



MUMBAI DIVISIONAL OFFICE -1, OFFICE SERVICE DEPARTMENT,  
2<sup>nd</sup> FLOOR, EAST WING, YOGAKSHEMA, J B MARG, MUMBAI – 400021  
TEL. NO. : 022-66599035/38

## **NOTICE**

### **APPLICATIONS FOR EMPANELMENT OF VARIOUS SUPPLIERS, SERVICE PROVIDERS, PRINTERS & STATIONERS ETC.**

Applications are invited from **Mumbai based** various Vendors (vendor means Proprietor, Partnership firm, Company, Authorized dealer including existing firms on our panel) for empanelment for following items/categories on job-work basis for Mumbai Divisional Office - I.

1. Office stationery dealers
2. Printers
3. Continuous stationery manufacturers
4. Envelopes manufactures
5. Binders
6. IT Consumables like Cartridges, Ribbons, CDs etc.
7. CCTV Surveillance.
8. Telecommunication Equipments-sales & services such as EPABX, Telephone instruments, cabling etc.
9. Scrap Merchant
10. Newspaper Advertising Agencies
11. Supply & maintenance of Curtains & Vertical Blinds
12. Repairs of Furniture
13. Pest Control
14. EDMS-Destruction of old records- Labour Work.

The vendors desirous to be empanelled with us, fulfilling conditions given below and as per annexure 'A', may apply for getting empanelled on the panel of Mumbai Divisional Office – I, Mumbai, for jobs undertaken at Mumbai Divisional Office - I. Interested vendor will be required to fill the questionnaire form as per Annexure 'B', placed below and submit all the details called for in the questionnaire form. Necessary supporting documents should also be enclosed along with the questionnaire form as per Annexure 'C'.

The application as per Annexure 'B' along with the enclosures as per Annexure 'C', in a sealed cover super scribed as 'Application for Empanelment(2025) – Category (Please mention serial no. and name of the category)', are to be sent at following address so as to reach us before 4.00 p.m. on or before **15.09.2025**.

**Manager( O.S.),  
Mumbai Divisional Office - I,  
L I C Of India,  
2<sup>nd</sup> floor, Yogakshema,  
Jeevan Bima Marg,  
MUMBAI – 400021.**

**Tel: 022-66599035/66599038**


Please read carefully the General as well as prerequisite conditions of empanelment given in the Annexure 'A'.

Date:

**Sr. Divisional Manager  
Mumbai Divisional Office – I**

**Encl: Annexure A, B, C**

## Annexure - A

 भारतीय आयुर्विमा महामंडळ भारतीय जीवन बीमा निगम LIFE INSURANCE CORPORATION OF INDIA	<b>MUMBAI DIVISIONAL OFFICE -1, OFFICE SERVICE DEPARTMENT, 2<sup>nd</sup> FLOOR, EAST WING, YOGAKSHEMA , J B MARG, MUMBAI – 400021 TEL. NO. : 022-66599035/38</b>
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### **General Terms and Conditions:**

- 1) Various suppliers, service providers, printers & stationers as per list given above, who are on our existing panel should also apply for fresh empanelment.
- 2) Applicant who have been blacklisted / removed earlier, should not apply. If applied, their applications will not be considered.
- 3) Please type the format in Annexure B on your letterhead. If space provided is insufficient, please type the replies on a separate sheet of paper giving appropriate question number and attach it to the application form.
- 4) If any vendor desirous to apply for more than one category should submit separate application forms in sealed cover for each category applied.
- 5) The Corporation reserves the right to call for any missing / additional information from the responding Vendor and accept or reject any or all applications without assigning any reason thereof.
- 6) The applications received will be scrutinized on the basis of fulfillment of our conditions for empanelment as per Annexure 'B' & 'C' and LIC Officials will undertake inspection/ visit for verification of records and information furnished in the Application form to only those applicants who are found *prima facie* eligible for empanelment on the basis of documents / information submitted.
- 7) The empanelment would be done only on the recommendation of the duly constituted committee that would visit and inspect the premises, workshop etc of the applicants and approved by the competent Authority.
- 8) **The Corporation reserves the right to cancel the name of the vendor from its approved lists at their absolute discretion without assigning any reason.**

### **Conditions for empanelment :**

- 1) The applicant should be in profession for at least 3 years ( Copy of registration certificate must be enclosed ).
  - 2) Annual Turnover of applicant should be above Rs. 3 lakhs in any of the previous 3 financial years. (Attach Balance Sheet for last 3 years ).
  - 3) The applicant should be on the approved panel of at least 3 reputed Firms from Mumbai. Out of which at least one should be public Sector or Government undertaking.
  - 4) The printers and envelopes manufacturers should have at least one single color offset machine & preferably one four colour offset machine.
  - 5) The printer, manufacturer should have at least 300 Sq. Feet area of operation for printing , binding etc. activities & sufficient storage space at one place.
  - 6) The applicants should have registration with state & local authorities for undertaking the profession (Copies of registration, licenses & other documents are to be enclosed as per annexure C).
  - 7) Non refundable Application fees of Rs. 118/= (Rs. One Hundred Eighteen Only) is to be deposited by cash /Demand Draft along with each application.
  - 8) **Only vendors having office as well as operating area in Mumbai/Thane/Navi Mumbai should apply for this empanelment.**
  - 9) Any dispute arising out of or relating to this empanelment shall be deemed to have arisen at the headquarters of the Corporation's office placing the order and shall be subject to adjudication by a Court in Mumbai City.
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Annexure – B

 भारतीय आयुर्विमा महामंडळ भारतीय जीवन बीमा निगम LIFE INSURANCE CORPORATION OF INDIA	<b>MUMBAI DIVISIONAL OFFICE -1, OFFICE SERVICE DEPARTMENT, 2<sup>nd</sup> FLOOR, EAST WING, YOGAKSHEMA , J B MARG, MUMBAI – 400021 TEL. NO. : 022-66599035/38</b>
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**APPLICATION FOR THE EMPANELMENT OF VENDORS**

**PART I : GENERAL INFORMATION**

- 1) Name of the Vendor:  
(In Block Letters) \_\_\_\_\_  
(Vendor means any Proprietor/ firm/ Company/ Manufacturer/ Dealer/ Authorised agent who applies for the empanelment )
- 2) Mention the category under \_\_\_\_\_  
which applying for empanelment:  
Mention the Serial No. of the category:   
(Vendor applying for more than one category should fill up separate form for each type)
- 3) Date of Establishment /Incorporation : \_\_\_\_\_
- 4) Address and Telephone No. of office /1) \_\_\_\_\_  
Manufacturing Unit/shop: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email Address: \_\_\_\_\_
- 5) Status : Whether Sole Proprietor/Partnership/  
Private Limited Company /Public Limited Company: \_\_\_\_\_
- 6) Name of the Proprietor/Partners /Directors \_\_\_\_\_  
and their contact numbers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7) Names of Chief Executives / Representative (s) \_\_\_\_\_  
indicating Designation who would be calling \_\_\_\_\_  
on us and attending to our jobs and their \_\_\_\_\_  
contact numbers: \_\_\_\_\_  
\_\_\_\_\_
- 8) Name of Bankers with addresses, \_\_\_\_\_  
telephone nos. & IFSC Code \_\_\_\_\_  
(Copy of called cheque leaf to be attached ) \_\_\_\_\_
- 9) Is the Vendor Registered under the following?  
(Submit self attested signed and sealed copy of below mentioned documents)
- a) Shop & Establishment Act, 1948: **YES / NO**

