LIFE INSURANCE CORPORATION OF INDIA
DIVISIONAL OFFICE, JEEVAN PRAKESH
4-5 District Shopping Complex,
Ranjit Avenue, Amritsar

(Annexure-4)

FORM FOR ENROLMENT OF CONTRACTORS

NAME OF WORKS APPLIED FOR

Comprehensive Annual Maintenance Contract of Fire Fighting(Hydrant system) and Smoke Detection (Fire Alarm) system at offices under D.O- Amritsar

LIFE INSURANCE CORPORATION OF INDIA
Divisional office, 4-5 District Shopping Complex,
Ranjit Avenue, Block-B, Amritsar

Pre- Qualification of vendors for Comprehensive Annual Maintenance Contract of Fire Fighting(Hydrant system) and Smoke Detection (Fire Alarm) system at offices under D.O- Amritsar

LIC of India invites application for enrolment from reputed / authorized VENDORS for AMC of Fire Fighting (hydrant System) and Smoke detection (Fire alarm) for offices under Division Office **Amritsar** under North Zonal Office, Delhi in the prescribed Enrolment Form, from **04.03.2020 to 24.03.2020** at the office of the undersigned. The interested firms who are having valid Certificate and having enlisting with Banks, Central or State Public Sector undertaking, CPWD or Central or State Govt. may apply in the prescribed enrolment form up to **25.03.2020** on or before 17.00 hours. Only the agencies fulfilling the criteria below will be selected.

Description of Work	Estimated Cost (Rs. In Lac)	Min Bank Solvency (Rs.in Lac)	Avg. Annual Turnover over last 4 years (Rs.inLac)	Qualifying value of single work completed during last 04 years
A	**B**	**C**	**D**	**E**
AMC of Fire Fighting and Smoke detection system	5.00 Lac	2.50 Lac	5.00 Lac	At least one Similar works costing not Less Than 5.00 Lac

Agencies who desire for enlistment for the above work should only apply to the Sr. Divisional Manager at the address given above in the prescribed Enrolment Form by **25.03.2020 upto 17.00 hours and opened on 26.03.2020 at 11.00 hours** Each Enrolment Form should be accompanied with Demand Draft of **Rs118/- (Rupees One Hundred and Eighteen Only)** drawn in favor of LIFE INSURANCE CORPORATION OF INDIA payable at Amritsar (Non-refundable) or Enrolment form may also obtain from Divisional office –Amritsar in working days from 04.03.2020 to 24.03.2020 upto 15.00 hours after submitting the tender fee in cash. Any delay including postal shall not be entertained. Agencies who are already enlisted with us may also apply in fresh for enrolment. The above criteria may be relaxed 15% of above said conditions for working contractors of LIC of India.

Sr. Divisional Manager reserves the right to reject for selection of any manufacturer/agency at his sole discretion without assigning any reason whatsoever.

Sr. Divisional Manager

Empanelment of vendors for Comprehensive AMC of Fire Fighting(Hydrant system) and Smoke Detection (Fire Alarm) system at offices under D.O- Amritsar

(Instructions for filing &submission of enrolment form)

The envelope containing documents should be superscribed **"ENROLMENT OF VENDORS FOR AMC OF FIRE FIGHTING (HYDRANT SYSTEM) AND SMOKE DETECTION (FIRE ALARM) SYSTEM AT OFFICES UNDER D.O-AMRITSAR"** It should contain all the relevant information of the firm of the vendor. The vendor should fill up all the details with the supporting documents given in Annexure A-1 to Annexure-H along with enrollment form. Only those vendors who fulfill the following criteria are eligible to enroll.

1. Contractors to note that all the particulars required as per the form and annexure shall be filled in completely in relevant blanks strictly as per 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 attending of financial bid shall be informed by letter. Please note that no enquires or correspondence regarding the selection for issue of tender shall be entertained.

4. Latest solvency certificate from any nationalized/scheduled Bank for minimum amount as mentioned in the "**Minimum qualifying requirement**" 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 or typed.
   b. Full address of the site of work, owner or authority under which the works have been carried out should be given in annexure.
   c. The contractors should ensure to submit the satisfactory completion certificate giving value of work, year of completion and it should also tally with the value of final bill in annexure-D.
   d. The annual turnover should be based on the balance sheet duly attested by the Chartered accountant.
   e. The firm must be registered for GST.

