



भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA

**LIFE INSURANCE CORPORATION OF INDIA DIVISIONAL OFFICE, MADURAI**  
**QUESTIONNAIRE FOR PRINTING PRESS**  
**PART I : GENERAL INFORMATION**

- 1) Name of the Press :  
(In Block Letters)
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- 2) Date of Establishment / :  
Incorporation
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- 3) Address with Telephone No, Fax No. :  
and E-Mail I.D
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- 4) Address of Office (If Separate) :  
and Telephone No.
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- 5) Status : Whether Sole Proprietorship/ :  
Partnership/ Private Limited Company /  
Public Limited Company
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- 6) Names of the Partners /Directors :
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- 7) Name of Chief Executive with :  
his present addresses and  
Telephone Nos.
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- 8) Name of Representative (s) :  
indicating Designation who would  
be calling on us and attending to  
our jobs and his/their mobile nos.
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- 9) Name of Bankers with :  
addresses & telephone nos.
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- 10) Is the press registered :  
Under the Factories Act?  
If so, state -  
(a) Licence No. :  
(b) Date of Last renewal of Licence :  
Copy of the Licence to be enclosed  
(c) PAN No. :  
(d) ESIS No., If any :  
(e) EPF Registration No. if any :  
(f) GST No. :
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- 11) Whether holding certificate under :  
shops & establishment act, duly  
renewed. Copy should be enclosed
- 
- 12) State the latest Income Tax : 2020-2021  
Assessed year and the amount of  
Tax assessed copies of last 3 years IT 2021-2022  
returns, Balance Sheets & Revenue A/c  
to be enclosed 2022-2023
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- 13) Are you having facility and infrastructure :  
for printing the required forms, books etc.,

in Hindi and English?

14) Are you agreeable to make :  
deliveries to Corporation's offices  
in Madurai when so directed?

15) Are you agreeable to abide :  
strictly by the Terms and Conditions  
of the Tenders and Contracts.  
(copies annexed)

16) Area occupied by the press (Building only):

17) Total Numbers of Employees : Permanent \_\_\_\_\_  
Temporary \_\_\_\_\_

18) Number of shifts you work normally :

19) 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 sizable jobs or  
have done constant work.  
( Details of jobs done to be given)

20) Name, Addresses and Telephone Nos.  
of atleast three of your most valued clients :

21) Approximate Sales per year :

22) Do you carry stocks of papers and any other :  
material.  
If so, what stocks do you generally hold?

23) State the nature of printing jobs undertaken :  
by you. (Full details to be given)

24) Do you undertake manufacture of :  
a) Envelopes  
b) Office Files  
c) Stickers

25) Mention any other specialties of your Establishment : Like Registration of GeM Portal etc.

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**

1) Particulars of composing facilities  
a) D.T.P.Systems

<b>Make</b>	<b>Packages</b>	<b>Languages</b>	<b>Other Features if any</b>

b) Other composing facilities such as hand composing

2) Particulars of Scanning machines being used.

3) Printing Machines

a) Offset Machine

Make	Size	Colour	Speed	Other Features if any

b) Letter press Machines

Make	Size	Speed	Other Features if any

c) Screen Printing Facility - whether available

d) Pre-printed continuous stationery machine

Make	Size	Colour	Speed	Other Features if any

4) Particulars of Positives and Plate making facility

5) Binding and Finishing

a) Cutting Machines

Make	Size Blade	Other Features if any

b) Particulars of punching machines

c) Particulars of perforating Machines

d) Particulars of gilding department

6) Have you got photo-typesetting machine if so; please furnish full details of type faces

7) If any of the equipments mentioned above is under lease, loan or hire purchase agreement should be furnished.

8) Please furnish details particulars of any other agreements you may have entered into which are subsisting and are likely to have a bearing on the jobs, which may be entrusted to you.

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I/WE \_\_\_\_\_ request Life Insurance Corporation of India, Divisional Office , Madurai to consider inclusion of my/our firm in the list of their approved printers and agree to give full satisfaction to the Corporation in the event of their doing so.

Dated : \_\_\_\_\_

\_\_\_\_\_  
Signature with Seal

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Note:

1.The completed applications along with relevant supporting documents, if any, in a sealed cover superscribing "Application for Empanelment of Printing press Printers" is to be submitted to "The MANAGER(E & O.S), L.I.C of India, Divisional Office, Sellur, Madurai -625 002 on or before 08.09.2023.

2.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.

3.The Corporation reserves the right to cancel the name of the Printer from its approved lists at its absolute discretion without assigning any reason.