



**JEEVAN PRAKASH, P B NO.2
KOVILAKATHUMPADAM
THRISSUR - 680022**

Tel : 0487-2436823/ 0487-2436832 E-mail: os.thrissur@licindia.com

Ref: OS/THRISSUR/01/2023-2024

Dated 27.03.2024

Empanelment of Vendors: OS/TSR/01/2023-2024 dated 27.03.2024

**Applications are invited from Reputed
Suppliers / Manufacturers / Service Providers / Vendors
For Empanelment**



**Life Insurance Corporation of India
E & OS Department,
Divisional Office, 3rd Floor,
Jeevan Prakash , Kovilakathumpadam
Thrissur – 680022**

Cost of Empanelment Document : Rs 295/-

NOTICE INVITING APPLICATIONS FOR EMPANELMENT**Applications are invited from Reputed Suppliers / Manufacturers / Service Providers / Vendors
for Empanelment Ref: OS/TSR/01/2023-2024**

Life Insurance Corporation of India, Thrissur Divisional Office (hereinafter referred to as “ The Corporation”) having its office at Jeevan Prakash, Kovilakathumpadam, Thrissur - 680022, invites Sealed Applications from reputed Suppliers, Manufacturers, Service Providers / Vendors for empanelment of the 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 (Application forms Annexures A, B, A1, D & E)
3. Envelopes (Application forms Annexures A, B, A1, D & E)
4. Flat Files and Filing Pads (Application forms Annexures A, B, A1, D & E)
5. Table / Office Stationery and Cleaning Materials (Application forms Annexures A, B, A2, D & E)
6. Office Furniture and fittings / Maintenance of Office Furniture and fittings (both steel and wooden) (Application forms Annexures A, B, A3, D & E)
7. Computer / IT Consumables (Application forms Annexures A, B, A4, C, D & E)

The details of empanelment are available in our web site www.licindia.in/tenders. Application for empanelment are to be collected from **Life Insurance Corporation of India, E&OS Department, Divisional Office, 3rd Floor, Jeevan Prakash, Kovilakathumpadam, Thrissur - 680022** , or can be downloaded from the web site. Separate forms are required to be filled for each category. Non refundable application fee of Rs. 295/- (Application fee Rs.250.00 plus GST Rs.45.00) per application may be remitted in cash/ DD/ Bankers cheque payable at LIC of India, Thrissur Divisional Office Cash counter. Application form, duly completed should be submitted to **E &OS Department, Divisional Office, 3rd Floor, Jeevan Prakash, Kovilakathumpadam, Thrissur-680022**, , in a sealed envelope. The envelope should be superscribed as “**Application for Empanelment of**” (Provide the appropriate category).

1. Printed Forms
2. Pre Printed Continuous stationery
3. Envelopes
4. Flat Files and Filing Pads
5. Table/ office Stationery and cleaning materials
6. Office Furniture and fittings/Maintenance of Office Furniture and fittings (both steel and wooden)
7. Computer / IT Consumables

Last date and time for issue of application forms from the above address - **29.04.2024 upto 3 pm**
Last date and time for submitting the duly filled applications to the above address - **30.04.2024 upto 3 pm**
Applications received will be opened **on 07.05.2024 at 10.30 am**. The firms/ Suppliers who are on our panel are required to apply for fresh empanelment, if interested.

Senior Divisional Manager

Annexure A

Conditions For Empanelment for Supplier / Firm / Service Provider

1. The Firm / Supplier / Service Provider should be in the profession of printing for at least 3 years (Copy of registration certificate should be enclosed).
2. Annual Turn over should be upto 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 2022-23 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 Firm / Supplier / Service Provider is the authorised dealer of any brand or make, copy of the valid authorised 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 / License / TAN/PAN/GST etc to be enclosed).
7. The Firm / Supplier / Service Provider, who have been black listed / 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 detailed in **ANNEXURE – B**.
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 the process of empanelment without assigning any reason thereof. The Corporation shall neither be held liable nor 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 providers from its approved list at their absolute discretion without assigning any reason whatsoever.
12. Last date and time for receipt of duly completed application is **on 30.04.2024 upto 3.00 pm**. Applications received after the stipulated time and date will not be considered for the purpose of empanelment.
13. In case, application is downloaded from our web site www.licindia.in/tenders, non refundable application fee of Rs. 295/- per application (Application fee Rs.250.00 plus GST Rs. 45.00) may be remitted in cash/ DD/ Bankers cheque favouring LIC of India payable at Thrissur at Cash Counter, LIC of India, Divisional Office , Thrissur. Applications received without the stipulated application fee will not be treated as valid application.
14. Applications incomplete in any respect will not be entertained and are liable to be rejected.
15. As per the Terms and 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 authorised 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.

