

Ref: LIC/KKD/OS/2026/01
Empanelment of Vendors: Stores/OS-KKD/01/16.04.2026

Dated 16th April 2026

**Applications are invited from Reputed
Suppliers / Manufacturers / Service Providers / Vendors
For Empanelment**



**Life Insurance Corporation of India
OS Department,
Divisional Office, 3rd Floor,
LIC Road, Mananchira,
Kozhikode – 673001**

Cost of Empanelment Document : Rs 295/-

Ref: LIC/KKD/OS/2026/01
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PART- A

NOTICE INVITING APPLICATIONS FOR EMPANELMENT

Applications Are Invited From Reputed Suppliers / Manufacturers/ Service Providers / Vendors For Empanelment

Notice Ref: Stores/OS-KKD/01/21.05.2026

Life Insurance Corporation of India, Kozhikode Divisional Office (hereinafter referred to as “**The Corporation**”) having its office at **LIC Road, Mananchira, Kozhikode-673001**, invites Sealed Applications from reputed Suppliers, Manufacturers, Service Providers / Vendors for empanelment for following categories of services / supplies required by The Corporation for a period of 3 financial years (FY : 2026-27 , 2027-28 & 2028-29).

1. Manufacturers / Suppliers of Office Furniture and fittings / Maintenance of Office Furniture and fittings (steel and wooden) (Application forms Annexures A, B, A2, D & E)
2. Printed Forms, banners and posters (Application forms Annexures A, B, A1, D & E)
3. Pre Printed Continuous stationery (Application forms Annexures A, B, A1, D & E)
4. Envelopes, Policy Dockets and Policy Wallets (Application forms Annexures A, B, A1, D & E)
5. Table / Office Stationery and Cleaning Materials (Application forms Annexures A, B, A1, D & E)
6. Computer / IT Consumables (Application forms Annexures A, B, A3, C, D & E)

The details of empanelment are available in our web site www.licindia.in/tenders. Application for empanelment are to be collected from **Life Insurance Corporation of India, OS Department, Divisional Office, 3rd Floor, LIC Road, Mananchira, Kozhikode – 673001**, or can be downloaded from the web site. Separate forms are required to be filled for each category. Non refundable application fee of Rs. 295/- (Application fee Rs.250.00 plus GST 45.00) may be remitted in cash/ DD/ Bankers cheque payable at LIC of India, Kozhikode Divisional Office.

Application form, duly completed should be submitted to **OS Department, Divisional Office, 3rd Floor, LIC Road, Mananchira, Kozhikode – 673001**, in a sealed envelope. The envelope should be superscribed as “**Application for Empanelment of**” (Provide the appropriate category)

1. Manufacturers / Suppliers of Office Furniture and fittings / Maintenance of Office Furniture and fittings (steel and wooden)
2. Printed Forms
3. Pre Printed Continuous stationary
4. Envelopes, Policy Dockets and Policy Wallets
5. Table/ office Stationery and cleaning materials
6. Computer / IT Consumables

Last date for submitting the duly filled applications to the above address is **15:00 hrs on 26.06.2026**. Applications received will be opened on the same day at **16:00 hrs**. The firms/ Suppliers who are on our panel are required to apply for fresh empanelment, if interested.

