ENROLMENT OF MANUFACTURERS/AUTHORISED AGENCIES

FOR SUPPLY & INSTALLATION OF MODULAR FURNITURE TO LIC OFFICES IN TELANGANA ,ANDHRA PRADESH & KARNATAKA STATES UNDER THE JURISDICTION OF SOUTH CENTRAL ZONE

Note:

1. The agencies who are already enlisted earlier for LIC of India, South Central Zone or any of LIC offices in India shall be required to apply afresh for empanelment.
2. The contractor/ agencies fulfilling the criteria, **having GST registration Number** and who have experience in similar nature of works in Govt., Semi Govt, Public Sector Undertakings & other reputed organizations and having requisite qualification as per details given above may apply in prescribed enrollment form
3. **Only reputed Brand Manufacturers cum suppliers having ISO Certification and in relevant fields and service centers shall apply.**
4. The agencies are required to submit the required information in the relevant columns along with documentary proof.
5. The agencies are required to submit the details of their manufacturing units along with sales/service point details.
6. The agencies are required to submit the documentary proof for the required value mentioned in the relevant columns in the paper advt.
7. LIC of India reserves right to empanel only such agency which fulfills qualifying criteria, previous employers' confidential reports, satisfactory performance as assessed by LIC of India based on inspection of agency's works carried out etc.,
8. LIC of India reserves the right to issue tenders to only selected list of agencies from the empanelled list based on requirement, work exigencies time to time etc.,

INSTRUCTIONS FOR FILLING & SUBMISSION OF ENROLMENT FORM

Filled in Enrolment form shall be submitted to:	
The Chief Engineer, LIC of India, South Central Zonal Office, "Jeevan Bhagya", Saifabad,**Hyderabad-500063.** **Phone: 040-23235508, 040-23232895** **e-mail: scz_engineering@licindia.com**	

The Enrolment Form along with the **Annexures A to D** shall be completely filled in all respects and to be submitted on or before **07.06.2018** up to 17.00hrs along with these instructions for filling & submission of Enrolment Form. Please note that no consideration will be given for postal delays.

1. Contractors to note that all particulars required as per the form and Annexures shall be filled in completely in relevant blanks strictly as per the format.

2. The forms not submitted strictly as per the above instructions within stipulated period are liable to be rejected.

3. The eligible contractors who will be selected for issue of tenders after scrutiny of enrolment forms shall be informed by a letter. Please note that no enquiries or correspondence regarding the selection for issue of tenders shall be entertained.

4. Latest Solvency Certificate **(not more than three months old from the date of NIT/ PQTN.)** from any Nationalised / Scheduled Bank for minimum amount of 20 % of estimated cost as per advertisement should be submitted along with Enrolment Form.

5. The contractors are advised to follow the instructions given below :-

   (a) Enrolment Form shall be filled-up in clean handwriting in capital letters or typed.
   (b) Full address of the site of work, owner or authority under whom the works have been carried out should be given (Please refer Annexure 'A' & 'B')
   (c) The contractors should ensure to submit the satisfactory Completion Certificate giving the value of work, year of completion and it should also tally with the value of final bill in Annexure 'A'.

6. Please note that the submission of this enrolment form does not confer any right on you to claim issue of tenders and the Chief Engineer reserves the right not to issue tender to any/all applicants without assigning any reason whatsoever.

Signature of Contractor

Encl: Enrolment Form with Annexure 'A' to 'E'

FORM FOR ENROLMENT OF CONTRACTORS/AGENCIES FOR SUPPLY OF MODULAR FURNITURE

Sl. No.	Query		Answer	
1.	Name of the firm	:		
2.	Address	:		
3.	PAN No. & Name of the PAN Card			
	GST Registration Number			
	Type of Business (As per registration with GST.)			
4.	Telephone Number Office	:		
	Residence	:		
	Mobile No.	:		
	E-mail, if any	:		
5.	Month and year in which the firm was established in present name	:		
6.	Particulars of old firm(if present firm is new), if main partners of the present firm were working as construction contractors, in some other name in the past (The partnership deed of old firm be enclosed)	:		
7.	Particulars of sister construction firms if any	:		
8.	Has the applicant or his partners or Directors been black listed in the past by any Central or State Government Deptt./ Organisation	:		
9. i)	Annual Turn Over for last four years (enclose documentary evidence or proof to support figures)	:	Year	Rs. in Lac
			i) 2013-14	
			ii) 2014-15	
			iii) 2015-16	
			iv) 2016-17	
ii)	What evidence of proof is enclosed to support the amounts of yearly turnover (Annexure-C)	:		

Sl. No.	Query		Answer
10. i)	Name and complete postal address of bankers(Please fill the particulars in Annexure-D)	:	
ii)	Enclose solvency certificate indicating amount	:	
11.	Details of Manufacturing unit with complete address	:	
12.	Types of modular furniture with technical details like MS powder coated/GI or aluminium frame with Pre-laminated boards or if any	:	
13.	Details of ISO certification along with proof documents	:	
14.	Details of BIFMA certification along with proof documents		

Note: The Contractors/Agencies are need to fill up the following particulars in the attached Annexures along with Enrolment form.

