

भारतीय जीवन बीमा निगम, मण्डल कार्यालय "जीवन प्रकाश" 60-ए, अरेरा हिल्स, भोपाल (म.प्र.),
ईच्छुक संस्थानों से 3 साल के लिये सूचीबद्ध होने के लिए विभिन्न कटेगरी के अंतर्गत आवेदन आमंत्रित करता है.

"फर्म, सप्लायर व सेवा प्रदायकों के सूचीबद्ध (Empanel) करने की सूचना"

Notice for Empanelment (OS and Sales Department)

Applications are invited from the Reputed Firms for empanelment as Printers, Suppliers and service providers at LIC of India, Divisional Office, Bhopal. The interested Printer/Firms/Suppliers/Service providers/Dealers (**OS/Sales Department Category**) are requested to apply within **12.01.2026** upto 04:00 PM. Applications submitted by Post/Courier Service should reach our office on or before last date and time mentioned above. Necessary application forms can be downloaded from our website www.licindia.in (Tenders page) where separate link is provided for **OS and Sales Department** and in this case Application fees of Rs 295/- (including GST) (for each category) must be paid through Bank Draft in favour of "LIC of India, Bhopal" and must be annexed with application in the sealed envelope or may be obtained **from OS/Sales Department**, LIC of India, 60-A, Arera Hills, Divisional Office, Bhopal by paying application fees in cash. Separate application forms are required for each category and each Department. The Envelop should be super scribed as "Empanelment of Printers/Firms/Suppliers/Service Providers/Dealers (appropriate) along with respective **S No. ____ (Under OS/Sales Department category)**" and to be submitted in drop box separately provided at **OS / Sales Department**, LIC of India, 60-A, Arera Hills, Divisional Office, Bhopal.

Note: Corrigendum if any will be published in website only.

Date 21.12.2025

Sr. Divisional Manager

APPLICATION FORM FOR EMPANELMENT OF FIRMS/ SUPPLIERS & SERVICE PROVIDERS (OS Department category)

S.No. of Category:	Name of category: -
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(Separate application and fees is to be submitted for each Category)

Terms & Condition for Empanelment :-

1. The Firm/Supplier/Service Provider should be in profession for at least 3 years (Submit proof thereof).
2. The Firm/Supplier/Service Providers must have at least one full time Running Office/ Shop or working place at Madhya Pradesh.
3. The Firm/Printer/Service Provider should be on the approved panel of at least 3 reputed organization out of which at least one should be Public Sector or Govt. undertaking.
4. The separate forms (Annexure-A) is required to be filled up for each category.
5. The Firm/Supplier/Printers/Service Provider should have registration with state and local authorities for undertaking the profession (Such as Copies of State Registration, certificate under shops and Establishment Act etc. to be enclosed).
6. The printer should have sufficient space for operating printing, binding and other activities and sufficient storage space at one place only.
7. The firm/supplier should keep sufficient stock in hand so as to comply with urgent need without delay.
8. Applicants of Photocopier/Spiral Binding/General Stores/Table-office stationery must have shop within 5 KM (approx) from the above mentioned address of Divisional Office Premises. The Competent Authority may waive the KM condition.
9. For Categories (Except Printers) Annexure A & C must be submitted and for Printers Annexure A, B, C must be submitted.
10. The Firms will be empanelled only after positive recommendation of committee duly constituted to visit and inspect the premises/workshop/etc. of the applicants.
11. All applicants are required to affix the signature and seal of the Authorized official of the Company/Firm on each page of Annexure "A", "B" & "C" In acceptance of terms and conditions therein.
12. Applications incomplete in any respect will not entertained and are liable to rejected.
13. For any enquiry / Clarifications you may contact OS Department LIC of India,60-A, Arera Hills , Divisional office ,Bhopal.
14. Authorization certificate must be produced wherever necessary (OEM/MAF) (Category no. 16,17,20,24,25,26)
15. Firms ITR of last 3 financial years, and Turn over certificate for last Three Years must.
16. Proof regarding Ownership and Partnership as the case may be.
17. Those firms who are empanelled earlier have to apply fresh.
18. Firms applying under Canteen category (08) should have valid food license, Valid Gumashta and valid FSSAI license.
19. LIC of India, DO Bhopal is free to purchase/obtain services through GeM portal apart from empanelment.
20. Fees must be deposited separately for each category and DD or receipt must annexed with application in the sealed envelope.
21. Empanelment will be for the period of three years only.
22. Printers, Suppliers and service providers are requested to furnish similar category order copy/supply copy with application form as per turnover required in particular category.
23. **For Category no. 1 to 17 and 21 to 26 Gumashta (Shops and Establishment Act) of Bhopal is compulsory** and for Category no. 18 to 20 Gumashta (**Shops and Establishment Act**) of any city of Madhya Pradesh (MP) will be sufficient.

