



Mysore Division

ವಿಭಾಗೀಯ ಕಛೇರಿ, 'ಜೀವನ ಪ್ರಕಾಶ', ಅಂ .ಪ.ಸಂಖ್ಯೆ 37, ಮೈಸೂರು-ಬೆಂಗಳೂರು ರಸ್ತೆ, ಬನ್ನಿಮಂಟಪ, ಮೈಸೂರು -570 015.
मण्डल कार्यालय, 'जीवन प्रकाश', पो.बॉ.सं: 37, मैसूर-बेंगलूर रोड, बन्निमण्टप, मैसूर - 570 015.
Divisional Office, "Jeevan Prakash", P.B.No:37, Mysore- Bangalore Road, Bannimantap, Mysuru- 570 015.
e-mail : os.mysore@licindia.com दूरभाष: Tel: 0821-2498494

Ref: OS/

Date: 04.10.2024

NOTICE FOR EMPANELMENT

Applications are invited from the Vendors/Firms/Suppliers/Printers/Service Providers (Including existing empanelled vendors) for the empanelment for various jobs of supply/services/printing etc.. For LIC Of India, Divisional Office, Mysore. The empanelment is valid for three years.

LAST DATE OF RECEIPT OF APPLICATIONS AT BELOW MENTIONED ADDRESS: ON OR BEFORE
05.11.2024 - 16.00 hrs

MANAGER (E & OS)
LIC OF INDIA,
DIVISIONAL OFFICE
BANNIMANTAP, MYSURU-BANGALORE ROAD,
MYSORE- 570 015.

Applications received after the due date will not be considered.

1. Each application must accompany with DD for Rs.236/-(200+36 GST) towards processing fee. It is non REFUNDABLE. Demand draft is to be drawn in favor of LIC of India, Payable at Mysore.
2. Separate application is to be submitted for each category/sub category along with processing fee. However fee may be paid by one DD giving DD details on each application.
3. Life Insurance Corporation of India reserves the right to accept, reject any or all applications or cancel the process of Empanelment without assigning any reason whatsoever.

I .PRINTING STATIONERY: APPLICANTS ARE REQUIRED TO SUBMIT ANNEXURE (A, B & C)

Sl no	Category no	Item of Empanelment
1	A1	FORM STATIONERY (Pads, Books Etc.)(Application forms Annexure A, B, C, D,E, A1,)
2	A2	Continuous Stationery Both Blank & Printed Stationery (Application forms Annexure A, B, C, D,E, A1,)
3	A3	Envelops, Policy Dockets and Loan Dockets etc; Application forms Annexures A, B, C, D,E, A1,)
4	A4	Policy Wallets & Plastic Folders (Application forms Annexure A, B, C, D,E, A1,)
5	A5	Security Printers – Policy Bond Stationery Application forms Annexures A, B, C, D,E, A1,)
6	A6	Table Stationery, ID Cards, Visiting cards Etc,Application forms Annexures A, B, C, D,E, A2)
7	A7	Flat Files and Filing Pads Application forms Annexures A, B, C, D,E, A1,)

II OFFICE EQUIPMENTS & SERVICE PROVIDERS: APPLICANTS ARE REQUIRED TO SUBMIT ANNEXURE A and C

Sl no	Category no	Item of Emplanelment
7	B1	Furniture & Fittings (Wooden, Iron & Steel), Safes, Fire/Water Proof storage equipment and Steel racks/cupboards etc; Weighing machines(Application forms Annexures A, B ,C , D ,E A3,)
8	B2	Water purifiers , Photo copiers (both AMC) (Application forms Annexures A, B ,C , D ,E A3,)
9	B3	Telecommunication Machines like EPABX , intercom with AMC (Application forms Annexures A, B ,C , D ,E A3,)
10	B4	Note counting machines, Fake note detector cum note counting etc.. (Application forms Annexures A, B ,C , D ,E A3,)
11	B5	IT /Computer Consumables (Application forms Annexures A, B ,C , D ,E A4,)
12	B6	Courier services (Application forms Annexures A, B ,C , D ,E A3,)
13	B7	Fire Extinguishers (Application forms Annexures A, B ,C , D ,E A3,)
14	B8	CC Camera servicing (Application forms Annexures A, B ,C , D ,E A3,)
15	B9	Service Providers for Office Up keep & Garden maintenance,Housekeeping, General Assistants and Scavengers etc;(Application forms Annexures A, B ,C , D ,E A3,)
16	B10	Service Providers for Security Services (Application forms Annexures A, B ,C , D ,E A3,)
17	B11	Pest control services (Application forms Annexures A, B ,C , D ,E A3,)

Sr . Divisional Manager.



