भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Divisional Office,Jeevan Prakash, 19, M.G.ROAD INDORE 452001,PHONE 0731-2520901,2528083 (1.)

NOTICE FOR EMPANELMENT

Applications are invited from reputed firms for Empanelment (For 3 years) with at Life Insurance Corporation of India, Divisional Office, **19, M.G.ROAD INDORE 452001,PHONE 0731-2519149,2522227,2527998,4071064**

S.NO	CATEGORY
(1)	Printing of forms/books/leaflets/envelopes/Visiting cards/ID cards/Letter pads/Brochures etc.

The separate forms (Annexure – A) is required to be filled up for each category which may be downloaded from our website www.licindia.in (tender page). Application form can be obtained from the office of Manager (Sales) at given address. Application for empanelment duly completed should be submitted to the

Manager (Sales)

LIC of India,

Divisional Office,

"Jeevan Prakash"

19, M.G.ROAD INDORE 452001,

in a closed envelope super scribed as **"Application for empanelment of printer S No.1. Name of category- Printing of forms/ books/ leaflets/ envelopes/ Visiting cards/ ID cards/Letter pads/Brochures etc." along with non refundable application fee of Rs. 118/-** in the form of **DD / Banker's Cheque** in favour of **Life Insurance Corporation of India payable at INDORE** or can be deposited at our Divisional Office cash counter in cash **during cash working hours,IN WORKING DAYS.** The selection shall be at the sole discretion of the Competent Authority of LIC OF INDIA, Divisional Office, INDORE. **Existing Firms, Suppliers and Service Providers are also required to apply for fresh Empanelment. Firms blacklisted by any office of the Corporation need not apply. Last date for submitting the duly filled in application is 14.09.2020 till 5.00 PM .** The Corporation bears no responsibility for application received after due date and liable to be rejected. The Corporation reserves the right to accept or reject any or all applications without assigning any reason thereof.

INDORE
Dated:-31.08.2020

Sr. Divisional Manager

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LIFE INSURANCE CORPORATION OF INDIA

(2.)

Divisional Office,Jeevan Prakash 19, M.G.ROAD INDORE 452001,PHONE 0731-2519149,2522227,2527998,4071064

APPLICATION FORM FOR EMPANELMENT OF FIRM

S.No. of Category:1 **Name of category:** Printing of forms/books/leaflets/envelopes/Visiting cards/ID cards/Letter pads/Ledgers /Dockets etc.

(Separate application is to be submitted for each Category)

ANNEXURE ' A '

Conditions for empanelment:

1. The Firm/Supplier/Service Provider should be in profession for at least 3 years (copy of registration certificate must be enclosed).
2. The Firm/Printer/Service Provider should be on the approved panel of at least 3 reputed firms out of which at least one should be Public Sector or Govt. undertaking.
3. The Firm/Supplier/Printers/Service Provider should have registration with state and local authorities for undertaking the profession (Copies of State Registration and BNC license to be enclosed).
4. The printer should have sufficient space for operating printing, binding and other activities and sufficient storage space at one place only.
5. The firm/supplier should keep sufficient stock in hand so as to comply with urgent need without delay.
6. Vendor should furnish the specific brand or make, in case of authorized dealer (Copy of valid authorized dealership certificate must be enclosed).
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" in acceptance of terms and conditions therein.
9. For any enquiry / Clarifications you may contact to 0731-2520901,2528083

