



Aurangabad Divisional Office : Jeevan Prakash, Adalat Road, AURANGABAD

APPLICATION FORM FOR EMPANELMENT OF FIRM

CATEGORY _____	CATEGORY DESCRIPTION _____
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(Separate application is to be submitted for each Category)

TERMS AND CONDITIONS FOR EMPANELMENT

1. The firm/ Supplier/ Service Provider should be in profession for at least 3 years. (Copy of registration certificate must be enclosed)
2. For category A to E the firm should be on the approved panel of at least 3 Reputed Firms.
3. The firm / supplier should have registration with state and local authorities for undertaking the profession (Copies of proof should be enclosed)
4. The firm should keep sufficient stock in hand so as to comply with the urgent need without delay.
5. Vendor should furnish the specific brand or make, in case of authorized dealer (Copy of valid authorized dealership certificate must be enclosed.)
6. Minimum Annual turnover required for empanelment is indicated against the category.
7. The empanelment will be done only on the favorable recommendation of the duly constituted committee that will visit and inspect the premises, workshop etc. of the applicant.
- 8. Annexure "A to C" all are part of Application Form. All applicants are required to affix the signature and seal of the Authorized Official of the Company on each page of Annexure "A to C" in acceptance of terms and conditions.**



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Annexure - A

GENERAL INFORMATION ABOUT THE SUPPLIERS/ VENDORS/ PRINTERS

S. No.	Information Sought	Information Provided
1	Name of the firm (In Block Letters)	
2	Date of Establishment/ Incorporation of the Firm)	
3	Correspondence address, Telephone No. and E-mail ID	
4	Address of Head Office (If separate) Telephone no. and E-mail ID	
	E MAIL	
	PIN CODE NUMBER	
5	Status: Proprietary / Partnership/ Private Limited Company	
6	Names of partners/ Directors	
7	Name of Chief Executive with his present address, Telephone no. and 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 and Telephone No.	
10	Is the Firm registered under the Factory Act? If so, state a) Licence no. b) Date of renewal of licence (copy of licence to be enclosed)	



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11	a) PAN No. of Income Tax Deptt. (Enclose copy) b) Labour licence No. (Enclose copy) c) GST Registration No. (Enclose copy) d) EPF Registration No. (Enclose No.) e) ESI No. (Enclose copy)	
12	Whether holding certificate under Shops and Establishment Act, duly renewed (copy should be enclosed)	
13	State the latest Income Tax assessed year and amount of tax assessed (copies of last three years IT Returns, Balance sheets and Revenue a/c to be enclosed)	
14	Turn over for last three financial years F.Y. 2021-2022 F.Y. 2020-2021 F.Y. 2019-2020	
15	Whether Black- listed by any Govt. Dept. / Public Sector Company	
16	PAN NUMBER	
17	Are you agreeable to make deliveries to Divl. Office Aurangabad?	
18	Are you agreeable to abide strictly by the Terms & Conditions of the Tenders and Contracts?	
19	Is your firm empanelled with any office of Life Insurance Corporation Of India or any other PSU (Central)? Please enclose proof.	
20	Name, Addresses and Telephone Nos. of some of your most valued clients (separate list may be enclosed)	
21	Mention any other specialties of your establishment	



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22	Is the firm owned by SC/ST entrepreneurs , if so please enclose a copy.	
23	MSME / NSIC Certificate if any (copies to be enclosed)	
24	GST NUMBER	
25	Details of DD/ Bankers cheque / MR for empanelment fees of Rs. 118=00 (inclusive of GST)	

Note: Please type this form and fill it legibly in ink. If space provided is insufficient, please type or write the replies on a separate sheet giving appropriate question no. and attach it to the form. All the pages of application form and documents must be signed with seal of the firm.

I / We _____

request LIFE INSURANCE CORPORATION OF INDIA , DIVISIONAL OFFICE, "JeevanPrakash", Adalat Road, Aurangabad-431005 to consider inclusion of my / our name in the list of approved Suppliers/ Vendors/ Printers.

Dated at _____ this _____ day of _____ 2023.

Signature with Seal

Name:

Designation



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ANNEXURE -B

Special Questionnaire for Printing/ Computer Continuous Stationery Printers/ Vendors

TECHNICAL INFORMATION

Particulars of composing facilities

D.T. P. Systems

Make	Packages	Language	Other features if any
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a) Other composing facilities such as hand composing

1. Particulars of scanning machines being used.

2. Printing Machines

a) Offset Machine

Make	Size	Colour	Speed	Other features if any
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b) Letter Press Machines

Make	Size	Colour	Speed	Other features if any
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c) Screen Printing Facility



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d) Pre-printing continuous machine

Make Size Colour Speed Other features if any

3. Particulars of Positives and Plate making facility

4. Binding and Finishing

a) Cutting Machine

Make Size Colour Speed Other features if any

b) Particulars of punching machines:

c) Particulars of perforating Machine:

d) Particulars of gilding department:

6. Have you got photo-typesetting machine if so; please furnish full details of type Faces

7. If any of the equipments mentioned above is under lease, loan or hire purchase

Agreement should be furnished.

8. Please furnish details particulars of any other agreements you may have entered

into which are subsisting and are likely have a bearing on the jobs, which may be entrusted to you.

I/ We _____ request Life Insurance Corporation Of India, Aurangabad Divisional Office to consider inclusion of my / our name in the list of their approved printers.

Dated

Signature of Supplier/ Vendor/ Printer



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Annexure – “C”

Declaration by Suppliers/ Vendors/ Printers

1. I/ We have read the instructions appended to the Annexure- “A” and I/ We Understand that if any false information is revealed at a later date, any contract made between ourselves and the Life Insurance Corporation Of India, on the basis of the information given by me/ us can be treated as invalid at the sole discretion of the Life Insurance Corporation Of India and I / We will be solely responsible for the consequences.
2. I / We agree that the decision of the Life Insurance Corporation Of India in selection Supplier/ Vendor/ Printer will be final and binding on me / us.
3. All the information furnished by me/ us here under 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 Life Insurance Corporation Of India.

SIGNATURE:

NAME AND DESIGNATION:

SEAL OF THE FIRM / COMPANY:

PLACE:

DATE: