



भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

LIFE INSURANCE CORPORATION OF INDIA DIVISIONAL OFFICE, COIMBATORE

QUESTIONNAIRE FOR ENVELOPE MAKERS

PART I : GENERAL INFORMATION

- 1) Name of the Press/Company :
(In Block Letters)
-
- 2) Date of Establishment / :
Incorporation
-
- 3) Address with Telephone No., Fax No. :
and E-Mail ID.
-
- 4) Address of Office (If Separate) :
and Telephone No.
-
- 5) Status : Whether Sole Proprietorship/ :
Partnership/ Private Limited Company /
Public Limited Company
-
- 6) Names of the Owner/Partners :
-
- 7) Name of Representative (s) :
indicating Designation who would
be calling on us and attending to
our jobs and his/their mobile nos.
-
- 8) 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. :
-
- 9) Whether holding certificate under :
shops & establishment act, duly
renewed. Copy should be enclosed
-
- 10) 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
-
- 11) Are you agreeable to make :
deliveries to Corporation's offices
in Madurai Divisional area when so directed?
-
- 12) Are you agreeable to abide :
strictly by the Terms and Conditions
of the Tenders and Contracts.
(copies annexed)
-

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

14) Total Numbers Employees : Permanent _____
Temporary _____

15) Names of the offices of the LIC for whom you may have done envelope supply 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)

16) Whether do you have experience in printing multi colour envelopes? State the major work done for the last three years with details.

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

18) Approximate Sales value per annum from envelope making alone.

19) Which and what type of quality materials do you use for the windows?

20) Are the windows affixed manually or is it done through machines?

21) The type of Punching Machines you are using (Hydraulic or Electrical or by hand)

22) Number of Punching Machines

23) What is the type of Window Patching Machine(Electrical or Manual)

24) Particulars of Punching Machines

25) Particulars of perforating Machines

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

Dated : _____

Signature with Seal

Note:

1.The completed applications along with relevant supporting documents, if any, in a sealed cover superscribing "Application for Empanelment of Envelope Makers" is to be submitted to "The MANAGER (E & O.S), L.I.C of India, Divisional Office, TRICY ROAD COIMBATORE 641018 on or before 19.01.2024

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 Envelope Makers from its approved lists at its absolute discretion without assigning any reason.