Signature

Name:

Designation:

OS Department category

S No. and Name of the Category and Minimum Turnovers required for empanelment of suppliers/firms/service providers

S No.	Name of Category	Minimum Average Annual Turnover required (in last 3 FY 2022-23, 2023-24, 2024-2025)
1.	Table / Office Stationery --- Pen, Pencils, Pin, Plain Copier Paper, Xe-rox copies, calculator, files, Cloth Duster, Punching Machine, Stapler, Gum, Ink-pad , other items of office use etc.	05 LAKH
2.	Dress material / clothes /Readymade garments	10 LAKH
3.	General Stores - Different type of articles made of plastic, metal, glass & mixed materials, Gift Items , Housekeeping /cleaning items etc	10 LAKH
4.	Furniture - Supply of Steel, Wooden, Plastic, Mixed material – Chair, Table, Almira, Racks, Sofa Set and Chair/Sofa cleaning services etc. (Sales & Services)	05 LAKH
5.	Sports materials	10 LAKH
6.	Watch - Wrist watch, wall clock, time piece etc	5 LAKH
7.	Crockery Items - Kitchen utility items made of steel, brass, plastic, Aluminum, Glass, Mixed materials etc.	10 LAKH
8.	Hotel / Catering & Canteen Services --- Meal / Food & Sweets packets / Catering services / Running of Office Canteen etc	HOTEL -10 LAKH CATERING-02 LAKH CANTEEN – 02 LAKH
9..	Horticulture --- Supply of plants, gardening materials and instruments etc.	02 LAKH
10.	Scrap Dealers ---- Dealers of scrap materials, obsolete items, waste / swept papers etc.	05 LAKH
11.	Photocopy ----- Photocopy / File preparation/Binding	NOT NEEDED
12.	Tent House/Decoration ---- Supply of Tent house items and decoration	10 LAKH
13.	Courier Services ---- Services to be provided at all our Branch Offices / Satellite Offices & Mini Office under Bhopal Division.	02 LAKH
14.	Transportation Services --- Transportation of goods in the jurisdiction of Bhopal Division	05 LAKH
15.	Travel Agents ---- Ticket booking for Air, Bus, Train etc. and providing Cabs / Taxies etc	05 LAKH
16.	C C TV & Telephone ---- Supply, Installation, Repair & Maintenance of CC TV & Telephone etc.	10 LAKH
17.	Fire Control / Safety ---- Fire Fighting /Safety Equipments / Systems, fire alarm, Refilling, Sales & Services etc./ gumboot /gulps supply etc.	05 LAKH
18.	Printed Forms ----- Printed Forms Printing of Forms, Pads, Registers, Paper envelops, Policy Bags, visiting cards, I cards etc. (Offset / screen printing) etc.	15 LAKH
19.	Computer Continuous Stationery ----- Printing of Policy Bonds, Receipts, Vouchers, Paper of different sizes etc. with perforation	25 LAKH
20.	Computer items & Computer Consumables ----- OEM Printer's Head/ Ribbon cartridge/ Toner cartridge, CD, Ink cartridge, DVD,	25 LAKH
21	Name plates/Office Seal/Rubber stamp etc	02 LAKH
22	Water Tank cleaning and water treatment etc	NOT NEEDED
23	Pest Control : AMC service provider of Pest Control/Termite treatment etc	05 LAKH
24	Supply/Repair/AMC of Air conditioners/Water Cooler/Water purifier/ Air Cooler/ Desert Cooler/Room cooler etc	25 LAKH
25	Supply /Repair/AMC of Note counting/Fake note detector machine etc	25 LAKH
26	Supply/AMC of UPS/Voltage Stabilizers/Invertors/Batteries etc	10 LAKH

APPLICATION FOR FIRM/SUPPLIER/SERVICE PROVIDER

PART I--- GENERAL INFORMATION

S.No. of Category:		Name of category: -
S NO.	INFORMATION SOUGHT	INFORMATION PROVIDED
1	Name of the Firm (IN BLOCK LETTERS)	
2	Date of Establishment/incorporation of the Firm Correspondence Address and Telephone no/contact no. with E-mail address	
3	Address of head office (if separate) and Tele. no. /Mob. No/ E-mail id	
4	Address of local office/Shop/Authorized Personal at Bhopal (MP) with Tele. No. or Mobile Number (Refer Point no. 23 of Terms and Condition) . Gumashta/NSIC/MSME copy Self attested	
5	Give details of Business/Profession	
6	Details of products available/services provided by you. You can enclose separate sheet/letter head for giving details)	
7	STATUS: Whether Partnership/Private Ltd. Company/Public limited company/Proprietorship	
8	Name of the Partners/Directors and their Contact/ Mobile Nos	
9	Name of the Chief Executive with his present address and telephone/mobile nos	
10	Name of Representative(s) Indicating Designation who would be calling on us and attending to our Jobs (with Telephone and Mobile Nos.)	
11	Name of Banker with address and Telephone Nos	
12	Is the Firm/Agency registered under the Shops and Establishment Act? (Yes/No) (Refer Point no. 23 of Terms and Condition) . Gumashta /License No. (Enclose copy) Date of last renewal of license (Copy of license to be enclosed) PAN NO (Enclose photo copy)	