Senior Divisional Manager

Annexure A

Conditions For Empanelment for Supplier / Firm / Service Provider

1. The Firm / Supplier / Service Provider should be in the profession of printing for atleast 3 years (Copy of registration certificate should be enclosed)
2. Annual Turn over should be 5 lakhs for small jobs, Rs. 5 Lakhs to Rs. 15 Lakhs for medium job and above Rs. 15 Lakhs for big jobs in any of the last 3 financial years (Copy of audited Balance Sheets, P&L account and IT Returns for last 3 financial years should be enclosed. If Assessment Year 2025-26 accounts are not finalized, previous 3 AY details may be enclosed)
3. The Firm / Supplier / Service Provider should be in the approved panel of atleast 3 reputed firm, out of which one should be a Public Sector or Government undertaking (Enclose list and contact details)
4. The Firm / Supplier / Service Provider should keep sufficient stock in hand so as to comply with our urgent needs without delay.
5. In case, The firms / Suppliers / Service Provider is the authorised dealer of any brand or make, copy of the valid authorised dealership certificate must be enclosed
6. The Firm / Supplier / Service Provider should have registration with State / Central / Local authorities for undertaking the profession. (Self Attested Copies of Registration / Licence / TAN/PAN/GST etc to be enclosed)
7. The Firm / Supplier / Service Provider, who have been black listed / removed earlier by any office of LIC of India should not apply
8. The Firm / Supplier / Service Provider must give their acceptance to the Terms and Conditions as attached
9. Empanelment will be done only on the favourable recommendations of the duly constituted committee on the basis of record verifications / visit or inspection of premises, work shop etc of the applicants. Mere submission of application for empanelment does not confer the right of empanelment. The Corporation reserves its right to reject, accept any or all applications or cancel the process of empanelment without assigning any reason thereof. The Corporation shall neither be held liable nor obligatory in its part to inform the applicant the grounds of any such action. The Corporation reserves the right to raise the minimum eligibility criteria for empanelment depending on the response.
10. Empanelment will be valid for three financial years 2026-27 , 2027-28 & 2028-29.
11. The Corporation reserves the right to include / exclude / cancel the name/s of the firms/suppliers / service provider from its approved list at their absolute discretion without assigning any reason.
12. Last date for receipt of application duly completed is **15.00 hrs on 18.06.2026**. Applications received after the stipulated time will not be considered for the purpose of empanelment.
13. In case, application is downloaded from our web site www.licindia.in/tenders, non refundable application fee of Rs. 295/- (Application fee Rs.250.00 plus GST Rs. 45.00) may be remitted in cash/ DD/ Bankers cheque payable at LIC of India, Kozhikode Divisional Office Cash counter. Applications received without the stipulated application fee will not be treated as valid application.
14. Application incomplete in any respect will not be entertained and are liable to be rejected.

Annexure B

TERMS AND CONDITIONS OF THE EMPANELMENT

1. The duly completed empanelment application along with proof of payment of application fee should reach **OS Department, Divisional Office, 3rd Floor, LIC Road, Mananchira, Kozhikode – 673001**, in a sealed envelope on or before 15.00 hrs on 26.06.2026.
2. The description and specifications of stores should be noted carefully and your offer should be in accordance with the same. If you quote the stores with any deviation in specification, the same should be brought out in your tender clearly; otherwise, it will be deemed that you have quoted for the specified stores
3. All samples, including the samples of paper should bear clearly the specifications like make, quality, size, weight, gsm etc., on the sample itself and should be certified by the tenderer by his signature and affixing his office seal. Quotations received without sample may be rejected. Offers subject to conditions like 'subject to prior sale', 'subject to availability of stores' or with similar vague conditions are likely to be ignored
4. All deliveries must be made as per instructions by us, free of any charges.
5. Each page of the offer should be signed by the tenderer
6. If the supply delivered do not conform to the prescribed specifications, the supply is liable to be rejected in toto and the supplier is liable for the liquidated damages. However, it is open to the Corporation at its sole discretion to consider such supply on its own terms and conditions depending upon the facts and circumstances.
7. In case of failure to deliver the goods on or before the specified date/s, the Corporation shall be at liberty to purchase the goods or such part thereof, as it may decide, from any other supplier and the supplier at default shall be liable to make good any loss or damage that the Corporation may suffer due to such purchases or shall be called upon to pay to the Corporation liquidated damages as provided under clause No. 10 hereunder.
8. No alteration either in quantity or quality of the items indented or in the period of execution or enhancement in the rate of articles shall be allowed unless previously ratified by the Corporation in writing.
9. In the case of printing work, if it is found that the press is unable to complete the job after submission of two consecutive proofs or if it is found that the Press is unable to carry out the instruction given, the order may be withdrawn by the Corporation, in which case the Corporation shall not be liable for payment of damages or compensation but the press shall in such an event be liable to make good any extra charge that the Corporation may incur in getting the job done by another Press as per Clause No.7 above.
10. If the Press / Supplier fails to comply with provisions of the clause regarding the delivery on or before the specified date or within such extended time as the Corporation may grant at its discretion on in case the Press/Supplier fails to comply with the provisions of any other clause. It shall pay to the Corporation liquidated damages at such rates as the rates of liquidated damages are at the rate of 1% of the value of the order for the first one week or part thereof delay; 2½% for the second week or part thereof delay, 5% for the third week or part thereof of delay and a maximum of 10% for a delay of more than 3 weeks. Such sum will be construed as and taken as liquidated damages and not as penalty, and the Corporation shall be at liberty to deduct such sums

from any monies due to the Printer/Supplier under these presents or may otherwise recover the same separately.

