



मण्डल कार्यालय 1 osLV iVsy uxj lfdZV gkml jksM tks"kiqj -342011, फोन नं.0291
2657815; फैक्स 265780
Divisional Office: 1 west patel nagar circuit house road Jodhpur -mail:sdm.jodhpur.fax: 0291 -2657801

Empanelment of Supplier/Printer/Manufacturers

Applications are invited from reputed/manufacturers/printers/vendors/service providers for empanelment for following items:

| S.No. | CATEGORY |
|-------|---|
| 1. | Table & Office stationery such as pens, files, photocopier paper, Punching Machines, Staplers etc. |
| 2. | Computer continuous stationery. |
| 3. | (i) Computer consumables. (ii) Repair of Printer head, Drums etc., Refilling of Toner Cartridges, Printer Ribbons etc. |
| 4. | Offset/ Screen printers for printings of forms/ledgers, visiting cards etc. with or without papers. |
| 5. | Manufacturer/Supplier of Cloth/Kraft Envelops. |
| 6. | Supply/ Maintenance/ Servicing of telecommunication equipments such as Fax, EPABX systems etc. |
| 7 | Tour Operator for hiring taxi for LTC/Tour purposes. |
| 8 | Courier Service all over India. |
| 9 | Transport services for transporting goods local/outstations. |
| 10 | Supply / Maintenance/Servicing of Note counting machines. |
| 11 | Supply / Maintenance/Servicing of Safety & Fire Fighting Equipment, Fire Alarms systems. |
| 12 | Pest Control services. |
| 13 | Hiring of Photocopiers. |
| 14 | Supply / Maintenance/Servicing of Water Coolers, Refrigerators. |

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| 15 | Supply / Maintenance/ Servicing of Purifiers & R.O. Systems for domestic & commercial; use. |
| 16 | Supply of Desert Coolers. |
| 17. | Supply of Linen items and Cloth for uniform. |
| 18. | Wooden/Steel/Molded furniture & Fixture manufacturer/supplier. |
| 19 | Canteen/Catering Services. |
| 20 | Office upkeep services. |

1.The eligibility conditions and applications form can be downloaded from Our website www.licindia.in or the same can be obtained from the office of **Manager (OS) LIC of India Divisional Office,"Jeevan Prakash",1 West Patel Nagar Circuit House Road Jodhpur. Pin 342011.** Application for empanelment duly completed should be submitted at the same address in a closed envelop super scribed as "Application for empanelment of suppliers/vendors/Category Sr.No. ..." along with non-refundable application fee of Rs. 100/- in the form of demand draft in favour of Life Insurance Corporation of India payable at Jodhpur. Last date for receipt of application forms duly completed is 5th Dec. 2011 upto **5.00P.M.**

2.The firms/suppliers who are on our panel are required to apply for fresh empanelment if interested.

3.Firms/suppliers who have been black listed / removed earlier, should not apply. If applied , their applications will not be considered.

4.Mere submission of Application for empanelment does not confer the 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 for which Life Insurance Corporation of India shall neither be liable nor obligatory to inform the applicant the grounds of any such action.

Sr. Divisional Manager



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APPLICATION FORM FOR EMPANELMENT OF FIRM

| <u>S.NO.OF CATEGORY</u> | <u>NAME OF CATEGORY</u> |
|-------------------------|-------------------------|
| | |

(Separate application is to be filled up for each category)

Conditions for empanelment:

- 1) The firm/supplier should be in profession for at least 3 years.(Copy of proof must be enclosed)
- 2) The firm should be on the approved panel of at least 3 reputed 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)) Annual Turnover should be up to 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 last 3 years)

APPLICATION FOR FIRM/SUPPLIER/SERVICE PROVIDER

PART 1: GENERAL INFORMATION

| S.NO. | INFORMATION SOUGHT | INFORMATION PROVIDED |
|-------|---|----------------------|
| 1 | Name of the Firm (In Block Letters) | |
| 2 | Date of Establishment/Incorporation | |
| 3 | Correspondence address and Telephone No. | |
| 4 | Address of Head Office (if Separate) and Telephone No. | |

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|----|--|---------------------|--|
| | | | |
| 5 | Status 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 | | |
| 9 | Name of bankers with addresses & Telephone Nos. | | |
| 10 | Is the firm is registered under the factories Act? If so, state (a) License No. (b) Date of renewal of License (copy of license to be enclosed) (c) Pan No. (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 | Turnover for last three years | FY 2010-2011 | |
| | | FY 2009-2010 | |

| | | FY 2008-2009 | |
|----|---|--------------|--|
| 14 | Are you agreeable to make deliveries to Corporation's office at Jodhpur and other Offices outside Jodhpur when so directed? | | |
| 15 | Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts | | |
| 16 | If your firm is empanelled with any of office of LIC of India or any other PSU (Central) Please give name and address. | | |
| 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. | | |

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/WE _____

Request Life Insurance Corporation of India, Divisional Office Jodhpur 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 _____ 2011

Signature with seal

Name
Designation