

QUESTIONNAIRE FOR PRINTING PRESS

PART I : GENERAL INFORMATION **(Printers / Continuous Sty. / Publicity Materials)**

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

2) Date of Establishment / :
Incorporation

3) Address and Telephone No. :

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

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

6) Names of the Partners /Directors :

7) Name of Chief Executive with :
his present addresses and
Telephone Nos.

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

9) Name of Bankers with :
addresses & telephone nos.

- 10) 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.

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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- 11) Whether holding certificate under :
shops & establishment act, duly
renewed. Copy should be enclosed

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- 12) State the latest Income Tax :
Assessed year and the amount of
Tax assessed
Annural Sales Turn over :
copies of last 3 years IT
returns, Balance Sheets & Revenue A/c
to be enclosed

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- 13) Are you agreeable to make :
deliveries to Corporation's offices
in and outside Chennai in Tamiilnadu &
Kerala when so required?

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

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- 15) Area occupied by the press (Building only):

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- 16) Total Numbers Employees : Permanent _____
Temporary _____

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- 17) Number of shifts you work normally :

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- 18) Names of the offices of the LIC whose
printing work you may have done 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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- 19) Name, Addresses and Telephone Nos.

of atleast three of your most valued clients :
Furnish contact details Name, designation,
contact number, mail id

20) State the nature of printing jobs undertaken :
by you. (Full details to be given)

21) Do you undertake manufacture of :
a) Envelopes
b) Office Files
c) Stickers

22. Is the Firm registered as MSME with DIC/NSIC:
If so, enclose copies of documents as proof.

23. Has the Firm been removed/blacklisted by
Any of the office of Corporation, if so
Give details.

24) Mention any other specialties of your Establishment :

Note : 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.

PART II : TECHNICAL INFORMATION

1) Particulars of composing facilities

a) D.T.P.Systems

Make	Packages	Languages	Other Features if any

2) Printing Machines

a) Offset Machine

Make	Size	Colour	Speed	Other Features if any

b) Screen Printing Facility - whether available

c) Pre-printed continuous stationery machine

Make	Size	Colour	Speed	Other Features if any

3) Particulars of Positives and Plate making facility

4) Binding, Finishing, Folding, Cutting

a) Cutting Machines

Make	Size Blade	Other Features if any

b) Particulars of punching machines

c) Particulars of perforating Machines

d) Particulars of Continuous stationery
Gathering machine.

5) ~~If any of the equipments mentioned above is under lease, loan or hire purchase agreement should be furnished.~~

6) Please furnish details particulars of any other agreements you may have entered into which are subsisting and are likely to have a bearing on the jobs, which may be entrusted to you.

I/WE _____ request Life Insurance Corporation of India, Zonal Office, to consider inclusion of my/our firm in the list of their approved printers and agree to give full satisfaction to the Corporation in the event of their doing so.

Dated : _____

Signature with Seal
