



भारतीय अशुविमा महामंडळ
भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

LIFE INSURANCE CORPORATION OF INDIA,
Divisional Office, Jeevan Prakash,
Adalat Road, AURANGABAD - 431 005.

Ref: AUDO/OS

Date: 16.02.2026

NOTICE FOR EMPANELMENT

Life Insurance Corporation of India, Divisional Office, " Jeevan Prakash" , Adalat Road, Aurangabad- 431005 intends to invite applications from Service Providers/ Vendors/ Printers/ Contractors for the Empanelment to provide following services vide Newspaper advertisement Dated 20/02/2026:-

SL	Category
1	Supply and AMC of Fire Extinguisher
2	Supply and AMC Water Coolers
3	Supply and AMC of Water Purifiers
4	Desert Coolers supply on rent in summer period
5	Supply and AMC of Note counting and Fake note detecting machines
6	Supply of Office furniture like Tables, Chairs, Cupboards, Cabinets, Racks / Slotted Angle Racks etc.
7	Supply & AMC EPBAX system ,telephone equipments supply & maintenanc.
8	Supply and AMC of CCTV cameras
9	Water Tank Cleaning
10	Courier Services
11	Booking of Air & Railway Ticket Service /Tours and Travels.
12	Binding Work
13	Pest Control Services
14	Garden Maintenance
15	Servicing of UPS & Batteries
16	Installation & Servicing of Fire Alarm System
17	Scrap Dealers (Paper /steel etc.)
18	Canteen & Catering Services.
19	AC supply and maintenance
20	Waste paper & Scrap dealers
21	Supply of IT Consumables such as Ink/ Toner Cartridges, Refilling, CDs, DVDs, etc.
22	Supply of computer continuous stationery such as pre-printed stationery
23	Supply of Forms/ Ledgers / Visiting cards/ Booklets etc.
24	Supply of all types of Envelops / Docket cover / Docket pocket
25	Supply of Table and Office stationery

Eligibility, Terms and Conditions:-

- 1) The firm/supplier/service provider should be in profession for at least 1 year. (copy of registration certificate must be enclosed).
- 2) The firm / supplier / printers / service provider should have registration with state and local authority for undertaking the possession (copies of state registration – Shop Establishment Act, CST/BST/GST Certificate, I.Tax Clearance certificate, LBT registration, PAN Card to be enclosed).
- 3) For Empanelment , preference will be given on the basis of past experience and turn over.



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- 4) The separate form in (Annexure-A) is required to be filled up for each category which may be downloaded from our website www.licindia.in (Tender Link). Application in questionnaire form "Annexure A" along with the enclosures are to be submitted at the following address so as to reach us on or before 06/03/2026 The Manager (O.S.), LIC of India, Aurangabad Divisional Office, "Jeevan Prakash", Adalat Road, Aurangabad - 431005 in a sealed envelope super scribed as " Application for empanelment of Supplier/ service provider, Sl.No. _____ Name of category _____ along with non refundable application fee of Rs.100/- +GST (Rs. One Hundred +GST only) for each category (not applicable to MSME vendors) in the form of Cash only at our Divisional Office Cash Counter during cash hours from Monday to Thursday 10.00 am to 4.30 pm and on Friday from 10.00 am to 04.45 pm on any working day.
- 5) **Last date for submitting the duly filled in application is 06/03/2026 till 5 p.m.**
- 6) The firms/ suppliers who are on our panel are required to apply for fresh empanelment, if interested.
- 7) Mere submission of application for empanelment does not confer the right of empanelment.
- 8) The firm / supplier / Vendor / contractor who have been black listed/ removed earlier by any office of the Corporation should not apply. If applied their applications will not be considered.
- 9) The separate forms are required to be filled for each category.
- 10) Applications incomplete in any respect will not be entertained and are liable to be rejected.
The Corporation bears no responsibility for application received after due date and liable to be rejected. The Corporation reserves the right to accept or reject any or all applications with our assigning any reason thereof.
- 11) The LIC reserves right to reject or accept any or all applications or cancel the process of empanelment without assigning any reason thereof for which Life Insurance Corporation of India shall neither be liable nor obligatory to inform the applicant the grounds of any such action.

