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**Questionnaire for empanelment**  
**PART – I: GENERAL INFORMATION**

1) Name of the Dealers :  
(In Block Letters)

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2) Date of Establishment / Incorporation:  
(Enclose certificate)

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3) Address and Telephone No. :

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4) Address of Office (If Separate) :  
And Telephone No. /Mobile No.

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5) Status: Whether Partnership/ :  
Private Limited Company /  
Public Limited Company

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6) Names of the Proprietor/Partners/  
Directors :

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7) Name of Chief Executive with :  
His present addresses and  
Telephone Nos. /Mobile No.

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8) Name of Representative (s) :  
Indicating Designation who would  
Be calling on us and attending to  
Our jobs

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9) Name of Bankers with :  
Addresses & telephone nos.

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- 10) Is the press registered under the Factories Act? If so, state –
- (a) License No. : .....
  - (b) Date of Last renewal of license : .....
  - Copy of the license to be enclosed
  - (c) GST NO. : .....
  - (d) CST NO. : .....
  - (e) VAT NO. : .....
  - (f) TAN NO. : .....
  - (g) ESIS NO. if any : .....
  - (h) EPF Registration No. if any : .....
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- 11) Whether holding certificate under Shops & establishment act, duly Renewed. Copy should be enclosed.
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- 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. Please mention your PAN No. (Copy to be enclosed)
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- 13) Are you agreeable to make free Deliveries to our DIVISIONAL OFFICE, RAJKOT ?
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- 14) Are you agreeable to submit samples Whenever called for?
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- 15) Are you agreeable to enter into a Rate contract or running contract or Fixed quantity contract?
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- 16) Are you agreeable to abide Strictly by the Terms and Conditions Of the Tenders and Contracts as and when Laid down by the corporation.
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- 17) Area occupied by the Shop/Press:
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- 18) Total Number of Employees:  
Permanent \_\_\_\_\_ Temporary \_\_\_\_\_  
Skilled \_\_\_\_\_ Unskilled \_\_\_\_\_
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19) Number of shifts you work normally :  
Timing of shifts :

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20) Weekly Holidays:

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21) Name, Addresses and Telephone Nos.  
Of some of your most valued clients:

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22) Name of the L I C OFFICES whose printing  
Work you might have done during the last  
Three years. :  
(Details of jobs given by LIC and completed  
By you, enclosed certificates)

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22) Approximate value of your Turnover per year:

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22) Do you carry stocks of papers and any other  
Material? If so, what stocks do you generally hold?

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23) Do you possess certificate of authorization from manufacturers of  
Cartridges: If yes, please provide copy of the same.

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24) Mention any other specialties of your Establishment:

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**Contd. part -II**

**PART – II: TECHNICAL INFORMATION**

1) Particulars of composing facilities:

a) D. T. P. Systems

<b>Make</b>	<b>Packages</b>	<b>Languages</b>	<b>Other Features, if any</b>

b) Other composing facilities such as hand composing

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2) Particulars of scanning machines being used.

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3) Printing Machine

a) Offset Machine

<b>Make</b>	<b>Size</b>	<b>Colour</b>	<b>Speed</b>	<b>Other features, if any</b>

a) Pre-printed continuous stationery machine

<b>Make</b>	<b>Size</b>	<b>Colour</b>	<b>Speed</b>	<b>Other features, if any</b>

a) Letter press machines

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b) Screen printing facility

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4) Particulars of Positives and Plate making facility.

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5) Binding and Finishing.

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a) Cutting Machines

Make	Size of Blade	Hand/Power Driver

b) Particulars of Punching Machines.

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c) Particulars of perforating machines.

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d) Particulars of gliding department.

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6) Have you got photo-typesetting machine if so, please furnish full details of type faces.

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7) If any of the equipments mentioned above is under lease, loan or hire purchase Agreement should be furnished.

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8) Please furnish details particulars any other agreements you may have entered in to which are subsisting and are likely have a bearing on the jobs, which may be entrusted to you.

I/WE \_\_\_\_\_ request **Life Insurance Corporation of India, RAJKOT DIVISIONAL OFFICE**, to consider inclusion of my/our name in the list of their approved vendors and agree to give full satisfaction to the Corporation in the event of their doing so.

**P.S. : Application form fee Rs. 100/- paid by Cash/ Demand Draft vide M.R. No. \_\_\_\_\_ Dated \_\_\_\_\_**

**Dated:**

**Signature:**

**Note (1).** Please type this form or fill it legible in ink. If space provided is insufficient, Please write the replies on a separate sheet giving appropriate question and attached it to the form. Please affix your firm/company seal and authorized signature on every page.

**Note (2).** The corporation reserves the right to include/exclude/cancel the name of the printer from its approved lists at their absolute discretion without assigning any reason.



O.S.DEPARTMENT  
"Jeevan Prakash"  
Tagore Marg, Rajkot 360001  
Phone No: 0281-2460825 to 2460827  
e.mail : os.rajkot@licindia.com

**Application for empanelment as Contractor for A M C for Water coolers, Air coolers, Air Conditioners Water purification/Aqua guard, Note Counting Machine, EPABX etc.**

1. Name of the Agency: \_\_\_\_\_
2. Address of the officer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Name of the Proprietor/s Chief Executive \_\_\_\_\_
4. Date of establishment: \_\_\_\_\_  
(Enclose Certificate)
5. Name and address of present clients: (Attach separate statement)
6. Whether Registration Certificate under Shop and Establishment Act duly renewed? Yes/No.  
(If yes, attach copy)
7. Whether holding Registration Certificate issued by Regional Provident Fund Commissioner? Yes/ No.  
(if yes, attach copy )
8. Whether holding Registration Certificate issued by Employees State Insurance Corporation? Yes/No.  
(if yes, attach copy )
9. Whether holding Registration Certificate issued by Superintendent of Central Excise and Customs Government of India for Service Tax?  
Yes/ No.  
(If yes, attach copy )
10. Affidavit by the Proprietor for ownership of the firm should be attached.
11. Number of Staff employed: \_\_\_\_\_
12. Copy of Income Tax Clearance Certificate and latest Income Tax return should be attached.
13. Copy of License issued by Office of Labour Commissioner should be attached.

**Signature**

**(Name of the Proprietor/s Chief Executive)**

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**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.

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**Annexure – A**

**Conditions for Empanelment**

- 1) The firm should have been established at least three years before. (Copy of registration certificate must be enclosed).
- 2) Annual Turnover should at least Rs. lacs (Attach Balance Sheet for 3 years).
- 3) The firm should be on the approved panel of at least 3 reputed firms from Gujarat out of which at least one should be Public Sector or Government Undertaking. (Enclose copy of letter of empanelment duly certified).
- 4) The firms should have at least 300 sq. ft. area of operation for printing, binding etc. activities and sufficient storage space.
- 5) The firms should have registration with state & local authorities for undertaking the profession (Copies of state registration & AMC License, VAT/TA/PAN/CST/GST No. to be enclosed).
- 6) Vendors/Firms should keep sufficient stock in hand, so as to comply with requirements without delay.
- 7) Vendor should furnish the specific brand or make, in case of authorized dealer (Copy of authorize dealership must be enclosed).
- 8) Corporation reserves the right to cancel your application without giving any reason.
- 9) Application should reach us on or before \_\_\_\_\_ with necessary documents / copy stated in application form Part I & II (Incomplete application will be rejected).
- 10) Any dispute subject to RAJKOT jurisdiction.

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**SR.DIVISIONAL MANAGER  
RAJKOT DIVISION**