भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

LIFE INSURANCE CORPORATION OF INDIA

DIVISIONAL OFFICE, 'INDIA LIFE BUILDING'

1543, 44, TRICHY ROAD, COIMBATORE – 641 016

ISSUED TO :

M/s…….

…….

……

LIFE INSURANCE CORPORATION OF INDIA
Divisional Office, E & OS dept
India Life Buiding,
Trichy Road, Coimbatore – 641 018
Tel No : 0422 2300142, 237657
Email : os.coimbatore@licindia.com

NOTICE FOR EMPANELMENT

Applications are invited from reputed SUPLIERS /MANUFACTURES / SERVICE PROVIDERS / VENDORS for empanelment for following items.

Sl.No.	CATEGORY
1.	CCTV SUPPLY, INSTALLATION/SERVICES
2.	SUPPLIER/SERVICE PROVIDER OF ACS/WATER PURIFIER/FIRE EXTINGUISHERS/SUPPLY OF DRINKING WATER VIA CAN.
3.	SUPPLY/REPAIR & MAINTENANCE OF EPABX/TELEPHONES/TELEPHONE CABLES
4.	COURIER SERVICES
5.	SECURITY SERVICES
6.	TRAVEL AGENCIES/TRANSPORT SERVICES
7.	HOUSE KEEPING SERVICES
8.	SUPPLY/DEALERS OF OFFICE UNIFORM/FURNISHING/BATH AND LINEN
9.	MANUFACTURERS/SUPPLIERS OF OFFICE FURNITURE/POLICY RACKS AND MAINTENANCE OF OFFICE FURNITURES.
10.	CANEEN SERVICES
11.	GARDENING AND LANDSCAPING
12.	SUPPLY OF CLEANING MATERIALS
13.	SCARP/WASTE PAPER DEALRS

1. Separate forms (Annexure – 1 & 2) are required to be filled up for each category which may be downloaded from our website www.licindia.in. Application for empanelment duly completed should be submitted at the Office Service Department, LIC of India, Divisional Office, Trichy Road, Coimbatore – 641 018 in a closed envelop super scribed as “Application for empanelment of suppliers/vendors/category (Name of the Category)” along with non-refundable application fee of Rs.100/-in the form demand drat in

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favour of Life Insurance Corporation of India payable at Coimbatore. The applications can be purchased from our above address on any working day up to 09.03.2020 by paying cash at our cash counter ,r cash working hours between 10..00 AM and 3.30 PM on all working days.

2. The vendors/firms desirous to empanelled with us for above said jobs and fulfilling conditions may apply for empanelment for jobs undertaken at LIC of India, Divisional Office, Trichy Road, Coimbatore – 641 018. The applications in questionnaire form (Annexure 'A') along with the enclosures i.e., necessary certificates in evidence of the mentioned in the forms are to be sent at the address mentioned above on or before09/03/2020 up to 17.00 hrs. The corporation bears no responsibility for applications received after due date and are liable to be rejected.
3. The firms/suppliers who are on our panel are required to apply for fresh empanelment if interested.
4. Firms/suppliers who have been block listed/removed earlier by any office of the corporation, should not apply. If applied, their applications will not be considered.
5. Mere submission of Application for empanelment does not confer any right of empanelment. Life Insurance Corporation of India reserves its right to reject, accept any or all applications or cancel the process of empanelment without assigning any reason there of. . Life Insurance Corporation of India shall neither be held liable nor obligatory on its part to inform the applicant the grounds of any such action. The Corporation reserves the right to raise the minimum eligibility criteria for empanelment depending on the response.
6. Applications incomplete in any respect will not be entertained and are liable to be rejected.

Manager (OS) DM

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Annexure 1

CONDITIONS FOR EMPANELMENT FOR SUPPLIER

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 should be on the approved panel of at least 3 reputed organization (Enclose list)
3. The Firm/Supplier should have registration with state & local authorities for undertaking the profession (Copies of State registration, License, VAT/TAN/PAN/CST/GST No etc. to be enclosed)
4. The firm/supplier should keep sufficient stock in hand so as to comply with the urgent need without delay.
5. In case Vendor is authorized dealer of any brand or make copy of valid authorized dealership certificate must be enclosed.
6. Average Annual turnover of last three financial years should be up to Rs.5 Lacs for small jobs, Rs.5 Lacs to Rs.15 Lacs for Medium jobs and over Rs.15 Lacs for bigger jobs (Attach Audited Balance Sheets, P & L Account and Income Tax Returns for last 3 years)
7. The firms/suppliers who have been black listed/removed earlier by any office of LIC of India should not apply.
8. The empanelment would be one only on the favorable recommendations of the duly constituted committee that would visit * inspect the premises, workshop etc of the applicants.
9. Empanelment will be valid for three financial years.
10. Empanelled venders will have to take workmen Compensation Policy and all Risk Policy including third party liability for adequate amount at the time of assigning each job.
11. Security Service provider should be preferably ISO 9001:2008 certified Company registered under Indian Company's Act 1956 and must comply with all Labour laws of the land and statutory requirements like payment of Gratuity Act, EST, PF etc.
12. The Corporation reserves the right to include/exclude/cancel the name of the firms from its approved lists at their absolute discretion without assigning any reason.
13. Last date for receipt of application duly completed is 09.03.2020 5.00 pm
14. Application for empanelment duly completed should be submitted at the above address in a closed envelop super scribed as "APPLICATION FOR EMPANELMENT – SL. NO……Name of catagory/Item.
15. In case application is downloaded from our we site Rs.100/-as application fee should be enclosed in the form of DD in favour of LIC OF INDIA payable at COIMBATORE

