



Apne liye. Apne ke liye.

## NOTICE

**SBI Life Insurance Company Ltd. (SBI Life) hereby invites offers bids for commercial premises on lease basis from the owners of the premises fulfilling following broad prospect:**

1. The premises should be free from all encumbrances and charges and ready for immediate possession.
2. The premises must be **commercial building** with arrangement of **commercial electricity connection** and should have basic permission and amenities such as Fire NOC, Occupation Certificate, Building Insurance, adequate & uninterrupted electricity and water supply, space for signage, parking, modern Fire fighting system, adequate number of Car parking etc.
3. The premises should be in the vicinity of Central Delhi & nearby
4. The carpet area of the premises should be 9000 sq. ft approx

Intending bidders should download the formats from our website [www.sbilife.co.in](http://www.sbilife.co.in) (<https://www.sbilife.co.in/en/services/download-center/rfp-forms>). The completed Technical and Price Bids should be submitted in separate sealed covers to **'The Regional Director, Delhi Region, SBI Life Insurance Company Limited, 2nd Floor, The Statesman House, B Wing, Barakhamba Road, New Delhi-110001'** Tel No. 011-23464933 on or before 12.02.2026

**SBI Life reserves the right to accept or reject any or all offers in full / part without assigning any reasons.**

Date: -28.01.2026

Place:- New Delhi

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अपने लिए, अपनों के लिए.

## दूचना

एसबीआई लाइफ इंश्योरेंस कंपनी लि. (एसबीआई लाइफ), निम्नलिखित पहलुओं को पूरा करते हुए परिसरों के मालिकों से लौज आधार पर वाणिज्यिक परिसरों के लिए बोलियां आमंत्रित करती हैं :

1. परिसर सभी ऋणभारों और शुल्कों से मुक्त होना चाहिए तथा तुरन्त कब्जे के लिए तैयार होना चाहिए।

2. परिसर व्यावसायिक भवन होना चाहिए जिसमें कमर्शियल विद्युत कनेक्शन लगा हो तथा उसमें मूलभूत परमिशन तथा सुविधाएं जैसे कि फायर एज्ञोरी, कब्जा प्रमाणपत्र, बिलिंग इंश्योरेंस, पर्याप्त और निर्बाध पानी और बिजली की सप्लाई, साइलेज की स्थापना के लिए स्थान, पार्किंग, आधुनिक अग्निशमन प्रणाली, और पर्याप्त संचया में कार पार्किंग की जगह आदि होने चाहिए।

3. कार्यालय स्थल दिल्ली राज्य के सेंट्रल दिल्ली क्षेत्र के आस पास होना चाहिए

4. परिसर का कार्पेट एरिया 9000 वर्ग फुट के लगभग होना चाहिए।

इच्छुक बोलीदाता प्राप्त प्रपत्र हमारी वेबसाइट [www.sbilife.co.in](http://www.sbilife.co.in) (<https://www.sbilife.co.in/en/services/download-center/rfp-forms>) से डाउनलोड करें। मुक्कमल तकनीकी एवं कीमत बोलियां अलग-अलग मोहरवंद लिफाफों में क्षेत्रीय निदेशक, दिल्ली क्षेत्र, एसबीआई लाइफ इंश्योरेंस कंपनी लि. द्वितीय तल, दी स्ट्रेट्समेन हाऊस, बी विंग, बागचबांधा रोड, बई दिल्ली-110001 टेलिन : 011-23464933, 12.02.2026 को या उससे पहले जमा करवाइ जाएँ।

एसबीआई लाइफ बिना कोई कारण बताए किसी या सभी प्रस्तावों को पूर्ण / अधिक रूप से स्वीकार अथवा रद्द करने का अधिकार सुरक्षित रखते हैं।

