



**LIFE INSURANCE CORPORATION OF INDIA**

**KOTTAYAM DIVISION**

Divisional Office, "Jeevan Prakash", PB No. 609,  
Nagampadam, Kottayam - 686001.  
Telephone: 0481-2567609, 2567601  
e-mail: os.kottayam@licindia.com

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Ref.OS/KTM/01/2024-25

Dated 14<sup>th</sup> August, 2024.

Empanelment of Vendors: OS/KTM/01/2024-25 dt. 14.08.2024

Applications are invited from Reputed  
Suppliers/Manufacturers/Service Providers/Vendors  
For Empanelment  
For a period of three years



**Life Insurance Corporation of India**  
**E&OS Department,**  
**Divisional Office, 2nd Floor,**  
**"Jeevan Prakash", Nagampadam,**  
**Kottayam - 686001.**

Cost of Empanelment Document : Rs.236/- (Rs.200/- + GST @18%)

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E&OS Department, Divisional Office, "Jeevan Prakash", PB No. 609, Nagampadam, Kottayam - 686001.  
Telephone: 0481-2567609, 2567601 e-mail: os.kottayam@licindia.com

Ref. OS/KTM/01/2024-25

Empanelment of Vendors : OS/KTM/01/2024-25 dt. 14.08.2024

## NOTICE INVITING APPLICATIONS FOR EMPANELMENT

Applications are invited from reputed Suppliers/Manufacturers/Service Providers/Vendors

**Notice Ref.OS/KTM/01/2024-25**

LIFE INSURANCE CORPORATION OF INDIA, Kottayam Divisional Office (hereinafter referred to as "The Corporation") having its Office at "Jeevan Prakash", Nagampadam, Kottayam - 686001, invites Sealed Applications from reputed Suppliers, Manufacturers, Service Providers/Vendors for empanelment for following categories of services/supplies required by the Corporation for a period of 3 financial years (FY 2024-25 to FY 2026-27).

1. Printed Forms (Application forms Annexures A, B, A1, D & E)
2. Pre printed Continuous Stationery, including Policy Bonds(Application forms Annexures A, B, A1, D & E)
3. Envelopes, Policy Dockets and Policy Wallets (Application forms Annexures A, B, A1, D & E)
4. Flat files, Filing Pads & Brown Back sheets(Application forms Annexures A, B, A1, D & E)
5. Table/Office Stationary and Cleaning Materials (Application forms Annexures A, B, A2, D & E)
6. Computer/IT Consumables (Application forms Annexures A, B, A3, C, D & E)
7. Office Furniture & fittings - steel as well as wooden(Application forms Annexures A, B, A3, C, D & E)

The details of empanelment are available in our website, [www.licindia.in/tenders](http://www.licindia.in/tenders). Applications for empanelment can be collected from **Life Insurance Corporation of India, E&OS Department, Divisional Office, 2nd Floor, "Jeevan Prakash", Nagampadam, Kottayam – 686 001**, or can be downloaded from the website. Separate forms are required to be filled for each category. Non-refundable application fee of Rs.236/- (Application fee of Rs.200.00 plus GST 36.00) may be remitted in Cash/DD/Bankers cheque payable at LIC of India, Kottayam Divisional Office Cash Counter.

Application form, duly completed should be submitted to **E&OS Department, Divisional Office, 2nd Floor, "Jeevan Prakash", Nagampadam, Kottayam – 686 001**, in a sealed envelope, with receipt for fee paid. The envelope should be superscribed as "Application for Empanelment of ....." (Mention the appropriate category) (with application fee, by those who download form from the website).

1. Printed Forms
2. Pre printed Continuous Stationery
3. Envelopes, Policy Dockets and Policy Wallets
4. Flat files and Filing Pads
5. Table/Office Stationary and Cleaning Materials
6. Computer/IT Consumables
7. Office Furniture and fittings

Last date for submitting the duly filled applications to the above address is 15.00 hrs on 04.09.2024. Applications received will be opened on the next day, 30.08.2024, at 11.00 A.M. The firms/Suppliers who are on our panel are required to apply for fresh empanelment, if interested.

SENIOR DIVISIONAL MANAGER.

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E&OS Department, Divisional Office, "Jeevan Prakash", PB No. 609, Nagampadam, Kottayam - 686001.  
Telephone: 0481-2567609, 2567601 e-mail: [os.kottayam@licindia.com](mailto:os.kottayam@licindia.com)

**GENERAL TERMS AND CONDITIONS OF THE EMPANELMENT**

1. The duly completed empanelment application along with proof of payment of application fee should reach E&OS Department, Divisional Office, 2nd Floor, "Jeevan Prakash", Nagampadam, Kottayam – 686 001, in a sealed envelope on or before 15.00 hrs on 04.09.2024.
2. The description and specifications of stores should be noted carefully and your offer should be in accordance with the same. If you quote the stores with any deviation in specification, the same should be brought out in your tender clearly; otherwise, it will be deemed that you have quoted for the specified stores.
3. All samples including the samples of paper should bear clearly the specifications like make, quality, size, weight, GSM etc., on the sample itself and should be certified by the tenderer by his signature and affixing his office seal. Quotations received without sample may be rejected. Offers subject to conditions like 'subject to prior sale', 'subject to availability of stores' or with similar vague conditions are like to be ignored.
4. All deliveries must be made as per instructions by us, free of any charges.
5. Each page of the offer should be signed by the tenderer.
6. If the supply delivered do not conform to the prescribed specifications, the supply is liable to be rejected in toto and the supplier is liable for the liquidated damages. However, it is open to the Corporation at its sole discretion to consider such supply on its own terms and conditions depending upon the facts and circumstances.
7. In case of failure to deliver the goods on or before the specified date/s, the Corporation shall be at liberty to purchase the goods or such part thereof, as it may decide, from any other supplier and the supplier at default shall be liable to make good any loss or damage that the Corporation may suffer due to such purchases or shall be called upon to pay to the Corporation liquidated damages as provided under Clause No.10 hereunder.
8. No alteration either in quantity or quality of the items indented or in the period of execution or enhancement in the rate of articles shall be allowed unless previously ratified by the Corporation in writing.
9. In the case of printing work, if it is found that the press is unable to complete the job after submission of two consecutive proofs or if it is found that the Press is unable to carry out the instruction given, the order may be withdrawn by the Corporation, in which case the Corporation shall not be liable for payment of damages or compensation but the press shall in such an event be liable to make good any extra charge that the Corporation may incur in getting the job done by another Press as per Clause No.7 above.
10. If the Press/Supplier fails to comply with provisions of the clause regarding delivery on or before the specified date or within such extended time as the Corporation may grant at its discretion or in case the Press/Supplier fails to comply with the provisions of any other clause, it shall pay to the Corporation liquidated damages at such rates, at the rate of 1% of the value of the outstanding order for delay of one week or part thereof, 2 ½% for delay of 2 weeks or part thereof, 5% for delay of 3 weeks or part thereof and a maximum of 10% for delay of more than 3 weeks. Such sum will be construed as and taken as liquidated damages and not as penalty, and the Corporation shall be at liberty to deduct such sums from any monies due to the Printer/Supplier under these presents or may otherwise recover the same separately.

11. All proofs should be submitted in duplicate.
12. A file copy of two ordered items should always be furnished to us in respect of all forms, books, brochures, booklets, etc., in addition to ordered numbers, free of cost, whether mentioned or not in the order form.
13. No advance payment will be made till the order is fully executed except that the Corporation may be in a particular case stipulate that payments will be against partial deliveries, in which case such partial payments will be made.
14. Any dispute arising out of or relating to this tender shall be deemed to have arisen at the Headquarters of the Divisional Office and shall be subject to adjudication by a Court in that city.
15. Stores rejected after the receipt will have to be taken by the suppliers at their risk and cost.
16. Quotations should be sent in a sealed cover super scribed with the number of tender enquiry and due date of opening.
17. Please note that your offer should be kept open for minimum 30 days from the due date.
18. We reserve the right to reject any offer in part or full without assigning any reason. In the event of our accepting a part of any item of your offer, traded rate for full quantity shall be considered as valid unless specifically stated to the contrary in your offer. This does not necessarily mean that the lowest quotation will be accepted.
19. The Terms of Provisions of Section 33 (3) of the Insurance Act, 1938, as amended by the Insurance Laws (Amendments) Ordinance 2014, the Insurance Regulatory Authority of India (IRDA) is authorized to verify all such books of accounts, register, other documents and data base in the custody of the contractor in respect of services outsourced by Life Insurance Corporation of India. It shall be the duty of the contractor to provide such documents/ Statements/information as may be required by IRDAI within such time as may be specified by the IRDAI.
20. Any tender not in compliance with the above terms and conditions and the specification sheet will be liable to be rejected.

**Senior Divisional Manager**

Signature of the Vendor/Supplier  
with seal

**Special Conditions for Empanelment for Supplier/Firm/Service Provider**

1. The Firm/Supplier/Service Provider should be in the profession of printing for atleast 3 years (Copy of registration certificate should be enclosed).
2. Annual Turn over should be Rs.5 lakhs for small jobs, Rs.5 Lakhs to Rs.15 Lakhs for medium job and above Rs.15 Lakhs for big jobs in any of the last 3 financial years (Copy of audited Balance Sheets, P&L Account and IT Returns for last 3 financial years should be enclosed. If AY 2024-25 accounts are not finalized, previous 3 AY details may be enclosed).
3. The Firm/Supplier/Service Provider should be in the approved panel of at least 3 reputed firms, out of which one should be a Public Sector or Government undertaking (Enclose list and contact details).
4. The Firm/Supplier/Service Provider should keep sufficient stock in hand so as to comply with our urgent needs without delay.
5. In case, the firms/Suppliers/Service Provider is the authorized dealer of any brand or make, copy of the valid authorized dealership certificate must be enclosed.
6. The Firm/Supplier/Service Provider should have registration with State/Central/Local authorities for undertaking the profession (Self attested copies of Registration/Licence/TAN/PAN/GST etc. to be enclosed).
7. The Firm/Supplier/Service Provider, who has been blacklisted/removed earlier by any office of LIC of India should not apply.
8. The Firm/Supplier/Service Provider must give their acceptance to the Terms and Conditions as attached.
9. Empanelment will be done only on the favourable recommendations of the duly constituted committee on the basis of record verifications, visit or inspection of premises, work shop etc. of the applicants. Mere submission of application for empanelment does not confer the right of empanelment. The Corporation reserves its right to reject, accept any or all applications or cancel empanelment. The Corporation shall neither be held liable or obligatory in its part to inform the applicant the grounds of any such action. The Corporation reserves the right to raise the minimum eligibility criteria for empanelment depending on the response.
10. Empanelment will be valid for three financial years.
11. The Corporation reserves the right to include/exclude/cancel the name/s of the firms/suppliers/service provider from its approved list at their absolute discretion without assigning any reason whatsoever.
12. Last date for receipt of application duly completed is 15.00 hrs on 01.02.2021. Applications received after the stipulated time will not be considered for the purpose of empanelment.
13. In case, application is downloaded from our web site [www.licindia.in/tenders](http://www.licindia.in/tenders), non-refundable application fee of Rs.236/- (Application fee Rs.200.00 plus GST Rs.36.00) is to be submitted in cash/DD/Bankers cheque payable at Kottayam, along with the application form. Applications received without the stipulated application fee will not be treated as valid application.
14. Application incomplete in any respect will not be entertained and is liable to be rejected.

**Senior Divisional Manager**

Signature of the Vendor/Supplier with seal

Annexure A1

**Questionnaire for Empanelment of Firm (Printed Forms/Pre Printed Continuous Stationery/ Envelopes, Policy docketts & Policy Wallets/Flat Files and Filing Pads & Brown Back Sheets)**

**Name of the Job :**

**(Separate Questionnaire is to be filled up for each job)**

**Conditions for empanelment**

1. The printer should be in profession of printing for at least 3 years (Copy of registration certificate must be enclosed).
2. Annual Turnover should be upto Rs.5 lakh for small job, Rs.5 lakh to Rs.15 lakhs for medium jobs and above Rs.15 lakh for big jobs, in any 3 of financial years (Attach Balance Sheet for 3 years - Refer Condition 2 of Annexure B).
3. The printer should be on the approved panel of at least 3 reputed firms out of which at least one should be Public Sector or Government undertaking.
4. The printer should have at least one single colour & one 4-Colour offset machine, in-house stitching & Binding unit & Screen Printing unit.
5. The printer should have at least 1500 sq. ft. area of operation for printing, binding etc., activities & sufficient storage space at one place only
6. The printer should have registration with State and Local authorities for undertaking the profession (Copies of registration & or license to be enclosed).

**Questionnaire for Printers, Suppliers/Manufacturers of Continuous Stationery/Envelopes, Policy Docketts and Policy Wallets/Flat files and Filing Pads & Brown Back sheets**

PART 1: GENERAL INFORMATION		
Sl.No.	Information sought	Information Provided
1.	Name of the Press/Company/Firm (in Block Letters)	
2.	Date of Establishment/Incorporation	
3	Address with Telephone/Mobile No. and E-mail address:	
4	Address of Office (if different from 3 above) with Telephone/Mobile Number and E- mail address	
5	Status : Proprietary/Partnership/Private	

	Limited Company/Public Limited Company	
6	Name of the Owner/Partners/Directors	
7	Name of the Contact Person with Telephone Nos.	
8	Name of Representative(s) indicating Designation who would be calling on us and attending to our jobs and his/their mobile no.s	
9	Name of Bankers with address, Telephone No.s, IFS Code and Account Number (Attach proof of the same)	
10	Is the firm registered under the Factories Act? If so, state a) Licence No. b) Date of last renewal of licence (Enclose copy of licence) c) EPF Registration No., if any d) TIN No. e) PAN No. (Enclose copy) f) ESIS No., if any	
11	GST Registration Number (Enclose Registration Certificate)	
12	Whether holding certificate under Shops & Establishment Act and if so, whether duly renewed? (Copy should be enclosed).	
13	State the latest Income Tax Assessed year and the amount of Tax Assessed (Copies of last 3 years IT Returns, Balance Sheets & Revenue A/c to be enclosed)	FY 2023-24 : Rs. FY 2022-23 : Rs. FY 2021-22 : Rs. FY 2020-21 : Rs.

14	List of Offices where you have been empanelled (LIC & other public sector or Govt. of India)  (Separate sheet with details may be enclosed)	
15	Are you agreeable to make deliveries to Corporation's office within and out of Kottayam, which includes Idukki, Alappuzha & Pathanamthitta Districts also, when so directed.	
16	Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts	YES/NO
17	Area occupied by the press/Company/Firm	
18	Total No. of Employees	Permanent:                      Temporary: Skilled:                              Unskilled :
19	Number of shifts you work normally	
20	Timing of shifts	
21	Weekly holidays	
22	Names of the offices of the LIC whose printing work you may have done during the last 3 years. Mention only those offices for whom you have done sizeable jobs or have done constant work (Details of jobs done to be given - Enclose separate sheet if space is insufficient)	
23	Name, addresses and Telephone No.s of atleast 3 of your most valued clients for more than 3 years (Enclose separate sheet if space is insufficient)	
24	Approximate value of your output per year	



