



LIFE INSURANCE CORPORATION OF INDIA
DIVISIONAL OFFICE, AHMEDABAD

:1:

Name of work : Post Construction Anti termite treatment to "Jeevan Prakash" Divisional Office building at Ahmedabad.

SCHEDULE OF QUANTITIES

Item No.	Description of Item	Qty.	Rate in Rs.	Unit	Amount Rs. Ps.
1	Post construction anti termite treatment as per latest IS code of practice IS 6313 (Part-III) 2001 in recommended concentration consisting of following stages of treatment as below : - Providing & injecting chemical emulsion for post-constructional anti-termite treatment and creating a chemical barrier under & all around the column , junction of wall & floor, along the external perimeter of the building, expansion joints, spraying the chemical emulsion to walls & ceiling, cleaning the termite tubes and making holes of 12 mm dia approximate 300 mm deep and 300 mm apart , injecting chemical emulsion. Chlorpyrifos 20% EC (DURSBAN, LENTREKE) filling the joints with C.M.(1:1) Chemical emulsion consumption shall be 1 Litre per Rmt above ground floor and 2 Litre per Rmt at Ground level as per IS 6313 (For payment the internal floor area at upper floors and plinth area at ground floors and basement floor shall be measured)				
	Stage-1 : Treatment to wall and floor junction including expansion joint by using water based chemical. Stage-2 : Treatment to wooden framed / fixtures by using oil based chemical. Stage-3 : Treatment to concealed electrical / data cabling lines by using oil based chemical. Stage-4 : Treatment to termite tubes.				
	(a) Basement & Ground floor	3950.00	67.00	Sq.M	264650.00
	(b) Upper Floors	10150.00	44.00	Sq.M	446600.00
	Note:- 1. The Plinth area shall be measured for Payment. 2. The contractor should submit 5 year gaurantee bond for Anti termite treatment carried out on Rs.100/= non judicial stamp paper. The floor area inside external walls will be measured for payment.				
TOTAL AMOUNT Rs.					711250.00



:2:
LIFE INSURANCE CORPORATION OF INDIA
DIVISIONAL OFFICE, AHMEDABAD

	TOTAL ESTIMATED AMOUNT Rs.	711250.00
I /We herewith quote% (In wordspercentage) Below*/ At Par*/ Above* on the total estimated amount as above (* strike out whichever is not applicable)	Rs.	
	TOTAL QUOTED TENDER AMOUNT	Rs.
(In words Rupeesonly)		

Note:

1. The contractors are to quote their percentage rate (Below/ At par/ Above) on LIC's schedule amount stated above.
2. The percentage as quoted by the contractor will apply to all the rates of the schedule of quantities.
3. The contractors are not to quote percentage variation for individual items.
4. The contractors are to quote their rate both in figure & words.
5. The quoted rates should inclusive of all taxes excluding GST.

**CONTRACTOR'S SIGNATURE
WITH DATE & SEAL**


Sr. Divisional Manager *Co*



O.S.DEPARTMENT
7TH Floor, Jeevan Prakash Building,
Tilak Road, Ahmedabad::380001,
Phone No: 079-25511768, 25508775,
e.mail : os.ahmedabad@licindia.com

Form for empanelment
GENERAL INFORMATION

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

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

3) Address:-

Telephone No:- :

Mob.No.:-

E-mail Id:-

4) Address of Head Office (If Separate) :
And Telephone No. /Mobile No/
Fax No./E-mail Id

5) Nature of Ownership Status
Whether Partnership/ :
Private Limited Company /
Public Limited Company/

6) Names of the Proprietor/Partners/
Directors :
& E-mail Id.

7) Name of Chief Executive with :
His present addresses and
Telephone Nos. /Mobile No.
& E-mail Id.

8) Name of Representative (s) :
Indicating Designation who would
Be calling on us and attending to
Our jobs and his/her Mob
No./ E-mail Id.

9) Name of Bankers with :
Addresses & telephone nos.
A/C No.:-
Type of A/cs:-
IFSC CODE:-
(Please attaché cancelled Cheque)

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) PAN NO. :
(e) ESIS NO. if any. :
(f) EPF Registration No. if any. :
(g) Labour Licence No.&Validity :
(Photocopies of each of above are to be enclosed) :

11) Whether holding certificate under
Shops & establishment act, duly
Renewed. Copy should be enclosed.

12) State the latest Income Tax details.
Assessed year and the amount of
Tax assessed Copies of last 3 years, IT Returns, Balance Sheets ,C A Certificate,
Revenue A/c to be enclosed.
Please mention your PAN No.
(Copy to be enclosed)

13) Turnover of last three years 2022-23, 2021-22,2020-21

14) Are you agreeable to make free
Deliveries to our DIVISIONAL OFFICE, AHMEDABAD?

15) Are you agreeable to submit samples Whenever called for?

16) Are you agreeable to enter into a
Rate contract or running contract or
Fixed quantity contract?

17) Are you agreeable to abide
Strictly by the Terms and Conditions
Of the Tenders and Contracts as and when
Laid down by the corporation.

18) Area occupied by the Shop/Press:

19) Total Number of Employees:
Permanent _____ Temporary _____
Skilled _____ Unskilled _____

20) Number of shifts you work normally :
Timing of shifts :

21) Weekly Holidays:

22) Name, Addresses and Telephone Nos.
Of Three of your most valued clients:
(Separate list may be attached)

23) If your firm is already empanelled with any
office of LIC Or any other PSUs.:
(Details of jobs given by LIC and completed by you, enclose certificates)

24) Whether firm is registered under NSIC/MSME
(If yes , enclose copy of same)

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

26) Do you possess certificate of authorization from manufactures of
Cartridges etc. If yes, please provide copy of the same.

27) Mention any other specialties of your Establishment:

28) Is the firm owned by SC/ST
Entrepreneurs, If yes, Please Enclose copy

I/WE _____ request **Life Insurance Corporation of India, AHMEDABAD 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. 590/- 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 number and attached it to the form.
Please affix your firm/company seal with authorized signature on every page.

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