

Bardhaman Divisional Office, Sales Department,  
Ghordourchatl, Gopalnagar, P.O-Sripally, Dist. Purba Bardhaman-713103.

## NOTICE-2025-26

Application for Empanelment under Categories A & B as mentioned

Applications are invited from the vendors / firms for the empanelment for various jobs as mentioned below for DIVISIONAL OFFICE, BARDHAMAN (Including existing empanelled vendors under Bardhaman Division for below mentioned Category.)

### CATEGORY OF VENDOR / FIRM FOR SUPPLY OF:

#### (A) MEETING / TRAINING / EVENT SERVICES:-

1) Stage, sound system, backdrop, projector / LED, Decoration, meeting/training events related all services. 2) wallet parking service, (3) travel services/ tour operators.

#### (B) Catering Services :-

1) Supply of breakfast / Lunch / Dinner etc. with decorative arrangements for various meetings/ Training programs.

The vendors / firms desirous to be empanelled with us for above said jobs and fulfilling conditions as per Annexure "A" enclosed, may apply for empanelment of DIVISIONAL OFFICE, BARDHAMAN for jobs undertaken at Division office Bardhaman for above category.

The applications in questionnaire form along with the enclosures i.e. necessary certificates in evidence for the facts mentioned in the forms are to be sent at the following address so as to reach us on or before 10 days from date of Publication.

Sr.Divisional Manager  
LIC of India, Ghordourchatl, Gopalnagar, Sripally,  
PURBA BARDHAMAN-713103.

The Sealed envelope should be super scribed as "Application for empanelment under Category (A) MEETING / TRAINING / EVENT SERVICES OR (B) catering Services " as applicable.

Date : 29.05.2025

  
MANAGER (SALES)

**NOTE:** 1)Vendors/suppliers who are on our existing panel should also apply for fresh empanelment.  
2)Vendors/suppliers have been blacklisted/removed earlier ,should not apply. If applied, their application will not be considered  
3) The Corporation reserves the right to include /exclude/cancel the name of the Vendors/Suppliers from its approved list at its absolute discretion without assigning any reason.

## **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.2 lacs. (Attach Balance Sheet for 3 years)
- (3) The firms should have registration with state & local authorities for undertaking the profession (Copies of state registration & A.M.C License, VSAT / TAN / PAN / CST / GST No. / FSSAI License (for Category B) to be enclosed)
- (4) Corporation reserves the right to cancel your application without giving any reason.
- (5) Application should reach us on or before 10 days from date of Publication with necessary documents / copy stated in Application.
- (6) Any dispute subject to PURBA BARDHAMAN jurisdiction.
- (7) The approved panel will be valid for 24 months from the date of empanelment.



**SR.DIVISIONAL MANAGER**

**BARDHAMAN DIVISION**



Bardhaman Divisional Office, Sales Department,  
Ghordourchatl, Gopalnagar, P.O-Sripally, Dist. Purba Bardhaman-713103.

**APPLICATION FOR EMPANELMENT UNDER  
CATEGORY NO.s - A & B**

(1) Name of the Firm /Agency: \_\_\_\_\_

(2) Address of the Office : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_

E-MAILID \_\_\_\_\_

(3) Name of the Proprietor/s Chief Executive  
With Telephone No./ Mobile No. \_\_\_\_\_

(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 is sued by Employees State Insurance Corporation ?Yes / No.(If yes, attach copy)

(9) Whether holding GST Registration Certificate issued by Government of India? Yes/No.(if yes, attach Copy)

GST NO \_\_\_\_\_

(10) Affidavit by the Proprietor for ownership of the firm should be attached.

IncomeTax PAN No.: \_\_\_\_\_

Number of Staff Employed: \_\_\_\_\_



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- (11) Copy of Income Tax Clearance Certificate and latest IncomeTax return should be attached.
- (12) Copy of License issued by Office of Labour Commissioner should be attached.
- (13) Address of workshop, If any:
- (14) Do you have dealership of any standard Firm /Brand /Make?
- (15) Other details
- (16) Whether your Firm/Company blacklisted by any Govt/SemiGovt ? YES /NO.If YES, give the details.

Signature with stamp

(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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**Questionnaire for Empanelment under Categories -A & B**  
**GENERAL INFORMATION**

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

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

(3) Address and Telephone No.

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

(5) Status whether partnership/  
Private Limited Company/  
Public Limited Company

(6) Name of the Proprietor/Partners/Directors

(7) Name of Chief Executive with his present address and Telephone No.

(8) Name of Representative (s) including Designation who would be calling On  
us and attending to our jobs

(9) Name of Bankers with address and Telephone No.

(10) If the press registered under the Factories Act? If so, state--

a. License No.

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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
- i. FSSAI License for category-B

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(11) Whether holding certificate under Shops and 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 Assessment copies of last 3 years, ITRs, Balance Sheets and Revenue Act to be enclosed.  
Please mention your PAN No. (Copy to be enclosed)

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13) Turn over of last three years

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14) Are you agreeable to enter into a Rate Contractor running contractor Fixed quantity contract?

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15) Are you agreeable to abide strictly by the Terms and Conditions of the tenders and contracts as and when laid down by the corporation (copies annexed)

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16) Number of shifts you work normally timing of shifts

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17) Weekly Holidays

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18) Name, Address and Telephone Nos. of some of your most valued clients

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19) Name of the LIC OFFICES whose work you have done during the last 3 years.  
(Details of jobs given by LIC and completed by you). Enclosed certificates)

20) Approximate value of your turn over per year

21) Mention any other specialties of your establishment

Signature with stamp

(Name of the Proprietor/s Chief Executive)

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

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

I/WE \_\_\_\_\_ request Life Insurance Corporation of India, BARDHAMAN 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.

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 Competent Authority 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.