आई.आर.डी.ए.आई. पंजीयन क्र. 190 / IRDAI Reg. No. 190



दि न्यू इंडिया एश्योरंस कंपनी लिमिटेड

(भारत सरकार का उपक्रम)

THE NEW INDIA ASSURANCE COMPANY LTD.

(Govt. of India Undertaking)

भोपाल क्षेत्रीय कार्यालय (450000) ब्लॉक नं. 3, द्वितीय तल, पर्यावास भवन, अरेग हिल्स भोपाल (म.प्र.)-462 011 Bhopal Regional Office (450000) Block No. 3, 2nd Floor, Paryavas Bhawan, Arera Hills, Bhopal (M.P.)-462 011 CIN No. L66000MH1919GOI000526

Date: 16/02/2024

0755-4782225

Web: www.newindia.co.in

Tender No. BHOPALRO/Est.&Estb./ 2023-24

Re: Empanelment of Contractors and Architects for our Regional Office, Bhopal and residential premises in Bhopal for civil and related works

Applications are invited from reputed firms/vendors/contractors having their offices in **Bhopal**, for empanelment by **The New India Assurance Co. Ltd.** (herein after referred to as "Company") as Architects, Interior Designers, Structural Engineer, Electrical Contractors and Civil Contractors as per specimen **Annexure I**.

The interested firms are required to fill up separate forms for each category which may be downloaded from our website www.newindia.co.in or obtained from our office.

The application should be accompanied with a DD/pay order in favour of "The New India Assurance Co. Ltd." payable at Bhopal for an amount of Rs. 2,000/- as EMD which is refundable and Tender fee of Rs.590/- (500 + GST) which is non-refundable.

Please fill separate forms for each category applied for i.e. (Refer Annexure II):

- 1. Architects/Interior Designers
- 2. Structural Engineer/ Consultants
- 3. Civil Contractors/ Electrical Contractors

If a firm/vendor etc., is applying for more than one category, they must submit separate application with separate DD/pay order of Rs. 2,000/- each.

Existing vendors who are currently empaneled with New India Assurance Co. Ltd. are also required to apply for fresh empanelment.

The envelope should be super scribed as "Application for empanelment as Architect/Structural Engineer/Civil Contractor/ Electrical Contractor" as the case may be and the application should be submitted to:

Regional Manager,

Estate and Establishment Department

The New India Assurance Co. Ltd., Bhopal RO

3rd Block, 2nd Floor, Paryawas Bhawan, Bhopal - 462004

पंजीकृत एवं प्रधान कार्यालय : न्यू इंडिया एश्योरंस बिल्डिंग 87, महात्मा गांधी मार्ग, फोर्ट, मुम्बई-400 001 Regd. & Head Office : New India Assurance Building 87, Mahatma Gandhi Road, Fort Mumbai-400 001



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- 1. The vendors will be shortlisted based on their suitability, expertise, experience etc. and valid documents submitted by them.
- 2. Incomplete tender or tenders submitted with qualifying conditions at variance with the Terms and conditions of tender are liable to be rejected summarily. The New India Assurance Co. Ltd. will have full liberty in regard to the formation of panels and its decision shall be final and incontestable.
- 3. The applicant should have an office located within the Bhopal region. Preference shall be given to those who has worked for central/state government, PSUs, PSBs, Public Sector Insurance Cos.
- 4. Please note that in case a vendor is selected to be on the panel of New India Assurance Co. Ltd., they will have to deposit an amount of Rs. 10,000/- (Rupees Ten Thousand Only) with New India Assurance Co. Ltd. as Security Deposit, which will remain interest-free with New India Assurance Co. Ltd. for a period of three years from the date of empanelment. Under any circumstances, the security deposit will not be refunded before the expiry of this period.
- 5. It will be binding on the vendor, once empaneled, to submit their bid for every tender floated by New India Assurance Co. Ltd., which lies within the type of work applied for by them. If the vendor fails to bid for tenders more than two times or doesn't accept the work allotted to him more than two times, he/she shall be liable to be blacklisted.
- 6. Panel remains valid for three years from the date of issue of empanelment letter. The Company reserves the right to terminate or extend the period of the panel.
- 7. All applicants are required to fill the declaration as per specimen Annexure III.
- 8. Incomplete forms are liable for rejection. Non-submission of any of the required documents will lead to disqualification. The Company reserves the right to accept or reject any/all applications without assigning any reason thereof.
- 9. The applicant must attach the following documents for the type of work he/she is applying for:

Completion certificate of successful completion of similar works from the client shall be submitted. The works executed during last 7 years ending last day of month previous to the one in which applications are invited should be either of the following.

- a.) One similar completed works costing not less than the amount equal to 80% of the category applying for.
- b.) Two similar completed works costing not less than the amount equal to 50% of the category applying for.
- c.) Three similar completed works costing not less than the amount equal to 40% of the category applying for.

Last Date of submission of application - on or before 29th February, 2024 by 03.00 PM (applications received after the deadline will not be accepted).

Regional Manager

Estate and Establishment Department

Bhopal RO

पंजीकृत एवं प्रधान कार्यालय : न्यू इंडिया एश्योरंस बिल्डिंग 87, महात्मा गांधी मार्ग, फोर्ट, मुम्बई-400 001 Regd. & Head Office: New India Assurance Building 87, Mahatma Gandhi Road, Fort Mumbai-400 001

ANNEXURE I

| Application form for empanelment for: | |
|---------------------------------------|--|
| Application form for empariculation | |

| S. No. | Common Details for all the Vendors (Please | fill in block letters) |
|--------|---|------------------------------------|
| 1. | Name of the Firm | |
| 2. | Type of firm (Sole Proprietor/Partnership/Pvt. Ltd./Public Ltd. and its registration number if any) (Enclose copy of Partnership Deed/Articles of Association/Memorandum of Association) | |
| 3. | Address of Registered Office | |
| 4. | Address of Operating/Local Office | |
| 5. | Name of the Owner/Partner/Proprietor | |
| 6. | Telephone Numbers (Registered Office Landline) (Local Operating Office Landline) | |
| 7. | Name & Mobile Number of person who would be in touch us and attending to our job | |
| 8. | Fax No. (Registered Office Landline) (Local Operating Office Landline, if any) | |
| 9. | Email Address (Of Firm) | |
| 10. | Web Address of Firm, if any | |
| 11. | Date of Establishment/Incorporation | |
| 12. | Month and Year of Commencement of Business | |
| 13. | Turnover for the last 3 years (Please attach copies of last 3 years' Certified IT Returns, Balance Sheet and Revenue A/C certified by a registered CA) | As per <u>Annexure IV</u> Attached |
| 14. | List of Jobs Executed by you in the category applied for during last 7 years (Please attach work completion certificates only) | As per <u>Annexure V</u> attached |

| 15. | Details of Jobs at Hand (please attach work orders) | As per <u>Annexure VI</u> attached |
|-----|--|--|
| 16. | Whether your firm was blacklisted by any institution in the past 3 years (give details with contact numbers of the firm) | |
| 17. | Submission of copies of certificates in respect of your field of operation issued by the appropriate authority/organization (such as Electrical Contractors – valid BEST License copy Architects – Registration with Council of Architecture etc.) | |
| 18. | PAN Number (Please enclose copy of PAN card) | |
| 19. | GST Registration No. (please enclosed copy of relevant document) | |
| 20. | Name, address and telephone number of your principal banker (please enclose relevant document) | |
| 21. | Details of registration with any other Government Authority (s), if any (attach relevant documents) | |
| 22. | Attach Company Profile | |
| 23. | Details of workforce | |
| | Type of Work and Category Opted for (choose from Annexure II) (ONLY ONE TYPE in one form) | Category (You can choose more than 1 category of 1 |
| 24. | Type of Work | Type of Work) (Separate form to be filled for each category) |
| | | |

| Note: In case the space provided in the above table is insufficient, you may attach separate sneets |
|---|
| mentioning the serial number of the particular item. |
| I/We |
| request New India Assurance Co. Ltd. to consider inclusion of my/our name in the list of their |
| empaneled vendors and agree to work to the best of their satisfaction in the event of their including |

my/our name in the panel.