(If yes, submit photo copy of duly renewed Certificate of Registration )	
b) Factories Act, 1948:	<b>YES / NO</b>
(If yes, submit License No.& photo copy of duly renewed License)	
c) EPF Registration No.:	<b>YES / NO</b>
(If yes, submit photo copy of certificate )	
d) ESIS No. (If any):	<b>YES / NO</b>
(If yes, submit photo copy of certificate )	
e) TIN No. (If any):	<b>YES / NO</b>
(If yes, submit photo copy of certificate)	
10) Whether registered under the Goods & Services Tax Act, (GST):	<b>YES / NO</b>
(If yes, submit photo copy of Certificate of Registration)	
GST No.:	_____
State Code:	_____
Type (Composite / Regular ):	_____
11) Labour License No. & validity under section of Labour Laws (enclose Xerox copy)	_____ _____
12) Service Tax Registration No. (enclose photocopy)	_____
13) PAN No. of Income Tax Dept. (enclose photocopy)	_____
14) Turn over for last 3 years:	
F. Y. 2024-25	_____
F. Y. 2023-24	_____
F. Y. 2022-23	_____
15) State the latest Income Tax Assessed year and the amount of Tax assessed	_____ _____ _____
(Copies of last 3 years IT Returns, P & L A/c and Balance Sheets are to be enclosed)	
16) a] Whether the vendor belongs to the category of Micro, Small Enterprises as defined in the 'Micro, Small & Medium Enterprises Development Act, 2006'. If 'Yes', specify the category of Micro, Small Enterprise and whether the enterprise is in manufacturing or Service industry.	<b>YES / NO</b>  _____ _____ _____
b] Whether registration by filling entrepreneurs memorandum part II, with the respective District Industries Centre has been done, If yes then the Entrepreneur memorandum Number is to be Mentioned and copy of Acknowledgement of Entrepreneurs Memorandum-II AND /OR are registered with National Small Industries Corporation (NSIC) under Single point registration - Certificate is to be submitted for proof of registration mentioning Monetary limits and validity period etc .(to be submitted for Claiming special benefits regarding EMD, Security Deposit etc.)	_____ _____ _____ _____ _____ _____ _____ _____
C] Whether the MSE is owned by SC/ST entrepreneurs and if so, Attested true copies of SC/ST Certificate issued by the District Authority to be submitted.	_____ _____
17) Whether all the Statutory requirements as directed by Government Authorities are fulfilled?	_____ _____
18) Are you agreeable to enter into a Rate Contract/ Running Contract or Fixed Quantity Contract With us?	<b>Yes/No</b> _____ _____

- 19) Are you agreeable to make deliveries to Corporation's offices within and out of Mumbai when so directed? \_\_\_\_\_
- 20) Are you agreeable to abide strictly by the Terms and Conditions of the Tenders and Contracts as and when laid down by the Corporation \_\_\_\_\_
- 21) Whether Vendor has been blacklisted by any office of LIC of India or any PSU ? (If yes, give details) \_\_\_\_\_
- 22) Area occupied by the shop/press/office: \_\_\_\_\_
- 23) Whether it is owned/leased or rented: (submit copy of agreement) \_\_\_\_\_
- 24) Total Numbers of Employees : Permanent \_\_\_\_\_ Temporary \_\_\_\_\_  
Skilled \_\_\_\_\_ Unskilled \_\_\_\_\_
- 25) Number of shifts you work normally : \_\_\_\_\_
- 26) Timing of shifts : \_\_\_\_\_
- 27) Weekly Holidays : \_\_\_\_\_
- 28) Names of the offices of the LIC whose jobs you may have done during the last 3 years. Mention only those offices for whom you have done sizeable jobs or have done constant work. (Details of jobs done to be given) (Zerex copies of orders are to be attached) \_\_\_\_\_
- 29) Name, Addresses and Telephone Nos. of some of your most valued clients: \_\_\_\_\_
- 30) Approximate value of your output per year : \_\_\_\_\_
- 31) Is the Vendor an authorized vendors for any Product / brand? **YES/NO**
- 32) If yes, mention product / brand /company Name : \_\_\_\_\_  
(enclose photo copy of letter of authorization)
- 33) Do you carry stocks of papers and any other material : \_\_\_\_\_  
If so, what stocks do you generally hold? \_\_\_\_\_
- 34) State the nature of printing / Manufacturing jobs undertaken by you: \_\_\_\_\_  
(Full details are to be given in Part II of Annexure A) \_\_\_\_\_
- 35) Mention any other specialities of your Establishment : \_\_\_\_\_