11. All proofs should be submitted in duplicate.
12. A file copy of two ordered items should always be furnished to us in respect of all forms, books, brochures, booklets, etc., in addition to ordered numbers, free of cost, whether mentioned or not in the order form.
13. No advance payment will be made till the order is fully executed except that the Corporation may be in a particular case stipulate that payments will be against partial deliveries, in which case such partial payments will be made.
14. Any dispute arising out of or relating to this tender shall be deemed to have arisen at the Headquarters of the Divisional Office and shall be subject to adjudication by a Court in that city.
15. Stores rejected after the receipt will have to be taken by the suppliers at their risk and cost.
16. Quotations should be sent in a sealed cover superscribed with the number of tender enquiry and due date of opening.
17. Please note that your offer should be kept open for minimum 30 days from the due date.
18. We reserve the right to reject any offer in part or full without assigning any reason. In the event of our accepting a part of any item of your offer, traded rate for full quantity shall be considered as valid unless specifically stated to the contrary in your offer. This does not necessarily mean that the lowest quotation will be accepted.
19. The Terms of Provisions of Section 33(3) of the Insurance Act, 1938, as amended by the Insurance Laws (Amendments) Ordinance 2014, The Insurance Regulatory Authority of India (IRDA) is authorised to verify all such books of accounts, register, other documents and data base in the custody of the contractor in respect of services outsourced by Life Insurance Corporation of India. It shall be the duty of the contractor to provide such documents / Statements / information as may be required by IRDAI within such time as may be specified by the IRDAI.
20. Any tender not in compliance with the above terms and conditions and the specification sheet will be liable to be rejected.

Annexure A1

Questionnaire For Empanelment Of Firm (Printed Forms, Banners and Posters / Pre Printed Continuous Stationery/ Envelope Makers / Flat Files And Filing Pads)

Name of the Job : _____

(Separate Questionnaire is to be filled up for each job)

Conditions for Empanelment

1. The printer should be in profession of printing for at least 3 years. (Copy of registration certificate must be enclosed).
2. Annual Turnover should be up to Rs.5 lacs for small job, Rs.5 lacs to Rs.15 lacs for medium jobs and above Rs.15 lacs for big jobs, in any of last 3 financial years (Attach Balance Sheet for 3 years)
3. The printer should be on the approved panel of at least 3 Reputed Firms out of which at least one should be Public Sector or Government undertaking
4. The printer should have at least one single colour & one 4-Colour offset machine, in-house stitching & Binding unit & Screen Printing unit
5. The printer should have at least 1500 sq. ft. area of operation for printing, binding etc, activities & sufficient storage space at one place only
6. The printer should have registration with State and Local authorities for undertaking the profession (Copies of registration & or license to be enclosed).

Questionnaire For Printers, Suppliers/manufacturers of Continuous Stationery / Envelopes, Policy Dockets and Policy Wallets / Flat Files and Filing Pads

PART 1: GENERAL INFORMATION		
Sl No	Information sought	Information Provided
1	Name of the Press / Company / Firm (in Block Letters)	
2	Date of Establishment / Incorporation	

3	Address with Telephone / Mobile No and e-mail address.	
4	Address of Office (if separate) with Telephone / Mobile Number and E-mail address	
5	Status : Proprietary /Partnership / Private Limited Company / Public Limited Company PAN NUMBER TIN	
6	Name of the Owner / Partners / Directors	
7	Name of the Contact Person with Telephone Nos.	
8	Name of Representative(s) indicating Designation who would be calling on us and attending to our jobs and his / their mobile numbers	
9	Name of Bankers with address & telephone Nos.	
10	Is the firm registered under the Factories Act? If so, state	