दिनांक : 28.01.2026

दस्तान : नई दिल्ली

उक्त प्रदर्शित किया गया ट्रेड लोगो भारतीय स्टेट बैंक से संबंधित हैं तथा लाइसेंस के अंतर्गत एसबीआई लाइफ द्वारा उपयोग किया जा रहा है। पंजीकृत एवं कारपोरेट कार्यालय: एसबीआई लाइफ इंश्योरेंस कंपनी लिमिटेड, नटराज, एमवी रोड एवं वेस्टर्न एक्सप्रेस हाईवे जव़शन, अंधेरी (ईस्ट), मुंबई - 400069 • आईआरडीएआई पंजीकरण संख्या - 111 • वेबसाइट: [www.sbilife.co.in](http://www.sbilife.co.in) • ईमेल: [info@sbilife.co.in](mailto:info@sbilife.co.in) • टेल प्री नंबर : 1800 267 9090 (ग्राहक सेवा समय : 24X7) • सीआईएन : L99999MH2000PLC129113

**Advertisement/ Technical and Price Bids**



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3. The premises should be in the vicinity of Delhi state.
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**Tel No. 011 - 23464933 on or before 12.02.2026**

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**TECHNICAL BID**

**Offer for SBI Life \_\_\_\_\_ Office Premises**

With reference to your enquiry/ advertisement in the \_\_\_\_\_ / \_\_\_\_\_ (newspaper/ mail/ website), I/ We hereby offer our premises for locating your Office.

**i. Premises Details**

| <b>Sr.</b> | <b>Particulars</b>   | <b>Responses from bidders</b>           |
|------------|--|---|
| i.         | <b>Name/s of the owner/s:</b>                                  |   |
| ii.        | Name of the building   |   |
| iii.       | Municipal Number   |   |
| iv.        | Name of the street   |   |
| v.         | Name of the city   |   |
| vi.        | Pin code   |   |
| vii.       | Nearest Railway Station and Bus Stop                           | Railway Station _____<br>Bus Stop _____ |
| viii.      | Distance from nearest Railway Station and Bus Stop.            | Railway _____ km<br>Bus stop _____ km   |
| ix         | Transport facilities from nearest Railway Station and Bus Stop |   |

**ii. Technical Details:**

| <b>Sr.</b> | <b>Particulars</b>   | <b>Responses from bidders</b> |
|------------|--|-------------------------------|
| i.         | Whether plans are approved by the local authorities  | Yes / No                      |
| ii.        | Whether commercial premises ( i.e. should have approval from the concerned authorities)  | Yes / No                      |
| iii.       | No. of Floors  |                               |
| iv.        | Offered premises on which floor  |                               |
| v.         | Carpet Area* of the premises offered   | _____ Sqft.                   |
| vi.        | a. Is the building ready for occupation<br>b. If not, how much time will be required for making the premises ready for occupation<br>c. Is the flooring complete in all Respects | Yes / No<br>Yes / No          |
| vii        | Whether premises are insured   | Yes / No                      |
| ix.        | Ceiling Height   | _____ Ft                      |

|       |  |  |
|-------|--|--|
| x.    | Any Bar, Restaurant, Eatery are currently in the building & proposed in future. Also permission to heat/cook in premises (if cooking with flame) | YES/ No. if yes then mandatory to provide details.     |
| xi.   | Age of the building  |  |
| xi.   | Any petrol pump/chemical factory within the radius of 50 meters from building  | Yes/ No. if yes then provide details                   |
| xii.  | Whether fire safety Certificate obtained from the fire brigade.  |  |
| xiii. | Licensed inspecting officer of fire safety system and have 6 months certificate (Form B) obtained.   | Yes/ No<br>Date of Obtaining last Certificate (Form B) |

\* Only the actual area in exclusive possession of SBI Life Insurance Co Ltd (SBI Life) viz. inside wall to wall of the plastered surface measurements will be considered. As such, it will exclude thickness of the external peripheral walls of the premises, columns, lofts, space below the window sills, common areas as entrance lobby / lounge, outside passage, staircases, lifts and sanitary shafts, lift lobbies, Architectural projections in façade and balconies. Joint measurement at the site will be conducted for determining the actual carpet area and calculating the final rent payments. SBI Life shall have the right to engage a registered surveyor/ surveying institution for measurement of Carpet Area.

