



Divisional Office, Jeevan Prakash, Ananta Vihar, Pokhariput, Bhubaneswar-751020
Tel : 0674-2352513, e-mail: os.bhubaneswar@licindia.com Website: www.licindia.in

NOTICE FOR EMPANELMENT

Date:-29/01 / 2024

Life Insurance Corporation of India, Divisional Office, Bhubaneswar intends to invite applications for **Empanelment for various services as detailed below** in sealed envelopes from reputed Firms / Manufacturers / Suppliers / Agencies/Service provider/Vendors / Individuals or their dealers having sound financial capacity and proven track record of at least 3 years in the field to Government/PSU/Reputed organisations etc.

CAT NO	CATEGORY DESCRIPTION
1.	Supply and Maintenance of water Purifier System
2.	Postal letter dispatch jobs provider
3.	Providing CAR or CAB for travelling services/Travel Agency /Transport/ Carriage Services
4.	Supply of Crockery & other canteen equipments
5.	Table & Office stationery such as pens, files, photocopier paper, Staplers etc
6.	Catering services/Decoration services
7.	Office furniture cleaning services providers, building cleaning
8.	Pest control services.
9.	Flight ticket booking services
10.	Building exterior cleaning
11.	Event Management Services for office functions.

Please Note : The firms must have their own office at Bhubaneswar/ Cuttack.

1 . Separate forms (Annexure-A,B & C) are required to be filled up for each category which may be downloaded from tender from our website www.licindia.in Application for empanelment duly completed should be submitted at OS Department, LIC of India, Bhubaneswar Divisional Office , at above given address in a closed envelope superscribed as "Application for empanelment of suppliers /vendors/ Category (Name of the Category)" along with non-refundable application fee of Rs. **300/-** in the form of demand draft in favour of "Life Insurance Corporation of India " payable at Bhubaneswar. The applications can be purchased from our above address on any working day up to 03.30 PM by paying cash at our cash counter in cash working hours.

2. The vendors/firms desirous to be empanelled with us for above said jobs and fulfilling conditions may apply for empanelment for jobs undertaken at Bhubaneswar Divisional Office, Ananta Vihar, Pokhariput, Bhubaneswar-751020. **The applications in questionnaire form (Annexure 'A', 'B') along with Annexure 'C' and the enclosures i.e. necessary certificates in evidence of the facts mentioned in the forms are to be sent at the address mentioned above so as to reach on or before 20.02.2024 by 05.00 p.m.** The Corporation bears no responsibility for applications received after due date and are liable to be rejected.

3. Firms/suppliers who have been black listed / removed earlier by any office of the Corporation, should not apply. If applied, their applications will not be considered.

4. Mere submission of Application for empanelment does not confer any right of empanelment. Life Insurance Corporation of India reserves its right to reject, accept any or all applications or cancel the process of empanelment without assigning any reason thereof. Life Insurance Corporation of India shall neither be held liable nor obligatory on its part to inform the applicant the grounds of any such



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action. The Corporation reserves the right to raise the minimum eligibility criteria for empanelment depending on the response.

5. Applications incomplete in any respect will not be entertained and are liable to be rejected.

Sr. Divisional Manager

- | | |
|---|---|
| 1. Availability of application forms in Website | : From 29.01.2024. to 20.02.2024 |
| 2. Last Date for Submission of application forms | : 20.02.2024 (5.00 P.M.) |



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Annexure "A"

APPLICATION FORM FOR EMPANELMENT OF FIRM

For Services / Category :-

(Separate application is to be submitted for each category)

Conditions for empanelment:

- 1) The applicant firm/supplier should be in the same profession for at least 3 years. (Copy of proof must be enclosed)
- 2) The firm should (preferably) be on the approved panel of at least 3 reputed public sector/large private sector companies/firms.
- 3) The Firm/supplier should have registration with state & local authorities for undertaking the profession (copies of proof to be enclosed)
- 4) The firm/supplier should keep sufficient stock in hand so as to comply with the urgent needs without delay.
- 5) Vendor should furnish the specific brand or make, in case of authorised dealer. (Copy of valid authorised dealership certificate must be enclosed.)
- 6) Minimum Annual turnover required for empanelment is Rs 5.00 Lacs against each category.