11	GST Registration Number (Enclose Registration Certificate)	
12	Whether holding certificate under shops & Establishment act, duly renewed. (Copy should be enclosed)	
13	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)	FY: 2025-26 :Rs. FY: 2024-25 :Rs. FY: 2023-24 :Rs. FY: 2022-23 :Rs.
14	List of Offices where you have been empanelled (LIC & other public sector or Govt of India) (Separate sheet with details may be enclosed)	
15	Are you agreeable to make deliveries to Corporation's offices within and out of Kozhikode, which includes the districts of Malappuram, Kozhikode, Wayanad, Kannur and Kasaragod, when so directed?	
16	Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts.	YES / NO
17	Area occupied by the press / Company / Firm	
18	Total Number of Employees	Permanent : Temporary : Skilled : Unskilled :
19	Number of shifts you work normally	
20	Timing of shifts	
21	Weekly Holidays	

22	Names of the offices of the LIC whose printing work you may have done during the last 3 years. Mention only those offices or whom you have done sizeable jobs or have done constant work. (Details of jobs done to be given) Enclose separate sheet if space is insufficient.	
23	Name, addresses and Telephone Nos., of some of your most valued clients (Enclose separate sheet if space is insufficient)	
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? (Enclose separate sheet if needed)	
26	State the nature of printing jobs Undertaken by you. (Full details to be given, Enclose separate sheet if needed)	
27	Do you undertake manufacture of 1. Envelopes 2. Office Files 3. Policy Dockets 4. Stickers	YES / NO YES / NO YES / NO YES / NO
28	If answer to above question is YES, do you have scoring machine for files	
29	Mention any other specialties of your Establishment	

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.

PART II : TECHNICAL INFORMATION

A	Particulars of composing facilities 1 . D.T.P. Systems, Make, Packages 2 . Languages other features if any 3 . Other composing facilities, if any	
B	Particulars of Scanning machines being used	
C	Printing Machines Used: 1. Offset Machine : (Make. Size, Colour, Speed other features if any) 2. Letter Press Machines (Make, Size Speed, Other features if any) 3. Screen Printing Facility : 4. Pre-Printed continuous stationary : machine (Make, Size, Colour, Speed Other features, if any) 5. Any other Machinaries used (Give Details)	
D	Particulars of Positives and Plate make facility :	
E	Binding and Finishing a) Cutting Machines : (Make, Size of Blade, Hand /Power driven) b) Particulars of punching machines	

	c) Particulars of performing Machines d) Particulars of gilding department	
F	Have you got photo-type setting machine, if so, please furnish full details of type faces	
G	If any of the equipments mentioned above is under lease, loan or hire purchase agreement details should be furnished.	
H	Please furnish detailed 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.	

I/Werequest **Life Insurance Corporation of India, Divisional Office, Kozhikode**, to consider inclusion of my /our name in the list of your approved Printers. I/We agree to give full satisfaction to the Corporation in the event of being included in the list of approved printers.

I/We have gone through the instructions and I/We understand that if the information furnished by me is found false at a later date, any contract made between ourselves and The Corporation, on the basis of the information provided by me/us can be treated invalid at the sole discretion of the Corporation and I/We will be solely responsible for the consequences.

I/We agree that the decision of The Corporation in selection of Firms/Suppliers/Vendors/Service Providers will be final and binding on me/us

All the information furnished by me/us in the application is correct to the best of my/our knowledge and belief

I/We agree that I/We have no objection in inspection of my/our premises / workshop / shop etc., is done by the Officials of The Corporation.

Signature with Seal

Place:

Date:

Name, Designation

Note : The Corporation reserves, the right to cancel the name of the Printer from its approved lists at its absolute discretion without assigning any reason

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.

