



मुं.वि.का.- 4, योगक्षेम,का.से.,तीसरा माळा,पूर्व भाग,जीवन वीमा मार्ग,मुंबई – 400 021.

**Mumbai Divisional Office – IV, O.S.Dept. 3rd Floor, East Wing,
Yogakshema, Jeevan Bima Marg, Mumbai 4000 21, Tel. No. 66599239, 66599246.**

NOTICE

Application are invited from the Firm/Suppliers/Contractors having their establishment at Mumbai Divisional Office – IV for the empanelment for various jobs as mentioned below for Mumbai Divisional Office – IV, Yogakshema, Mumbai.

- 1) Pest Control
- 2) Cease Fire
- 3) Franking Machine
- 4) Water Coolers
- 5) EPABX Telephone Instruments
- 6) Note Counting Machine
- 7) Fake Note Detector
- 8) Air Conditioners
- 9) Office Upkeep
- 10) Water Purifiers
- 11) Neon Sign / Glow Sign Boards
- 12) Courier

The Vendors desirous to be empanelled with us for above said jobs and fulfilling condition as per annexure enclosed, may apply for getting empanelment on the panel of Mumbai Divisional Office – IV for jobs undertaken at Mumbai Divisional Office – IV, Yogakshema.

The application in questionnaire form along with the enclosures i.e. necessary copies of certificate in evidence for the facts mentioned in the forms is to be sent at following address so as to reach us on or before 31st December 2009.

**Manager (OS),
Mumbai Divisional Office - IV,
L I C Of India,
3 rd Floor, Yogakshema,
Jeevan Bima Marg,
MUMBAI – 4000 21.**

The cover should be superscribed as “Application for empanelment – category listed at ----- above”

Manager (O.S.)

- Note: 1. Vendors who are on our existing panel also should apply for fresh empanelment.
2. Vendors who have been blacklisted/removed earlier should not apply. If applied, their applications will not be considered.



भारतीय आयुर्विमा महामंडळ
भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA
मुंबई विभाग - ४ / मुंबई मंडळ - IV / MUMBAI DIVISION - IV

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

2) Date of Establishment/ :
Incorporation

3) Address and Telephone NO. :

4) Address of Office (If Separate) :
and Telephone No.

5) Status : Whether sole Proprietor / Partnership/
Private Ltd. Co./Public Ltd. Co.

6) Names of the Proprietor/ Partners/Directors :

7) Name of Chief Executive with :
his present Addresses & Tel. No.

8) Name of Representative(s) :
Indicating Designation who would
be calling on us & attending to our job.

9) Name of Bankers with :
Addresses & Tel. No.

10) Is the Firm 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) BST / MST NO :
(e) VAT NO. :
(f) Service Tax No. :

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) Are you agreeable to make :
deliveries to Corporation's offices
within and out of Mumbai when so directed?

14) Are you agreeable to abide :
strictly by the Terms and Conditions
of the Tenders and Contracts as and
when laid down by the Corporation

15) Area occupied by the Shop :

16) Total Numbers of Employees : Permanent _____ Temporary _____
Skilled _____ Unskilled _____

17) Weekly Holidays :

18) Names of the offices of the LIC to whom
you may have supplied cartridges during
the last 3 years. Mention only those offices
for whom you have done sizable jobs or have
done sizable jobs or have done constant work.
(Details of jobs done to be given)

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

20) Approximate value of your turnover per year :

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

22) Mention any other specialities of your Establishment :

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

**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, Mumbai Divisional Office – IV**, to consider inclusion of my/our name in the list of their approved Stationery / Cartridge Dealer and agree to give full satisfaction to the Corporation in the event of their doing so.

Dated : _____

Signature

Note : The Corporation reserves the right to cancel the name of the Dealer from its approved lists at their absolute discretion without assigning any reason.