

**LIC****भारतीय जीवन बीमा निगम**
Life Insurance Corporation of India

Western Zonal Office : Engineering Department, Yogakshema ,Jeevan Bima Marg, Mumbai 400 021 (Tel. 022-66598000) Fax-022-22845671, mailto:wz_engg@licindia.com

NOTICE FOR PRE-QUALIFICATION OF CONTRACTORS

Life Insurance Corporation Of India intends to invite tenders for the Builder's work, Sanitary & Water Supply installations, drainage, pavements including internal electrical work and ancillary works for the following works.

| Type of work | Estimated Cost (In Lacs) | Time Limit for completion in Months | Average Annual Turnover during Last 4 Years (In Lac) | Min. Value of Work completed in Last 4 Years (In Lac) | Minimum Solvency Certificate (In Lac) |
|---|--------------------------|-------------------------------------|--|---|---------------------------------------|
| Construction of 1) Branch Office & Officers Quarters at Miraj. | 140 | 18 | 70 | Single work of value 70 Lac | 28 |
| 2) Officers Quarters at Lohegaon, Pune. | 250 | 24 | 125 | Single work of value 150 Lac OR Two works each of value 125 Lac | 62.50 |

Note : For working contractors of LIC of India , the above criteria may be relaxed by 25%

Contractors who are capable of executing building works of similar nature and magnitude and fulfilling above mentioned requirement, may collect enrolment form from the **LIC Of India, WZO, Engineering Department, 1st Floor, West Wing, "Yogakshema", J.B. Marg, Mumbai-400021**, on payment of **Rs. 500/- (non refundable)** in the form of cash or Demand Draft in favor of LIC Of India payable at Mumbai on any nationalized bank OR Enrolment form can be downloaded from www.licindia.com and submitted to above office along with a payment of Rs. 500/- in the form of Demand Draft. The last date of submission of filled in enrolment form is **15.01.2010**

No further notice will be published in future and issue of tenders shall be restricted to contractors who will apply now before due date and qualify the prerequisite as above. No consideration will be given for postal delay.

LIC of India reserves the right to reject or issue enrolment form/tender to any party/contractor at their sole discretion without assigning any reason whatsoever.

CHIEF ENGINEER



**LIFE INSURANCE CORPORATION OF INDIA
ENGINEERING DEPARTMENT, WESTERN ZONAL OFFICE,
“YOGAKSHEMA”, 1ST FLOOR,
JEEVAN BIMA MARG, MUMBAI 400 021
Email: wz_engg@licindia.com**

FORM FOR ENROLMENT OF CONTRACTORS

NAME OF JOB:

- 1) CONSTRUCTION OF BRANCH OFFICE CUM INVESTMENT BUILDING AND OFFICERS QUARTERS AT MIRAJ UNDER SATARA DIVISIONAL OFFICE.**

- 2) CONSTRUCTION OF 24 NOS OFFICERS QUARTERS AND 1 NO S. D. M. QUARTER AT LOHEGAON UNDER PUNE DIVISIONAL OFFICE.**

NOTE : PLEASE GIVE YOUR CHOICE FOR ENROLMENT TO BE CONSIDER , PLEASE TICK .

Signature of contractor



**LIFE INSURANCE CORPORATION OF INDIA
ENGINEERING DEPARTMENT, WESTERN ZONAL OFFICE,
“YOGAKSHEMA”, 1ST FLOOR, JEEVAN BIMA MARG, MUMBAI 400 021**

INSTRUCTIONS FOR FILLING & SUBMISSION OF ENROLMENT FORM

The Enrolment Form along with the **Annexure** shall be completely filled in all respects and to be submitted along with Enrolment fess of Rs. **500/- (non-refundable)** by way of D.D. in favour of **Life Insurance Corporation of India** payable at Mumbai, to the Chief Engineer, Life Insurance Corporation of India, “Yogakshema”, 1st Floor, Jeevan Bima Marg, Mumbai – 400 021 along with **these instructions for filling & submission of Enrolment Form** on or before **15.01.2010**, Please note that no consideration will be given for postal delays.

1. Contractors to note that all particulars required as per the form and Annexure shall be filled in completely in relevant blanks 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 contractors 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 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 contractors should ensure to submit the satisfactory Completion Certificate giving the value of work, year of completion and it should also tally with the value.
 - (d) The annual turn over should be based on latest Income-tax Clearance Certificate, duly cleared by Income-tax Department.
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.

Signature of Contractor

Note: These instructions for filling & submission of Enrolment Form shall also be signed and submitted along with Enrolment Form along Enrolment Form No.

(To be filled by office)



Life Insurance Corporation of India
ENGINEERING DEPTT. WESTERN ZONAL OFFICE , MUMBAI

FORM FOR ENROLMENT FOR CONTRACTORS

I/Weam/ are desirous of being enrolled on list of contractors for ----- and hereby apply for the same. I/We give the following details for your consideration.

