

## **MINIMUM ELIGIBILITY CRITERIA**

**(1) Number of Printing Machines**

Two Single Colour Machines of 23" x 36" / 25" x 38" Size

**(2) Desirable**

One Four/Double Machines of minimum size 18" x 23" or 19" x 26"

**(3) Other Allied Facilities**

- (i) In- House Processing facility
- (ii) In- House Plate making
- (iii) In- House Binding arrangement
- (iv) Power Backup at least 75 KVA
- (v) Be able to store upto 2000 Reams of Paper in your own godown with approx. 200 sq. meter minimum storage space

**(3) Other Prepress facilities desirable**

- (i) DTP unit with facilities of Coral draw, Photoshop etc.
- (ii) Scanner/Image setter

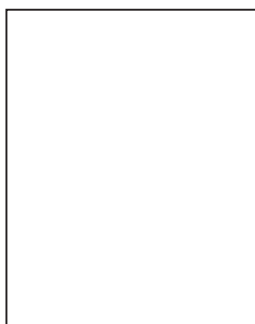
**Note:** *All facilities / machinery must be the property of the applying press.*





**(I) QUESTIONNAIRE TO BE ANSWERED BY OFFSET PRINTERS  
APPLYING FOR EMPANELMENT**

(1)	Mention Number of Printing Machines available: (Indicating Size, Make and Model.)	
(2)	Mention Allied facilities and equipments available regarding processing, plate-making, binding and finishing etc.	
(3)	Mention clearly whether you have your own DTP composing unit or tie-up with an outside agency. If yes, state Hardwares and Softwares available. Are you willing to undertake the composing, designing work of IGNOU on IGNOU approved rates.	
(4)	Can you store our stock of paper free of charge, ranging upto 2000 reams/45 MT in your godown.	
(5)	Give brief descriptions regarding your establishment and clients	
(6)	Submit five specimens each printed by you in black and white as well as in four colour to assess the quality of work done by you.	
(7)	DD No., Date & Amount	



Photograph (Self Attested)

**Printer's Signature with Rubber Stamp  
and Self Attested Photograph**

Signature.....  
(With Date)

Name : .....

(Associated with the press as  
Proprietor/Owner/Director / Partner) .....

Seal:.....





**INDIRA GANDHI NATIONAL OPEN UNIVERSITY**  
**Maidan Garhi, New Delhi - 110 068**

**APPLICATION FORM FOR EMPANELMENT OF OFFSET PRINTERS**  
*(Please submit five specimens of books printed by you recently)*  
**GENERAL QUESTIONNAIRE**

1. Name of the Press :
2. Full address with telephone, mobile, Fax numbers and E-mail :
  - (a) Head/Regd. Office :
  - (b) Branch Office, if any :
  - (c) Address of Press Premises :
3. No. of Units of the press :
4. Constitution of the Press :
  - (a) Proprietorship/Partnership/ Pvt. Ltd./ Ltd. Company, *(Attach photocopy of the proof)*
  - (b) Name(s) of the Owner/Partners/Directors :
  - (c) Name and designation of the person managing the Printing Press :
5. Location: Residential/Commercial/Industrial/Municipal/none.

UNIT-I: Belongs to the owner of the Press - Yes  No   
On lease/rent - Yes  No

Total covered area : \_\_\_\_\_ sq./m.

Storage space : \_\_\_\_\_ sq./m.

UNIT-II: Belongs to the owner of the Press - Yes  No   
On lease/rent - Yes  No

Total covered area : \_\_\_\_\_ sq./m.

Storage space : \_\_\_\_\_ sq./m.

**Note:** Photocopy of the Ownership /Lease/Rent deed may be provided

6. Date of Establishment : \_\_\_\_\_
7. Is the Press registered: : \_\_\_\_\_  
*(Attach photocopy)*  
 (a) With DM : \_\_\_\_\_  
 (b) Under SSI : \_\_\_\_\_  
 (c) With Shop and Establishment Act: \_\_\_\_\_  
 (d) Under any other Act : \_\_\_\_\_  
*(Please specify)*
8. Name and address of the bankers : \_\_\_\_\_  
 stating the name in which the  
 account stands.
9. Permanent Account No. : \_\_\_\_\_  
*(Attach attested copy of last three*  
*ITRs)*
10. Is the firm insured against fire, : \_\_\_\_\_  
 theft, burglary, riots etc.?  
 If so, please state the amount for  
 which it is insured, the name of  
 insurance company and the policy  
 number.
11. State Tax Registration No. : \_\_\_\_\_ *(enclose copy)*
12. CST Registration No. : \_\_\_\_\_ *(enclose copy)*
13. Total number of employees
- |           |           |                      |        |                      |             |                      |
|-----------|-----------|----------------------|--------|----------------------|-------------|----------------------|
| Unit – I  | : Regular | <input type="text"/> | Casual | <input type="text"/> | Contractual | <input type="text"/> |
| Unit – II | : Regular | <input type="text"/> | Casual | <input type="text"/> | Contractual | <input type="text"/> |
14. No. of shifts and shift-timings : \_\_\_\_\_
15. Godown facility available with Size : \_\_\_\_\_
16. Total Power Connection : \_\_\_\_\_  
*(Enclose copy of sanctioned Load)*
17. Alternate Power Arrangement : \_\_\_\_\_  
*(during power failure)*
18. Has the press obtained NOC from : Yes  No   
 i) Municipal Corporation and Police  
 (Attached photocopies)

ii) Pollution Control Board : Yes  No   
(Attached photocopies)  
(If 'No' for any document asked reason may be given.)