Agreed & Confirmed

Signature of Contractor
With Seal & Date

Manager (OS) DM

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APPLICATION FOR : Firm/Supplier/Vendors/Service Provider

GENERAL INFORMATION

Sr.No. of Category :

Name of Category :

Sl.No.	Information Sought	Information Provided
1.	Name of the Firm : (In Block Letters)	
2.	Date of Establishment / Incorporation	
3.	Correspondence address and 1. Telephone No 2. Mobile No 3. E-Mail ID :	
4.	Address of Head Office (If separate) and Telephone No.	
5.	Status : Proprietorship/Partnership/Private Limited Company/ Public Limited Company	
6.	Name of the Proprietor/Partners/Directors	
7.	Name of Chief Executive with present address and Telephone Nos. with E-mail ID	
7.	Name of Chief Executive with present address and Telephone Nos. with 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 address & telephone Numbers with IFSC code and Account No.	
10.	Is the firm is registered under the Factory with If so, state (Attach copy) a) License Number b) Date of last renewal of license (copy of license to be enclosed) c) Pan No. d) ESIS No. if any e) Tin No. f) EPF Registration No. if any g) GST No.(Attach copy)	

LIFE INSURANCE CORPORATION OF INDIA
Divisional Office, E & OS dept, India Life Buiding,
Trichy Road, Coimbatore – 641 018 Tel No :
0422 2300142, 237657 Fax : 0422 2300956
Email : os.coimbatore@licindia.com

11.	Registration under Contract Labour (Regulation & Abolition) Act, 1970	
12.	Whether holding certificate under Shops & Establishment Act, duly Renewed (Copy should be enclosed)	
13.	Registration/license no under the (private security agencies (Regulation) ACT 2005 (Valid in souch Gujarat)	
14.	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 closed)	
15.	Turn over for last three Financial Years F Y 2019-2020 F Y 2018-2019 F Y 2017-2018	
	Enclose latest income tax clearance Certificate	
16.	Are you agreeable to make deliveries to Corporation's Office without and out side of Coimbatore as & when so directed?	
17.	Are you agreeable to abide by strictly the Terms and Conditions of the Tenders and Contracts as & when laid down by the Corporation?	
18.	If your firm is empanelled with any office of LIC of India or any other PSU (Central), please give name and address. (Attach Copy)	
19.	Name, Addresses and Telephone Nos. of some of your most valued clients (Separate List may be attached)	
20.	Whether registered under NSIC and MSMED act 2006 (duly renewed copies of registration certificates should be enclosed)	
21.	Area occupied by the Shop/Press	
22.	Total Number of employees permanent Temporary…….	

23.	Weekly Holidays	
24.	Are you authorized supplier/dealer of the items, you deals in? If so, mention details such as Brand name of the item (Enclose copy of dealership certificate)	
25.	Performance Certificate issued by clients in the same nature of work during last three years (Enclose attested copy)	
26.	Have you ever been black-listed by LIC of India or PSU organization/Govt/Semi Govt/Quasi Govt. Departments in India	
27.	Mention any other specialties of your establishment	
	Electrical work	
	A) How do you normally get work of Electrical installations?	
	B) Who is your license Electrician & what is his experience. Mention License No. (Attach copy)	

Agreed & confirmed

Signature of the contractor
with seal & date

DECLARATION

I/WE_____request

Life Insurance of India, COIMBATORE DIVISIONAL OFFICE, to consider inclusion of my/our name in the list of their approved venders and agree to give full satisfaction to the Corporation in the event of their doing so.

P.S: Application form fee rs.100/- paid by cash/Demand Draft vide M.R.No.

DECLARATION

1. I/We have read the instructions appended to the Annexure-I and I /We understand that if any flase information is revealed at a later date, any contract made between ourselves and the corporation, on the basis of the information given by me/us can be treated as invalide at the sole discretion of the corporation and I/We will be solely responsible for the consequences.
2. I/We agree that the decision of the corporation in selection of Manufacturer/Printers/venders/contractor/service providers will be final and binding on me/us.
3. All the Information furnished by me/us hereunder is correct to the best of my/our knowledge and belief.
4. 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 corporation.