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ई-मेल/E-mail: os.mysore@licindia.com ಫೋನ್: ದೂರವಾಣಿ: Tel: 0821-2498494

Annexure A

Conditions For Empanelment for Supplier / Firm / Service Provider

- ✦ The Firm / Supplier / Service Provider should be in the profession of printing for at least 3 years (Copy of registration certificate should be enclosed)
- ✦ Annual Turnover should be 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 2023-24 Accounts are not finalized, previous 3 AY details may be enclosed)
- ✦ The Firm / Supplier / Service Provider should be in the approved panel of atleast 3 reputed firm, Out of which one should be a Public Sector or Government undertaking (Enclose list and contact Details)
- ✦ The Firm / Supplier / Service Provider should keep sufficient stock in hand so as to comply with our urgent needs without delay.
- ✦ In case, the firms / Suppliers / Service Provider is the authorized dealer of any brand or make, copy of the valid authorized dealership certificate must enclosed.
- ✦ 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)
- ✦ The Firm / Supplier / Service Provider, who have been black listed / removed earlier by any office of LIC of India should not apply.
- ✦ The Firm / Supplier / Service Provider must give their acceptance to the Terms and Conditions as attached
- ✦ 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.
- ✦ Empanelment will be valid for three years
- ✦ 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.
- ✦ Last date for receipt of application duly completed is 05.11.2024- 16.00 hrs
Applications received after the stipulated time will not be considered for the purpose of empanelment
- ✦ In case, application is downloaded from our web site www.licindia.in/tenders, non refundable application fee of Rs. 236/- (Application fee Rs.200.00 plus GST Rs. 36.00) may be remitted in cash/ DD/ Bankers cheque payable at LIC of India, Mysore Divisional Office Cash counter.
Applications received without the stipulated application fee will not be treated as valid application.
- ✦ Application incomplete in any respect will not be entertained and are liable to be rejected.



ಭಾರತೀಯ ಜೀವನ ವಿಮಾ ನಿಗಮ
भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Mysore Division

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Annexure B

TERMS AND CONDITIONS OF THE EMPANELMENT

- ✦ The duly completed empanelment application along with proof of payment of application fee should reach OS Department, Divisional Office, Mysore.
- ✦ The description and specifications of stores should be noted carefully and your offer should be in accordance with the same.
- ✦ All samples, including the samples of paper should bear clearly the specifications like make, quality, siz, 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 likely to be ignored
- ✦ All deliveries must be made as per instructions by us, free of any charges.
- ✦ Each page of the offer should be signed by the tenderer
- ✦ If the supply delivered does 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.
- ✦ 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 .
- ✦ 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.
- ✦ 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 .
- ✦ If the Press / Supplier fails to comply with provisions of the clause regarding the delivery on or before the specified date or within such extended time as the Corporation may grant at its discretion on 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 as the rates of liquidated damages Such sum will be constructed 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.
- ✦ All proofs should be submitted in duplicate.
- ✦ 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.
- ✦ 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.

- ✦ 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 Mysore city.
- ✦ Stores rejected after the receipt will have to be taken by the suppliers at their risk and cost.
- ✦ Quotations should be sent in a sealed cover superscribed with the number of tender enquiry and due date of opening.
- ✦ Please note that your offer should be kept open for minimum 30 days from the due date.
- ✦ 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, the 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.
- ✦ 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 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
- ✦ Any tender not in compliance with the above terms and conditions and the specification sheet will be liable to be rejected.



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ಮೇಲ್ / ई-मेल/E-mail: os.mysore@licindia.com

ANNEXURE - A1

Questionnaire For Empanelment of Firm (Printed Forms, Banners and Posters / Pre-Printed Continuous Stationery/ Envelope Makers / 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 job, Rs.5 lacs to Rs.15 lacs for medium jobs and above Rs.15 lacs for big jobs, in any of 3 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 & 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 Dockets and Policy Wallets / Flat Files and Filing Pads

Last Date for submission of Application	05.11.2024 -16.00 hrs
Category/Sub category	
Name of the Category	

- Note: 1. Separate application form is to be submitted for each sub category.
2. Application fee of Rs.236/- is to be paid for each sub category in the form of DD drawn in favour of LIC of India payable at Mysuru.

