



Divisional Office, Jeevan Prakash, Gauriganj, Bhelupura B 12/120, Varanasi. 221001, Ph.No 0542-2450487

APPLICATION FORM FOR EMPANELMENT OF FIRMS/ SUPPLIERS & SERVICE PROVIDERS

S.No. of Category: -

Name of category: -

(Separate application is to be submitted for each Category)

Conditions for Empanelment:

1. The Firm/Supplier/Service Provider should be in same profession for at least 3 years (Submit proof thereof).
2. The Firm/Supplier/Service Providers must have at least one full time Running Office/ Shop or working place or their Representative at Varanasi (UP).
3. The Firm/Printer/Service Provider should be on the approved panel of at least 3 reputed firms out of which at least one should be Public Sector or Govt. undertaking.
4. The separate forms (Annexure – A) is required to be filled up for each category or Sub-Category.
5. The Firm/Supplier/Printers/Service Provider should have registration with state and local authorities for undertaking the profession (Such as Copies of State Registration, certificate under shops and Establishment Act etc. to be enclosed).
6. The printer should have sufficient space for operating printing, binding and other activities and sufficient storage space at one place only.
7. The firm/supplier should keep sufficient stock of requisite material in hand so as to comply with urgent need without delay.
8. Applicants of Photocopier & Spiral Binding (Category-08) must have shop within one KM (approx) from the above mentioned address of our Divisional Office Premises.
9. Vendor should furnish the specific brand or make, in case of authorized dealer (Copy of valid authorized dealership certificate must be enclosed).
10. The Firms will be Empanelled only after positive recommendation of committee duly constituted to visit and inspect the premises / workshop / etc. of the applicants.
11. All applicants are required to affix the signature and seal of the Authorized official of the Company/Firm on each page of Annexure "A" in acceptance of terms and conditions therein.
12. Applications incomplete in any respect will not entertained and are liable to rejected without mentioning the reason thereof.
13. For any enquiry / Clarifications you may contact on. 0542-2450985/9936179896

Signature

Name :

Designation :

Seal of the Firm/Company:



Life Insurance corporation of India, Divisional Office Varanasi (CG)

Minimum Turnovers Required For empanelment of suppliers/firms/service providers

SL.NO.	CATEGORY	Minimum Average Annual Turnover required (in last three years FY 2019-20, 2020-21, 2021-22)
01	Table & Office Stationery such as Pen, file, Photocopier Paper, Punching Machine, Stapler etc.	15 Lac
02	Printing of forms/ledgers, visiting cards/publicity brochures/booklets etc.	20 Lac
03	Supplier of Cloth/Craft Envelopes/ordinary envelopes	10 Lac
04	Supply /Maintenance/Serviceing of Safety Equipments & Fire Extinguishers/Fire Fighting (Hydrant System)	10 Lac
05	Supply/Maintenance/Serviceing of AC, Water Coolers etc.	20 Lac
06	Supply of Water purifier & RO Systems for domestic and commercial use, Sales Promotion Gift items etc.	10 Lac
07	Supply of Cleaning Material Toilet Consumables etc	5 Lac
08	Photocopiers/Spiral Binding	2 Lac
09	Offices upkeep/Guest House, Catering/Canteen maintenance	5 Lac
10	Supply of Blank and Preprinted Computer Continuous Stationery.	20 Lac

Categories for which No Minimum Turnover is required for following items

SL.	CATEGORY
11	Repair and maintenance of Wooden & Steel Furniture and Fixtures
12	Scrap Dealers/Book Binder/Carpenter.
13	Name plates /Seal/Rubber stamp

