

**LIFE INSURANCE CORPORATION OF INDIA, DIVISIONAL OFFICE, SALEM**

**QUESTIONNAIRE FOR ENVELOPE MAKERS**  
**PART I : GENERAL INFORMATION**

1) Name of the Press / Company :  
(In Block Letters)

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2) Date of Establishment / :  
Incorporation

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3) Address with Telephone No., Fax No. :  
and E-Mail ID.

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4) Address of Office (If Separate) :  
and Telephone No.

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5) Status : Whether Sole Proprietorship/ :  
Partnership/ Private Limited Company /  
Public Limited Company

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6) Names of the Owner/Partners :

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7) Name of Representative (s) :  
indicating Designation who would  
be calling on us and attending to  
our jobs and his/their mobile nos.

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8) Is the press registered :  
Under the Factories Act?  
If so, state -  
(a) Licence No. :  
(b) Date of Last renewal of licence :  
Copy of the licence to be enclosed

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**OTHER DETAILS**

- ( a ) PAN No. :  
( b ) ESIS No., If any :  
( c ) EPF Registration No. if any :  
( d ) GST No :  
( e ) MSME -Details  
Registration Number:  
Date of Registration  
Date of Expiry.  
( f ) NEFT Details :
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9) Whether holding certificate under :  
shops & establishment act, duly  
renewed. Copy should be enclosed

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10) State the latest Income Tax :  
Assessed year and the amount of  
Tax assessed copies of last 3 years  
a) IT returns,  
b) Balance Sheets & Revenue A/c  
to be enclosed

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11) Are you agreeable to make :  
deliveries to Corporation's offices  
in and out of Chennai in Tamilnadu and Kerala

when so required.

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12) Are you agreeable to abide :  
strictly by the Terms and Conditions  
of the Tenders and Contracts.  
(copies annexed)

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13) Area occupied by the press (Building only):

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14) Total Numbers Employees : Permanent \_\_\_\_\_  
Temporary \_\_\_\_\_

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15) Names of the offices of the LIC for whom :  
you may have done envelope supply  
during the last 3 years. Mention only  
those offices for whom you have done  
sizable jobs or have done constant work.  
(Details of jobs done to be given)

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16) Whether do you have experience in printing :  
multi colour envelopes? State the major work  
done for the last three years with details.

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17) Name, Addresses and Telephone Nos. :  
of atleast three of your most valued clients

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18) Approximate Sales value per annum :  
from envelope making alone.

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19) Which and what type of quality materials :  
do you use for the windows?

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20) Are the windows affixed manually or is it :  
done through machines?

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21) The type of Punching Machines you are :  
using (Hydrolic or Electrical or by hand)

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22) Number of Punching Machines :

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23) What is the type of Window Patching :  
Machine(Electrical or Manual)

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24) Particulars of Punching Machines :

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25) Particulars of perforating Machines :

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I / We \_\_\_\_\_ request Life Insurance Corporation of India, Divisional  
Office-I, Chennai to consider inclusion of my/our firm in the list of their approved Envelope  
Makers and agree to give full satisfaction to the Corporation in the event of their doing so.

Dated : \_\_\_\_\_

\_\_\_\_\_  
Signature with Seal

Note: