



LIFE INSURANCE CORPORATION OF INDIA
KOLKATA METROPOLITAN DIVISIONAL OFFICE - II

NOTICE

Applications are invited from the Printers having their Printing Press at Kolkata, Howrah, North 24 Parganas and South 24 Parganas for the empanelment of printers for various primes, medium and small printing jobs of KMDO-II. The printers desirous to be empaneled with us for printing of various jobs & fulfilling conditions as per Annexure 'A' may apply for getting empaneled on the panel of K.M.D.O.-II for jobs undertaken at Division Office. The application in questionnaire form along with the enclosures as per Annexure 'A' are to be sent at following address so as to Reach us on or before **05.06.2026, 3 pm.**

MANAGER (OS)
LIC OF INDIA
K.M.D.O.-II
JEEVAN TARA BUILDING (5TH FLOOR)
23A/44X, DIAMOND HARBOUR ROAD, KOLKATA-700 053

The cover should be super scribed as "**Application for Empanelment of Printers**"

- NOTE :**
- 1) Printers who are on our Divisional Office existing panel should also apply for fresh empanelment.**
 - 2) Printers who have been blacklisted/removed earlier, should not apply. If applied, their applications will not be considered.**
 - 3) Your application fees Rs. 100/- is to be deposited by Cash / D. D. along with application.**

ANNEXURE 'A'

Conditions for empanelment:

- 1) The Printer should be in profession for at least 3 years. (Copy of registration certificate must be enclosed)
- 2) Annual Turnover should be up to Rs. 2 lacs for small jobs, Rs. 2 lacs to Rs. 10 lacs for medium jobs and above Rs. 25 lacs for big jobs in any of 3 financial years. (Attach Balance Sheet/CA certificate for 3 years)
- 3) The Press should be on the approved panel of at least 3 reputed Firms from Kolkata out of which at least one should be Public Sector or Government undertaking.
- 4) The Printer should have registration with state & local authorities for undertaking the profession (Copies of state registration & K.M.C. license to be enclosed)
- 5) The Printer should have at least 2000 sq.ft. area of operation for printing, binding etc. activities & sufficient storage space at one place only.
- 6) Firms/Suppliers/Vendors from outside state may apply for empanelment should have empaneled at any LIC Divisions/Zonal Office in India

QUESTIONNAIRE FOR PRINTERS
PART I: GENERAL INFORMATION

- 1) Name of the Press (in Block Letters):
- 2) Date of Establishment/incorporation:
- 3) Address and Telephone No.:
- 4) Address of Office (If Separate) and Telephone No.:
- 5) Status: Whether Partnership / Private Limited Company / Public Limited Company / Proprietorship
- 6) Names of the Partners / Directors:
- 7) Name of Chief Executive with his present address and Telephone Nos.:
- 8) Name of Representative(s) indicating Designation who would be calling on us and attending to our jobs:
- 9) Name of Bankers with addresses & telephone nos.:
- 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) PAN No.:
- (d) ESIS No., If any:
- (e) EPF Registration No. If any:
- 11) Whether holding certificate under shops & establishment act, duly renewed. Copy should be enclosed:
- 12) State the latest Income Tax:

- 13) G.S.T. Certificate Assessed year and the amount of Tax Assessed Copies of last 3 years, IT Returns, Balance Sheets & Revenue A/c to be enclosed:
- 14) How do you proposed to compensate the loss to the Corporation arising out of theft, fire or otherwise in respect of paper Material supplied to you by us:
- 15) Are you agreeable to make deliveries to Branch offices under KMDO-II within and out of Kolkata when so directed?
- 16) Are you agreeable to abide: strictly by the Terms and Conditions of the Tenders and Contracts? (copies annexed)
- 17) Area occupied by the press:
- 18) Total Numbers Employees: Permanent..... Temporary..... Skilled..... Unskilled.....
- 19) Number shifts you work normally:
- 20) Timing of shifts:
- 21) Weekly Holidays:
- 22) Names of the offices of the LIC whose work you may have done during the last 3 years. Mention only those offices for whom you have done sizable jobs or have done constant work. (Details of jobs done to be given)
- 23) Name, Address and Telephone Nos of some of your most valued clients:
- 24) Approximate value of your output per year:
- 25) Do you carry stocks of papers and any other material? If so, what stocks do you generally hold?
- 26) State the nature of printing jobs undertaken by you
(Full details to be given)
- 27) Do you undertake manufacture of: a) Envelopes: b) Office Files: c) Stickers:?
- 28) Mention any other specialties of your Establishment:

DECLARATION

I/We agree to notify the officer accepting this application and registering my/our names on list of contractors of Life Insurance Corporation of India, of any changes in the foregoing particulars as and when they occur and to verify and confirm.

I/We understand and agree that the appropriate Life Insurance Corporation of India Authority has the right as he may decide, not to issue tender form in any particular case and also to suspend, remove or blacklist my/our name from Life Insurance Corporation of India list of contractors in the event of my/our furnishing false particulars in the enrolment form or submitting non-bonafied tenders or for technical or other delinquency in regard to which the decision of appropriate Life Insurance Corporation of India Authority shall be final and conclusive.

