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भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

DIVISIONAL OFFICE, GANDHINAGAR

NOTICE FOR THE

EMPANELEMENT

FOR

GANDHINAGAR,

UNDER

GANDHINAGAR DIVISIONAL OFFICE

Last Dt. Of Submission of Application

For empanelment:- 10/01/2012 UP TO 5.30pm.

(The cover should be super scribed "Application for Empanelment of Firms / Suppliers ")

ISSUED TO M/S. _____



LIFE INSURANCE CORPORATION OF INDIA O.S.DEPARTMENT -Jeevan Prakash,
B/h Telephone Exchange .Sector-11, Gandhinagar-382017. Phone No:-
23223591,23223592 Email : os.gandhinagar@licindia.com

NOTICE FOR THE EMPANELMENT OF SUPPLIER / PRINTER/ CONTRACTOR

Applications are invited from the firms / Suppliers having their establishments for the empanelment of various jobs of Divisional Office, Gandhinagar as specified below :

Supply :

- a) Table Stationary, Office Stationary, Envelops PVC Wallets, Dockets, Computer continuous Stationery ,Printed Stationary, Name Plates, Stickers, Rubber Stamps / Seals.
- b) Office Furniture and fittings.
- c) Ready made furniture like sofas etc..
- d) Calculators, Crockery items etc..
- e) I.T. consumables peripherals like cartridge, printer ribbon , heads etc.

II. Supply and Maintenance / Services:

- a) Photo Copying machines
- b) Water Purifiers
- c) AC's (Split / Window), Coolers, Pumps , fans & voltage stabilizers etc..
- d) Invertors
- e) Glow Sign Boards, Hoardings, Led Light Boards, Neon Sign Boards etc..
- f) Telephone instruments , Telecommunication equipments EPBX ,fax etc..
- g) Gardening , Landscaping ,Fountain,
- h) Note Counting System
- i) Scrap Dealers
- j) Batteries (Exide, etc.)
- k) Invertors
- l) Franking Machines & Weighing Machines etc..
- m) Office upkeep services, house keeping and maintance/ Cleaning / Disinfecting materials etc..
- n) Transportation Services
- o) Courier Service
- p) Catering Service
- q) Security services from ISO certified agencies
- r) Petty carpentry works
- s) Minor Civil , Electrical & Plumbing Works

III . Maintenance: UPS of Different capacities.

Applications are invited from firms /suppliers desirous to be empanelled with us.- Note: 1. Firms /Suppliers who are our Divisional Office existing Panel should also apply for fresh empanelment. 2. Firms/Suppliers who have been black listed / removed earlier, should not apply. If applied, their applications will not be considered. 3. All applications should reach us on or before 10/01/2012 at 5.30 p.m. Please contact at office address for application forms . Visit us website www.licindia.com

Senior Divisional Manager

(Annexure A) Conditions for empanelment as a Printer:

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 up to Rs 2 lacs for small jobs, Rs 2 to 10 lacs for medium jobs and above Rs 25 lacs for big jobs in the last three financial years. (Attach balance sheet for 3 years) 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 and one 4- colour offset machine, in-house stitching and binding unit and screen printing unit. 5) The printer should have at least 500 sq feet area of operation for printing, binding etc. activities and sufficient storage space at one place only. 6) The printer should have registration with state and local authorities for undertaking the profession. (copies of state registration & Local authority license to be enclosed)

QUESTIONNAIRE FOR PRINTING PRESS

PART I: GENERAL INFORMATION

- 1) Name of the press (In block letters):**
- 2) Date of Establishment / Incorporation:**
- 3) Address and Telephone No:**
- 4) Address of Office (If Separate) and Telephone No**
- 5) Status: Whether Partnership/ Private Limited Company /Public Limited Company:**
- 6) Names of the Partners / Directors:**
- 7) Name of chief Executive with his present address and Telephone No:**
- 8) Name of Representative (s) indicating Designation who would be calling on us and attending to our jobs:**
- 9) Name of Bankers with addresses and telephone numbers**
- 10) Whether registered under the State Value Added Tax Act, 2002 (VAT): YES / NO**
(If yes, submit Xerox copy of Certificate of Registration)
- 11) Are you going to charge VAT in your bills: YES / NO**
(If no, mention reason and submit relevant documents)
- 12) Whether Registered under the Central Sales Tax (Registration and Turnover) Rules, 1957: YES / NO** (If yes, submit Xerox copy of Certificate of Registration)
- 13) Whether registered as Small Scale Industrial Unit: YES / NO**
(If yes, submit Xerox copy of Certificate of Registration)
- 14) Is the press registered under the Factories Act? If so, state –**
 - (a) License No**
 - (b) Date of last renewal of license (copy to be enclosed)**
 - (c) PAN No**

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 on to the form.

