



Southern Zonal Office, Engineering Department,
LIC Building, 9th Floor,
153, Anna Salai, CHENNAI-600002
 e-mail: sz_engg@licindia.com
 Phone-044-28604101 28616121, 122,133

PREQUALIFICATION TENDER NOTICE

Life Insurance Corporation of India intends to invite **item rate tenders for Supply, Installation , Testing, Commissioning Two Nos of Passenger Lift for 15 & 20 Nos of passengers at our Southern Zonal Office, Anna Salai, Chennai as per the details below:**

Sr. No	Name of the Work	Estimated Cost of Work	Time Limit for Completion	Minimum value of similar type of single Lift work completed in last 4 years.	Average annual Turn over for last 4 years not less than	Minimum Bank Solvency
A	B	C	D	E	F	G
1	SITC of 1 No 20 Passenger Lift and 1 No 15 passenger Lift for Zonal Office Building, Chennai	Rs 1.00 Crore	38 Weeks	At least one work of Value Rs. 50.00 Lakhs.	Rs.68.00 Lakhs	Rs. 27.00 Lakhs.

The above work includes SITC of 1 No 15 Passenger and 1 No 20 Passenger Lifts at our Zonal Office Building, Chennai. The above said work includes buyback of the old lifts & SITC of New lift. Only manufacturers who have ISO Certification and having a full fledged **Service Centre at Chennai** and have carried out works of similar nature & requisite qualification as per details given above are requested to apply on enrolment form along with enrolment fee of Rs. 500.00(Non- Refundable)

In the form of DD drawn in favor of **“LIC OF INDIA** “payable at Chennai. The details are also available on our website www.licindia.in (Tender Page) . In case enrolment form downloaded from website, the enrolment fee shall be payable while submission of enrolment form. Enrolment forms will be issued From **25.08.2011.to 10.09.2011**

The filled in enrolment form along with supporting documents shall be submitted on or before **15.09.2011** to the address as stated above. Please note that enrolment form without enrolment fee and supporting documents shall be summarily rejected.

The selected contractor will be considered for issue of tenders if found eligible as per the criteria above. The names of all empanelled contractors shall be published on our website within 90 days from the date of this publication.

The Chief Engineer, LIC of India reserves the right to reject / issue of enrolment forms/ tender for any agency / contractors at his sole discretion without assigning any reason.

Note: 1. For Contractors already enlisted with LIC of India, the above criteria will be relaxed by 25%.

Chennai

Date: 25.08.2011

Chief Engineer

CHIEF ENGINEER'S OFFICE
(ENGINEERING DEPARTMENT)

LIFE INSURANCE CORPORATION OF INDIA

LIC Building, 153, Anna Salai

Chennai

ENROLMENT FORM

M/S-----

LIFE INSURANCE CORPORATION OF INDIA.
INSTRUCTIONS FOR FILLING AND
SUBMISSION

The Enrolment Form along with the Annexure A1, A2 and B to G shall be completely filled in all respect along with cost of Enrolment Form of **Rs 500/- (Rupee Five Hundred only) (non-refundable)** by way of DD in favour of “**Life Insurance Corporation of India**” payable at **Chennai** , addressed to **the Chief Engineer, Life Insurance Corporation of India, Southern Zonal Office, 153, Anna Salai, Chennai-600002** along with these instructions for filling and submission of Enrolment Form on or before due date i.e **15.09.2011**. Please note that no consideration will be given for postal delays.

1. Lift Manufacturers to note that all particulars required as per the form and Annexure shall be filled in completely in relevant strictly as per the format.
2. The forms not submitted strictly as per the above instructions within stipulated period are liable to be rejected,
3. The eligible Lift Manufacturers who will be selected for issue of tenders after scrutiny of enrolment forms shall be informed by a letter. Please note that no enquiries or correspondence regarding the selection for issue of tenders shall be entertained.
4. **Latest Solvency Certificate (not more than six months old)** from any Nationalized / Scheduled Bank as per advertisement should be submitted along with Enrolment Form.
5. The Contractors are advised to follow the instructions given below :
 - (a) Enrolment Form shall be filled-up in clean handwriting in capital letters or typed.
 - (b) Full address of the site of work, owner or authority under whom the works have been carried out should be given (Please refer Annexure- D & E).
 - (c) The agencies should ensure to **submit the satisfactory Completion Certificate** giving the value of work, year of completion and it should also tally with the value of final bill in Annexure- D.
 - (d) The annual turnover should be based on **latest Income Tax Clearance Certificate** duly cleared by Income Tax Department or **audited balance sheet, copy of which should be enclosed.**
6. Please note that the submission of this enrolment form does not confer any right on you to claim issue of tenders and the Chief Engineer reserves the right not to issue tender to any / all applicants without assigning any reason whatsoever.