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7) Members of a duly constituted committee would visit and inspect the premises, workshop, shop industry etc. of the applicants.

8) The empanelment would be done only on the favourable recommendations of the duly constituted committee that would visit and inspect the premises, workshop, shop, industry etc. of the applicants.

9) All applicants are required to affix the signature and seal of the Authorised Official of the Company on each Page of Annexure "A" "B" & "C" in acceptance of terms and conditions laid therein.



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APPLICATION FOR FIRM/SUPPLIER/SERVICE PROVIDER

GENERAL INFORMATION:-

S.NO.	INFORMATION SOUGHT	INFORMATION PROVIDED	
	Category for which you are applying	Category.No	
		Name of Category.	
1.	Name of the Firm(In Block Letters)		
2.	Date of Establishment/Incorporation of the firm		
3.	Correspondence address, Telephone No. & Mobile no./E-mail id		
4.	Address of Head Office (if Separate) and Telephone No.		
5.	Status of the Company/Firm : Proprietary/Partnership/ limited company/Public Limited Company		
6.	Names of the Partners/Directors		
7.	Name of Chief Executive with his Present addresses and Telephone Nos.		
8.	Name of Representative (s) with Designation who would be calling on us and attending to our jobs and Telephone Nos.		
9.	Name of bankers with addresses & Telephone Nos.		



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10.	Is the firm registered under the Factories Act? If so, state		
	(a) Labour License No and validity under various section of Labour Laws.(Enclose photocopy)		
	(b) EPF registration No. if any		
	(c) ESI No. (Enclose copy)		
	(d) PAN No. of Income Tax Department(Enclose self attested photocopy)		
11.	Whether holding certificate under shops & establishment act?(Duly Renewed copy should be enclosed)		
12.	State the latest Income Tax Assessed year and the amount of tax assessed (Self attested copies of last 3 financial years, IT Returns to be attached)	FY 2020-2021	
		FY 2021-2022	
		FY 2022-2023	
13.	Certificate issued by Chartered Accountant in respect of Annual Turnover for last three financial years	FY 2020-2021	
		FY 2021-2022	
		FY 2022-2023	
14.	Whether Black listed by any Govt. dept/Public sector company		
15.	CST No.		
16.	VAT NO.		
17.	Service Tax Reg. No. G.S.T. ID NO.		
18.	TAN No.		



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19.	Are you agreeable to make deliveries to Corporation's office at BHUBANESWAR & ITS UNITS	
20.	Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts	
21.	If your firm is empanelled with any office of LIC of India or any other PSU (Central) Please give name and Address.	
22.	Name, Addresses and Telephone Nos. of some of your most valued Clients (Separate list may be attached)	
23.	Are you registered with NSIC/Dir. Of Industries/ Distt. Ind. Centre as Micro, Small and Medium (MSME) Enterprise. (If yes, attach self attested copy of certificate)	
24.	Mention any other specialties of your Establishment.	
25.	Websites details	

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.



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I/WE _____

request Life Insurance Corporation of India, Bhubaneswar Divisional Office , Bhubaneswar to consider inclusion of my/our name in the list of their approved firms/suppliers. We agree to give full satisfaction to the Corporation in the event of their doing so.

Dated at _____ this _____ day of _____ 2024.

Signature with seal

Name:

Designation:

Note: The Corporation reserves the right to cancel the name of the supplier/firm from its approved lists at its absolute discretion without assigning any reason.



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Annexure "B"

DECLARATION

1. I / We have read the instructions appended to the Annexure "A" and I / We understand that if any false information is revealed at a later date, any contract made between ourselves and the Corporation, on the basis of the information given by me / us can be treated as invalid at the sole discretion of the Corporation and I / We will be solely responsible for the consequences.