	GST NO, If any (Enclose photo copy) ESIC No. if any (Enclose photo copy) EPF Registration NO., if any (Enclose photo copy) Labour license no. and validity under section of Labour Laws for existing contracts (Enclose photo copy, if any) FOOD License number FSSAI (Wherever applicable)	
13	Whether holding certificate under shops and Establishment Act duly renewed (Copy should be enclosed)	
14	GeM Portal Registration No., If any (Enclose photo copy)	
15	State the latest income Tax for last Three Years (Self attested copy of last 3 Years IT returns to be attached)	FY 2022-23 FY 2023-24 FY 2024-25
16	Turn over for last Three Years (Certificate issued by Chartered Accountant to be attached as per Annexure C)	FY 2022-23 FY 2023-24 FY 2024-25
17	Whether Black listed by any Govt. Depts./Public Sector Company/LIC Office?	
18	Are you agreeing to make deliveries to the Corporation's offices at Bhopal and its Branches under jurisdiction?	
19	Do you agree to abide strictly by the Terms and Conditions? (Copy enclosed)	
20	Total Numbers of employee	Permanent Skilled Unskilled Temporary Skilled Unskilled
21	Number of shifts you work normally	
22	Timing of shifts	
23	Weekly holidays	
24	Names of offices of the LIC of India whose work you may have done during the last three years. Mention only those offices for whom you have done sizable Jobs or constant work. (Details of jobs done)	
25	Name, Addresses and Telephone Nos. of some your most valued clients (separate list may be enclosed) Please refer point No. 3 of Conditions for Empanelment.	

26	Web Site Address of the firm/Company and Email-id	
27	Mention any other specialty of your Firm/Company	
28.	Authorization Certificate (OEM/MAF) Enclose copies	
29	Application form fees Rs 295 (including GST) for each category.	Submit Details
30	Experience Criteria (as per Point no. 22 of Terms and Condition of Empanelment)	Submit Details

Note: Please type this form or fill it legible in ink. If space provided is insufficient, please type or write the replies on a separate sheet giving appropriate question number and attach it to the form.

DECLARATION

1. I/We request Life Insurance Corporation of India, Divisional Office, , "Jeevan Prakash", 60-A , Arera Hills, Bhopal, to consider inclusion of my/our name in the list of their approved Firm/Suppliers/Service Providers. I/ We agree to give full satisfaction to the Corporation in event of their doing so.
2. I/We have read the instructions and I / We understand that the information furnished now is found false at a later date, any contract made between ourselves and the LIC, on the basis of the information given by me / us can be treated as invalid at the sole discretion of the LIC and I/We will be solely responsible for the consequences.
3. I/We agree that the decision of the LIC in selection of Firms/Suppliers/Service Providers will be final and binding on me / us.
4. All the information furnished by me hereunder is correct to the best of my / our knowledge and belief.
5. I/ We agree that I/We have no objection if inspection of my / our premises/workshop/ shop etc. is done by the Officials of the LIC.

Dated

Signature

Name:

Designation:

Seal of the Firm/Shop/Company:

PART II: TECHNICAL INFORMATION (FOR PRINTERS ONLY)

S No.	INFORMATION SOUGHT	INFORMATION PROVIDED
1	Particulars of composing Facilities. a. D.T.P. Systems (Make Packages, Languages Others features, if any) b. Other composing facilities such as hand composing.	
2	Particulars of Scanning Machines being used.	
3	Printing Machines: a. Offset Machine (Make size colour Speed and other features, if any) b. Letter Press Machines: (Make Size Speed and other features, if any) C. Screen Printing facility d. Pre-printed continuous stationery machine (Make size colour speed and other features, if any)	
4	Particulars of Positives and Plate making facility	
5	Binding and finishing a. Cutting Machines (Make size of Blade Hand/ Power Driver) b. Particulars of Punching Machine C. Particulars of perforating Machine d. Particulars of gilding department	
6	If any of the equipments mentioned above is under lease, loan or hire purchase agreement should be furnished	
7	Please furnish details particulars of any other agreements you may have entered into which are subsisting and are likely have a bearing on the jobs which may be entrusted to you	

Note:

1/ 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 number and attach it to the form.