25	Do you carry stocks of papers and any other material. If so, what stocks do you generally hold? (Enclose separate sheet if needed)	
26	State the nature of printing jobs undertaken by you. (Full details to be given, Enclose separate sheet if needed)	
27	Do you undertake manufacture of 1. Envelopes 2. Office files 3. Policy Dockets 4. Stickers	YES/NO YES/NO YES/NO YES/NO
28	If answer to above question is YES, do you have a scoring machine for files	
29	Mention any other specialties of your Establishment	
Note: 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.		
PART II : TECHNICAL INFORMATION		
A	Particulars of composing facilities 1. DTP Systems, Make, Packages 2. Languages, other features, if any 3. Other composing facilities, if any	
B	Particulars of Scanning Machines being used	
C	Printing Machines used: 1. Offset Machine (Make, size, colour, speed, other features, if any)	

	<p>2. Letter Press Machines (Make,size, colour, speed, other features, if any)</p> <p>3. Screen Printing Facility:</p> <p>4. Pre_printed continuous stationery Machine (Make,size, colour, speed, other features, if any)</p> <p>5. Any other Machineries used (Give Details)</p>	
D	Particulars of Positives and Plate make facility:	
E	<p>Binding and finishing:</p> <p>a) Cutting Machines: (Make, size of blade, Hand/power driven)</p> <p>b) Particulars of punching machines</p> <p>c) Particulars of perforating Machines</p> <p>d) Particulars of gliding department</p>	
F	Have you got photo-type setting machine, if so, please furnish full details of type faces	
G	If any of the equipments mentioned above is under lease, loan or hire purchase agreement, details should be furnished.	

H	Please furnish detailed particulars of any other agreements you may have entered into which are subsisting and are likely to have bearing on the jobs, which may be entrusted to you.	
<p>I/We, .....request Life Insurance Corporation of India, Divisional Office, Kottayam, to consider inclusion of my/our name in the list of your approved Printers. I/We agree to give full satisfaction to the Corporation in the event of being included in the list of approved printers.</p> <p>I/We have gone through the instructions and I/We have understood that the information furnished by me is found false at a later date, any contract made between ourselves and the Corporation, on the basis of the information provided by me/us can be treated invalid at the sole discretion of the Corporation and I/We will be solely responsible for the consequences.</p> <p>I/We agree that the decision of the Corporation in selection of Firms/Suppliers/Vendors/Service Providers will be final and binding on me/us.</p> <p>All the information furnished by me/us in the application is correct to the best of my/our knowledge and belief.</p> <p>I/We agree that I/We have no objection in inspection of my/our premises/workshop/shop etc., if done by the Officials of the Corporation.</p> <p>Place: _____ Signature with Seal</p> <p>Date : _____ Name, Designation</p>		
<p>Note : The Corporation reserves the right to cancel the name of the Printer from its approved lists at its absolute discretion without assigning any reason whatsoever.</p> <p>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.</p>		

**Questionnaire for Empanelment of Vendor for supply of Table/Office stationery  
and Cleaning Materials**

<b>Sl.No.</b>	<b>Information sought</b>	<b>Information Provided</b>
1.	Name of the Vendor (in Block Letters)	
2.	Date of Establishment/Incorporation	
3	Address with Telephone/Mobile No. and E-mail address:	
4	Address of Office (if different from above) with Telephone/Mobile Number and E-mail address	
5	Status : Proprietary/Partnership/Private Limited Company/Public Limited Company	
6	Name of the Owner/Partners/Directors	
7	Name of the Contact Person with Telephone Nos. and E-mail address	
8	Name of Banker with address, Telephone No.s, IFS Code & Account No. (Attach proof of same)	
9	Offices of LIC/Bank/other PSUs/ Govt. serviced by you	