| Sr. No. | QUERY | ANSWER |
|---------|---|----------------------------------|
| 1. | Name of the Firm | |
| 2. | Address | |
| 3. | Telephone no. OFFICE | |
| | RESIDENCE | |
| | MOBILE | |
| | FAX NO. | |
| | E MAIL | |
| 4. | Telegraphic address, if any | |
| 5. | Month and year in which the firm was established in present name | |
| 6. | Particular 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). | NOT-APPLICABLE |
| 7. | Particular of sister construction firms(if any) | |
| 8. | 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. | |
| 9. | Fill and enclose Annexure B giving details of enrolment with L.I.C. of India in past and with other Organizations. | |
| 10. | Has the applicant or his partners or Directors been black listed in past by any Central or State Govt. Depts. /Organization. | |
| 11. | i) Annual Turn Over for <u>last four years</u> (enclose documentary evidence or proof to support figures) | Year i) ii) iii) iv) |
| | ii)What evidence of proof is enclosed to support the amounts of yearly turnover | Rs. (in Lacs) |

| Sr. No. | QUERY | ANSWER |
|---------|--|---|
| | iii)Enclose latest income tax clearance certificate | Certificate enclosed for Assessment year..... |
| 12. | i) Name and complete postal address of bankers. | |
| | ii) Enclose solvency certificate indicating amount. | Solvency certificate for amount Rs..... |
| | iii)Bank Guarantee limit with Various Banks | ii) Rs.lacs with..... ii)Rs.lacs with..... Total Rs. |
| 13. | i) Enclosed 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/ Revenue authorities. | |
| | ii)Whose supporting certificate is enclosed | Rs..... of Date |
| 14. | i)Particulars of movable properties along with Banker's reference. | |
| | Value of tools & plants | Rs..... |
| | Other Assets | Rs..... |
| | Total | Rs..... |
| | ii) Whose reference is enclosed | |
| 15. | Fill in and enclose list of tools & plants as per Annexure –C enclosed. | |
| 16. | Fill in & enclose Annexure D giving full particulars about major works completed during past four years. Note: List of only those works which are carried out by firm requesting for enrolment is to be given. | |
| 17. | Work in progress: | |
| | i) Whether full details of major work on hand given in Annexure E | |
| | ii) Are the copies of work orders for such large works enclosed. | |
| 18. | Whether full information regarding permanent technical staff employed given in Annexure F. | |
| 19. | i) How do you normally carry out works of Water Supply, Sanitary & plumbing installations. | |
| | ii) Who is the license holder and what is his experience of this work. | |
| 20. | i) How do you normally get work of electrical installations carried out. | |
| | ii) Who is the license holder and what is his experience. | |
| 21. | 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 black list 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 THIS OFFICE

ON OR BEFORE. **15.01.2010 upto 1700 Hrs.** FILLED ENROLMENT FORM SHOULD ACCOMPANY A D.D. OF RS.500/ IN FAVOUR OF LIC OF INDIA PAYABLE AT MUMBAI

**SIGNATURE OF RECEIVING OFFICER
LIC OF INDIA WZO MUMBAI**

AFFIDAVIT

(On Non Judicial Stamp Paper of appropriate value in case the individual who is the sole proprietor of the firm)

I,
s/o ageyears, 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 its office at District
..... dealing in business of Government, civil contracts and
ancillary works attached therefore.

Hence this affidavit.

Deponant

Note: This Affidavit should be notarized.

LIFE INSURANCE CORPORATION OF INDIA

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

DETAILS OF CONSTITUENTS

| Sr. No. | Name of sole partner or Director/ other High Officials | Age | Share | Technical Experience | | | Whether power of attorney Holder |
|------------|---|-----|-------|----------------------|-------------|---------------|-------------------------------------|
| | | | | Year to year to | As Employee | As Contractor | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| | | | | | | | |

SIGNATURE OF CONTRACTOR

LIFE INSURANCE CORPORATION OF INDIA

PARTICULARS OF ENROLMENT WITH L.I.C. AND OTHER ORGANIZATIONS.

1. Enrolment with L.I.C. :

Name of works for which enrolled
by L.I.C. in past

- 1)
- 2)
- 3)
- 4)

Sr. Nos. for which tenders were submitted:

Sr. Nos. for which work order was received:

II. Enrolment with Other Organization :

| Sr. No. | Name and 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 lacs) | Is copy of letter enclosed |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| | | | | | | | |

SIGNATURE OF CONTRACTOR

LIFE INSURANCE CORPORATION OF INDIA

PARTICULARS OF TOOLS, SCAFDOLDINGS AND PLANTS

| Sr. No. | Item | Specification | Quantity | Estimated Value | Remarks |
|---------|------|---------------|----------|-----------------|---------|
| (1) | (2) | (3) | (4) | (5) | (6) |
| 1. | | | | | |

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 lacs) | Commencement of work month Year | Completion of work month Year | Penalty levied for delay of completion, if any. |
|--------|-------------------------------------|-------|--|---------------|-----------------|-----------------|---|---------------------------------|-------------------------------|---|
| 1 | Site of Work & Nature of Work | Owner | Authoirity under whom work was carried out | Ref No & Date | Contract Amount | Is copy enclose | 8 | 9 | 10 | 11 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |

SIGNATURE OF CONTRACTOR

LIFE INSURANCE CORPORATION OF INDIA

LIST OF WORKS IN HAND

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

SIGNATURE OF CONTRACTOR

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 CONTRACTOR

Life Insurance Corporation of India

CHECK LIST 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(iii) (Particulars of partners) |
| 3. | Annexure E (as supplied) | 9(Particulars of enrolment in L.I.C. and other Organisation) |
| 4. | Proof of Turn over | 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 certificate | 14 (i) |
| 10 | * Annexure C (as supplied) | 15 (particulars of shuttering tools & plants.) |
| 11. | * Annexure D (as supplied) | 16(List of Major works completed during last 4 years) |
| 12. | * Annexure E (as supplied) | 17(List of works in hand) |
| 13. | * Copies of work order | 17(ii) |
| 14. | * Annexure F (as supplied) | 18 (particulars of permanent technical staff) |
| 15. | Applicants has to ensure their signature on every page | - |