Divisional Office,Jeevan Prakash, Sector-17 B,Chandigarh 160017.

NOTICE FOR EMPANELMENT

Applications are invited from reputed firms for Empanelment with Life Insurance Corporation of India, Divisional Office, Jeevan Prakash, Sector 17 B, Chandigarh for the following works:

Sl. No	CATEGORY
1	**Supply of IT consumables (like Cartridge, Ribbons, Tonners etc)**
2	**Supply of Table Stationery**
3	**Refilling of Cartidges, Ribbons**
4	**Supply of Computer Blank and Continuous Stationery**
5	**Supply of Envelopes, File Covers , Kraft envelopes**
6	**AMC of Note Counting Machines**
7	**Supply and AMC of Fire Extinguishers**
8	**Supply and AMC of EPABX**
9	**Supply and AMC of CCTV**
10	**Supply and AMC of Water Cooler, Water Dispenser and Water Purifier**
11	**Printing Firms (Printers)**

1. Separate forms **(Annexure – A, B, C, D)** is required to be filled in for each category which may be downloaded from our website **www.licindia.in under link " Tenders ".**
2. Application for empanelment duly completed should be submitted to the Manager(OS), LIC of India, Divisional Office, "Jeevan Prakash", Sector-17 B, Chandigarh. 160017 in a closed envelope super scribed as **"Application for Empanelment of (Name of Category) _____, Sl. No._____** " along with non refundable application fee of Rs. 118/- (Rs.100+18 GST) **,** in the form of DD or Pay order in favor of Life Insurance Corporation of India payable at Chandigarh.
3. The selection shall be at the sole discretion of the Sr. Divisional Manager, LIC of India, Divisional Office, Chandigarh.
4. **Existing Firms , Suppliers and Service Providers are also required to apply for fresh Empanelment, since the period of previous empanelment has expired.**
5. **For Category 11, the existing firms are not required to apply for fresh Empanelment, since the period of previous empanelment is valid. Only new firms/ printers will have to apply for addition in the panel of Printers.**
6. Firms blacklisted by any office of the Corporation/ Govt. Organisation/ Public Sector Undertaking need not apply (Submit Annexure C).

7. Last date for submitting the duly filled in application is **13.04.2021 up to 4.00 P.M.** If the last date happens to be a holiday, the transaction will be made on the next working day.
8. The Corporation bears no responsibility for application received after due date and will be rejected without any communication.
9. The Corporation reserves the right to accept or reject any or all applications without assigning any reason thereof.
10. The LIC has right to change the terms and conditions at any point of time.

Place: Chandigarh
Date : 26.03.2021

Sr. Divisional Manager

Divisional Office,Jeevan Prakash, Sector 17B,Chandigarh 160017, Ph.No – 0172-2704125

Annexure -A

APPLICATION FORM FOR EMPANELMENT OF FIRM

S.No. of Category:	**Name of category:**

(Separate application is to be submitted for each Category)

Conditions for empanelment:

1. The Firm/Supplier/Service Provider/Vendor should be in profession for at least 3 years.

2. The Firm/Supplier/Service Provider/Vendor should have a valid PAN no. of Income Tax Department. (copy of PAN must be enclosed)

3. The Firm/ Supplier/ Service provider/ Vendor should have a valid GST no.(copy of GST no. must be enclosed)

4. The Firm/supplier/Service provider should submit turnover for the last 3 years (i.e 2017-18, 2018-19, 2019-20. Copy of P & L account, Balance Sheets for the 3 years or a certificate from Chartered Accountant showing the Turnover for 3 years.

5. The Firm/supplier/Service provider should submit Copy of Income Tax Returns for the 3 years (i.e 2017-18, 2018-19, 2019-20).

6. The Firm/Supplier/Service provider should be on the panel/ should have work order of either 3 reputed firms out of which at least one should be Public sector or Govt. undertaking or 3 Divisional Offices of LIC of India.
   This condition is relaxed for Category 3, 6,7,8,9,10,11.

7. The Firms will be Empanelled only after positive recommendation of committee duly constituted to visit and inspect the premises / workshop etc. of the applicants.

8. All applicants are required to affix the signature and seal of the Authorised official of the Company/Firm on each page of Annexure “A to D” in acceptance of terms and conditions therein.

Annexure- B

GENERAL INFORMATION ABOUT THE MANUFACTURERS/ SUPPLIERS/AUTHORISED DEALERS/VENDORS/PRINTERS/SERVICE PROVIDRS/

S.NO	Information Sought	Information Provided
1	Name of the Firm(In Block Letters)	
2	Date of Establishment / Incorporation of the Firm.	
3	Correspondence address , Telephone No. and E-mail ID	
4	Address of Head Office (If Separate) Telephone No. and E-mail ID	
5	Status: Proprietary/ Partnership/Private Limited Company / Public Limited Company	
6	Details of products available/ services provided by you.	
7	Name of Chief Executive with his present address, Telephone No. and E-mail ID	
8	Name of Representative (s) with Designation who would be calling on us and attending to our jobs	
9	Name of Bankers with Addresses & Telephone Nos.	

10	Is the Firm registered under the Factory Act ? If so, state a) License Number: b) Date of last renewal of license (Copy of license to be enclosed)	
11	a) PAN NO. of Income Tax Deptt. (Enclose Copy) b) Labour License No. (Enclose Copy) c) GST No. (Enclose Copy) Whether holding certificate under Shops & Establishment Act, duly Renewed.	
12	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)**	
13	Turn over for last three Financial Years FY 2019-20 F Y 2018-19 F Y 2017-18 **Enclose attested copy of P&L account & Balance Sheet or CA certificate.**	
14	Whether Black Listed by any Govt. Deptt. / Public Sector Company.	
15	Do you agree to make deliveries to the Corporation's office at the basement of Jeevan Prakash Building, Sector 17-B, Chandigarh.	
16	Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts?	
17	Is your firm empanelled with any office of Life Insurance Corporation of India or any other reputed firm? Please enclose proof.	

19	Name, Addresses and Telephone Nos. of some of your most valued clients. (Separate list may be enclosed)	
20	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.

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, Chandigarh, 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 at _____ this_____ day of _____ 2021.

Signature

Name :
Designation :
Seal of the Firm:

Annexure C

UNDERTAKING

We hereby confirm that we have not been blacklisted by LIC or PSU/ BFSI Organization/ Government / Semi Government / Quasi Govt. Departments in India as on date of submission of application in response to the above.

We also agree with your terms and conditions quoted in tender.

Dated at_____this_____day of_____2021.

Authorized Signatory

NAME:

DESIGNATION:

Name and Address and SEAL OF THE FIRM / COMPANY:

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Annexure D

NEFT PARTICULARS OF THE FIRM/ AGENCY/ SERVICE PROVIDER

Name of the Agency : .....
(As per Bank A/c)

PAN NO. **:** .....
(Compulsory)
Address of Agency **:** .....

.....

Phone / Mobile no. **:** .....
(FOR SMS Alert)

Email ID **:** .....

Agency's Bank name **:** .....

Bank Branch Name **:** .....

Address of the bank **:** .....

Agency Bank Account No. : .....
(Full Digit 11-16)

Type of A/c **: Saving A☐ Curre☐ A/c ☐ OD A/☐ CC A/c**
(Tick)

Bank IFSC Code No. :
(11 DIGIT IFSC CODE)

I have checked the above details with my banker and confirm that they are correct. Please transfer the amount payable to me as per details stated above.

Signature of the Agency with seal
Date:

Kindly enclose cancelled cheque leaf for verification of details.