Enclo. : Enrolment Form with
Annexure A1, A2 and B to F

CHIEF ENGINEER

Note : These instructions for filling and submission of Enrolment Form shall also be signed and submitted along with Enrolment Form with Annexure A1, A2 and B to F.

LIFE INSURANCE CORPORATION OF INDIA
ENGINEERING DEPARTMENT
SOUTHERN ZONAL OFFICE
CHENNAI

FORM FOR ENROLMENT OF LIFT MANUFACTURERS

I / We _____ am / are desirous of being enrolled _____
on list of Lift Manufacturers for _____ and hereby apply for the same. I
/ _____
We give the following details for your consideration.

Sl.No.	QUERY	ANSWER
1.	Name of the firm	:
2.	Address	:
3.	PAN No. _____ TIN No. _____ VAT Registration No. _____ if no copies to be enclosed. Service Tax No. -----	
4.	Telephone Number Office Residence Fax No. Email	
5.	Telegraphic Address, if any	:
6.	Month and year in which the firm was established in present name	:
7.	Particulars of old firm (if present firm is new) if main partners of the present firm were working as construction contractors, in some other name in the past (The partnership deed of old firm be enclosed).	:
8.	Particulars of sister construction firms, if any:	
9.	i) What is the constitution of firm viz. Sole Proprietor, Partnership, Pvt.Ltd., Public Ltd., etc. ii) Enclose copy of partnership deed, Articles of Association or Affidavit in case of sole proprietorship as per Annexure A-1. iii) Fill-in enclosed Annexure A-2.	
10.	Fill and enclose Annexure B giving details of enrolment with LIC of India in the past and with other Organizations	:
11.	Has the applicant or his partners or Directors been black listed in the past by any Central or State Govt.Deptt ./ Organization	:

- | | | Year | Rs. in
Lac |
|-----|--|------------------------------|---|
| 12. | i) Annual Turn Over for last four years
(enclose documentary evidence or
proof to support figures) | i) | |
| | | ii) | |
| | | iii) | |
| | | iv) | |
| | ii) What evidence of proof is enclosed to
support the amounts of yearly turnover : | | |
| | iii) Enclose latest income tax clearance
Certificate/ Auditing Certificate | | Certificate enclosed for
Assessment year _____ |
| 13. | i) Name and complete postal
address of bankers. : | | |
| | ii) Enclose solvency certificate indicating
amount. | | |
| | iii) Bank Guarantee limit with various banks | i) Rs. _____ Lac with _____ | |
| | | ii) Rs. _____ Lac with _____ | |
| | | ----- | |
| | | Total Rs. | |
| 14. | i) Enclose list of immovable properties with
complete postal addresses, full
description & reasonable market value
of property duly supported by certificate
of D.M./Collector/First Class Magistrate/
approved valuer. | | |
| | ii) Whose supporting certificate is enclosed | Rs. _____ | |
| | | of _____ dt _____ | |
| 15. | i) Particulars of movable properties along
with Banker's reference.
Value of tools & plants
Other Assets
Total | | |
| | ii) Whose reference is enclosed? | | |
| 16. | Fill in and enclose list of tools & plants as
per Annexure-C enclosed. | | |
| 17. | Fill in & enclose Annexure-D giving full
particulars about major works completed
during past FOUR years | | |

18. Work in Progress:
 - i) Whether full details of major work on hand given in Annexure 'E'
 - ii) Are copies of work orders for such large works enclosed.
19. Whether full information regarding permanent technical staff employed given in Annexure 'F'
20.
 - i) Address and phone Nos of service centre at Chennai.
 - ii) Details of service personnel available at Chennai service centre.
21.
 - i) How do you normally get work of electrical installations carried out
 - ii) Who is the license holder & what is his experience
22. Any other information the applicant might like to give

DECLARATION

I/We agree to notify the officer accepting this application and registering my/our names on list of contractors of Life Insurance Corporation of India, of any changes in the foregoing particulars as and when they occur and to verify and confirm these annually on 1st January.

I/We understand and agree that the appropriate Life Insurance Corporation of India Authority has the right as he may decide, not to issue tender form in any particular case and also to suspend, remove or blacklist my/our name from Life Insurance Corporation of India list of contractors in the event of my/our submitting non-bonafide tenders or for technical or other delinquency in regard to which the decision of appropriate Life Insurance Corporation of India Authority shall be final and conclusive.

I/We certify that the particulars furnished in the enrolment forms are correct and that should it be found that I/We have given a false certificate or that if I/We fail to notify the fact of my/our subsequent amalgamation with another contractor or firm, the Life Insurance Corporation of India may remove my/our name from the list of contractors and any contract that I/We may be holding at the time may be rescinded.

PLACE :

DATE :

SIGNATURE OF CONTRACTOR

:: FOR OFFICE USE ONLY ::

ENROLMENT FORM NO. _____ ISSUED TO _____

NOTE: THE FILLED IN ENROLMENT FORM SHOULD REACH IN THE OFFICE ON OR BEFORE **15.09.2011**.

SIGNATURE OF ISSUING OFFICER

AFFIDAVIT

(On Non Judicial Stamp paper of Rs.10/- in case the individual who is the sole proprietor of the firm)

I
s/o age years, occupation business
r/o do hereby state on oath as under:

That I am residing in locality of
District since last years.

That I am the sole proprietor of a proprietary concern name and style as
“.....” having it's office at
District dealing in business of Government, civil contracts and
ancillary works attached therefore.

Hence this affidavit.

Deponent

Note: **This Affidavit should be notarized.**

LIFE INSURANCE CORPORATION OF INDIA

CONSTITUTION OF FIRM – SOLE PROPRIETORSHIP/PARTNERSHIP/LTD.CO./OTHER

DETAILS OF CONSTITUTENTS

S	Name of sole partner	Age	Share	Technical Experience			Whether
				Year to Year to	As Employee	As contractor	
	2	3	4	5	6	7	8

SIGNATURE OF CONTRACTOR

LIFE INSURANCE CORPORATION OF INDIA**PARTICULARS OF ENROLMENT WITH LIC AND OTHER
ORGANIZATION****I. ENROLMENT WITH LIC:**

Name of works for which enrolled by L.I.C. in the 1)
past : 2)
3)
4)

Sr.Nos. for which tenders were submitted :

Sr.Nos. for which work-order was received :

II. ENROLMENT WITH OTHER ORGANISATIONS:

Sr. No.	Name & Address of Authority with whom you are enrolled	FIRST TIME ENROLMENT		LAST RENEWAL OR ENROLMENT			
		Year to year	Is copy of letter enclosed	Year to year	Class or Category	Limit (Rs. in Lac)	Is copy of letter enclosed
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

SIGNATURE OF CONTRACTOR

LIFE INSURANCE CORPORATION OF INDIA

LIST OF MAJOR WORKS COMPLETED DURING LAST FOUR YEARS:

Sr. No.	Name and Complete Postal Address of			Order			Value of work as per final bill (Rs. in Lac)	Commencement of work month Year	Completion of work month Year	Penalty levied for delay of completion, if any
	Site of Work & Nature of Work	Owner	Authority under whom work was carried out	Ref.No. & Date	Contract Amount (Rs. in Lac)	Is copy enclosed				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

SIGNATURE OF CONTRACTOR

LIFE INSURANCE CORPORATION OF INDIALIST OF WORK IN HAND

Sr. No.	Name and Complete Postal Address of			Order			Date of commencement of work	Scheduled date of completion of work	Progress made and expected date of completion and reasons for delay, if any
	Site of Work & Nature of Work	Owner	Authority under whom work was carried out	Ref.No. & Date	Amount (Rs. in Lac)	Is copy enclosed			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

SIGNATURE OF CONTRACTOR

ANNEXURE - E

LIFE INSURANCE CORPORATION OF INDIA

PARTICULARS OF PERMANENT TECHNICAL STAFF

Sr. No.	Name	Designation	Age	Academic Qualification	Service with the Firm	Details of Experience Year to Year
(1)	(2)	(3)	(4)	(5)	(6)	(7)

SIGNATURE OF THE CONTRACTOR

ANNEXURE - F**ENROLMENT CHECKLIST****CHECKLIST FOR ENROLMENT:**

Sr. No.	Description of Enclosure	Refer Item of form
1.	Partnership deed / Articles of Association / Affidavit (•) (* Annexure A-1 (Appendix VII - B)	8 (ii)
2.	Annexure (A-2) as supplied	8 (ii) (Particulars of Partners)
3.	Annexure – E (as supplied)	9 (Particulars of enrolment in LIC and other Organization)
4.	Proof of Turnover	11 (ii)
5.	Latest I.T.C.C.	11 (iii)
6.	Solvency Certificate	12 (ii)
7.	Certificate of Bank Guarantee	12 (iii)
8.	Immovable Property Certificate	13 (ii)
9.	Movable Property reference	14 (i)
10.	(* Annexure 'C' (as supplied)	15 (Particulars of shuttering tools/ plant)
11.	(* Annexure 'D' (as supplied)	16 (List of major works completed during last 3 years)
12.	(* Annexure 'E' (as supplied)	17 (List of work in hand)
13.	(* Copies of work order	17 (ii)
14.	(* Annexure 'F' (as supplied)	18 (Particulars of permanent technical staff)

NOTE: Suitable modification to the above shall be made for different kind of Works.