Note : The Corporation reserves, the right to cancel the name of the Printer from its approved lists at its absolute discretion without assigning any reason

Annexure A2

Questionnaire For Empanelment of Vendor for Supply and Maintenance of Furniture and Fitting

Sl No	Information sought	Information Provided
1	Name of the Furniture Dealer (in Block Letters)	
2	Date of Establishment / Incorporation	
3	Address with Telephone / Mobile No and E-mail address.	
4	Address of office (if different from above)with Telephone / Mobile No and E-mail address.	
5	Status : Proprietary /Partnership / Private Limited Company / Public Limited Company	

6	Name of the Partners / Directors	
7	Name of the 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 and his /their mobile numbers	
9	Name of the Banker with address	
10	Is the Furniture Mart registered under the Shops & Establishments Act? If so, state a) License No. b) Date of Last Renewal of license (Copy of the license to be enclosed) c) EPF Registration No. if any d) TIN No. e) PAN No. f) ESIS No., if any	
11	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)	FY: 2025-26 :Rs. FY: 2024-25:Rs. FY: 2023-24:Rs. FY: 2022-23:Rs.
12	List of Offices where you have been empanelled (LIC & other public sector or Govt of India)	
13	Are you agreeable to make deliveries to Corporation's offices within and out of	YES / NO

	Kozhikode, which includes the districts of Malappuram, Kozhikode, Wayanad, Kannur and Kasaragod when so directed?	
14	Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts.	YES / NO
15	GST Registration details (Enclose self attested registration certificate)	
16	Show room area (in sqft) occupied by the furniture mart.	
17	Authorisation obtained from (Names of the companies which have certified you as their certified dealer)	
18	Name, Address and Tel. Nos. of atleast three of your most valued clients. (with you for more than 3 years)	
19	Names of the offices of the LIC where you have supplied furniture during the last 3 years (if any)	

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/Werequest **Life Insurance Corporation of India, Divisional Office, Kozhikode**, to consider inclusion of my /our name in the list of your approved furniture dealers. I/We agree to give full satisfaction to the Corporation in the event of being included in the list of approved furniture dealers.

I/We have gone through the instructions and I/We understand that if the information furnished by me is found false at a later date, any contract made between ourselves and the Corporation, on the basis of the information provided by me/us can be treated invalid at the sole discretion of the Corporation and I/We will be solely responsible for the consequences.

I/We agree that the decision of The Corporation in selection of Firms/Suppliers/Vendors/Service Providers will be final and binding on me/us.

All the information furnished by me/us in the application is correct to the best of my/our knowledge and belief.

I/We agree that I/We have no objection in inspection of my/our premises / workshop / shop etc., is done by the Officials of The Corporation.

Signature with Seal

Place:

Date:

Name, Designation

Note : The Corporation reserves, the right to cancel the name of the Printer from its approved lists at its absolute discretion without assigning any reason.

Annexure A3

Application for Empanelment of Vendor for supply of Computer / IT Consumables (To Be Submitted along with Annexure C and Annexure D)

Sl No	Information sought	Information Provided
1	Name of the Vendor (in Block Letters)	
2	Date of Establishment / Incorporation	
3	Address with Telephone / Mobile No and E-mail address.	

4	Address of office (if different from above)with Telephone / Mobile No and E-mail address.	
5	Status : Proprietary /Partnership / Private Limited Company / Public Limited Company	
6	Name of the Partners / Directors with address	
7	Name of Chief Executive with his present address, telephone number and E-mail address	
8	Name of Representative(s) with Designation, who would be calling on us and attending to our jobs, and his telephone and e-mail address	
9	Name of the Banker with address, IFSC Code and Account Number	
10	PAN Number of the firm (please enclose photocopy)	
11	GST Registration details (Enclose self attested registration certificate)	

12	Whether the firm has enough capacity for storing materials needed for supply of IT consumables?	YES/ NO Area in SqFt :
13	Offices of LIC / Bank / other PSUs / Govt serviced by you	
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)	FY: 2025-26 :Rs. FY: 2024-25 :Rs. FY: 2023-24 :Rs. FY: 2022-23 :Rs.
15	Turn over for the last 3 financial years	FY: 2025-26 :Rs. FY: 2024-25 :Rs. FY: 2023-24 :Rs. FY: 2022-23 :Rs..
16	Authorisation obtained from (Names of the companies which have certified you as their certified dealer)	
17	Name,Address and Tel. Nos. of atleast three of your most valued clients. (with you for more than 3 years)	
18	Whether holding certificate under Shops & Establishment Act, duly renewed?	YES/NO