I/We certify that the particulars furnished in the enrolment forms are correct and that should it be found that I/We have given a false certificate or that if I/We fail to notify the factor my/our subsequent amalgamation with another contractor or firm, the Life Insurance Corporation of India may remove my/our name from the list of contractors and any contract that I/We may be holding at the time may be rescinded.

Place:
Date:

Signature of Contractor/Vendor

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.

I/We..... request Life Insurance Corporation of India, KMDO-II, Kolkata to consider inclusion of my/our name in the list of their approved printers and agree to give full satisfaction to the Corporation in the event of their doing so.

Dated:

Signature

NOTE: The Corporation reserves the right to cancel the name of The Supplier/ firm from its approved lists at this absolute discretion without assigning any reason.



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KOLKATA METROPOLITAN DIVISIONAL OFFICE - II

NOTICE

Applications are invited from the firms/suppliers having their establishments at Kolkata, Howrah, North 24 Parganas and South 24 Parganas for the empanelment for various jobs of KMDO-II, Kolkata as under Supply / Servicing of:

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|--|--|
| 1. Table and office stationery such as pens, files etc. | 13. Plumbing & Sanitary |
| 2. IT consumables such as cartridges, floppies, CDs etc. | 14. Pest Control |
| 3. Crockery items. | 15. Electrical Equipment like Fan, Tube light etc. |
| 4. Calculators | 16. Glow sign / Sign Board / Flex |
| 5. Telecommunication equipment such as Epabx, Fax, Telephone Instruments, Mobiles etc. | 17. Clothings |
| 6. Note counting machines, fake currency detectors. | 18. Repairs & Maintenance (Furniture/A.C. Machine) |
| 7. Furniture and Fittings. | 19. AC Machine. Supply & Installation. |
| 8. Water purifiers / Cooler | 20. Gift items |
| 9. Refrigerators | 21. Courier |
| 10. Weighing machine | 22. Firefighting Equipment, Switch Gear |
| 11. Transportation Services. | 23. UPS / Battery (UPS) |
| 12. Electrical contractor | 24. Inverter / Stabilizer |
| | 25. Event Management |

The firms/suppliers desirous to be empaneled with us for various jobs & fulfilling conditions as per Annexure 'A' may apply for getting empaneled on the panel of K.M.D.O.-II, Kolkata for jobs undertaken at K.M.D.O.-II. The applications in questionnaire form along with the enclosures as per Annexure 'A' are to be sent at following address so as to reach us on or before **05.06.2026, 3 PM.**

MANAGER (OS)
LIC OF INDIA
K.M.D.O.-II
JEEVANTARA BUILDING
23A/44X, DIAMOND HARBOUR ROAD, KOLKATA-700 053

The cover should be super scribed as "Application for Empanelment of firms/suppliers"

- NOTE: 1) Firms/suppliers who are on our Divisional Office existing panel should also apply for fresh empanelment.**
2) Firms/suppliers who have been blacklisted/removed earlier, should not apply. If applied, their applications will not be considered.
3) Your application fees Rs. 100/- is to be deposited by Cash / D. D. along with application.

ANNEXURE 'A'

Conditions for empanelment:

- 1) The firm/supplier should be in profession for at least 3 years. (Copy of registration certificate must be enclosed)
- 2) Annual Turnover should be up to Rs. 2 lacs for small jobs, Rs. 2 lacs to Rs. 10 lacs for medium jobs and above Rs. 25 lacs for big jobs in any of 3 financial years. (Attach Balance Sheet/CA certificate for 3 years)
- 3) The firm should be on the approved panel of at least 3 reputed Firms from Kolkata out of which at least one should be Public Sector or Government undertaking.
- 4) The firm/supplier should have registration with state & local authorities for undertaking the profession (Copies of state registration & K.M.C. license to be enclosed)
- 5) Firms/Suppliers/Vendors from outside state may apply for empanelment should have empaneled at any LIC Divisions/Zonal Office in India

QUESTIONNAIRE FOR FIRM/SUPPLIER
PART I : GENERAL INFORMATION

- 1) Name of the Firm (in Block Letters):
- 2) Date of Establishment/Incorporation:
- 3) Address and Telephone No.:
- 4) Address of Office (If Separate) and Telephone No.:
- 5) Status: Whether Partnership / Private Limited Company / Public Limited Company / Proprietorship.
- 6) Names of the Partners / Directors:
- 7) Name of Chief Executive with his present address and Telephone Nos.:
- 8) Name of Representative(s) indicating Designation who would be calling on us and attending to our jobs:

- g) Name of Bankers with addresses & telephone nos.:
- 10) Is the firm 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) :
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- 18) Approximate value of your output per year:
- 19) Mention any other specialties of your Establishment:

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Place:

Date: Signature of Contractor/Vendor

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