Signature of Tenderer for Acceptance



ലൈഫ് ഇൻഷുറൻസ് കോർപ്പറേഷൻ ഓഫ് ഇന്ത്യ
भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA
THRISSUR DIVISION

THE TERMS AND CONDITIONS GOVERNING THE TENDER

- Note - (1) Each Tender must be sent in a separate sealed envelope duly superscribing the Tender number and Due Date.
- (2) Samples to accompany Tender for Stationery Articles.
- (3) Sample paper marked with weight and make should be sent with the Tender where necessary.
- (4) Quotations not accompanied by Sample Papers with weight and quality and also name of the mills certified will not be considered.

TERMS AND CONDITIONS OF THE TENDER

1. The tender should be despatched so as to reach this office on or before the due date specified.
2. Please note the description and specification of Stores carefully and your offer should be in accordance with the same. If you quote any stores with deviations in specifications, the same may please be carefully brought out in your tender: otherwise it will be deemed that you have quoted for the specified stores.
3. Wherever detailed specifications are not given for the stores it will be presumed that the material of highest quality is offered. In such cases, the tenderer should send a free sample for approval along with the tender
4. All samples including the samples of paper should bear clearly the specifications like make, quality, size, weight, etc. on the sample itself and should be certified by the tenderer by his signature and affixing his office seal.
5. Offers subject to conditions, 'like subject to prior sale' subject to availability of Stores or with similar vague conditions are likely to be ignored.
6. All deliveries must be made as per our instructions either at our Office or at our godowns free of any charges
7. Each pages of the offer should be signed by the tenderer.
8. If after the supply is delivered it is discovered that the materials supplied do not conform to the specification such supply may be rejected at the suppliers cost who will have to supply the materials exactly according to specifications and in the event of non-compliance with this condition the Corporation shall be at liberty to take such action as it may decide to be warranted in addition to reimbursing the Corporation of such additional cost as may be incurred by it in replenishing it with supplies from other sources.

9. In case of failure to deliver the good 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 purchase or shall be called upon to pay to the Corporation liquidated damages as provided under clause No.12 here under.
10. No alteration either in quantity or quality of the item 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
11. In the case of printing work, if it is found that the Press is unable to complete the job after submission of two consecutive proof or if it is found that the Press is unable to carry out the instructions 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.9 above.
12. If the Press / Supplier fails to comply with the provisions of the Clause regarding the delivery on or before the specified date or within such extended time as the Corporation may at its discretion or incase the Press / Supplier fails to comply with the provisions of any other Clause, it shall pay to the Corporation liquidated damages at the rate of 1% of the value of the order for the first one week or part there of delay; 2.5% for the second week or part thereof delay; 5% for the third week or part thereof delay and a maximum of 10% for delay of more than three 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.
13. All registers/pads should be affixed with a printed label weather mentioned or not in the order form.
14. All proofs should be submitted in duplicate
15. A file copy or two 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
16. No advance payment will be made till the order is fully executed except that the Corporation may be in as particular case stipulate that payments will be against partial deliveries in which case such partial payments will be made.
17. Any dispute arising out of or relating to this tender shall be deemed to have arisen at the headquarters of the Corporation's office placing the order and shall be subject to adjudication by a Court in that city.
18. Stores rejected after the receipt will have to be taken by the suppliers at their risk and cost.
19. Quotation should be sent in a sealed cover super scribed with the number of tender enquiry and due date of opening.
20. Please note that your offer should be kept open for a minimum of 30 days from the due date.
21. 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 the 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.
22. Any tender not in compliance with the above terms and conditions and the specification sheet will be liable to be rejected.

