



**GOVERNMENT OF MAHARASHTRA**  
**State Family Welfare Bureau, Maharashtra**

<b>Additional Director</b> Telephone No. Office Telephone No. (EPABX)	26058996 (P) 26058739 (O) 26058139 (O) 26058476 (O)	<b>Additional Director State Family Welfare Bureau</b> Kutumb Kalyan Bhavan, Aundh District Hospital Premises, Near Sangavi phata, Aundh, Pune-411027. (Maharashtra) Fax: 020-26058766/26058218 Email- pndt07@gmail.com , pndt25@gmail.com
<b>Health Services</b>		No. SFWB/PNDT/ digital signature /Quotation/ <b>3937</b> /2025 Date : 22 /01/2025

To,

**Sub:** Invitation of quotations for digital signature of all district and Municipal appropriate authorities in the state under PCPNDT

Dear Sir/Madam,

We are here with inviting to submit your most competitive quotations for effective implementation of the PCPNDT online portal, quotations are invited from authorized vendors for issuing Digital Signature Certificates. The Digital Signature will be used for official authentication and online regulatory processes under the Online registration and renewal website PCPNDT portal with the following Terms and conditions

Sr. No	Description	Qty.	Rate	GST 18%	Amount	Destination
1	Regarding requesting rate quotations (quotations) for digital signatures for all district and municipal corporation authorities in the state under PCPNDT.					PCPNDT Cell, State Family Welfare Bureau, Aundh Hospital campus, Opp HFWTC center, New Sangavi, Pune-411 027
<b>Total Amount</b>						

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## Terms and Conditions

### 1. Bid Price:

a) All duties and other levies payable by the contractor under the contract shall be included in the total price and taxes should be mention further.

b) The rates quoted by the bidder shall be fixed for the duration of the contract and Shall not be subject to the adjustment on any account.

2. Each bidder shall submit only one quotation. Bidder has to write following matter on sealed envelope "Quotation appointment of agency for digital signature"

3. Validity of Quotation: Quotation shall remain valid for a period of not less than 30 days after the deadline Date specified for submission.

4. Evaluation of Quotations: The purchaser shall evaluate and compare the quotations determined to be substantially responsive i.e. which

a) Are properly signed.

b) Confirm to the terms and conditions and specifications.

5. Award of Contract: The purchaser will award the contract to the bidder whose quotation has been determined to be substantially responsive and who has offered the lowest evaluated quotation price. The total amount quoted by the bidder will be on the basis for evaluation. The Purchaser reserves the right to accept or reject any quotations.

6. Payment will be made after the work completion and approval of Hon. Commissioner, Health and MD NHM Mumbai

7. You are requested to submit your quotation before 2.00 PM on dated 4.01.2026 at PCPNDT Cell, State Family Welfare Bureau, Aundh Hospital campus, Opp HFWTC training center, New Sangavi, Pune-411 027.

8. Quotations will be open in the presence of the committee at 3.30 PM on dated 5.01.2026 in the office of the State Family Welfare, Bureau, Kutumb Kalyan Bhavan, Aundh District Hospital Premises, Aundh, Pune 411 027.

9. We look forward to receiving your quotations and thank you for your interest in this Project.



(Dr. Sandeep Sangale)  
Additional Director Health Services  
State Family Welfare Bureau, Pune

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