



**LIFEINSURANCE CORPORATION OF INDIA**  
**DIVISIONAL OFFICE, TIRUNELVELI**  
**QUESTIONNAIRE FOR EMPANELMENT OF IT CONSUMABLES**  
**VENDOR**

Name of the Vendor (In block letters)	
Date of Incorporation	
Office Address with Telephone Nos.	
E-mail Address of the Firm	
Status : Whether Sole Proprietorship/Partnership/Private Limited Company/Public Limited Company	
Names of the Partners/Directors	
Other Person's Name with Phone Nos.	
Offices of LIC/Banks/Other PSUs/Govt.etc.	
Your Product Line	
PAN Number	
Tin Number	
GST Number	
Experience in sales of Network Materials/IT Consumables like CD/CD- RW/DVD, Toners(New,Refilling & Reconditioning), Ribbons(New & Refilling)LinePrinterRibbons(Printronix P500,P7000,P7010,LIP 6306),Reconditioning of printerheads	
Authorisation obtained from(authorized dealer)	
Name,addresses and Telephone Nos. of Atleast three of your most valued clients(with you for more than 3 years)	

Whether holding Certificate under Shops & Establishment Act duly renewed	
Are you agreeable to make deliveries to Corporation's offices in Tirunelveli Divisional area when so directed	
Are you agreeable to abide strictly by the Terms and Conditions of theTenders and Contracts (Copies annexed)	
Mention any other special features of your Firm	

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I/We \_\_\_\_\_  
request Life Insurance Corporation of India, Divisional Office, Tirunelveli to consider inclusion of my/our firm in the list of their approved IT consumables panel and agree to give satisfaction to the Corporation in the event of their doing so.

Dated \_\_\_\_\_

Signature with seal \_\_\_\_\_

Note:

01. The completed applications along with relevant supporting documents, if any, in a sealed cover superscribing "Application for Empanelment of IT consumables" is to be submitted to "The Manager(E & OS), Divisional Office, Tirunelveli -627 002 on or before 29.04.2024
02. 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.
03. The Corporation reserves the right to cancel the name of the IT Consumables Vendor from its approved lists at its absolute discretion without assigning any reason.

**Annexure EC(9) – Manufacturer’s Authorization**

**Form(MAF) (\*To be submitted on Company’s letter head)**

**Ref:APPLICATION FOR EMAPANELMENT**

**To**

**The Senior Divisional Manager  
Life Insurance Corporation of India  
Divisional Office  
Tirunelveli – 627 002**

Dear Sir/Madam,

We, M/s \_\_\_\_\_ who are established and reputed manufacturers of \_\_\_\_\_ having factories/Depot at \_\_\_\_\_ and \_\_\_\_\_ do hereby authorize M/s \_\_\_\_\_ (Name and address of bidder) to offer their quotation, negotiate and conclude the contract with you against the above invitation for the Bid.

We hereby extend our commitment/ standard guarantee and comprehensive warranty as per terms and conditions of the RFP and the contract for our equipment quoted/ services offered against this invitation for Bid by the above firm.

We also extend our back to back service support and assurance of availability of our equipment their components and consumables as per terms and conditions of the RFP, to M/s \_\_\_\_\_ for a period of five years (i.e) upto 01.07.2029 and seven year (For line printers and servers) (i.e) upto 01.07.2031.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20

**Signature of the Company Secretary**

**Signature**

**Name:**

**Designation:**

**Name & Address of the company:**

**Seal of the Company**