2/ The Corporation reserve the right to cancel the name of the firm/ supplier /service providers from its approved lists at this absolute discretion without assigning any reason.

All the pages of application form and documents must be signed with seal.

DECLARATION

1. I/We request Life Insurance Corporation of India, Divisional Office, "Jeevan Prakash", 60-A, Arera Hills, Bhopal to consider inclusion of my/our name in the list of their approved Firm/Suppliers/Service Providers. I/We agree to give full satisfaction to the

Corporation in event of their doing so.

2. I/ We have read the instructions and I / We understand that the information furnished now is found false at a later date, any contract made between ourselves and the LIC, on the basis of the information given by me / us can be treated as invalid at the sole discretion of the LIC and I/We will be solely responsible for the consequences.
3. I/We agree that the decision of the LIC in selection of Firm/Suppliers/Service Providers will be final and binding on me / us.
4. All the information furnished by me hereunder is correct to the best of my / our knowledge and belief.
5. I/ We agree that I/We have no objection if inspection of my / our premises / workshop/shop etc. is done by the Officials of the LIC.

Dated

Signature

Name/Designation/Seal of the Firm/Company:

ANNEXURE-C

CHARTERED ACCOUNTANT CERTIFICATE
 (To be submitted on the letterhead of the CA Firm/CA Individual)

To whomsoever it may concern

It is certified that M/s (Name) _____ (Address) _____
 _____ have an annual turnover for the three financial years as under:

Sl. No.	Financial Year	Annual turnover of the Firm/Supplier/Service Provider (Give amount in figures & words-Rs.)	
		Amount in Figures (Rs.)	Amount in Words (Rs.)
1	2022-23		
2	2023-24		
3	2024-25		

This is further certified that the above Turnover is in line with the Turnover as declared by the Firm/Supplier, Service Provider in their Books of Account.

Date

Place

Stamp and Signature of Chartered Accountant (CA)

CHECK LIST

S No.	Parameter	Requirement	Document enclosed YES/NO/N.A.
1	Application	Application as per Annexure A	
2	Declaration by Firm/Supplier/Service Provider	Declaration as per Annexure A & B submitted	
3	Address of local office/Shop/Authorized Personal at Bhopal (MP) with Tele. No. and Mobile Number (It is Compulsory). (Refer Point no. 23 of Terms and Condition).	Proof of Local Office/Shop/Authorized Person at Bhopal, which will be physically verified by LIC officials	
4	Is the Firm/Agency registered under the Factories Act? If so, state a. Labour license no, and validity under various section of Labour Laws (Enclose photo copy). b. EPF Registration NO., If any (Enclose photo copy) c. ESIC No. if any (Enclose photo copy) d. PAN NO (Enclose photo copy) e. Food license FSSAI	Enclose self attested Copy	
5	Whether holding certificate under shops and Establishment Act? Gumashta (duly renewed Copy should be enclosed) (Refer Point no. 23 of Terms and Condition).	Enclose self attested Copy	
6	GeM Portal Registration No., if any (Enclose photo copy)	Enclose self attested Copy	
7	State the latest Income Tax Assessed year and the amount of Tax assessed (Self attested copy of last 3 Years IT returns to be attached)	Certified copies of IT returns of the 3 Financial years i.e. 2022-23, 2023-24, 2024-25	
8	Whether Black listed by any Govt. Dept/PSU Company/LIC Office?	Yes/No	
9	Certificate issued by Chartered Accountant In respect of Annual Turnover for the 3 Financial Years i.e. 2022-23, 2023-24, 2024-25 attached as per Annexure C	Certified copy of certificate issued by Chartered Accountant in respect of Annual Turnover for last 3 Financial Years i.e. 2022-23, 2023-24, 2024-25	
10	GST No.	Certified Copy	

11	Are you agreeing to make deliveries to Corporation's offices at Bhopal and other offices outside Bhopal under jurisdiction?	Agree/Disagree	
12	Are you agreeing to abide strictly by the Terms and Conditions of the Tenders and Contracts?	Agree/Disagree	
13	If your firm is empanelled with any office of LIC of India or any other PSU (Central) or State or Central Govt. Please give name and address. GEM tender copy can be enclosed.	Copy of Empanelment	
14	Name, Addresses and Telephone Nos. of some of your most valued clients (separate list may be enclosed)		
15	Web Site Address of the firm/Company.	Mentioned/Not mentioned	
16	Mention any other specialty of your Firm/Company.		
17	Authorization Certificate (OEM/MAF)		
18	Approximate value of output per year		
19	Experience Criteria (as per Point no. 22 of Terms and Condition of Empanelment)		

DATE:

**AUTHORISED SIGNATORY
NAME/DESIGNATION AND SEAL OF THE FIRM/COMPANY**