

कार्यालय सेवा विभाग, केंद्रिय कार्यालय, "योगक्षेम", जीवन वीमा मार्ग, मुम्बई- 400 021. Office Services Dept., Central Office, "Yogakshema", Jeevan Bima Marg, Mumbai- 400 021 दुरभाष Tel.: 66598422/66598416

NOTICE

Applications are invited from the firms/vendors situated in Mumbai (Fort to Dadar area) for empanelment of LIC OF INDIA, Central Office, Mumbai for supply of various items for below mentioned categories:

1. a) Stationers dealing with office stationery items, cloth line covers, kraft paper paper, continuous papers, book items,

b) Vendors dealing with supply of glue, stapling machine & stapler pins, pins, scissors, envelopes, (only MSME registered vendors are eligible)

2. a) Vendors for supply of office upkeep materials except in (b) mentioned below.

b) Vendors for supply of office upkeep material viz: cleaning powder, liquid soap, toilet rolls, dusters, naphthalene balls (only MSME registered vendors are eligible)

3. a) Vendors for supply of Crockery items except in (b) mentioned below

b) Vendors for supply of trays, bowls (only MSME registered vendors are eligible)

Three panels of the vendors as above viz: Office Stationery items, Office upkeep materials and Crockery items will be prepared. The said panel will be valid for 3 years, which may be further extended by 1 year (if required). However, the Corporation reserves the right to reduce the period of validity of panel for less than 3 years, if the circumstances warrant.

The Corporation reserves the right to call any additional / missing information from the applicants and accept or reject any or all applications without assigning any reason thereof.

Firms/ Vendors desirous to be empanelled with us & fulfilling conditions as per Annexure 'A', may apply for getting empanelled on our panel for supplying above items to LIC OF INDIA, Central Office at Mumbai.

The sealed envelope containing application in Questionnaire Form (Annexure 'B') alongwith the enclosures should be super scribed as "APPLICATION FOR EMPANELMENT FOR category and sent at the following address, so as to reach us on or before 21.08.2024 up to 2:30 p.m.

The Secretary (OS) L I C Of India, Central Office, OS Department, "Yogakshema" 4th Floor, West Wing, J.B.Marg, MUMBAI-400 021

EXECUTIVE DIRECTOR (OS/HRMS)

NOTE: 1) Firms/ Vendors who are on our existing panel should also apply for fresh empanelment.

Firms/ Vendors who have been blacklisted / delisting/ debar earlier, should not apply. If applied, their applications will not be considered.

3) Firms/ Vendors applying for more than one category should fill up separate form for each category type i.e. 1,2 & 3

GENERAL CONDITIONS FOR EMPANELMENT

- 1) The Firm / Vendors situated in Mumbai (Fort to Dadar area)
- The Firm/ vendor should be in same profession for at least 3 years (Copy of registration certificate must be enclosed).
- 3) Annual Turnover during any one out of three Financial Year should be as under:-
 - A) For Table & Office Stationery including continuous stationery & envelopes-Minimum Rs. 20 lacs.
 - B) Office upkeep Materials Minimum Rs.2 Lacs
 - C). For Crockery items Minimum Rs. 2 Lacs

The Firm is required to submit copies of Trading & Profit and Loss A/c & Balance Sheet for last 3 years .

- 4) Copies of I.T. Returns for last three Financial Years to be enclosed.
- 5) The Firm/ Vendor should be on the approved panel of at least 3 reputed firms from Mumbai out of which at least one should be public Sector or Government undertaking.
- 6) The Firm/ Vendor should have registration with state & local authorities for undertaking the profession (Copies of state registration, BMC Licence, PAN, GST are to be enclosed).
- 7) The Firm/ vendor should keep sufficient stock of material in hand so as to comply with our requirement without delay. If the firm/ vendor fails to supply the material at the agreed rates during contract period or/and in time, the firm will be liable to be black listed/ delisted/debar from our panel.
- 8) The Firm/vendor should agreeable to the conditions that amount of bills will be credited directly to the vendor's Bank Account through electronic mode of payment only through NEFT / RTGS.
- 9) The Firm/ Vendor should fill the form in Annexure 'B', i.e. Questionnaire Form (Q.1 to
 - Q.27), signed by the authorized person on each page of form.
- 10) Firm/ Vendor should make deliveries to the Corporation's Office at Mumbai with no extra cost.
- 11) Firm/ Vendor should abide strictly by the Terms and Conditions of the Tender/Contract.
- 12) In case of e-tendering (on-line tendering), the Firm/vendor should be agreeable to respond through e-tendering mode. In that case, the firm/vendor will be required to obtain Digital Signature. The firm can avail the service from outside.
- 13) Decision of the Corporation on inclusion of Firm/ Vendor on our panel will be final.
- 14) Interested Firms/ Vendors will be required to submit Application Fees of Rs.500/- in the form of Demand Draft payable in favour of "Life Insurance Corporation of India", Mumbai, along with their application form. Application received without Demand Draft will be disqualified.