Annexure A

APPLICATION FOR FIRM/SUPPLIER/SERVICE PROVIDER

PART I :: GENERAL INFORMATION

SL.NO.	INFORMATION SOUGHT	INFORMATION PROVIDED
1.	Name of the Firm(IN BLOCK LETTERS)	
2.	Date of Establishment /Incorporation of the Firm	
3.	Correspondence address and Telephone no/contact	
	no. with e mail address	
4	Address of head office(if separate) and Tele. no.	
	/Mob. No.	
5	Address of local office(at Raipur) with Tele. No. and	
	Mob. No.	
6	Give details of Business/Profession	
7	Details of products available/services provided by	
	you. You can enclose separate sheet/letter head for	
	giving details)	
8	STATUS: Whether Partnership/Private ltd.	
	Company/Public limited company/Proprietorship	
9	Name of the Partners/Directors and their Contact /	
	Mobile Nos.	
10	Name of the Chief Executive with his present	
	address and telephone/mobile nos.	
11	Name of Representative(s) indicating Designation	
	who would be calling on us and attending to our	
	jobs (with Telephone and Mobile Nos.)	
12	Name of Banker with address and Telephone Nos.	
13	Is the Firm/Agency registered under the Shop and	
	Establishment Act ?	
A	License No.	
B	Date of last renewal of license (Copy of license to be	
	enclosed)	
C	PAN NO (Enclose photo copy)	
D	TIN NO. if any	
E	Service Tax registration No. (Enclose photo copy)	
F	ESIS No. if any (Enclose photo copy)	
G	EPF Registration NO., if any (Enclose photo copy)	
H	Labour license no. and validity under section of	
	Labour Laws (Enclose photo copy)	
14	Whether holding certificate under shop and	
	Establishment Act duly renewed (Copy should be	
	enclosed)	

15	State the latest Income Tax Assessed year and the amount of Tax assessed (Copies of last three years, IT Returns, Balance Sheets and Revenue A/c to enclosed)	
16	Turn over for last Three Years & IT Returns for	
	F Y 2019-20	
	FY 2018-19	
	FY 2017-18	
17	CST No./VAT No./Service Tax Registration No./TAN No.	
18	Whether Black listed by any Govt. Deptt./ Public Sector Company/L.I.C.OF INDIA?	
19	Are you agreed to make deliveries to the Corporation's offices at INDORE and its branches under jurisdiction?	
20	Do you agree to abide strictly by the Terms and Conditions ? (Copy annexed)	
21	Total Numbers of employee	Permanent _____ Temporary _____ Skilled _____ Unskilled _____
22	Number of shifts you work normally	
23	Timing of shifts	
24	Weekly holidays	
25	Names of offices of the LIC of India whose work you may have done during the last three years. Mention only those officer for whom you have done sizable jobs or constant work . (Details of jobs done to be given)	
26	Name, Addresses and Telephone Nos. of some of your most valued clients (separate list may be enclosed)	
27	Mention any other specialties of your Firm/Establishment	

Note : Please type this form or fill it legible 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.

(5.)

Annexure A

PART II : TECHNICAL INFORMATION*(FOR PRINTERS ONLY)*

S. No	Information Sought	Information Provided
1.	**Particulars of composing Facilities.** D.T.P. Systems (Make Packages, Languages Others features, if any) Other composing facilities such as hand composing.	
2.	**Particulars of Scanning Machines being used.**	
3.	**Printing Machines:** a . Offset Machine (Make size colour Speed and other featuers, if any) b . Letter Press Machines: (Make Size Speed and other featuers, if any) c . Screen Printing facility c . Pre-printed continuous stationery machine (Make size colour speed and other featuers, if any)	
4.	**Particulars of Positives and Plate making facility**	
5.	**Binding and finishing** Cutting Machines (Make size of Blade Hand/ Power Driver) Particulars of Punching Machine Particulars of perforating Machine Particulars of gilding department	
6.	**Have you got photo-type setting**	
	machine, if so please furnish full	
	details of type faces.	

7.If any of the equipments mentioned above is under	
lease, loan or hire purchase agreement should be furnished	
8.Please furnish details 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.	

Note :

1/ 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.

2/ The Corporation reserves the right to cancel the name of the firm/ suppliers

/service providers from its approved lists at this absolute discretion without assigning any reason.

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, 19, M.G.ROAD INDORE 452001,** 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.

Date at _____ this_____ day of _____ 2020.

Signature

Name :

Designation :

Seal of the Firm: