



LIFE INSURANCE CORPORATION OF INDIA, DIVISIONAL OFFICE, COIMBATORE

QUESTIONNAIRE FOR TABLE STATIONERIES

GENERAL INFORMATION

- 1) Name of the Stationery vendor :
(In Block Letters)
-
- 2) Date of Establishment / :
Incorporation
-
- 3) Address with Telephone No., Fax No. :
and E-Mail ID.
-
- 4) Address of Office (If Separate) :
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 company registered :
Under the Companies Act?
If so, state -
(a) Licence No. :
(b) Date of Last renewal of licence :
Copy of the licence to be enclosed
(c) PAN No. :
(d) ESIS No., If any :
(e) EPF Registration No. if any :
(f) GST No. :
-
- 11) Whether holding certificate under :
shops & establishment act, duly
renewed. Copy should be enclosed
-
- 12) State the latest Income Tax : 2020-2021
Assessed year and the amount of
Tax assessed : 2021-2022
(Copies of last 3 years IT Returns,
Balance Sheets & Revenue A/c to be : 2022-2023
Enclosed)
-

13) Are you agreeable to make :
deliveries to Corporation's offices
in Madurai Divisional area when so directed?

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

15) Area occupied by the company :
(Building only)

16) Total Numbers Employees : Permanent_____

Temporary_____

17) Number of shifts you work normally :

18) Names of the offices of the LIC where supply
of stationery items have been undertaken
during the last 3 years. Mention only those :
offices for whom you have done sizable jobs
or have done constant work.
(Details of sizable supply made to be given)

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

20) Approximate Sales per year :

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

22) Mention any other specialties of your Establishment :

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

Dated : _____

Signature with seal

Note:

1.The completed applications along with relevant supporting documents, if any, in a
sealed cover superscribing "Application for Empanelment of TABLE Stationers" is to be
submitted to "The MANAGER(E & O.S), L.I.C of India, Divisional Office, TRICY ROAD,
COIMBATORE -641018 on or before 19.01.2024.

2.The Corporation reserves the right to include or not the name of the applicant in the
panel at its absolute discretion without assigning any reason.

3.The Corporation reserves the right to cancel the name of the Stationers from its
approved lists at its absolute discretion without assigning any reason.