19. Give Names and Addresses of : (a) \_\_\_\_\_  
three reputed clients of : \_\_\_\_\_  
Govt./Semi Govt./Autonomous Organization : (b) \_\_\_\_\_  
(Enclose copy of recent orders) : (c) \_\_\_\_\_

20. Any other information which you consider necessary to furnish in support of your application (Attached separate sheet, if necessary):

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**Certified that:**

1. We have read the terms and conditions, governing the Printing work of the IGNOU, as given in **Annexure IV** and hereby agree to abide by them.
2. The information provided by us in **Annexure-I** regarding the detail of equipment and manpower is correct and any information found by the Inspection team of your office to be incorrect should lead to the cancellation/rejection or removal of our firm from your panel.

Signature:.....  
(With Date)

Name :.....

Seal :.....

**Note:** All photocopies attached should be self-attested with seal.

**(II) Details of Equipment and Machines**

**A.: Process Department**

(Whether own arrangement or positives/negatives got prepared from outside)

If owned by the Press, particulars, thereof.

Sl. No.	Particulars	Name & Model	Size	Number
1.	Scanner(s)			
2.	Camera(s)			
3.	Contact Frames(s)			

**B.: Plate Making: Surface/Deep etch/P.S./CTP**

(Whether own arrangement of the press or done from outside)

If owned by the Press, the details of machines thereof.

1.	Graining Machine (s)			
2.	Plate Whirler (s)			
3.	Pasting Table (s)			
4.	Printing Down Frame(s)			

**Above machines are installed at: Address :** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone** \_\_\_\_\_

**Contact Person (Name) :** \_\_\_\_\_



**(III) Details of Printing Machines installed at:**

**(A) Address Unit-I** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Nos. \_\_\_\_\_

Contact Person \_\_\_\_\_  
(Name)

<b>FOUR COLOUR SHEET FED OFFSET PRINTING MACHINES</b>						
<b>Sl. No.</b>	<b>Size</b>	<b>Make</b>	<b>Maximum Sheet size</b>	<b>Minimum Sheet size</b>	<b>Speed per hour</b>	<b>Output in one shift</b>
1.						
2.						
3.						

<b>TWO COLOUR SHEET FED OFFSET PRINTING MACHINES</b>						
<b>Sl. No.</b>	<b>Size</b>	<b>Make</b>	<b>Maximum Sheet size</b>	<b>Minimum Sheet size</b>	<b>Speed per hour</b>	<b>Output in one shift</b>
1.						
2.						
3.						

<b>SINGLE COLOUR SHEET FED OFFSET PRINTING MACHINES</b>						
<b>Sl. No.</b>	<b>Size</b>	<b>Make</b>	<b>Maximum Sheet size</b>	<b>Minimum Sheet size</b>	<b>Speed per hour</b>	<b>Output in one shift</b>
1.						
2.						
3.						
4.						

**(B) Printing Machine installed at:**

Address Unit-II \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Nos. \_\_\_\_\_

Contact Person \_\_\_\_\_

<b>FOUR COLOUR SHEET FED OFFSET PRINTING MACHINES</b>						
<b>Sl. No.</b>	<b>Size</b>	<b>Make</b>	<b>Maximum Sheet size</b>	<b>Minimum Sheet size</b>	<b>Speed per hour</b>	<b>Output in one shift</b>
1.						
2.						
3.						

<b>TWO COLOUR SHEET FED OFFSET PRINTING MACHINES</b>						
<b>Sl. No.</b>	<b>Size</b>	<b>Make</b>	<b>Maximum Sheet size</b>	<b>Minimum Sheet size</b>	<b>Speed per hour</b>	<b>Output in one shift</b>
1.						
2.						
3.						

<b>SINGLE COLOUR SHEET FED OFFSET PRINTING MACHINES</b>						
<b>Sl. No.</b>	<b>Size</b>	<b>Make</b>	<b>Maximum Sheet size</b>	<b>Minimum Sheet size</b>	<b>Speed per hour</b>	<b>Output in one shift</b>
1.						
2.						
3.						
4.						

Documentary Evidence (if any):

Number of Machine Operators	Unit-I :	+	Unit-II :	=	
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Number of Supervisory Staff in Printing Machines :	Unit-I :	+	Unit-II :	=	
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Output in single shift of 8 hours on

- (a) Four Colour Machine : \_\_\_\_\_ Reams both side
- (b) Two Colour Machine : \_\_\_\_\_ Reams both side
- (c) Single Colour Machine : \_\_\_\_\_ Reams both side

**(IV) Binding and Warehousing Department (Unit-I & II)**

Type of Machine	Size	Number of Machines
(a) Cutting Machines		
(I) Single side cutter <input type="text"/>		
(ii) Three side trimmer <input type="text"/>		
(b) Book sewing Machines		
(c) Stitching Machines		
(i) Single stapler <input type="text"/>		
(ii) Double stapler <input type="text"/>		
(d) Folding Machines		
(e) Perforating Machines		
(f) Perfect Binding Machines (No of clamps)		
(g) Punching Machines		
(h) Shrink Packing Machine, if any.		
(i) Lamination Machines		

**(V)- A. Any other facility available like Laser Composing, Designing, Digital Printing and Spiral binding etc. :**

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**(V)-B. No. of staff employed :**

Regular	:	<input type="text"/>
Casual	:	<input type="text"/>
Contractual	:	<input type="text"/>

**DECLARATION**

I hereby state that the information given above in the application form are true to the best of my knowledge and belief.

Signature : .....

Name : .....

Seal : .....

Place : .....

Date : .....