**FOR EMPANELMENT OF PRINTER**

National Insurance Company Limited, Patna Regional Office, 4th floor, Sone Bhawan, Birchand Patel Marg, R Block, Patna- 800001 ( hereunder called “The Company”) invites application for Empanelment as printer to undertake various printing jobs of our Patna Regional Office.

**ELIGIBILITY CRITERIA**

1. Valid trade License issued by the appropriate authority to carry out the job of printing (photocopy to be attached ).
2. GST Registration Certificate along with latest Tax Return (photocopy to be attached ).
3. Income Tax Return for the Financial Year 2014-15 , 2015-16 , and 2016-17 duly receipted by appropriate Authority supported by photocopy of PAN Card.
4. Must have own Printing Press (Photocopy of documentary evidence to be attached)
5. Must have necessary Machines and infrastructure to carry out printing job.
6. Must have pre-press and others facilities.
7. Must have three years experience in the field of printing.
8. EARNEST MONEY :- Earnest Money of Rs. 5000/- (Rupees five thousand ) only in the form of Demand Draft / Pay order / Banker’s cheque drawn in favour of National Insurance Co. Ltd., payable at Patna must be submitted along with application .

The EMD of Empanelled Printer will be kept as Security Deposit and will bear no interest. EMD of unsuccessful applicants will be returned which will also bear no interest.

**OTHER INFORMATION , TERMS AND CONDITION**

1. The selected printers must be able to participate in tender for jobs of estimated value up to Rs. 2 lacs (two lacs ). The printer must be able to participate for multicolor jobs and special quality jobs and to participate for ordinary jobs as would be decided by the company.
2. Those who do not have their own Printing Press need not apply.

1. All the documents submitted must be clearly legible and duly signed and stamped by the applicant.

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1. The company reserves absolute right to accept or reject any or all the applications without assigning any reasons whatsoever.

1. Application without Earnest Money shall liable to be rejected.
2. The Company reserves right to inspect the premises of the Printer and/or ask for any other document and / or originals (copies of which have been submitted.) for inspection.
3. Any reference / Inspection of premises of printer from our end shall not deem to be confirmation for empanelment by the Company.
4. The empanelment shall be for the period of two years, which may be further extended or reduced depending on necessity and discretion of the Company.
5. The Company reserves the right to depanel a printer in the following situation (any one).

1. Non-participation in 50% of the Tenders in a year.
2. Inability to supply materials as per specifications and / or rate quoted.
3. If on verification / inspection it is found that any information or document submitted by any applicant is false, fabricated or incorrect, the application of such applicant shall be rejected.
4. The selected printer may at their option , withdraw from empanelment by giving thirty days notice in writing. The Company may also depanel a printer by giving the thirty days notice in writing without assigning any reason /s what so ever.
5. The Company may ask for further information/documents, if felt necessary.

Properly sealed envelope super scribing **“Application for empanelment of Printers”** containing all documents and EMD should be dropped in the Tender Box kept at entrance of **Patna Regional Office, 4th floor, Sone Bhavan, Birchand Patel Marg,R Block, Patna-800001 ON OR BEFORE 3.00 P.M. OF 07-11-2017.**

Regional Manager

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**National Insurance Company Limited**

**Patna Regional Office, 4TH FLOOR, SONE BHAWAN,**

**R BLOCK BIRCHAND PATEL MARG, PATNA-800001**

APPLICATION FORM FOR EMPANELMENT OF PRINTERS WITH

NATIONAL INSURANCE COMPANY LIMITED, PATNA REGIONAL OFFICE FOR

JOBS OF ESTIMATED VALUE UP TO Rs. TWO LACS

1. NAME AND ADDRESS OF THE PRINTER :
2. TELEPHONE/ FAX/ MOBILE NO. :

1. NAME OF CONTACT PERSON WITH PHONE NO. :

1. YEAR OF ESTABLISHMENT :
2. TYPE OF FIRM (SOLE PROPRIETORSHIP/

LIMITED COMPANY / OTHERS) :

1. NO. OF EMPLOYEES :

1. AREAS / SPACE OF THE PRESS :

8. MACHINES DETAILS :

|  |  |  |  |
| --- | --- | --- | --- |
| **SL.NO** | **TYPE OF MACHINES** |  |  |
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9. TURN OVER / SALES RELATING TO PRINTING JOBS DURING THE LAST THREE FINANCIAL

YEAR , 2014-15 , 2015-16 , 2016-17. SUPPORTED BY COPY OF BALANCE SHEET.

|  |  |
| --- | --- |
| **YEAR** | **AMOUNT** |
| 2014 - 15 |  |
| 2015 - 16 |  |
| 2016 - 17 |  |

10. DETAILES OF DOCUMENTS SUBMITTED AS MENTIONED IN COLUMN 1 TO 5 AND DECLARATION 6 & 7 OF ELEGIBITY CRITERIA ACCOMPANIED BY COPY OF BALANCE SHEETS FOR THE FINANCIAL YEAR 2014-15 , 2015-16 , 2016-17 .

i)

ii)

iii)

iv)

v)

11. DETALES OF EMD SUBMITTED

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DD/PO/BC NO. | DATE | AMOUNT (Rs.) | DRAWN ON | BRANCH |
|  |  |  |  |  |
|  |  |  |  |  |

**DECLARATION**

I / WE DECLARE THAT THE STATEMENT / INFORMATION GIVEN ABOVE IS TRUE AND DOCUMENT SUBMITTED ARE GENUINE. IF IT IS FOUND BY NATIONAL INSURANCE COMPANY LTD.THAT ANY INFORMATION AS GIVEN ABOVE IS INCORRECT AND / OR ANY DOCUMENT SUBMITTED IS FALSE THE COMPANY MAY REJECT MY / OUR APPLICATION.

SIGNATURE :

NAME :

SEAL :

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