6. Last date of submission of Enrolment Form **25.03.2020 upto 17.00 hours** and the same shall be submitted at the following addresses :-

Sr. Divisional Manager,
LIC of India,
Divisional Office, 1st Floor
Jeevan Prakesh Building, Block-B,
4-5 District Shopping Complex, Ranjit Avenue, Amritsar
E-mail :-os.amritsar@licindia.com : Website:- www.licindia.in

Note : These instructions for filling and submission of Enrolment Form shall also be signed and submitted along with Enrolment Form with Annexure

FORM FOR ENROLMENT OF VENDORS

I / We _____ am / are desirous of being enrolled _____ on list of contractors for * (Name of work) _____ and hereby apply for the same. I / We give the following details for your consideration.

Sl. No.	Pre-qualification Criteria	Compliance
1	Name of the firm	
2	Address of Reg. office and Head Office	
3	Telephone Number Office Fax No. Email	
4	(Copies to be enclosed)	
	PAN NO (Attach Copy)	
	GST Reg. NO`(Attach Copy)	
5	Month and year in which the firm was established in present name whether the Company was existing	
6	What is the constitution of firm viz. Sole Proprietor, Partnership, Pvt. Ltd., Public Ltd., etc. (Enclose copies of Deed/Articles of constitution of the company)	
7	Particulars of dealer ship/channel partnership	
8	Has the firm / make been black listed / de listed in the past by any Central or State Govt. Deptt./ Organization	
9	Should have executed contracts AMC of Fire fighting or smoke deductions systems for Public/ Pvt Sector during the last 4 years (Enclose Copies of work Orders)	
10	List of clients to whom similar works are carried out(To be enclosed)	

11	Satisfactorily services of AMC works (Enclose Copies of completion certificate)	
12	Annual Sales Turnover for last 4 years (Provide in Lac & Enclose audited Balance Sheets) **2015 - 2016** **2016 – 2017** **2017 – 2018** **2018 - 2019**	
13	service centers details if any (Please enclose)	
14	Whether the firm is able to provide break-down services within 4 to 6 hrs. at Amritsar and within 12 to 24 hrs in other locations under D.O- Amritsar	
15	If the bid is submitted by Authorised Dealer/ Channel Partner. (please enclose Letter) a) Dealership/ Channel Partnership Certificate b) Commitment Letter to Honor Warranty/ AMC commitments.	
16	Quality/Performance/Benchmark Certifications for the products, Service etc, If any.	
17	Any other information the applicant might like to give	

DECLARATION

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 AUTHORISED
RESPRESENTATIVE OF THE FIRM

ANNEXURE-A1

LIFE INSURANCE CORPORATION OF INDIA

A FF I D A V I T

(On Non Judicial Stamp Paper of appropriate value in case the individual who is the sole proprietor of the firm)

I,……..……S/o..……

…… Age……years, occupation business

R/o……..……..

..……

…… do hereby state on oath as under :

That I am residing

in……..……

……

……..…… locality of District

…… since last ……...years.

That I am the sole proprietor of a proprietary concern name and style as

"……..……" having it's office

at……..……

……..……District……. dealing in

business of Fire Fighting work, Smoke Detector Works attached there for.

Deponent…….

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Note: This Affidavit should be notarized.

ANNEXURE-A2

LIFE INSURANCE CORPORATION OF INDIA

CONSTITUTION OF FIRM - SOLE PROPRIETORSHIP/PARTNERSHIP/LTD.CO./OTHER

DETAILS OF CONSTITUENTS

Sl. No.	Name of sole partner or Director/ other High Officials	Age	Share	Technical Experience			Whether power of attorney Holder
				Year to year	As Employee	As Contractor	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

SIGNATURE OF CONTRACTOR

ANNEXURE-B

LIFE INSURANCE CORPORATION OF INDIA
PARTICULARS OF ENROLMENT WITH LIC AND OTHER ORGANSIATION

I. ENROLMENT WITH LIC :

Name of works for 1) 3)
Which enrolled by 2) 4)
LIC in the past

Sr. Nos. for which tenders were submitted :

Sr. Nos. for which work order was received:

II. ENROLMENT WITH OTHER ORGANISATIONS:

Sl. No.	Name and address of Authority with whom you are enrolled	FIRST TIME ENROLMENT		LAST RENEWAL OR ENROLMENT			
		Year to year	Is copy of letter enclosed	Year to year	Class or Category	Limit (Rs. in Lac)	Is copy of letter enclosed
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