Annexure-A

APPLICATION FOR FIRM/SUPPLIER/SERVICE PROVIDER

PART I :: GENERAL INFORMATION

SL.NO.	INFORMATION SOUGHT	INFORMATION PROVIDED
1.	Name of the Firm(IN BLOCK LETTERS)	
2.	Date of Establishment /Incorporation of the Firm	
3.	Correspondence Address and Telephone no/contact no. with e mail address	
4.	Address of head office (if separate) and Tele. no. /Mob. No.	
5.	Address of local office / Shop / Authorized Personal at Varanasi (CG) with Tele. No. or MobileNumber (It is Compulsory).	
6.	Give details of Business/Profession	
7.	Details of products available/services provided by you. You can enclose separate sheet/letter head for giving details)	
8.	STATUS: Whether Partnership/Private ltd. Company/Public limited company/Proprietorship	
9.	Name of the Partners/Directors and their Contact / Mobile Nos.	
10.	Name of the Chief Executive with his present address and telephone/mobile nos.	
11.	Name of Representative(s) indicating Designation who would be calling on us and attending to our jobs (with Telephone and Mobile Nos.)	
12.	Name of Banker with address and Telephone Nos.	
13.	Is the Firm/Agency registered under the Shops and Establishment Act? (Yes/No) A License No. B Date of last renewal of license (Copy of license to be enclosed) C PAN NO (Enclose photo copy) D GST NO. if any (Enclose photo copy) E ESIC No. if any (Enclose photo copy) F EPF Registration NO., if any (Enclose photo copy) G Labour license no. and validity under section of Labour Laws for existing contracts (Enclose photo copy, if any)	
14.	Whether holding certificate under shops and Establishment Act duly renewed (Copy should be enclosed)	
15.	GeM Portal Registration No., if any (Enclose photo copy)	

16.	State the latest Income Tax for last Three Years (Self attested copy of last 3 Years IT returns to be attached)	F Y 2019-20 –	
		FY 2020-21 –	
		FY 2021-22 –	
17.	Turn over for last Three Years (Certificate issued by Chartered Accountant to be attached as per Annexure C)	F Y 2019-20 -	
		FY 2020-21 -	
		FY 2021-22 -	
18.	Whether Black listed by any Govt. Deptt./ Public Sector Company/LIC Office? If yes give details.		
19.	Are you agreeing to make deliveries to the Corporation's offices at Varanasi and its branches under jurisdiction?		
20.	Do you agree to abide strictly by the Terms and Conditions? (Copy enclosed)		
21.	Total Numbers of employee	Permanent _____ Skilled _____ Unskilled _____	Temporary _____ Skilled _____ Unskilled _____
22.	Number of shifts you work normally		
23.	Timing of shifts		
24.	Weekly holidays		
25.	Names of offices of the LIC of India whose work you may have done during the last three years. Mention only those offices for whom you have done sizable jobs or constant work. (Details of jobs done)		
26.	Name, Addresses and Telephone Nos. of some your most valued clients (separate list may be enclosed) Please refer point No. 3 of Conditions for Empanelment.		
27.	Web Site Address of the firm/ Company.		
28.	Mention any other specialty of your Firm/Company.		

Note: Please type this form or fill it legible 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.

DECLARATION

1. I/We request **Life Insurance Corporation of India, Divisional Office, gauriganj B 12/120, Bhelupura, Varanasi** to consider inclusion of my/ our name in the list of their approved **Firm/Suppliers/Service Providers**. I / We agree to give full satisfaction to the Corporation in event of their doing so.
2. I / We have read the instructions and I / We understand that the information furnished now is found false at a later date, any contract made between ourselves and the LIC, on the basis of the information given by me / us can be treated as invalid at the sole discretion of the LIC and I/We will be solely responsible for the consequences.
3. I /We agree that the decision of the LIC in selection of **Firms/Suppliers/Service Providers** will be final and binding on me / us.
4. All the information furnished by me hereunder is correct to the best of my / our knowledge and belief.
5. 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 LIC.

Date at _____ this _____ day of _____ 2024.