Date: 18/02/2026
Place: Aurangabad.


SR. DIVISIONAL MANAGER
Aurangabad D.O.




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APPLICATION FOR EMPANELMENT OF FIRM/SUPPLIER/SERVICE PROVIDER/ PRINTERS
Annexure - A

Sl.	Information sought	Information provided
1	Name of the Vendor/ Firm (In Block Letters)	
2	Date of Establishment / Incorporation	
3	Correspondence address and Telephone no. /Contact No. with email address.	
4	Address of Head Office (If separate) and Tel. No. / Mob.No.	
5	Status: Proprietary/Partnership/Private Limited Company/ Public Limited Company.	
6	Names of the Partners/ Directors and their Contact/Mob.No.	
7	Name of Chief Executive with his present addresses and Tel.No./ Mob.No.	
8	Name of Representative (s) with Designation who would be calling on us and attending to our job.	
9	Name of Bankers with addresses & Tel.No.	
10	Is the Firm is registered under the Factory Act? If so, state a) Licence No. b) Date of last renewal of licence (copy of licence to be enclosed)	
11	a) PAN Income Tax Deptt(Enclose copy) b) Labour licence No(Enclose copy) c) ESIS No. if any d) EPF Registration No. if any. e) GST Registration Number	
12	Whether the firm is registered under MSME, order 2012. If yes please enclose Certificate. If the owner is from SC/ST Category enclose Caste Certificate.	
13	Whether holding certificate under Shops & Establishment Act, duly Renewed (copy should be enclosed)	
14	State the latest Income Tax Assessed year and the amount of Tax assessed (copies of last 3 years, IT Returns, Balance Sheets & Revenue A/c to be enclosed)	
15	Turn over for last three Financial Years. F.Y. 2024-25 2023-24 2022-23	
16	Whether Black-listed by any Govt.Dept/ Public Sector company	



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17	Are you agreeable to make Deliveries to Corporation's Offices within and out of Aurangabad when so directed?	
18	Are you agreeable to abide strictly by the Terms and Conditions of the Tender and Contracts?	
19	If your firm is empanelled with any office of LIC of India or any other PSU(Central)?(Enclose copy)	
20	Name, Addresses and Tel.No. of some of your most valued clients (separate list may be attached).	
21	Mention if any other specialties of your Establishment.	
22	Details of empancment fees of Rs.100+GST MR no Date	

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 number and attach it to the form with proper authentication. All the pages of application form and documents must be signed with seal of the firm.

I/We _____ Address _____

Mobile No. _____ request Life Insurance Corporation of India, Divisional Office, Aurangabad , "Jeevan Prakash", Adalat Road, Aurangabad -431005 to consider inclusion of my /our name in the list of their approved firms / suppliers / service providers. We agree to give full satisfaction to the Corporation in the event of their doing so.

Dated at _____ this _____ day of _____ 2026.

Signature & Seal of Applicant/Authorized Signatory

Name:

Designation:



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ANNEXURE-C

Declaration of Suppliers/Vendors/Printers

1. I/We have read the instructions appended to the Annexure-"A" and I/We understand that if any false information is revealed at a later date, any contract made between ourselves and the Life Insurance Corporation of India, on the basis of the information given by me/us can be treated as invalid at the sole discretion of the Life Insurance Corporation of India and I/we will be solely responsible for the consequences.
2. I/We agree that the decision of the Life Insurance Corporation of India in selection supplier/vendor/printer will be final and binding on me/us.
3. All the information furnished by me/us hereunder is correct to the best of my/our knowledge and belief.
4. 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 Life Insurance Corporation of India.

Signature:

Name and Designation:

Seal of the Firm/Company:

Place:

Date: