



LIFE INSURANCE CORPORATION OF INDIA CHENNAI-D.O.-I
QUESTIONNAIRE FOR TABLE STATIONERS
GENERAL INFORMATION

- 1) Name of the Stationer (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 Assessed year and the amount of Tax assessed :
Copies of last 3 years IT Returns, Balance Sheets & Revenue A/c to be enclosed

- 13) Are you agreeable to make deliveries to Corporation's offices :

within and out of Chennai 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-I, Chennai 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

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-I, VI Floor, L.I.C Buildings, 153, Anna Salai, Chennai-600 002 on or before 02.12.2022.

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.