SIGNATURE OF CONTRACTOR

ANNEXURE-C

LIFE INSURANCE CORPORATION OF INDIA

PARTICULARS OF TOOLS AND PLANT (FIRE FIGHTING)

Sl.No.	Item	Specification	Quantity	Estimated Value	Remarks
(1)	(2)	(3)	(4)	(5)	(6)
01	Welding machine				
02	Cutter set (pipe cutting set)				
03	Chain pulley				
04	Drill machine				
05	Grinder				
06	Hydraulic testing machine				
07	Spanner				
08	Pipe wrench				
09	Volt meter (AC – DC)				
10	Ampere meter				
11	Meggar				
12	Line tester				
13	Screw drivers / Hammers				
14	Complete tool box / kit				
15	Others				

SIGNATURE OF CONTRACTOR

LIFE INSURANCE CORPORATION OF INDIA
Divisional office, 4-5 District Shopping Complex,
Ranjit Avenue, Block-B, Amritsar

ANNEXURE-D

LIFE INSURANCE CORPORATION OF INDIA
LIST OF MAJOR SIMILAR NATURE WORKS COMPLETED DURING LAST FOUR YEARS

Sl. No.	Name and Complete Postal Address of			Order			Value of work as per final bill (Rs. in Lac)	Commencement of work month & year	Completion of work month & year	Penalty levied for delay of completion, if any
	Place of work & Nature of work	Owner	Authority under whom work was carried out	Ref. No. & Date	Contract Amount (Rs. in Lac)	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

SIGNATURE OF CONTRACTOR

LIFE INSURANCE CORPORATION OF INDIA
Divisional office, 4-5 District Shopping Complex,
Ranjit Avenue, Block-B, Amritsar

ANNEXURE-E

LIFE INSURANCE CORPORATION OF INDIA

LIST OF WORKS IN HAND

Sl. No.	Name and Complete Postal Address of			Order			Date of commencement of work	Scheduled date of completion of work	Progress and expected date of completion and reasons for delay, if any
	Place of work & Nature of work	Owner	Authority under whom work was carried out	Ref. No. & Date	Amount (Rs. in Lac)	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

SIGNATURE OF CONTRACTOR

ANNEXURE-F

LIFE INSURANCE CORPORATION OF INDIA

PARTICULARS OF PERMANENT TECHNICAL STAFF

Sl. No.	Name	Designation	Age	Academic Qualification	Service with the firm	Details of Experience year to year
(1)	(2)	(3)	(4)	(5)	(6)	(7)

SIGNATURE OF CONTRACTOR

LIFE INSURANCE CORPORATION OF INDIA
Divisional office, 4-5 District Shopping Complex,
Ranjit Avenue, Block-B, Amritsar

ANNEXURE-G

LIFE INSURANCE CORPORATION OF INDIA

ANNUAL TURNOVER FOR THE LAST FOUR YEARS

Sl. No.	Financial Year	Total contract amount received	IT Certificate enclosed Yes/No	Audited Balance sheet copy enclosed Yes/No	Remarks
(1)	(2)	(3)	(4)	(5)	(6)
1.	2015-2016				
2.	2016-2017				
3.	2017-2018				
4.	2018-2019				

SIGNATURE OF CONTRACTOR

ANNEXURE H

LIFE INSURANCE CORPORATION OF INDIA

ENROLMENT CHECKLIST

CHECKLIST FOR ENROLMENT:

Sl. no.	Description of Enclosure	Refer item of form	Enclosed/ Not Enclosed
1.	Partnership deed / Articles of Association / Affidavit (Annexure A-1)		
2.	Annexure(A-2) as enclosed	(particulars of partners)	
3.	Annexure B (as enclosed)	(particulars of enrolment in LIC and other Organization)	
4.	Proof of turnover		
5.	Latest Audited balance Sheet.		
6.	Solvency Certificate		
7.	Immovable properties certificate		
8.	Movable properties reference		
9.	Annexure C (as enclosed)	(particulars of tools and plant)	
10.	Annexure D (as enclosed)	(List of major works completed during last 4 years)	
11.	Annexure E (as enclosed)	(List of work in hand)	
12.	Copies of work order		
13.	Annexure F (as enclosed)	(particulars of permanent technical staff)	
14	Annexure-G (as enclosed)	(Turn over for last four years)	

SIGNATURE OF CONTRACTOR