PART I - GENERAL INFORMATION

SL.NO.	DESCRIPTION	REMARKS
1	Name of the Press / Company / Firm (in Block Letters)	
2	Date of Establishment/Incorporation (Enclose Certificate)	
3	Full Address with Telephone numbers and E-Mail ids.	
4	Full Address with Telephone numbers and E-Mail ids for correspondence (if address is separate)	
5	Status: Proprietary/Partnership/Private Ltd., (Enclose copies of Agreement/ Documents)	
6	Name of the Partners/Directors/Chief Executives and their present address with their Phone Numbers	
7	Name, Designation & Phone Numbers of representative who would be attending our jobs.	
8	Name of the Bankers with Addresses and Telephone Nos. & e-mail ids.	
9	PAN No. (Enclose copy of PAN No.)	
10	TAN No. (Enclose copy)	
11	GSTIN No (Enclose copy)	
12	CST No. (Enclose copy)	
13	Whether Your firm is Black listed by any Government / PSU?	
14	Is the firm is registered under Factories Act. Please provide, License No. Date of Last Renewal and next due Date of Renewal. (Enclose copy of Latest Renewal)	
15	Provide Income Tax details for the last three years. 1. 2023-2024 2. 2022-2023 3. 2021-2022 4. 2020-2021	
16	Whether IT returns for the last 3 years filed ?	
17	Is your firms is registered under MSME	

	(Micro Small Medium Enterprises) (Enclose copy of Registration)	
18	Is your firms is registered under MSME under SC/ST Category (Micro Small Medium Enterprises) (Enclose Registration copy)	
19	Name, Address and Telephone Nos. of your most valued customers including any government organization. (Enclose copy letters)	
20	Name & Address of LIC Offices who have registered in their empanelment letter.	
21	Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts.	YES/NO
22	Are you agreeable to make deliveries to Corporation's offices within and out of Mysore , which includes the districts of Mysore, Hassan, Chamarajnagar, Mandya,Kodagu when so directed?	YES/NO
23	Are Dealer/Distributor for any type of Stationery/Printing/Furniture etc. (Enclose copy of Dealership)	
24	Area occupied by the press / Company / Firm	
25	Are you able to engage the technically qualified persons service for rendering CAMC ? (For service providers)	YES/NO
26	What is your average annual turnover?	
27	Is your firm is registered under Shops & Establishment Act with local Municipality/ bodies ? (Enclose latest copy)	
28	ESI NO (SERVICE PROVIDERS)	
29	EPF NO (SERVICE PROVIDERS)	
30	ISO CERTificate NO and valid upto (enclose self attested copy)	
31	Whether Licence issued by the Police Dept ?(enclose the self attested copy) Licence No /Valid upto/area of operation(for security service providers)	
32	Total area of premises (owned/Rented) 1 Office : 2 Godown 3 Press 4. outlet	

33	Names of the offices of the LIC whose printing work you may have done during the last 3 years. Mention only those offices or whom you have done sizable jobs or have done constant work. (Details of jobs done to be given) Enclose separate sheet if space is insufficient.	
34	No. of Employees working with you. Permanent: Temporary : Skilled : Semi Skilled: Unskilled : No. of shifts you work normally.	
35	Approximate value of your output per year	
36	Do you carry stocks of papers and any other material. If so, what stocks do you generally hold? (Enclose separate sheet if needed)	
37	State the nature of printing jobs Undertaken by you. (Full details to be given, Enclose separate sheet if needed)	
38	Do you undertake manufacture of 1. Envelopes 2. Office Files 3. Policy Dockets 4. Stickers	YES / NO YES / NO YES / NO YES / NO
39	If answer to above question is YES, do you have scoring machine for files	
40	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

1	Please furnish particulars of composing facilities DTP System a) Make b) Packages c) Languages d) Other features, if any	
2	Other composing facilities such as hand composing	
3	Particulars of Scanning machines being used	
4	Printing Machines Used: 1. Offset Machine : (Make, Size, Colour, Speed other features if any) 2. Letter Press Machines (Make, Size Speed, Other features if any) 3. Screen Printing Facility : 4. Pre-Printed continuous stationary machine (Make, Size, Colour, Speed Other features, if any) 5. Any other Machineries used (Give Details)	
5	Pre printed continuous stationery machine a) Make b) Size c) Colour d) Speed e) Other features if any	
6	Particulars of Positives and Plate make facility :	
7	Binding and Finishing a) Cutting Machines : (Make, Size of Blade, Hand /Power driven) b) Particulars of punching machines c) Particulars of performing Machines d) Particulars of gilding department	
8	Have you got photo-type setting machine, if so, please furnish full details of type faces	
9	If any of the equipments mentioned above is under lease, loan or hire purchase agreement details should be furnished.	
10	Please furnish detailed 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. Page	
11	Screen printing facility	
12	Letter press machines facility	
13	Binding and Finishing facility	

I/Werequest Life Insurance Corporation of India, Divisional Officer, Mysore 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 understand 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. 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., is done by the Officials of The Corporation.

