



**भारतीय जीवन बीमा निगम**

LIFE INSURANCE CORPORATION OF INDIA

**CHENNAI DIVISION I**

**153,ANNASALAI,  
CHENNAI 600 002.**

*Applications are invited for empanelment of firms for the following categories for our Chennai Division – I and its Branch Offices / Satellite Offices.*

- 1) *Supply of printed forms, Pre-printed Continuous Stationery, Envelope makers and Table Stationery.*
- 2) *IT Consumables viz. Printer Ribbons, cartridges etc.*
- 3) *Furniture Items – Wooden and Steel, UPS Batteries, Fire Alarm, Fire Extinguishers, Air Conditioners, Currency Counting Machine, Token Display System, EPABX, Iron Safe, Hot & Cold Water Dispenser*
- 4) *Hire of Generators of various capacities*
- 5) *Service Providers for maintenance of ACs, Fire Extinguishers, Fire Alarm, EPABX, Currency Counting Machine / Fake Note Detector, Token Display System, UPS, Pest Control, Hot & Cold Water Dispenser,*

*Interested vendors can obtain tender forms from OS Department at the above address or download the same from [www.licindia.in](http://www.licindia.in). click on the link **Tenders** →appln. for empanelment. Please refer application for terms and conditions. The last date for submission of completed application is 02/12/2022.*

Date 12/11/2022

**MANAGER (E&OS)**

**LIFE INSURANCE CORPORATION OF INDIA**  
**CHENNAI DIVISION – I**

**QUESTIONNAIRE FOR EMPANELMENT OF DEALERS FOR PROVIDING**  
**ANNUAL MAINTENANCE CONTRACT**

**Air Conditioners / Currency Counting Machine / EPABX / Fire Alarm /  
Fire Extinguishers / Pest Control**

(Tick whichever is applicable)

Name of the dealer (In block letters)	
Address and Tel No/ Mob No./E-mail id	
Address of the office if different from the above	
Date of Establishment / Incorporation	
Status: Whether Sole Proprietorship / Partnership / Pvt Ltd / Public Ltd	
Names of the Partners/ Directors	
Name of Chief Executive with his present address and Tel Nos.	
Name of Representative(s) indicating Designation who would be calling on us and attending to our jobs and his/her mobile numbers	

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Name of Bankers with addresses & Telephone Nos.	
Is the Co. registered under the Shops & Establishments Act? If so, state- a. License No. b. Date of renewal License	
State The latest Income Tax Assessed year and the amount of Tax assessed Copies of last 3 yrs ,IT Returns Balance Sheets & Revenue A/c to be enclosed	
PAN NUMBER	
ESIS NO: If any EPF REGN NO ,If any	
Are You agreeable to provide service to Corporation's offices within/out of Chennai DO-I jurisdiction (inclusive of mofussil area) when so directed?	
Are you agreeable to abide strictly by the terms and conditions of the Tenders and Contracts	
Name and Addresses and Tel Nos of at least three of your most valued clients	

Mention any other specialties of your Establishment	
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Note: If the space provided is not sufficient, please attach a separate sheet to give the details.

I / We \_\_\_\_\_ request LIFE INSURANCE CORPORATION OF INDIA , Chennai Divisional Office-I to consider inclusion of my / our firm in the list of their approved dealers and agree to give full satisfaction to the Corporation in the event of their doing so. I / We further state that our firm has not been black-listed in any of the offices of LIC OF INDIA / Other State / Central / Quasi Government Organizations.

DATE:

PLACE:

SIGNATURE

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Note: The Corporation reserves the right to cancel the name of the vendor from its approved list at its absolute discretion without assigning any reason. Vendors approved for empanelment should execute the terms & conditions of LIC of India in Rs.80/- Stamp Paper.

**INSURANCE CORPORATION OF INDIA**  
**CHENNAI DIVISION – I**

**QUESTIONNAIRE FOR EMPANELMENT OF DEALERS FOR SUPPLY OF**

**Air Conditioners / Currency Counting Machine / EPABX / Furniture  
Items / Fire Alarm / Fire Extinguishers / Glow Sign Boards / Iron Safe /  
Generator/Token Display System / UPS Batteries**

(Tick whichever is applicable)

Name of the dealer (In block letters)	
Address and Tel No/ Mob No./E-mail id	
Address of the office if different from the above	
Date of Establishment / Incorporation	
Status: Whether Sole Proprietorship / Partnership / Pvt Ltd / Public Ltd	
Names of the Partners/ Directors	
Name of Chief Executive with his present address and Tel Nos.	
Name of Representative(s) indicating Designation who would be calling on us and attending to our jobs and his/her mobile numbers	



Name of Bankers with addresses & Telephone Nos.	
Is the Co. registered under the Shops & Establishments Act? If so, state- a. License No. b. Date of renewal License	
State The latest Income Tax Assessed year and the amount of Tax assessed Copies of last 3 yrs ,IT Returns Balance Sheets & Revenue A/c to be enclosed	
PAN NUMBER	
ESIS NO: If any EPF REGN NO ,If any	
Are You agreeable to make deliveries to Corporation's offices within/out of Chennai DO-I jurisdiction (inclusive of mofussil area) when so directed?	
Are you agreeable to abide strictly by the terms and conditions of the Tenders and Contracts	
Name of the offices of LIC Where you have supplied materials during the last 3 yrs.	
Name and Addresses and Tel Nos of atleast three of your most valued clients	



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Mention any other specialties of your Establishment	
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Note: If the space provided is not sufficient, please attach a separate sheet to give the details.

I / We \_\_\_\_\_ request LIFE INSURANCE CORPORATION OF INDIA , Chennai Divisional Office-I to consider inclusion of my / our firm in the list of their approved dealers and agree to give full satisfaction to the Corporation in the event of their doing so. I / We further state that our firm has not been black-listed in any of the offices of LIC OF INDIA / Other State / Central / Quasi Government Organizations.

DATE:

PLACE:

SIGNATURE

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Note: The Corporation reserves the right to cancel the name of the supplier from its approved list at its absolute discretion without assigning any reason. Vendors approved for empanelment should execute the terms & conditions of LIC of India in Rs.80/- Stamp Paper.

**QUESTIONNAIRE FOR OFFICIALS VISITING THE PREMISES OF VENDORS**

Date: \_\_\_\_\_

**Name and Address of the Company:**

**Name of the Owner / representative / contact Person:**

**Name of the Equipment dealing with:**

**Total No. of Employees / Service Personnel:**

**Appearance of the Company in your opinion:**

**Are you satisfied that the details given in the questionnaire are correct?**

**Any other points noted:**

**Recommendations of the committee:**

**Name of the Visiting official with designation**

**SIGNATURE**

**Name of the Visiting official with designation**

**SIGNATURE**

**Name of the Visiting official with designation**

**SIGNATURE**