2. I / We agree that the decision of the Corporation in selection of MANUFACTURERS/PRINTERS/VENDORS/ SERVICE PROVIDERS will be final and binding on me / us.

3. All the information furnished by me hereunder is correct to the best of my/our knowledge and belief.

4. 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 Corporation.

SIGNATURE:

NAME & DESIGNATION:

SEAL OF THE FIRM / COMPANY:

PLACE:

DATE:



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Date:

Check list

Parameter	Requirements	Document enclosed YES/ NO/ N.A.
1.	Application	Application as per Annexure A
2.	Declaration by service provider	Declaration by service provider as per Annexure B
3.	Date of Establishment/Incorporation of the firm	
4.	Correspondence address, Telephone No. & mobile no./E-mail id	
5.	Address of Head Office (if Separate) and Telephone No.	
6.	Status of the Company/Firm : Proprietary/Partnership/ limited company/Public Limited Company	
7.	Names of the Partners/Directors	
8.	Name of Chief Executive with his Present addresses and Telephone Nos.	
9.	on us and attending to our jobs and Telephone Nos.	
10.	Name of bankers with addresses & Telephone Nos.	
11.	Is the firm registered under the Factories Act? If so, state	



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	(a) Labour License No and validity under various section of Labour Laws.(Enclose photocopy)	Self attested copy enclosed
	(b) EPF registration No. if any	Self attested copy enclosed
	(c) ESI No. (If any -Enclose copy)	Self attested copy enclosed
	(d) PAN No of Income Tax Department(Enclose self attested copy enclosed)	Self attested copy enclosed
12.	Whether holding certificate under shops & establishment act?(Duly Renewed copy should be enclosed)	Self attested copy enclosed
13.	State the latest Income Tax Assessed year and the amount of tax assessed (Self attested copies of last 3 financial years, IT Returns to be attached)	Certified copies of IT Returns of the 3 financial years i.e. 2020-21, 2021-22 & 2022-23.
14.	Certificate issued by Chartered Accountant in respect of Annual Turnover for last three financial years	Certified copies of Certificate issued by Chartered Accountant in respect of Annual Turnover for last three financial years i.e. 2020-21, 2021-22 & 2022-23.
15.	Whether Black listed by any Govt. dept/Public sector company	
16.	CST No.	Certified Copy
17.	VAT NO.	Certified Copy
18.	Service Tax Reg.no. GST ID NO-	Certified Copy G.S.T. Reg. Certificate Copy.
19.	TAN No.	Certified Copy
20.	Are you agreeable to make deliveries to Corporation's office at	Agree/Disagree



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	Bhubaneswar & its BOs/SOs ?	
21.	Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts	Agree/Disagree
22.	If your firm is empanelled with any office of LIC of India or any other PSU (Central) Please give name and Address.	Copy
23.	Name, Addresses and Telephone Nos. of some of your most valued Clients (Separate list may be attached)	
24.	Are you registered with NSIC/Dir. Of Industries/ Distt.Ind.Centre as Micro, Small and Medium (MSEM) Enterprise. (If yes, attach self attested copy of certificate)	
25.	Mention any other specialties of your Establishment.	
26.	Websites details	Mentioned/Not mentioned

AUTHORISED SIGNATORY

NAME / DESIGNATION AND

SEAL OF THE FIRM / COMPANY

Date :



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Annexure "C"

Date:-

(AFFIDAFIT ON STAMP PAPER REGARDING NON-BLACK LISTING /PROSECUTION) (TO BE NOTARISED IN STAMP PAPER Rs 100/- PAPER)

I/We hereby depose that neither me nor our organisation
_____ including our partners/share
holders/Directors were ever black listed/prosecuted by any other organisation/department
/statutory body (ies) in any state or by any court of law.

AUTHORISED SIGNATORY

NAME / DESIGNATION AND

SEAL OF THE FIRM / COMPANY

Witness:-