



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

LIFE INSURANCE CORPORATION OF INDIA

DIVISIONAL OFFICE: WARANGAL

Re : Tenders for Picking up of Policy Records and Rearrangement of Records.

1. Office Address : H.No :15-11-183,Old Rama Talkies Complex,Ramannapeta,Warangal-506002
2. As per the list provided by the Office, approximately 6, 60,000 Policy records are to be picked up from the shelves.
3. The policy records so pulled are to be kept in serial order for verification by the Office.
4. After pulling out the records from the shelves, the re-arranging of existing records to be done.

Terms and Conditions

1. Security deposit of @10% of the Bid Value by way of Demand Draft is to be deposited by the successful bidder at the time of receiving work order from us which will be refunded after completion of work.
2. Income Tax will be recovered as per the rules.
3. Payment will be made proportionately after every 2, 00,000 records are pulled out.
4. The balance amount will be paid at the end of entire job of pulling out and rearrangement of records in the shelves.
5. The entire job is to be completed within 30 days from the date of issue of work order.
6. Any other instructions issued in this regards by LIC of India from time to time are to be followed.

Date : 08-12-2025


Sr. Divisional Manager
2/12/25



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TENDER FOR PULLING POLICY DOCKETS OF APPROXIMATELY 6,60,600 (SIX LAKHS SIXTY THOUSAND)
AS PER THE LIST PROVIDED BY LIC AND REARRANGING THE EXISTING DOCKETS AT OUR EDMS
CENTRE, RAMANNAPETA, WARANGAL

S.No	Particulars	To be filled by the Vendor
1	Name of the Agency/Firm	
2	Detailed address of the Agency/Firm	
3	Name of the contact person	
4	Mobile no & e-mail of the contact person	
5	Copy of the GST No (Attach Printout)	
6	Pan No (Attach self attested Xerox copy)	
7	Rate quoted for the job: (Rate per docket for pickup and rearrangement)	

Note : Cutting and overwriting will not be accepted.

I/We agree with all terms and conditions attached herewith.

Place :

Date :

Signature of the authorized person/Vendor

Address :

Contact No :

