



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)	
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	
6	Names of the Parthers/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 number.	
9	Name of Bankers with addresses & 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, duly 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?	

14	Are you agreeable to abide strictly by 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	
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	

Note : Please type this form or fill in legible 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 vendors and agree to give full satisfaction to the Corporation in the event of their doing so.

Date : __/__/2024

Signature with Seal

Note

- a) The completed applications along with relevant supporting documents, if any, in a sealed cover super scribing "Stationery Application for Engagement of _____" is to be submitted to "THE MANAGER (OS), LIC of India, Asansol Divisional Office, West End GT.Road, Asansol-713304
- b) The Corporation serves the right to include or not the name of the applicant in the panel as its absolute discretion without assigning
- 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

Sl	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 : ___/___/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)

Sl	Name of client	Address	Financial Year	Whether contract copies / work coders / experience letters attached

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



LIFE INSURANCE CORPORATION OF INDIA

ANNEXURE D

मण्डल कार्यालय : आसनसोल

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 DEPT., "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

Dear Sir/Madam,

We, M/S who are established and reputed
Manufacturers of having factories/Depot at
and do hereby authorize
M/S.....
(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/empanelment 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).

Dated at..... this..... day of2020

Signature of the Company Secretary

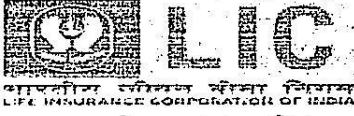
Signature

Name:

Designation:

Name & Address of the company

Seal of the Company.



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

QUESTIONNAIRE NO.1

मण्डल कार्यालय : आसानसोल

कार्यालय सेवा विभाग, "जीवन प्रकाश", जी. टी. रोड, वेस्ट एण्ड, आसानसोल-713304 जिला :

वर्द्धवान (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

1 Name of the Press/FIRM :
(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 :

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 प्रेस registered under the Factories Act ? If so, state:

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 :

11 Whether holding certificate under shops & establishments
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 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 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..... 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 :

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 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.

Date:-

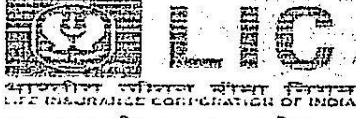
Signature with Seal

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, 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.



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

QUESTIONNAIRE NO.2

मण्डल कार्यालय : आसनसोल

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: os.asansol@licindia.com

DIVISIONAL OFFICE: ASANSOL

OS DEPT., "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 :

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, state:

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 :

11 Whether holding certificate under shops & establishments
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 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 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..... 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 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. :

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.

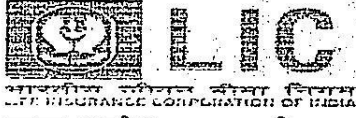
I/We request LIFE INSURANCE CORPORATION OF INDIA, ASANSOL DO to consider inclusion of my/our Firm in the list of their approved printers and agree to give full satisfaction to the Corporation in the event of their doing so.

Date:-

Signature with Seal

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, 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.



QUESTIONNAIRE NO. 3

मण्डल कार्यालय : आसानसोल

कार्यालय सेवा विभाग, "जीवन प्रकाश", जी. टी. रोड, वेस्ट एण्ड, आसानसोल-713304 जिला :

वर्द्धवान (प.ब.), 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 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)	
Address and Telephone No/Mobile No./E- mail id	
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.	
Date of Establishment/Incorporation	
Status: Whether sole proprietorship/partnership/ Pvt Ltd/ Public ltd.	
Names of the Partners/Directors	
Name of Chief Executive with his present Address and Telephone Numbers.	
Name of Representative(s) indicating Designation who would be calling on us and Attending of our jobs and his/her mobile numbers	

Name of Bankers with addresses & Telephone Nos.	
Is the Company registered under the Shops & Establishments Act ? If so, state – License Number :- 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)	
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 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.	
Mention any other specialities of your Establishments	

Note:- If the space provided is not sufficient, please attach a separate sheet to give the details.

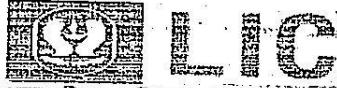
I/We..... request LIFE INSURANCE CORPORATION OF INDIA, ASANSOL DIVISIONAL OFFICE to consider inclusion of my/our firm in the list of their approved dealers and agree to give full satisfaction to the Corporation in the event of their doing so. I/We further state that our firm has not been black-listed 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 cancel the name of the vendor from its approved list at its absolute discretion without assigning any reason.



भारतीय जीवन बीमा निगम
LIC INSURANCE CORPORATION OF INDIA

मण्डल कार्यालय : आसनसोल

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 NO 4

QUESTIONNAIRE FOR EMPANELMENT OF I.T. CONSUMABLES VENDORS

Name of the Vendor (In block letters)	
Date of Incorporation	
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.	
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 & Refilling) Line Printer Ribbons (Printonix P500, P7000, P7010, LPI6306), Reconditioning of printer heads	
Authorisation obtained from (authorized dealers)	
Name, addresses and Telephone Nos of atleast three of your most valued clients (with you for more than 3 years)	
Whether holding Certificate under shops & establishment Act duly renewed ?	
Are 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 request LIFE INSURANCE 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.

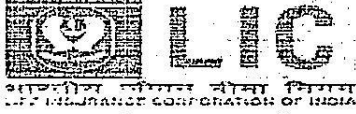
Dated:-

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 : आसनसोल

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 :

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 :

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, state:

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 :

11 Whether holding certificate under shops & establishments
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 year's IT returns,
Balance sheets & Revenue A/c to be enclosed :

13 Are you having facility and infrastructure for
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 :

Permanent..... Temporary.....

18 Number of shifts you work normally :

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) :

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 provided is insufficient, please type or write the replies on a separate sheet giving appropriate question numbers and attach it to the form.

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 Machines
A. Offset Machines

Make	Size	Colour	Speed	Other Features if any

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 Machines:-

Make	Size Blade	Other features if any

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:

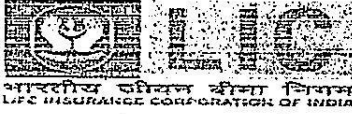
I/We request LIFE INSURANCE CORPORATION OF INDIA, ASANSOL DO to consider inclusion of my/our Firm in the list of their approved printers and agree to give full satisfaction to the Corporation in the event of their doing so.

Date:-

Signature with Seal

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, 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 its absolute discretion without assigning any reason.



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

QUESTIONNAIRE NO. 6

मण्डल कार्यालय : आसनसोल

कार्यालय सेवा विभाग, "जीवन प्रकाश", जी. टी. रोड, वेस्ट एण्ड, आसनसोल-713304 जिला :

वर्दवान (प.ब.), 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 PRINTING PRESS

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 :

- 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, state:
 - 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 :

- 11 Whether holding certificate under shops & establishments
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 year's IT returns,
Balance sheets & Revenue A/c to be enclosed :

- 13 Are you having facility and infrastructure for
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 :

Permanent..... Temporary.....

18 Number of shifts you work normally :

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) :

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 provided is insufficient, please type or write the replies on a separate sheet giving appropriate question numbers and attach it to the form.

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 Machines
A. Offset Machines

Make	Size	Colour	Speed	Other Features if any

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 Machines:-

Make	Size Blade	Other features if any

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:

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.

Date:-

Signature with Seal

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