



Divisional Office, Jeevan Prakash, Sector-17 B, Chandigarh 160017, Ph.No 0172-2701621

NOTICE FOR EMPANELMENT

Applications are invited from reputed firms for Empanelment (For 3 years) with Life Insurance Corporation of India, Divisional Office, Jeevan Prakash, Sector 17 B Chandigarh for the following works:-

S. NO	CATEGORY
1)	Canteen and Catering Services
2)	Supply and AMC of CCTV cameras

1. The separate forms (Annexure – A) is required to be filled in for each category which may be downloaded from our website www.licindia.in (tender page). Application form can also be obtained from the office of Manager (O.S) at given address.
2. Application for empanelment duly completed should be submitted to the **Manager(OS), LIC of India, Divisional Office, “Jeevan Prakash”, Sector-17 B, Chandigarh. 160017** in a closed envelope super scribed as “Application for Empanelment of Canteen and Catering services, Supply and AMC of CCTV Cameras, Sl. No. _____ Name of category _____” **along with non refundable application fee of Rs. 118/- (Rs.100+18 GST) ,** in the form of DD in favour of Life Insurance Corporation of India payable at Chandigarh.
3. The selection shall be at the sole discretion of the Competent Authority of LIC OF INDIA, Divisional Office, Chandigarh.
4. **Existing Firms, Suppliers and Service Providers are also required to apply for fresh Empanelment.**
5. Firms blacklisted by any office of the Corporation need not apply (sign the enclosed Annexure).
6. Last date for submitting the duly filled in application is **23.05.2019 up to 4.00 P.M.**
7. The Corporation bears no responsibility for application received after due date and will be rejected.
8. The Corporation reserves the right to accept or reject any or all applications without assigning any reason thereof.

Place: Chandigarh

Sr. Divisional Manager

Date : 05.05.2019

Divisional Office, Jeevan Prakash, Sector 17B, Chandigarh 160017, Ph.No – 0172-2704125

APPLICATION FORM FOR EMPANELMENT OF FIRM

S.No. of Category:

Name of category:

(Separate application is to be submitted for each Category)

ANNEXURE ' A '

Conditions for empanelment:

- 1. The Firm/Supplier/Service Provider should be in profession for at least 3 years (copy of registration certificate must be enclosed).**
- 2. The Firm/Supplier/Service Provider should have registration with state and local authorities for undertaking the profession (Copies of State Registration and BNC license to be enclosed).**
- 3. The firm/supplier/Service provider should keep sufficient stock in hand so as to comply with urgent need without delay.**
- 4. Vendor should furnish the specific brand or make, in case of authorized dealer (Copy of valid authorized dealership certificate must be enclosed).**
- 5. The Firms will be Empanelled only after positive recommendation of committee duly constituted to visit and inspect the premises / workshop etc. of the applicants.**
- 6. All applicants are required to affix the signature and seal of the Authorised official of the Company/Firm on each page of Annexure "A" in acceptance of terms and conditions therein.**

Annexure B

APPLICATION FOR EMPANELMENT OF FIRM/SUPPLIER/SERVICE PROVIDER

PART I :: GENERAL INFORMATION

SL.NO.	INFORMATION SOUGHT	INFORMATION PROVIDED
1.	Name of the Firm(IN BLOCK LETTERS)	
2.	Date of Establishment /Incorporation of the Firm	
3.	Correspondence address and Telephone no/contact no. with e mail address	
4	Address of head office(if separate) and Tele. no. /Mob. No.	
5	Address of local office(at Chandigarh) with Tele. No. and Mob. No.	
6	Give details of Business/Profession	
7	Details of products available/services provided by you. (You can enclose separate sheet/letter head for giving details)	
8	STATUS: Whether Partnership/Private ltd. Company/Public limited company/Proprietorship	
9	Name of the Partners/Directors and their Contact / Mobile Nos.	
10	Name of the Chief Executive with his present address and telephone/mobile nos.	
11	Name of Representative(s) indicating Designation who would be calling on us and attending to our jobs (with Telephone and Mobile Nos.)	
12	Name of Banker with address and Telephone Nos.	
13	Is the Firm/Agency registered under the Shop and Establishment Act ? A License No. B Date of last renewal of license (Copy of license to be enclosed) C PAN NO (Enclose photo copy) D TIN NO. if any E GST registration No. (Enclose photo copy) F ESIS No. if any (Enclose photo copy) G EPF Registration NO., if any (Enclose photo copy) H Labour license no. and validity under section of Labour Laws (Enclose photo copy)	
14	Whether holding certificate under shop and Establishment Act duly renewed (Copy should be enclosed)	
15	State the latest Income Tax Assessed year and the amount of Tax assessed (Copies of last three years, IT Returns, Balance Sheets and Revenue A/c to be enclosed)	