Signature of Tenderer for acceptance

Annexure A1

Questionnaire For Empanelment Of Firm (Printed Forms / Pre-Printed Continuous Stationery/ Envelopes, Flat Files And Filing Pads)

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 up to Rs.5 lacs for small jobs, Rs.5 lacs to Rs.15 lacs for medium jobs and above Rs.15 lacs for big jobs, in any 3 financial years (Attach Balance Sheet for 3 years- Refer condition 2 of Annexure A)
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/Central/ Local authorities for undertaking the profession (Copies of registration and/or license to be enclosed).

Questionnaire For Printers, Suppliers/ Manufacturers of Continuous Stationery / Envelopes, Flat Files and Filing Pads

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) 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 No.	
8	Name of Representative(s) indicating Designation who would be calling on us and attending to our jobs and his / their mobile numbers	
9	Is the firm 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) EPF Registration No. d) TIN No. e) PAN No. f) ESIS No. if any	
10	Name of Bankers with address & Telephone Nos. IFS Code – Account No. (Attach proof of the same)	
11	GST Registration Number (Enclose Registration Certificate)	
12	Whether holding certificate under Shops & Establishment Act, 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/Cs to be enclosed)	FY: 2022-23 :Rs. FY: 2021-22 :Rs. FY: 2020-21 :Rs. FY: 2019-20 :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 offices within and out of Thrissur, which includes the districts of Thrissur, Palakkad and Malappuram 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	YES / NO
18	Total Number 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 Nos., of some of your most valued clients (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. Stickers	YES / NO YES / NO YES / NO YES / NO
28	If answer to above question is YES, do you have scoring machine for files	
29	Mention any other specialities 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. D.T.P. 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) 2. Letter Press Machines: (Make, Size, colour, Speed, Other features if any)	

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

I/We

request **Life Insurance**

.....
Corporation of India, Divisional Office, Thrissur 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.

I/We have gone through the instructions and I/We have understood that if 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.

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.

Signature with Seal

Place:

Date:

Name, Designation

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.

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.

Annexure A2

**Questionnaire For Empanelment of Vendor for Supply of Table / Office Stationery
and Cleaning Materials**

Sl No	Information sought	Information Provided
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 No and e-mail address.	
5	Status : Proprietary /Partnership / Private Limited Company / Public Limited Company	
6	Name of the Owners/Partners / Directors	
7	Contact Persons Name with Mobile No and e-mail address	
8	Name of the 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 Number	
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, Address and Tel. Nos. of at least 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	
18	Are you agreeable to make deliveries to the Corporation's Divisional Office at Thrissur ?	YES/NO
19	Are you agreeable to abide strictly by the terms & 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/Werequest **Life Insurance**

Corporation of India, Divisional Office, Thrissur 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 if 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.

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.

Signature with Seal

Place:

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

Annexure A3

Questionnaire For Empanelment of Vendor for Supply and Maintenance of Furniture and Fitting

SI No	Information sought	Information Provided
1	Name of the furniture Dealer (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 No and e-mail address.	
5	Status : Proprietary /Partnership / Private Limited Company / Public Limited Company	
6	Name of the Owners/Partners / Directors	
7	Name of the Chief Executive with his present address and Telephone Nos. and email 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 the Banker with address IFS Code and Account No. (Attach proof of the same).	

10	<p>Is the Furniture Mart registered under the Shops & Establishments Act? If so, state</p> <p>a) License No.</p> <p>b) Date of Last Renewal of license (Copy of the license to be enclosed)</p> <p>c) EPF Registration No. if any</p> <p>d) TIN No.</p> <p>e) PAN No.</p> <p>f) ESIS No., if any</p>	
11	<p>State the latest Income Tax Assessed year and the amount of Tax Assessed (Copies of last 3 years IT Returns, Balance Sheets & Revenue A/Cs to be enclosed)</p>	<p>FY: 2022-23 :Rs.</p> <p>FY: 2021-22 :Rs.</p> <p>FY: 2020-21 :Rs.</p> <p>FY: 2019-20 :Rs.</p>
12	<p>List of Offices where you have been empanelled (LIC & other public sector or Govt of India)</p>	
13	<p>Are you agreeable to make deliveries to Corporation's offices within and out of Thrissur, which includes the districts of Thrissur, Palakkad, Malappuram when so directed?</p>	<p>YES / NO</p>
14	<p>Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts.</p>	<p>YES/NO</p>
15	<p>GST Registration details (Enclose self attested registration certificate)</p>	
16	<p>Show room area (in sft) occupied by the furniture mart.</p>	
17	<p>Whether authorisation obtained from the companies which have certified you as their certified dealer. If so, give details</p>	<p>YES/NO</p>