10	Your Products/Table Stationery items which you can provide (ENCLOSE LIST)	
11	PAN No. (Attach Copy)	
12	TIN	
13	GST Registration details (Enclose self attested registration certificate)	
14	Experience in sales of materials	
15	Whether authorisation obtained from the companies which have certified you as their certified dealer? If so, give details	YES/NO
16	Name, addresses and Telephone No.s of atleast three of your most valued clients (with you for more than 3 years)	
17	Whether holding certificate under Shops & Establishment Act, duly renewed? If YES, enclose the copy of certificate	YES/NO
18	Are you agreeable to make deliveries to Corporation's office within and out of Kottayam, which includes Idukki, Alappuzha & Pathanamthitta Districts also, when so directed?	YES/NO
19	Are you agreeable to abide strictly by the terms and conditions of the tenders and contracts (copies annexed)?	YES/NO

20	Mention any other special features of your firm	
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**Note : 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.**

I/We, .....request Life Insurance Corporation of India, Divisional Office, Kottayam, to consider inclusion of my/our name in the list of your approved suppliers of Table/Office stationery and cleaning materials. I/We agree to give full satisfaction to the Corporation in the event of being included in the list of approved suppliers of Table/Office stationery and cleaning materials.

I/We have gone through the instructions and I/We have understood that the information furnished by me/us is found false at a later date, any contract made between ourselves and the Corporation, on the basis of the information provided by me/us can be treated invalid at the sole discretion of the Corporation and I/We will be solely responsible for the consequences.

I/We agree that the decision of the Corporation in selection of Firms/Suppliers/Vendors/Service Providers will be final and binding on me/us.

All the information furnished by me/us in the application is correct to the best of my/our knowledge and belief.

I/We agree that I/We have no objection in inspection of my/our premises/workshop/shop etc., if done by the Officials of the Corporation.

Place:

Signature with Seal

Date :

Name, Designation

**Note : The Corporation reserves the right to cancel the name of the suppliers of Table/Office stationery and cleaning materials from its approved lists at its absolute discretion without assigning any reason, whatsoever.**

**ANNEXURE A3****Application for Empanelment of Vendor for supply of Furniture & Fittings OR Computer/IT Consumables****(To be submitted along with Annexure C, Annexure D, Annexure E)**

<b>Sl.No.</b>	<b>Information sought</b>	<b>Information Provided</b>
1.	Name of the Vendor (in Block Letters)	
2.	Date of Establishment/Incorporation	
3	Address with Telephone/Mobile No. and E-mail address:	
4	Address of Office (if different from above) with Telephone/Mobile Number and E-mail address	
5	Status : Proprietary/Partnership/Private Limited Company/Public Limited Company	
6	Name of the Owner/Partners/ Directors	
7	Name of the Chief Executive with his present address, Telephone number and e-mail address	

8	Name of Representative(s) indicating Designation who would be calling on us and attending to our jobs and his/their mobile numbers.	
9	Name of Bankers with address, Telephone No., IFS Code and Account Number (Attach proof of same)	
10	PAN Number of the firm (Please enclose photocopy)	
11	GST Registration Number (Enclose self attested Registration Certificate)	
12	Whether the firm has enough capacity for storing materials needed for supply of Furniture & Fittings/ IT Consumables?	YES/NO Area in Sq. Ft.:
13	Offices of LIC/Bank/other PSUs/ Govt. serviced by you	
14	State the latest Income Tax Assessed year and the amount of Tax Assessed (Copies of last 3 years' IT Returns, Balance Sheets & Revenue A/c to be enclosed)	FY 2023-24 : Rs. FY 2022-23 : Rs. FY 2021-22 : Rs. FY 2020-21 : Rs.
15	Turn over for the last 3 financial years	FY 2023-24 : Rs. FY 2022-23 : Rs. FY 2021-22 : Rs. FY 2020-21 : Rs.
16	Whether authorisation obtained from the companies which have certified you as their certified dealer? If YES, give details.	YES/NO



17	Name, addresses and Telephone No.s of atleast 3 of your most valued clients for more than 3 years (Enclose separate sheet if space is insufficient)	
18	Whether holding certificate under Shops & Establishment Act, duly renewed?  If YES, enclose the copy of certificate	YES/NO
19	Are you agreeable to make deliveries to Corporation's office within and out of Kottayam, which includes Idukki, Alappuzha & Pathanamthitta Districts also, when so directed?	YES/NO
20	Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts (copies annexed)?	YES/NO
21	If the firm is registered under the Factories Act, details of licence number (enclose photocopy of renewed licence certificate)	
22	Mention any other special features of your firm	
23	Have your firm every been blacklisted by LIC of India or any PSU/BFSI organization/Govt./ Semi Govt./ Quasi Govt. Departments in India as on date of submission of bid?	