16	Turn over for last Three Years F Y 2018-19 FY 2017-18 FY 2016-17	
17	CST NO./VAT No./ ServiceTax Registration No./ TAN No.	
18	Whether Black listed by any Govt. Deptt./ Public Sector Company?	
19	Do you agree to make deliveries to the Corporation's office at basement of Jeevan Prakash Building, Sector 17B, Chandigarh?	
20	Do you agree to abide strictly by the Terms and Conditions ? (Copy annexed)	
21	Total Numbers of employee	Permanent _____ Temporary _____ Skilled _____ Unskilled _____
22	Number of shifts you work normally	
23	Timing of shifts	
24	Weekly holidays	
25	Names of offices of the LIC of India whose work you may have done during the last three years. Mention only those offices for whom you have done sizable jobs or constant work . (Details of jobs done to be given)	
26	Name, Addresses and Telephone Nos. of some your most valued clients (separate list may be enclosed)	
27	NEFT Details (Form enclosed)	
28	Mention any other specialties of your Firm/Establishment	

Note : Please type this form or fill it legible 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.

Signature with seal and Date

All the pages of application form and documents must be signed with seal.

DECLARATION

1. I/We request **Life Insurance Corporation of India, Divisional Office, Chandigarh**, to consider inclusion of my/ our name in the list of their approved **Firm/Suppliers/Service Providers**. I / We agree to give full satisfaction to the Corporation in event of their doing so.
2. I / We have read the instructions and I / We understand that the information furnished now is found false at a later date, any contract made between ourselves and the LIC, on the basis of the information given by me / us can be treated as invalid at the sole discretion of the LIC and I/We will be solely responsible for the consequences.
3. I /We agree that the decision of the LIC in selection of **Firm/Suppliers/Service Providers** will be final and binding on me / us.
4. All the information furnished by me hereunder is correct to the best of my / our knowledge and belief.
5. I/ We agree that I/We have no objection if inspection of my / our premises / workshop / shop etc. is done by the Officials of the LIC.

Dated at _____ this _____ day of _____ 2019.

Signature

Name :

Designation :

Seal of the Firm:

UNDERTAKING

We hereby confirm that we have not been blacklisted by LIC or PSU/ BFSI Organization/ Government / Semi Government / Quasi Govt. Departments in India as on date of submission of bid in response to the above.

We also agree with your terms and conditions quoted in tender.

Dated at _____ this _____ day of _____ 2019

Authorized Signatory Signature

NAME:

DESIGNATION:

Name and Address and SEAL OF THE FIRM / COMPANY:

APPLICATION FOR PAYMENT THROUGH NEFT FROM AGENCY

Name of the Agency :
(As per Bank A/c)

PAN NO. :
(Compulsory)

Address of Agency :
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Phone / Mobile no. :
(FOR SMS Alert)

Email ID :

Agency's Bank name :

Bank Branch Name :

Address of the bank :

Agency Bank Account No. :
(Full Digit 11-16)

Type of A/c : Saving A/c Current A/c OD A/c CC A/c
(Tick)

Bank IFSC Code No. :

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(11 DIGIT IFSC CODE)

I have checked the above details with my banker and confirm that they are correct. Please transfer the amount payable to me as per details stated above.

Signature of the Agency With seal
Date:

Kindly enclose cancelled cheque leaf for verification of details.