



O.S.DEPARTMENT
7TH Floor, Jeevan Prakash Building,
Tilak Road,
Ahmedabad::380001,
Phone No: 079-25511768,

Extended to ADDITION TO EMPANELMENT NOTICE- 2024

Applications are invited from the vendors/firms (Including existing empanelled vendors under Ahmedabad Division for below mentioned Categories) for the empanelment for various jobs as mentioned below for **DIVISIONAL OFFICE, AHMEDABAD.**

Category of Vendor/Firm for supply of:

(D) OTHER ITEMS:

29) Courier Service

The vendors/firms desirous to be empanelled with us for above said jobs for empanelment at **DIVISIONAL OFFICE, AHMEDABAD.** For jobs undertaken at division office Ahmedabad for **Category No.29** Form is to be used Annexure –B(PART-III)

For clarity, it should be clearly understood that :-

- 1) Questionnaire for empanelment under Part-I General Information is mandatory for **categories (29)**
- 2) Those who wish to be empanelled for Group under **Category No. 29** are required to fill Annexure- B (PART-III) along with above mentioned questionnaire (PART-I)

The applications in questionnaire form along with the enclosures i.e. necessary certificates in evidence for the facts mentioned in the forms are to be sent at the following address so as to reach us on or **before Extended Dt. 06/04/2026 UPTO 4:30 p.m.**

Sr. Divisional Manager
L I C of India, 7th Floor, O. S. Department,
“JEEVAN PRAKASH” Bldg.
Tilak Marg, AHMEDABAD – 380001.

The cover should be super scribed as “Application for empanelment under Courier Service (Mention category listed above) with Category No. 29. Application form fee Rs. 118/- to be paid by Cash/Demand Draft favoring “LIC OF India” payable at Ahmedabad.

Manager (OS)

- NOTE**
- 1) Vendors/suppliers who are on our existing panel should NOT apply for fresh empanelment.
 - 2) Vendors/suppliers have been blacklisted/ removed earlier, should not apply. If applied, their application will not be considered
 - 3) The Corporation reserves the right to include/exclude/cancel the name of the Vendors/Suppliers from its approved list at its absolute discretion without assigning any reason.



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Phone No: 079-25511768, 25508775,
e.mail : os.ahmedabad@licindia.com

Questionnaire for empanelment under
PART – I: GENERAL INFORMATION

(For all categories)

- 1) Name of the Dealers :
(In Block Letters)

- 2) Date of Establishment / Incorporation:
(Enclose certificate)

- 3) Address:-

Telephone No:- :
Mob.No.:-
E-mail Id:-

- 4) Address of Head Office (If Separate) :
And Telephone No. /Mobile No/
Fax No./E-mail Id

- 5) Nature of Ownership Status
Whether Partnership/ :
Private Limited Company /
Public Limited Company/

- 6) Names of the Proprietor/Partners/
Directors :
& E-mail Id.

- 7) Name of Chief Executive with :
His present addresses and
Telephone Nos. /Mobile No.
& E-mail Id.

- 8) Name of Representative (s) :
Indicating Designation who would
Be calling on us and attending to

Our jobs and his/her Mob
No./ E-mail Id.

-
- 9) Name of Bankers with :
Addresses & telephone nos.
A/C No.:-
Type of A/cs:-
IFSC CODE:-
(Please attaché cancelled Cheque)
-
- 10) Is the press registered under the
Factories Act? If so, state –
(a) License No. :
(b) Date of Last renewal of license :
Copy of the license to be enclosed
(c) GST NO. :
(d) PAN NO. :
(e) ESIS NO. if any. :
(f) EPF Registration No. if any. :
(g) Labour Licence No.&Validity :
(Photocopies of each of above are to be enclosed) :
-
- 11) Whether holding certificate under
Shops & establishment act, duly
Renewed. Copy should be enclosed.
-
- 12) State the latest Income Tax details.
Assessed year and the amount of
Tax assessed Copies of last 3 years, IT Returns, Balance Sheets ,C A Certificate,
Revenue A/c to be enclosed.
Please mention your PAN No.
(Copy to be enclosed)
-
- 13) Turnover of last three years 2024-25, 2023-24,2022-23
-
- 14) Are you agreeable to make free
Deliveries to our DIVISIONAL OFFICE, AHMEDABAD?
-
- 15) Are you agreeable to submit samples Whenever called for? N.A.