Signature :

Name :

Designation :

Seal of the Firm /Shop/ Company:

Annexure -B
PART II : TECHNICAL INFORMATION
(FOR PRINTERS ONLY)

Page-1

S. No	Information Sought	Information Provided
1.	<p>Particulars of composing Facilities.</p> <p>a. D.T.P. Systems (Make Packages, Languages Others features, if any)</p> <p>b. Other composing facilities such as hand composing.</p>	
2.	<p>Particulars of Scanning Machines being used.</p>	
3.	<p>Printing Machines:</p> <p>a. Offset Machine (Make size colour Speed and other feathers, if any)</p> <p>b. Letter Press Machines: (Make Size Speed and other feathers, if any)</p> <p>c. Screen Printing facility</p> <p>d. Pre-printed continuous stationery machine (Make size colour speed and other feathers, if any)</p>	
4.	<p>Particulars of Positives and Plate making facility</p>	
5.	<p>Binding and finishing</p> <p>a. Cutting Machines (Make size of Blade Hand/ Power Driver)</p> <p>b. Particulars of Punching Machine</p> <p>c. Particulars of perforating Machine</p> <p>d. Particulars of gilding department</p>	
7.	<p>If any of the equipments mentioned above is under lease, loan or hire purchase agreement should be furnished</p>	
8.	<p>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.</p>	

Contd.-Page-2

Note :

1/ 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.

2/ The Corporation reserve the right to cancel the name of the firm/ suppliers /service providers from its approved lists at this absolute discretion without assigning any reason.

All the pages of application form and documents must be signed with seal.

DECLARATION

6. I/We request **Life Insurance Corporation of India, Divisional Office, Gauriganj B 12/120, Bhelupura, Varanasi** to consider inclusion of my/ our name in the list of their approved **Firm/Suppliers/Service Providers**. I / We agree to give full satisfaction to the Corporation in event of their doing so.
7. I / We have read the instructions and I / We understand that the information furnished now is found false at a later date, any contract made between ourselves and the LIC, on the basis of the information given by me / us can be treated as invalid at the sole discretion of the LIC and I/We will be solely responsible for the consequences.
8. I /We agree that the decision of the LIC in selection of **Firm/Suppliers/Service Providers** will be final and binding on me / us.
9. All the information furnished by me hereunder is correct to the best of my / our knowledge and belief.
- 10.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 LIC.

Date at _____ this _____ day of _____ 2024.

Signature :

Name :

Designation :

Seal of the Firm/Company:

CHARTERED ACCOUNTANT CERTIFICATE

(To be submitted on the letterhead of the CA Firm/CA Individual)

To whomsoever it may concern

It is certified that M/s (Name)
 (Address)..... have an annual
 turnover for the three financial years as under:

Sl. No.	Financial Year	Annual turnover of the Firm/Supplier/Service Provider (Give amount in figures & words- Rs.)	
		Amount in Figures (Rs.)	Amount in Words (Rs.)
1	2019-20		
2	2020-21		
3	2021-22		

This is further certified that the above Turnover is in line with the Turnover as declared by the Firm / Supplier / Service Provider in their Books of Account.

Stamp and Signature of Chartered Accountant (C.A.)

Date:.....

Place:.....



Divisional Office, Jeevan Prakash, Gauriganj, Bhelupura B 12/120, Varanasi. 221001, Ph.No 0542-2450579

PRE QUALIFICATION TENDER NOTICE FOR IMPANELMENT OF CONTINUOUS COMPUTER STATIONERY , ENVELOPS AND POLICY DOCKETYS, TABLE STATIONERY ,PRINTING OF FORMS,PHOTOCOPIER AND SPIRAL BINDING AND NAME PLATES /RUBBER STAMPS

Life insurance corporation of India intends to firms for different categories as mentioned above under Divisional office Varanasi. Interested firms fulfilling the criteria may collect separate enrolment /tender forms for each category from the office at the above address on payment of Rs 500.00+ Rs 90.00 GST each category (Non Refundable) in cash or Demand Draft in favour of LIC Of India payable at Varanasi.

SUPPLY OF FORMS: 08.04.2024 TO 30.04.2024

LAST DATE OF SUBMISSION OF FORMS: 03.05.2024 (05.00 PM)