	If YES, enclose the copy of certificate	
19	Are you agreeable to make deliveries to the Corporation's Divisional Office at Kozhikode?	YES/NO
20	Are you agreeable to abide strictly by the terms & conditions of the tenders and contracts (copies annexed)	YES/NO
21	If the firm is registered under the Factories act, details of license number (enclose photocopy of renewed license certificate)	
22	Mention any other special features of your firm	
23	Have your firm ever been blacklisted by LIC of India or any PSU/BFSI organization / Govt./Semi Govt./Quasi Govt. Departments in India as on date of submission of bid?	

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/Werequest **Life Insurance**

Corporation of India, Divisional Office, Kozhikode, to consider inclusion of my /our name in the list of your approved suppliers of IT / Computer consumables. I/We agree to give full satisfaction to the Corporation in the event of being included in the list of approved suppliers of IT / Computer Consumables

I/We have gone through the instructions and I/We understand that if the information furnished by me is found false at a later date, any contract made between ourselves and The Corporation, on the basis of the information provided by me/us can be treated invalid at the sole discretion of The corporation and I/We will be solely responsible for the consequences.

I/We agree that the decision of The Corporation in selection of Firms/Suppliers/Vendors/Service Providers will be final and binding on me/us

All the information furnished by me/us in the application is correct to the best of my/our knowledge and belief

I/We agree that I/We have no objection in inspection of my/our premises / workshop / shop etc., is done by the Officials of The Corporation.

Signature with Seal

Place:

Date:

Name, Designation

Note : The Corporation reserves, the right to cancel the name of the Printer from its approved lists at its absolute discretion without assigning any reason

Annexure C

**MANUFACTURER'S AUTHORIZATION FORM (MAF)
(To Be Submitted on Company (OEM's) letter head)**

**To:
Senior Divisional Manager,
Life Insurance Corporation of India,
Divisional Office,
Kozhikode- 673001**

Dear Sir/Madam,

Reg: Empanelment of Vendors: Stores/OS-KKD/01/16.04.2026

**We, M/S
who are established and reputed manufacturers of
having factories / depots at and do hereby authorize
(Name and address of bidder) to offer their
quotation, negotiate and conclide the contract with you against the above invitation for the Bid as
one of our authorised dealers.**

**We hereby extend our commitment / standard guarantee and comprehensive warranty as per terms
and conditions of the above referred RFP for our products offered against this invitation for bid by
the above firm.**

**We also extend our back to back service support and assurance for availability of our equipment,
components and consumables as per terms and conditions of empanelment notice.**

Dated at thisday of 2026

Signature of the Company Secretary

**Signature :
Name :
Designation :
Name & Address of the Company :
Seal of the Company :**

Annexure D

Undertaking by the applicant regarding black listing

(To be submitted on applicant's letter head)

**To:
Senior Divisional Manager,
Life Insurance Corporation of India,
Divisional Office,
Kozhikode- 673001**

Dear Sir/Madam,

Reg: Empanelment of Vendors: Stores/OS-KKD/01/16.04.2026

Undertaking

I/We hereby confirm that, we have not been blacklisted by The Life Insurance Corporation or by any PSU/ BFSI organization / Govt./ Semi Govt./ Quasi Govt. Departments in India as on date of submission of application in response of the above.

I/We also agree with the terms and conditions quoted in the tender.

Dated at thisday of 2026

Signature with Seal

Name :

Designation :

Seal of the Company / Firm / Vendor / Service Provider

Annexure E

Details of Existing Clients

(Separate sheet must be submitted for each client)

Name of The Company	
Address of the Company	
Details of Contact Person Name Designation Land line number Mobile Phone Number E-mail address	
Details of Material supplied in last 3 years (Ref No, Date of Work Order with proof for order)	

(Please attach attested copies of Purchase Order executed or Certificate from Customer)

Dated at thisday of 2026

Signature with Seal

Name :

Designation :

Seal of the Company / Firm / Vendor / Service Provider