ANNEXURE II

TYPE OF WORK AND CATEGORIES

| S.No. Type of Work | | Category (Contract Value) |
|------------------------------------|--|--|
| | | Up to Rs. 5,00,000/- |
| 1 | Architectural Work/ Interior Designers | More than Rs. 5,00,000/- up to Rs. 50,00,000/- |
| | | Up to Rs. 5,00,000/- |
| 2 Structural Engineer/ Consultants | | `More than Rs. 5,00,000/- up to Rs. 50,00,000/- |
| 3 | Civil Work/ Electrical works | Up to Rs. 2,00,000/- |
| 4 | Waterproofing/specialist | Up to Rs. 2,00,000/- |
| 5 | Curtail and Upholstery | Up to Rs. 2,00,000/- |

ANNEXURE III (to be filled by all applicants)

DECLARATION

I/We agree to notify the officer accepting this application and registering my/our names on list of contractors of The New India Assurance Co. Ltd., of any changes in the foregoing particulars as and when they occur and to verify and confirm these annually on 1st January.

I/We understand and agree that the appropriate authority at The New India Assurance Co. Ltd. has the right as he may decide, not to issue tender form in any particular case and also to suspend, remove or blacklist my/our name from The New India Assurance Co. Ltd. list of vendors in the event of my/our furnishing false particulars in the enrolment form or submitting non-bona fide tenders or for technical or other delinquency in regard to which the decision of appropriate New India Assurance Co. Ltd. shall be final and conclusive.

I/We certify that the particulars furnished in the enrolment forms are correct and that should it be found that I/We have given a false certificate or that if I/We fail to notify the fact of my/our subsequent amalgamation with another contractor or firm, The New India Assurance Co. Ltd. may remove my/our name from the list of vendors and any contract that I/We may be holding at the time may be rescinded.

| PLACE: | |
|--------|--------------------------------------|
| | AUTHORISED SIGNATORY |
| DATE: | AUTHORISED SIGNATORY (WITH STAMP) |

ANNEXURE IV (for serial number 13)

| S. No. | Financial Year | Total Turnover (Rs.) | Copy of I.T. Return enclosed Yes/No | Remarks |
|--------|-------------------|----------------------|--|---------|
| 1. | 2022-23 | | | |
| 2. | 2021-22 | = | | |
| 3. | 2020-21 | | | |

I hereby declare that I have read and understood all the terms and conditions and I accept the same as well.

Seal/Official Stamp of the Firm

ANNEXURE V (for serial number 14)

A) Government Organisations

| Name of the Organisation and Contact Person | Landline and Mobile Number | Brief Description of Job Executed | Value of Contract (Rs.) | Year of Job Execution |
|---|----------------------------------|--------------------------------------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Organisation and | Organisation and and Mobile | Organisation and and Mobile of Job Executed | Organisation and and Mobile of Job Executed Contract |

B) Private Organisations

| S. No. | Name of the Organisation and Contact Person | Landline and Mobile Number | Brief Description of Job Executed | Value of Contract (Rs.) | Year of Job Execution |
|--------|---|----------------------------------|--------------------------------------|-------------------------------|-----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | 2 | |
| | 3 | | | | |

Thereby declare that I have read and understood all the terms and conditions and I accept the same as well.

Seal/Official Stamp of the Firm

ANNEXURE VI (for serial number 15)

A) Government Organisations

| S. No. | Name of the Organisation and Contact Person | Landline and Mobile Number | Brief Description of Job Under Execution | Value of Contract (Rs.) | Year Undertaken |
|-----------|---|----------------------------------|--|-------------------------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

B) Private Organisations

| S. No. | Name of the Organisation and Contact Person | Landline and Mobile Number | Brief Description of Job Under Execution | Value of Contract (Rs.) | Year Undertaken |
|-----------|---|----------------------------------|--|-------------------------------|--------------------|
| | | | | | |
| | | | | | |
| | | | V | | |
| | | | | | |

I hereby declare that I have read and understood all the terms and conditions and I accept the same as well.

| Seal/O | fficial | Stamp | of | the | Firm |
|--------|---------|-------|----|-----|------|
|--------|---------|-------|----|-----|------|