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I/WE \_\_\_\_\_ request Life Insurance Corporation of India, Mumbai Divisional Office - I, 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 at: \_\_\_\_\_

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Signature with  
Seal /rubber stamp

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**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.**

**The Corporation reserves the right to call for missing / additional requirements from the vendors at the time of analysis of the application form received in respect of this enquiry.**

**Each page of the Questionnaire form should be signed and stamped with company seal by the authorized person.**

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



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## **PART II : TECHNICAL INFORMATION**

**(ADDITIONAL INFORMATION TO BE FILLED IN BY PRINTERS / BINDERS / CONTINUOUS STATIONERY / ENVELOPES MANUFACTURES )**

1) D.T.P. Facility - whether In-house: **YES / NO**  
If no, please give detail how do you arrange for DTP : \_\_\_\_\_  
\_\_\_\_\_

2) Positives and Plate making facility – whether In-house: **YES / NO**  
If no, please give detail how do you arrange the same: \_\_\_\_\_  
\_\_\_\_\_

3) Particulars of Machines:

a) Offset Machines:

Make	Size	Colour	Speed	Other Features if any

b) Collator machines

Make	Size	Colour	Speed	Other Features if any

c) Pack to pack machines:

Make	Size	Colour	Speed	Other Features if any

d) Cutting Machines/Slitter:

Make	Size of Blade	Hand/Power Driver

4) Details of Punching machines: \_\_\_\_\_

5) Details of Perforating Machines: \_\_\_\_\_

6) Details of Pinning Machines: \_\_\_\_\_

7) Do you have In-house Screen Printing facility: **YES / NO**

8) Do you have In-house Binding facility: **YES / NO**

If yes, please give detail : \_\_\_\_\_  
\_\_\_\_\_

9) How do you propose to compensate the loss \_\_\_\_\_  
to the Corporation arising out of theft, Fire or \_\_\_\_\_  
other wise in respect of paper Material supplied \_\_\_\_\_  
to you by us. \_\_\_\_\_  
(enclose Xerox copy of fire insurance policy) \_\_\_\_\_

10) Please furnish details particulars of any other agreements you may have entered into 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, Mumbai Divisional Office - I, 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 at: \_\_\_\_\_

\_\_\_\_\_  
Signature with  
Seal /rubber stamp

**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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**List of Documents-self attested, signed and sealed copies to be attached.**

1. Registration Certificates:
  - a. Shop & Establishment Act 1948, copy of duly renewed Certificate of Registration.
  - b. Factories act, 1948, if yes license No. & copy of last renewed license.
  - c. EPF Registration No.( if any),Copy of certificate.
  - d. ESIS No. (if any) Copy of Certificate.
  - e. Income Tax Act: Copy of PAN Card.
  - f. Labour License No. & validity under section of Labour Laws. Copy of Certificate.
  - h. GST Registration. Copy of Certificate.
2. Copies of Income Tax Returns filed for last 3 years.
3. Turn over certificate of last 3 financial years.
4. MSME vendors- If registered with the Directors of Industries (DI)/District Industries Centre (DIC) as manufacturint/service enterprises - copy of acknowledgements of entrepreneurs memorandum (part-II).  
If registered with National Small Industries Corporation (NSIC) under Single point vendor registrations scheme - single point registration certificate.  
SC/ST entrepreneurs, true copy of certificates issued by District Authorities.  
Please enclose latest copy of MSME Certificate.
5. Copies of Orders – supplied to LIC of India/any other renowned institution.
6. Copies of Letter of Authorization, if authorized dealer.
7. Proof of ownership/Rent – Business Premises.