18	Name, Address and Tel. Nos. of at least three of your most valued clients. (with you for more than 3 years)	
19	Names of the offices of the LIC where you have supplied furniture during the last 3 years (if any)	

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/Werequest **Life Insurance Corporation of India, Divisional Office, Thrissur**, to consider inclusion of my /our name in the list of your approved furniture dealers. I/We agree to give full satisfaction to the Corporation in the event of being included in the list of approved furniture dealers.

I/We have gone through the instructions and I/We have understood that if 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.

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.

Signature with Seal

Place:

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.

Annexure A4

**Application for Empanelment of Vendor for supply of Computer / IT Consumables
(To Be Submitted along with Annexure C , Annexure D and Annexure E)**

Sl No	Information sought	Information Provided
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 No and e-mail address.	
5	Status : Proprietary /Partnership / Private Limited Company / Public Limited Company	
6	Name of the Owners/Partners / Directors with address	
7	Name of Chief Executive with his present address, telephone number and e-mail address	

8	Name of Representative(s) with Designation, who would be calling on us and attending to our jobs, and his telephone and e-mail address	
9	Name of the Banker with address, IFSC Code and Account Number (Attach proof of the same)	
10	PAN Number of the firm (please enclose photocopy)	
11	GST Registration details (Enclose self attested registration certificate)	
12	Whether the firm has enough capacity for storing materials needed for supply of IT consumables?	YES/ NO Area in SqFt :
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/Cs to be enclosed)	FY: 2022-23 :Rs. FY: 2021-22 :Rs. FY: 2020-21 :Rs. FY: 2019-20 :Rs.
15	Turn over for the last 3 financial years	FY: 2022-23 :Rs. FY: 2021-22 :Rs. FY: 2020-21 :Rs. FY: 2019-20 :Rs.
16	Whether authorisation obtained from the companies which have certified you as their certified dealer. If yes give details,	

17	Name, Address and Tel. Nos. of at least three of your most valued clients. (with you for more than 3 years) Attach 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 the Corporation's Divisional Office at Thrissur ?	YES/NO
20	Are you agreeable to abide strictly by the terms & conditions of the tenders and contracts (copies annexed)	YES/NO
21	If the firm is registered under the Factories Act, details of license number (enclose photocopy of renewed license certificate)	
22	Mention any other special features of your firm	
23	Have your firm ever 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/Werequest **Life Insurance Corporation of India, Divisional Office, Thrissur**, to consider inclusion of my /our name in the list of your approved suppliers of Computer/IT consumables. I/We agree to give full satisfaction to the Corporation in the event of being included in the list of approved suppliers of Computer/IT Consumable

I/We have gone through the instructions and I/We have understood that if 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.

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.

Signature with Seal
Name and Designation

Place:

Date:

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

Annexure C

MANUFACTURER'S AUTHORIZATION FORM (MAF)
(To Be Submitted on Company (OEM's) letter head)

To:
Senior Divisional Manager,
Life Insurance Corporation of India,
Divisional Office,
Thrissur - 680022

Dear Sir/Madam,

Reg : Empanelment of Vendors : OS/TSR/01/2023-2024

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 thisday of 2024

Signature of the Company Secretary

Signature :
Name :
Designation :
Name & Address of the Company :
Seal of the Company :

Annexure D

Undertaking by the applicant regarding black listing

(To be submitted on applicant's letter head)

To:
Senior Divisional Manager,
Life Insurance Corporation of India,
Divisional Office,
Thrissur- 680022

Dear Sir/Madam,

Reg: Empanelment of Vendors: OS/TSR/01/2023-2024

Undertaking

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

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

Dated at thisday of 2024

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)

Name of The Company	
Address of the Company	
Details of Contact Person Name Designation Land line number Mobile Phone Number e-mail address	
Details of Material supplied in last 3 years (Ref No, Date of Work Order with proof for order)	

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

Dated at thisday of 2024

Signature with Seal

Name :

Designation:

Seal of the company / firm / Vendor / Service Provider