iii. **Amenities available:**

| Sr    | Particulars   | Responses from bidders  |
|-------|---|---|
| i.    | Commercial Electrical Connection Available or not (Transformer Installation and supply shall not be in scope and includes only laying of cables from meter to supply boards / panel ) | Yes / No<br>{If any special tariff allotted to the premises then provide nature/reason for allotting such special tariff} |
| ii.   | How much Electric Power is available at the premises (KVA)  | _____ KVA<br>( Minimum _____ KVA)   |
| iii.  | Whether separate electricity meter is available   | Yes/ No   |
| iv.   | Whether generator/ other power back up arrangement is available?<br>If Yes, please indicate the capacity.   | Yes / No<br>Capacity _____<br>(exclusive power backup arrangement preferred)  |
| v.    | Municipal water supply<br>Bore water supply   | Yes / No<br>Yes / No  |
| vi.   | Details of existing furniture / furnishing if any   |   |
| vii.  | Details of lift facilities  |   |
| viii. | Details of Toilets provided   | Gents Toilets_____ Ladies Toilets_____<br>( Mandatory)  |

|      |  |   |
|------|--|---|
|      |  | Total No. of toilets : _____                    |
| ix.. | Area provided for Parking  | No. of Cars: _____<br>No. of Two Wheelers _____ |
| X    | Any other information you would like to furnish (Please use an Annexure if required) |   |

| Owners | Name | Address | Occupation* | Contact Details | Signature |
|--------|------|---------|-------------|-----------------|-----------|
|        |      |         |             |                 |           |
|        |      |         |             |                 |           |
|        |      |         |             |                 |           |
|        |      |         |             |                 |           |
|        |      |         |             |                 |           |

\*Please specify clearly –eg Businessman, Advocate etc

Date:

Place

### PRICE BID

Offer for SBI Life \_\_\_\_\_ Office Premises

| Sr    | Particulars  | Responses from bidders   |
|-------|--|--|
| I     | Address of the premises  | Pin _____  |
| ii    | Name of the Owner/s  |  |
| iii.  | Carpet* area ..... sqft.   |  |
| iv.   | Rent per month <ul style="list-style-type: none"> <li>• Rent quoted should be exclusive of <b>Taxes</b>.</li> <li>• The owner is liable for payment of all taxes/levies and statutory dues for the premises including <b>Municipal/ Property taxes</b>.</li> </ul> | Rs. _____ p.m.<br>Calculated as Carpet Area.....<br>sqft. x Rate per sqft. Rs. ..... |
| v.    | Maintenance charges  | Rs _____ pm (Area.....<br>sq ft x rate Rs.....per sq ft.)                            |
| vi.   | Any other charges<br>.....<br>.....  | Rs _____ pm (Area.....<br>sq ft x Rate Rs.....per sq ft.)                            |
| vii.  | Total ( Rent + Maintenance Charges+ Other charges)<br>(SBI life will not consider any charges at the time of opening bids and further negotiations)  | Rs _____ pm<br>(Area..... sq ft x Rate Rs.....<br>per sq ft)                         |
| viii. | Security Deposit   |  |
| xi.   | Lease Period (subject to a minimum of 9 years) and Lock in period**<br>**Min. lock in period should be 3 years for premises furnished by the owner and 6 years for premises furnished by SBI Life  | Lease period _____ years<br>Lock In period _____ years                               |
| x.    | Any other information you would like to furnish<br>(Please use an Annexure if required)  |  |

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|--------|------|---------|-----------------|-----------|
|        |      |         |                 |           |
|        |      |         |                 |           |
|        |      |         |                 |           |
|        |      |         |                 |           |
|        |      |         |                 |           |

**Date:**

**Place:**