Note : 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.

I/We, ..... request Life Insurance Corporation of India, Divisional Office, Kottayam, to consider inclusion of my/our name in the list of your approved suppliers of Furniture & Fittings OR IT/Computer consumables (Strike whichever not applicable). I/We agree to give full satisfaction to the Corporation in the event of being included in the list of approved suppliers of Furniture & Fittings OR IT/Computer consumables(Strike whichever not applicable).

I/We have gone through the instructions and I/We have understood that the information furnished by me/us is found false at a later date, any contract made between ourselves and the Corporation, on the basis of the information provided by me/us can be treated invalid at the sole discretion of the Corporation and I/We will be solely responsible for the consequences.

I/We agree that the decision of the Corporation in selection of Firms/Suppliers/Vendors/Service Providers will be final and binding on me/us.

All the information furnished by me/us in the application is correct to the best of my/our knowledge and belief.

I/We agree that I/We have no objection in inspection of my/our premises/workshop/shop etc., if done by the Officials of the Corporation.

Place:

Signature with Seal

Date :

Name, Designation

Note : The Corporation reserves the right to cancel the name of the Vendor from its approved lists at its absolute discretion without assigning any reason, whatsoever.

**MANUFACTURER’S AUTHORISATION FORM (MAF)  
(To be submitted on Company OEM’s letter head)**

To

**Senior Divisional Manager,  
Life Insurance Corporation of India,  
Divisional Office,  
Kottayam – 686001.**

**Dear Sir/Madam,**

**Reg : Empanelment of Vendors : OS/KTM/01/2024-25 dt. 14.08.2024**

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

We hereby extend our commitment/standard guarantee and comprehensive warranty as per  
terms and conditions of the above referred RFP for our products offered against this invitation  
for bid by the above firm.

We also extend our back to back service support and assurance for availability of our  
equipment, components and consumables as per terms and conditions of empanelment notice.

Dated at ..... this ..... day of ..... 20....

Signature of the Company Secretary

Signature :

Name :

Designation :

Name & Address of the Company :

Seal of the Company :

**Undertaking by the applicant regarding blacklisting  
(To be submitted on applicant's letterhead)**

**To**

**Senior Divisional Manager,  
Life Insurance Corporation of India,  
Divisional Office,  
Kottayam - 686001.**

**Dear sir/Madam,**

**Reg : Empanelment of Vendors : OS/KTM/01/2024-25 dt. 14.08.2024 – Undertaking**

I/We ..... hereby confirm that, we have not been blacklisted by the Life Insurance Corporation of India or by any PSU/BFSI Organisation/Govt./Semi Govt./Quasi Govt. Departments in India as on date of submission of application in response to the above.

I/We also agree with the terms and conditions quoted in the tender.

Dated at .....this.....day of .....20....

Signature with Seal

Name :

Designation :

Seal of the Company/firm/Vendor/Service Provider

**ANNEXURE E**

**DETAILS OF EXISTING CLIENTS**

**(Separate sheet must be submitted for each client)**

**(Please attach attested copies of Purchase Order executed or Certificate from Customer)**

Name of the Company	
Address of the Company	
Details of Contact Person Name  Designation  Landline Number  Mobile Number  E-mail address	
Details of material supplied in last 3 years (Ref No., Date of work order with proof for order)	

Dated at .....this .....day of .....20...

Signature with Seal

Name :

Designation :

Seal of the Company/Firm/Vendor/Service Provider