Date:

Signature with Seal

Place:

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
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.	DESCRIPTION	REMARKS
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 Partners / Directors	
7	Contact Persons Name with Mobile No and e-mail address	
8	Name of the Banker with address	
9	Your Products / Table stationary items which you can provide (enclose list)	
10	PAN Number	
11	TIN	
12	GST Registration details (Enclose self attested registration certificate)	
13	Experience in sales of materials	
14	Authorisation obtained from (Names of the companies which have certified you as their certified dealer)	
15	Name,Address and Tel. Nos. of atleast three of your most valued clients. (with you for more than 3 years)	
16	Whether holding certificate under Shops & Establishment Act, duly renewed? If YES, enclose the copy of certificate	YES/NO
17	Are you agreeable to make deliveries to the Corporation's Divisional Office at Mysore?	YES/NO
18	Are you agreeable to abide strictly by the terms & conditions of the tenders and contracts (copies annexed)	YES/NO
19	Mention any other special features of your firm	

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, Mysore**, to consider inclusion of my /our name in the list of your approved suppliers of Office / Table Stationary 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 Office / Table Stationary and cleaning materials. I/We have gone through the instructions and I/We have understand 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. 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., is done by the Officials of The Corporation.

Place:
Date:

Signature with Seal
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



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Annexure A3

Questionnaire For Empanelment of Vendor for Supply and Maintenance of Furniture and Fittings /Office Equipment .

SL.NO.	DESCRIPTION	REMARKS
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 Partners / Directors	
7	Name of the Chief Executive with his present address and Telephone Nos.	
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	
10	Is the Furniture Mart registered under the Shops & Establishments Act? If so, state a) License No. b) Date of Last Renewal of license (Copy of the license to be enclosed) c) EPF Registration No. if any d) TIN No. e) PAN No. f) ESIS No., if any	
11	11 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)	
12	List of Offices where you have been empanelled (LIC & other public sector or Govt of India)	
13	Are you agreeable to make deliveries to Corporation's offices within and out of Mysore, which includes the districts of Mysore, Hasssan, Chamarajnagar, Kodagu,& Mandya , when so directed?	
14	Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts.	
15	GST Registration details (Enclose self attested registration certificate)	
16	Show room area (in sft)occupied by the furniture mart.	
17	Authorisation obtained from (Names of the companies which have certified you as their certified dealer)	
18	Name,Address and Tel. Nos. of atleast 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, Mysore**, 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 understand 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.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., is done by the Officials of The Corporation.

Date
Place:

Signature with Seal
Name, Designation

Annexure A4

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

SL.NO.	DESCRIPTION	REMARKS
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 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	
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?	
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	Authorization obtained from (Names of the companies which have certified you as their certified dealer)	
17	Name,Address and Tel. Nos. of atleast three of your most valued clients. (with you for more than 3 years)	
18	Whether holding certificate under Shops & Establishment Act, duly renewed? If YES, enclose the copy of certificate	
19	Are you agreeable to make deliveries to the Corporation's Divisional Office at	
20	Are you agreeable to abide strictly by the terms & conditions of the tenders and contracts (copies annexed)	
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, Mysore**, to consider inclusion of my /our name in the list of your approved suppliers of IT / Computer consumables. I/We agree to give full satisfaction to the Corporation in the event of being included in the list of approved suppliers of IT / Computer Consumables .I/We have gone through the instructions and I/We have understand 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. 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., is 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



ಭಾರತೀಯ ಜೀವನ ವಿಮಾ ನಿಗಮ
भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Mysore Division

ಭಾಗೀಯ ಕಛೇರಿ, 'ಜೀವನ ಪ್ರಕಾಶ', ಅಂ .ಪೆ.ಸಂಖ್ಯೆ 37, ಮೈಸೂರು-ಬೆಂಗಳೂರು ರಸ್ತೆ, ಬನ್ನಿಮಂಟಪ, ಮೈಸೂರು -570 015.

मण्डल कार्यालय, 'जीवन प्रकाश', पो.बॉ.सं: 37, मैसूर-बेंगलूर रोड, बन्निमण्टप, मैसूर - 570 015.

Divisional Office, "Jeevan Prakash", P.B.No:37, Mysore- Bangalore Road, Bannimantap, Mysuru- 570 015.

ಫೋನ್: ದೂರಭಾಷ: Tel: 0821-2498494

ಈ-ಮೇಲ್/ ई-मेल/E-mail: os.mysore@licindia.com

ANNEXURE – C

DECLARATION BY MANUFACTURER/SUPPLIER/AUTHORISED DEALERS/VENDORS/PRINTERS/SERVICE PROVIDER.

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

I/We agree that the decision of the Life Insurance Corporation of India in selection Manufacturer/Supplier/Printer/Service Provider/Contractor will be final and binding on me/us.

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

I/We agree that I/We no objection if inspection of my/our premises/workshop etc., is done by the officials of the Life Insurance Corporation of India.

Dated at this day of 2024

Signature of the Vendor name and address seal.

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,
Mysore- 673001
Dear Sir/Madam,
Reg: Empanelment of Vendors: Stores/OS/

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	
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