## Appendix-G16 A

Appendix-G17

## LIFE INSURANCE CORPORATION OF INDIA MUZAFFARPUR Divisional Office. " JEEVAN PRAKASH " U.S.PD.MARG, CLUB ROAD MUZAFFARPUR- 842002

## <u>U.S.PD.MARG , CLUB ROAD MUZAFFARPUR- 842002</u> PHONE NO- 0621 2245316

## Technical Bid for hiring of premises for Branch Office at Madhubani/Matipur.

Reference No
(Note: The reference number to be filled up by the tenderers for the particular Premises
offered and shall be quoted in price Bid also for easy and correct identification.

Sr			Detail	Remarks	
1	1		Name of the Lessor		
	2	а	Address of the Lessor		
		b	Phone No.		
		С	Fax No.		
		d	E - Mail ID		
		е	Permanent Account Number (PAN)		
	3	а	Name of the contact person duly authorized.		
		b	Phone No.		
	4	а	Constitution of vendor/ firm (Proprietary/ Partnership/ Private/ Pvt.Ltd./ Public Ltd/ PSU etc)		
		b	PAN numbers of the Directors/ Partners/ Firms.		
2	Deta	ails of the property:			
	1	Name of the Owner			
	2	Address:			
	3	Phone No.			
	4	Name of the building			
	5	Details of encumbrances, if any?			
	6	Location and address of the property			
	7	Usage of the property ( as approved by the Competent Authority).			
	8	а	Residential		
		b	Commercial		
		С	Residential cum Commercial		

		-		
	d	Sh	opping centre	
9	Whether the proposal for Office premises in a multi - storied building.			
	а	N	umber of floor in the building.	
	b	At	t which floor, the office premises are offered.	
10	СТ	S No		
11	Sur	vey N	No	
12	Wa	rd NO	0	
13	Wh	ether	the plot is free hold or lease hold?	
	b	If lea	ase hold, please mention the details of	
		i	Name of the Title Holder/ Lessor	
		ii	Tenure of the land	
		iii	Residual lease period	
		iv	Annual lease rents and amount.	
	С	Whe	ether the property is mortgaged? If yes mention the	
		i	Name of the Organization where the property is mortgaged.	
			Address of the Organization with phone no.	
		iii	Amount of loan availed.	
		iv	Tenure of mortgage	
		٧	Residual mortgage period	
		vi	EMI paid.	
14	Character / Type of locality			
	а	Res	idential	
	b	Con	nmercial	
	С	Con	nmercial cum Residential	
	d	Indu	ustrial	
	е	Slun	n	
15	Area of the plot			
16	Size of the plot			
	а	Fror	ntage in meters	
	b	Dep	th in meters	
17	Schedule of the plot i.e. boundaries of the plot on			
	а	Nort	th	

		b	East		
		С	South		
		d	West		
	18	Whether the locality is free from Special hazards like fire / flood etc.			
	19	Whether the locality has protection from adverse influence			
		such as			
		а	Encroachment.		
	b Industrial nuisance, smoke, noise etc.				
	20 Please enclose copy of Property Card or Patta etc.				
	21	<u> </u>			
		i	Railway (local) station		
		ii	Bus Stand		
		iii	Bank ( Nearest)		
		iv	Airport		
		٧	Hospital/ Schools/ Colleges/ Universities.		
	22	Year of construction. Enclose a attested copy of NOC or Occupancy certificate issued by the Municipal Authority or			
	<ul><li>any other Government Bodies.</li><li>23 a Incase of old constructions, NOC from the Society may</li></ul>				
	23		be enclosed		
			Mention year of completion ( as given in Completion		
			Occupancy Certificate issued by the Authority) .		
			Indicate in whose name the conveyance deed is		
	24		executed.		
	24	Date on which Office premises can be handed over to LIC after finalization of the deal.			
	25		t up area of the premises being offered now for office		
		usages on lease basis. Please enclose copies of approved plans.			
	26		at is the carpet area (for consideration purpose).		
3	Spe	ecifications			
	1	Type of building (Residential/Semi commercial)?			
	2	Туре	e of structure (RCC / Steel framed/ load bearing).		
	3	Type of wall (Brick/ Cement block). Mention thickness of			
	4	external wall and internal partition wall.			
	4	Details of Flooring (M.M.Tiles/ Ceramic/ Vitrified/ Marble) or any other.			
	5	Details of Door frames (Sal wood/ Teak Wood/ Hard wood/			
	6	Aluminum) or any other.  Details of Door shutters (Flush door/ Teak wood/ Aluminum /			
	U		c) or any other.		
	7		ails of Window frames (Sal wood/Teak Wood/ Hard		
			,		

			and/ Alicentina control and annual from	
	wood/ Aluminum) or any other.  8 Details of window shutters (Teak wood / Aluminum / steel) or			
	any other with security grills or without security grills.			
	9	i	No of toilets in each floor.	
		ii	Details of Floors and Dado in Toilets.	
4	Whether Structural stability certificate enclosed ( Certificate shall			
			Licensed Structural Engineer of Municipal Corporation)	
5	Serv	Service		
	If Lift facility is available, please give details of Number of			
	_		s, capacity, make and the year of installation.	
	2	Ple	ease indicate source of water supply.	
	3	ls b	pore well provided? If so what is the yield and depth of	
			re well.	
	4		pacity of the over head tank feeding to the office premises	
	5		der consideration for leasing. ease give details of sewerage system and for storm water	
	Ü		posal.	
	6		ease indicate whether the building is prone to flooding.	
6	Elec	tricit	- · · · · ·	
	LIEC	, LI ICIL	•	
	1	i	What is the connected load to the building in KW / KVA?	
		ii	Type of electric connection.	Commercial / Residential.
	2 Please indicate the type of wiring used , Aluminum or			
	copper?			
	3		Whether ELCB is provided	Yes / No
7	Common services			
			Reservednos.	
				Opennos.
	2 Two wheeler parking		o wheeler parking	Reservednos.
				Opennos.
	3	Po	wer / Electricity supply available.	Yes / No
	4	24	Hrs. water / Overhead tanks available.	Yes / No
	5 Generator for emergency. If yes mention, capacity of the Yes / No		Yes / No	
			nerator.	
	6	An	ti lightening device arrangement.	Yes / No
	7 Security arrangements, please give details.			
8	Other Information			
	Whether any ready built flats / Office premises have been constructed and sold by the builder to any government and semi government institutions/Financial institutions? If so			
please give name and addresses of such clients.				
9	Deta	ails c	of Plan / Blue Prints / Sanctioned Plan	
	1		hether the plan of the property is sanctioned by the	
		_C0	mpetent Authority.	

	2	If sanctioned, please enclose copy of approved Floor			
		Plan/s, Sections, Elevations and Site Plan of the building.			
	3	Name/s and Address Phone No. of the Architect / Engineer.			
	4	Provision for proper arrangement of fire safety.			
10	1	Are the safety measures taken?			
	2	If yes , give details of arrangement.			
	3	Is No Objection certificate obtained / Secured from fire control authorities.			
	4	If yes, produce copies of proof / certificates.			
11	List	of Enclosures			

	Signature of vendor with seal and date
Date:	
Place:	