ANNEXURE 'B'

QUESTIONNAIRE TO BE COMPLETED BY THE FIRM/ VENDOR FOR GETTING EMPANELLED FOR DEALERS OF STATIONERY/CROCKERY ITEMS AND OFFICE UPKEEP ITEMS

| 1) Name of the Firm/Vendor (In Block Letters) | The section of | | |
|---|----------------------------------|-----------------|-------------------------------------|
| Mention the category under white applying for empanelment: (Vendor applying for more than applying for mo | | should fill up | separate form for each type) |
| 3) Date of Establishment /Incorpor | ation: | 1/2 200 | e i jaganari i kaj |
| 4) Address and Telephone No. : _ | | | |
| | | | |
| 5) Address of Office (If Separate) and Telephone No.: | - <u>- 2112 h)</u> | | |
| | Tel. No | CONTRACTOR | e-mail id |
| 6) Status: Whether Sole Proprietor Private Limited Company /Publi | r/Partnership/ c Limited Comp | any: | |
| 7) Names of the Proprietor/Partner | | | |
| | | | |
| Name of Representative (s) indicating Designation who wou calling on us and attending to or | ld be ur jobs Tel. N | 0 | Mobilel No. |
| 9) Name of Bankers with addresse & telephone nos. | es Name of Bar | nk : | |
| (Copies of rain a years Trading And Balance Sheet to be enclose | 19 or | | Tel. No |
| 10) Whether registered under Sho (If yes, submit xerox copy of | p & Establishme | ent Act. 1948 | YES / NO |
| 11) GST registration number (Man (Pl. submit enclosed form du | idatory in case o | of vendors appl | ying for Table & Stationery) |
| 12) Please state following detail: (a) PAN No. : | | | |
| On the name of Individual (b) TAN No. | or Firm: | | |
| On the name of Individual | or Firm | S resumments | a plated the writer the later taken |

| 13) State the latest Income Tax Assessed year Latest Assessed Year : | |
|--|--|
| The amount of Tax assessed (Copies of last 3 years, IT Returns, Balance Sheets | Amount Rs & Revenue A/c to be enclosed) |
| 14) Are you agreeable to make deliveries to Corporation's office at Mumbai with no extra cost? | make the large transfer of the same |
| 15) Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts as and when laid down by the Corporation? | Targe Considers, territor of the opening of the ope |
| 16) Are you agreeable to the conditions that amount of bills will be credited directly to the vendor's Bank Account through electronic mode of payment only the NEFT / RTGS? | rough |
| 17) Area occupied by the shop/office (in Sq. ft.) | |
| 18) Total Numbers of Employees : Perma | anent Temporary |
| 19) Weekly Holidays : | STATE AND STATE TO SERVICE STATE OF THE SERVICE STA |
| 20) Names of the offices of LIC of India to whom You may have supplied Stationery/crockery items/ Office upkeep materials etc. during last 3 years. | 1) |
| (Please enclose order copies) | 3) |
| 21) Name, Addresses and Telephone Nos. of some of your most valued clients: | 1) 2) 3) |
| 22) Approximate value of Turnover of your firm per year for last 3 years.(Copies of last 3 years Trading/ Profit & Loss A/c And Balance Sheet to be enclosed) | F.YRs F.YRs F.Y Rs |
| 23) Mention any other specialties of your Firm/ Establish | nment: |
| | |
| 24) Whether your firm belong to the category of Micro, S Enterprises Development Act, 2006 " If yes ,specify the enterprise is in manufacturing or service industry | Small enterprises as defined in the "Micro, Small category of Micro, Small Enterprises and whether the |
| 25) Whether registration by filing entrepreneurs mer Centre (DIC), Director of Industries (DI) has been done ONSIC. | morandum part –II ,with the respective District Industries OR is registered under Single Point Registration Scheme o |
| If yes then the Entrepreneur memorandum Number Entrepreneurs memorandum –II | is to be mentioned and copy of Acknowledgement of |

| AND/OR Single point registration certificate to be submitted. | ea |
|--|--|
| 26) Whether the MSE is owned by SC/ST entrepreneurs by the District authority to be submitted | and if so, attested true copies of SC/ST certificate issued |
| I/WE Corporation of India, Central Office, Mumbai to co approved list of firm / vendors for supply of Stations to give full satisfactions to the Corporation in the even | request Life Insurance insider inclusion of my/our name in the list of their ery/ Crockery Items/ Office upkeep items and agree ent of their doing so. |
| Dated: | Signature Seal of firm/ vendor |
| Enclosures: (Give list below) | |

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 Application Form.

2) The Corporation reserves the right to cancel the name of the firm/ vendor from its approved lists at their absolute discretion without assigning any reason.

GST Vendor Details

| Name | Details |
|--|---------|
| T WALL | |
| Address (A | |
| Address (As per registration with GST) | |
| | |
| City | |
| | |
| Postal Code | , |
| | |
| Region/State (Complete State name) | |
| (complete State name) | |
| PAN number | |
| - 121 mumber | |
| GST ARN No. | |
| GSI ARIV NO. | |
| COMPLE | |
| GSTIN Provisional ID No. | |
| | |
| Type of business (As per registration with | |
| GST) | |
| | |
| Contact person | |
| | |
| Phone No. | |
| | |
| Mobile No. | |
| 3.25.2.2.1 | |
| E mail ID | |
| | |
| Samina Assaultin G 1 (7707) | |
| Service Accounting Code/HSN Code | |
| Company of the Compan | |
| | |