether Sole proprietorship/ Partnership/					
Private Limited company/Public Limited company	:			*	
16					
6. Names of the Partners/Directors	:				
		86			
	3:				
7 Name of Chickens at the 12 hard					
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.		7 77 77			
*	-				
10 Is the press registered under the Factories Act ? If so, st					
to is the press registered under the pactories Act ? If 50, 51	ate:				
a License Number	:				
h Dota of last vanovial of license Course Slicense to be					
b Date of last renewal of license. Copy of license to be attached.	:				
c PAN No.	:				
d ESIS No. If any	•8				in.
	•			•	
e EPF Registration No. If any	4				40
11 Whether holding certificate under shops & establishmen	nts.		ESSECTION IN	0 130	
Act, duly renewed. Copy should be enclosed	:				
					<u> </u>
12 State the latest Income Tax assessed year and the amoun	nt.		se automotororadosinos	10 31 S	
Of Tax assessed. Copies of last 3 year's IT returns,					
Balance sheets & Revenue A/c to be enclosed	:		ė		
13 Are you having facility and infrastructure for					
Printing the required forms, books etc. In Mindi, English,	i			2•	
Bengali ?	<u>:</u>				

14 Are you agreeable to make deliveries to Corporation's Offices within and out of Asansol DO when so directe	i 1?:			• • • • • • • • • • • • • • • • • • •	
15 Are you agreeable to abide strictly by the Terms & Conditions of the Tenders and Contractors. (copies annexed)					11
16 Area occupied by the press (Building only)	:				
17 Total Numbers of employees	: Per	rmanent		Temporary	
18 Number of shifts you work normally	:			Tomporar, internament	
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 or Have done constant work. (Details of jobs done to be given)	nly				
20 Name, Addresses and Telephone Nos. Of at least three Of your most valued customers	:				
		*			
	•				
21) Approximate sales per year	:		er renormalism (magninos)		a state to the state to the state of the sta
22) Do you carry stocks of papers and any other material If so, what stocks do you generally hold?	s, :				
23) State the nature of printing job undertaken by you (Full details to be given)					
(x any property on the Bullett)	1				
24) Do you undertake manufacture of	:				
A Envelopes?				i•	
B Office Files ?				81	
C Stickers ?					
25) Mention any other specialities of your Establishment:					
Note: Please type this form or fill it legibly in ink. If space	e nravide	d is insufficient al	ance type or surite fl	ne renlies on a conorma	shoot giving
Appropriate question numbers and attach it to the form.	o provide	a to manifetens, pre	case type or write tr	te replies on a separate	sheet giving
PAR	ГП : TE	CHNECAL INFO	RMATION		Ni .
1 Particulars of composing facilities	•			(
A . D.T.P. Systems					
Make Packages		Languages	Other I	entures if any	
	12				
				300 and a 100 and	
B Other composing facilities such as hand composing:				•	

2 Particulars of Scanning machines being used.

3	Printing	Machines
A	Officet	B/11-1-

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

B Letter press Machines

Maice	Size	Speed	Other Fentures if any
		279	
8			
<u> </u>			

C Screen Printing Facility - whether available?

D Pre- printed continuous stationery machine.

Make	Size	Colour	Speed	Other features if any
		3		

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

Make	Size Blade	Other features if any
L		

- 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:

to give full satisfaction to the	A, ASANSOL DO	to consider inclusion	of my/our Firm in the list of	their approved printers and agree	
to give inn satisfaction to the	Corporation in ti	ie event of their doing	3 so.		
			3		
		•			
Date:-		લો	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.