Annexure – **A**	**:**	List of Major works carried out during last four years
Annexure – **B**	**:**	List of works in hand/ In progress
Annexure – **C**	**:**	Details and Proof of Yearly Turn over particulars
Annexure – **D**	**:**	Tax registration Nos. particulars and bank details
Annexure – **E**		Enrollment checklist

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 these annually on 1st January.

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 submitting non-bonafide 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 fact of 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**

NOTE : THE FILLED IN ENROLMENT FORM SHOULD REACH IN THE OFFICE ON OR BEFORE **07.06.2018 up to 17.00hrs**.

ANNEXURE-A

LIST OF MAJOR SUPPLIES AND INSTALLATIONS COMPLETED DURING LAST SEVEN YEARS

Sl. No.	Name and Complete Postal Address of			Work Order/ Work Completion certificate			Value of work as per final bill Rs. in Lacs	Commencement of work month & year	Completion of work month & year	Penalty levied for delay of completion, if any
	Site of work & Nature of work	Owner	Authority under whom work was carried out	Ref. No. & Date	Contract Amount (Rs. in Lacs)	Is copy enclosed ?				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

NOTE : To enable us to process your application quickly, please ensure that complete Postal Address including Pin Code and Telephone Numbers / Fax Numbers / E-mail Address etc. are furnished under Column No.s.2, 3 & 4 above. Please do not write " **Enclosed"** in the above columns.

SIGNATURE OF CONTRACTOR

ANNEXURE-B

LIFE INSURANCE CORPORATION OF INDIA

LIST OF WORKS IN HAND/IN PROGRESS

Sl. No.	Name and Complete Postal Address of			Work Order			Date of commence-ment of work	Scheduled date of completion of work	Progress and expected date of completion and reasons for delay, if any
	Site of work & Nature of work	Owner	Authority under whom work was carried out	Ref. No. & Date	Amount (Rs. in Lacs)	Is copy enclosed			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

NOTE : To enable us to process your application quickly, please ensure that complete Postal Address including Pin Code and Telephone Numbers / Fax Numbers / E-mail Address etc. are furnished under Column No.s.2, 3 & 4 above. Please do not write " **Enclosed"** in the above columns.

SIGNATURE OF CONTRACTOR

ANNEXURE-C

LIFE INSURANCE CORPORATION OF INDIA

ANNUAL TURNOVER FOR THE LAST FOUR YEARS

Sl. No.	Financial Year	Total contract amount received	IT returns filed/assessed enclosed Yes/No	C.A.R. copy enclosed Yes/No	Name of work & Department	Is copy enclosed	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1.	2013-2014						
2.	2014-2015						
3.	2015-2016						
4.	2016-2017						

SIGNATURE OF CONTRACTOR

ANNEXURE - D

TAX REGN. NOS AND BANK AND OTHER PARTICULARS

Sl.No.	PARTICLUARS	
1.	Name of the account holder/firm/company	
2.	PAN NO & Name on the PAN Card	
3.	GST REGISTRATION NO.	
4.	Type of Business (As per Registration with GST)	
5.	Service Accounting Code / HSN Code	
6.	Name of the Bank	
7.	Branch Name with full address	
8.	Account No.	
9.	Type of Account (Savings/Current A/C)	
10.	IFSC/FRCS/RTGS/NEFT Code of the Branch (Enclose Xerox copy of cheque leaflet)	

The bank particulars are required to refund the EMD etc. to the unsuccessful tenders if the agency/contractor is selected for issue of tenders subject to fulfilling the required qualifying criteria satisfactorily.

ANNEXURE-E

ENROLMENT CHECKLIST

CHECKLIST FOR ENROLMENT FOR SUPPLY OF MODULAR FURNITURE

Sl.No.	Description of Enclosure	Refer item of form	Enclosed/Not Enclosed
1.	*Annexure A (as supplied)	List of major works completed during last 4years	
2.	*Annexure B (as supplied)	List of work in hand/In Progress	
3.	Annexure C (as supplied)	9(ii) [Proof of Yearly turnover]	
4.	Annexure D(as supplied)	Tax Regn Nos Particulars and bank details	
5.	Solvency Certificate	10(ii)	
6.	*Copies of work order		

PLACE :

DATE : **SIGNATURE OF CONTRACTOR**