PART II: TECHNICAL INFORMATION
all in terms of -Make /Size/ Speed /Other features if any

Please give detail for

1) Particulars of composing facilities

a) D.T.P. Systems

b) Other composing facilities such as hand composing

2) Particulars of scanning machines being used.

3) Printing Machines a) Offset Machine b) Letter press Machines

c) Screen Printing Facility

d) Pre-printed continuous stationery machine

4) Particulars of Positives and Plate making facility

5) Binding and Finishing

a) Cutting Machines (Make Size of Blade Hand/Power Drive

b) Particulars of punching machines

c) Particulars of perforating Machine

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 have a bearing on the jobs, which may be entrusted to you.

I/WE _____ request Life Insurance Corporation of India, Divisional Office Gandhinagar, to consider inclusion of my/our name 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:

Note: The Corporation reserves the right to cancel the name of the Printer from its approved lists at this absolute Discretion without assigning any reason.

Check List of documents to be submitted –

1) Copy of PAN NO/CST NO/VAT NO /Service Tax Reg. no /TAN No

2) Last three years audited balance sheet and P&L Account

- 3) Copy of Registration certificate under shop & establishment act
- 4) Client List (Enclose work order of leading companies)
- 5) Partnership deed or Articles of Association and Memorandum of Association in case of company

Application for empanelment of other Firms/Supplier/Service Provider (Other than Printers)

Name of the Category:

(Separate Application is to be filled-up for each category)

CONDITIONS FOR EMPANELMENT

- 1) The firm/supplier/Service Provider should be in profession for at least 3 years. (Copy of Registration certificate must be enclosed)
- 2) Annual Turnover of the firm/supplier/Service Provider should be not less than Rs. 2 lacs for small jobs, Rs. 2 lacs to Rs. 10 lacs for medium jobs and above Rs.25 lacs for big jobs in any of 3 financial years. (Attach Balance Sheet for three years).
- 3) The firm/supplier/ Service Provider should be on the approved panel of at least 3 reputed firms from out of which at least one should be Public Sector or Government undertaking.
- 4) The firms/supplier/Service Provider should have registration in compliance of law of land (Copies of Proof to be enclosed).
- 5) The above conditions are not compulsory for Item Nos 14.16.17 & 19.

APPLICATION FOR Firm/Supplier/Service Provider

PART I: GENERAL INFORMATION

1. Name of the Firm (In Block Letters):
2. Date of Establishment :
3. Correspondence address with Telephone No.:
4. Address of Head Office (If Separate) and Telephone No.
5. Status: Proprietary/Partnership/Private 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:
9. Name of Bankers with addresses & telephone nos.:
- 10 Is the Firm is registered under the Factory Act ? If so, state
 - a) License Number:
 - b) Date of last renewal of license(Copy of license to be enclosed)
 - c) PAN
 - d) ESIS No. if any

e) EPF Registration No. if any

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 (Copies of last 3 years, IT Returns, Balance Sheets & Revenue A/c to be enclosed)

13. Turn over for last three F Years

F Y 2010-2011

F Y 2009-2010

F Y 2008-2009

14. Are you agreeable to make deliveries to Corporation's Offices within and out of Gandhinagar when so directed?

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

16. If your firm is empanelled with any office of L I C Of India or any other PSU (Central) , please give name and address (Separate List may be attached)

17. Name, Addresses and Telephone Nos. of some of your most valued clients (Separate List may be attached)

18. Approximate value of your output per year

19. Mention any other specialties of your establishment

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

Dated at.....this.....day of..... 2011

Signature with seal

Name:

Designation:

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.

Check List of documents to be submitted –

1) Copy of PAN NO/CST NO/VAT NO /Service Tax Reg. no /TAN No

2) Last three years audited balance sheet and P&L Account

3) Copy of Registration certificate under shop & establishment act

4) Client List (Enclose work order of leading companies)

5) Partnership deed or Articles of Association and Memorandum of Association in case of company

6) Copy of certificate issued by Railway/IRCTC/Airlines for Travel Agents)

7) Copy of election card/telephone bill/electricity bill (for Carpenters/Book binders)

8) Residence proof, Photo identity (for Carpenters/Book binders)