Dated at……..this……..day of……2020.

Signature with Seal

Name

Designation

Note(1) Please type this form or fill it legibly in ink. If space provided is insufficient, please write the replies on a separate sheet giving appropriate question number and attach it to the form, Please affix your firm/company seal with authorized signature on every page.

Annexure-2

CONDISIONS FOR EMPANELMENT AMC

16. The Firm/Supplier/Service provider should be in profession for at last 3 years.(Copy of registration certificate must be enclosed)
17. The Firm should be on the approved panel of at least 3 reputed organization (Enclose list)
18. The Firm/Supplier should have registration with state & local authorities for undertaking the profession (Copies of state registration, License, VAT/TAN/PAN/CST/GST No etc. to be enclosed)
19. The firm/supplier should keep sufficient stock in hand so as to comply with the urgent need without delay.
20. In case vender is authorized dealer of any brand or make copy of valid authorized dealership certificate must be enclosed.
21. Average Annual turnover of last three financial years should be up to Rs.5 lacs for small jobs Rs.5 lacs to Rs.15 lacs for medium jobs and over Rs.125 lacs for bigger jobs (Attach Audited Balance Sheets, P & L Account and Income Tax Returns for last 3 years)
22. The Firms/Suppliers who have been black-listed/removed earlier by any office of LIC of India should not apply.
23. The empanelment would be done only on the favorable recommendations of the duly constituted committee that would visit & inspect the premises, workshop etc of the applicants.
24. Empanelment will be valid for three financial years.
25. Empanelled venders will have to take workmen Compensation Policy and all Risk Policy including third party liability for adequate amount at the time of assigning each job.
26. Security Service provider should be preferable ISO 9001:2008 certified Company registered under Indian Company's Act 1956 and must comply with all Labour laws of the land and statutory requirements like payment of Gratuity Act, ESI, PF etc.
27. The corporation reserves the right to include/exclude/cancel the name of the firms from its approved lists at their absolute discretion without assigning any reason.
28. Last date for receipt of application duly completed is 09.03.2020 upto 5.00 pm
29. Application for empanelment duly completed should be submitted at the above address in a closed envelop super scribed as "APPLICATION FOR EMPANELMENT – SL.NO-----Name of category/Item.
30. In case application is downloaded from our web site Rs.100/-as application fee. Should be enclosed in the form of DD in favour of LIC OF INDIA payable at COIMBATORE.

Agreed & Confirmed

Signature of contractor
With Seal & Date

Manager (OS) DM

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LIFE INSURANCE CORPORATION OF INDIA

Application for empanelment as Contractor for Supply / AMC for Water coolers, Air Coolers, air Conditions Water purifiers, Aqua Guard, EPABX Telephone cabling, Fire Extinguisher.

1. Name of the Agency/Company :_____

2. Address of the office with Telephone no & E-mail id_____
_____
_____
_____

3. Name of the Proprietor/s Chief Executive _____

4. Date of establishment :_____
(Enclose Certificate)

5. Name and address of present clients (Attach separate statement)

6. Whether Registration Certificate under Shop and Establishment Act duly renewed? Yes/No (If yes, attach copy)

7. Whether holding Registration Certificate issued by Regional Provident Fund Commissioner? Yes/No. (IF yes, attach copy)

8. Whether holding Registration Certificate issued by Employees State Insrance Corporation? Yes/No(If yes, attach copy)

9. Whether holding registration certificate issued by Superintendent of Central Excise and Customs Government of India for Service Tax? (If yes, attach copy)

10. Affidavit by the proprietor for ownership of the firm should be attached

11. Number of Staff Employed :_____

12. Copy of Income Tax Clearance Certificate and latest Income Tax return should be attached.

13. Copy of License issued by office of attached.

Signature of contractor with date seal

DECLARATION

I/WE_____request Life Insurance of India, COIMBATORE DIVISIONAL OFFICE, to consider inclusion of my/our name in the list of their approved venders and agree to give full satisfaction to the Corporation in the event of their doing so.

P.S: Application form fee rs.100/- paid by cash/Demand Draft vide M.R.No.

DECLARATION

1. I/We have read the instructions appended to the Annexure-I and I /We understand that if any flase information is revealed at a later date, any contract made between ourselves and the corporation, on the basis of the information given by me/us can be treated as invalid at the sole discretion of the corporation and I/We will be solely responsible for the consequences.
2. I/We agree that the decision of the corporation in selection of Manufacturer/Printers/venders/contractor/service providers will be final and binding on me/us.
3. All the Information furnished by me/us hereunder is correct to the best of my/our knowledge and belief.
4. 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 corporation.

Dated at……..this……..day of……2020.

Signature with Seal

Name

Designation

Note(1) Please type this form or fill it legibly in ink. If space provided is insufficient, please write the replies on a separate sheet giving appropriate question number and attach it to the form, Please affix your firm/company seal with authorized signature on every page.