16) Are you agreeable to enter into a
Rate contract or running contract or
Fixed quantity contract?

17) Are you agreeable to abide
Strictly by the Terms and Conditions
Of the Tenders and Contracts as and when
Laid down by the corporation.

18) Area occupied by the Shop/Press:

19) Total Number of Employees:
Permanent _____ Temporary _____
Skilled _____ Unskilled _____

20) Number of shifts you work normally :
Timing of shifts :

21) Weekly Holidays:

22) Name, Addresses and Telephone Nos.
Of Three of your most valued clients:
(Separate list may be attached)

23) If your firm is already empanelled with any
office of LIC Or any other PSUs.:
(Details of jobs given by LIC and completed by you, enclose certificates)

24) Whether firm is registered under NSIC/MSME
(If yes , enclose copy of same)

25) Do you carry stocks of papers and any other
Material ? If so, what stocks do you generally hold?

26) Do you possess certificate of authorization from manufactures of
Cartridges etc. If yes, please provide copy of the same.

27) Mention any other specialties of your Establishment:

28) Is the firm owned by SC/ST
Entrepreneurs, If yes, Please Enclose copy

I/WE _____ request **Life Insurance Corporation of India, AHMEDABAD DIVISIONAL OFFICE**, to consider inclusion of my/our name in the list of their approved vendors and agree to give full satisfaction to the Corporation in the event of their doing so.

**P.S.: Application form fee Rs. 118/- paid by Cash/Demand Draft vide
M.R.No. _____ dated _____.**

Dated:

Signature:

Note (1) Please type this form or fill it legible in ink. If space provided is insufficient, Please write the replies on a separate sheet giving appropriate question number and attached it to the form.

Please affix your firm/company seal with authorized signature on every page.

Note (2) The corporation reserves the right to include/exclude/cancel the name of the Vendors/suppliers from its approved lists at their absolute discretion without assigning any reason.



ANNEXURE - B

O.S.DEPARTMENT
7TH Floor, Jeevan Prakash
Building,
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(PART-III) Application for Addition of empanelment (2024) under GROUP for
category
no.: _____ 29 _____

29) Courier Service

1. Name of the Firm/Agency: _____
2. Address of the office: _____

Tel. No./ Mobile no. _____
3. Name of the Proprietors/ Chief Executive
with Tel. No./ Mobile no. _____
4. Date of establishment: _____
(Enclose Certificate)
5. Name and address of present clients: (Attach separate statement)
6. Whether Registration Certificate under Shop and Establishment Act duly renewed?
Yes/No. If yes, attach copy)
7. Whether holding Registration Certificate issued by Regional Provident
Fund Commissioner? Yes/ No.
(if yes, attach copy)
8. Whether holding Registration Certificate issued by Employees State Insurance
Corporation? Yes/No. (if yes, attach copy)
9. Whether holding Registration Certificate issued by relevant GSTN Authority ?
10. Affidavit by the Proprietor for ownership of the firm should be attached.
11. Income-Tax PAN no. : _____
(enclose copy)
12. Number of Staff employed: _____

13. Copy of Income Tax Clearance Certificate and latest Income Tax return should be attached.
14. Copy of License issued by Office of Labour Commissioner should be attached.
15. Address of workshop, if any :
Tel.no. :
16. Do you have dealership of any standard Firm/Brand/Make ?
17. Other details:

Signature

(Name of the Proprietor/s Chief Executive)

Date: _____

Place: _____

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.

**P.S.: Application form fee Rs.118/- paid by Cash/Demand Draft vide
M.R.No. _____ dated _____.**