

PUBLIC HEALTH DEPARTMENT
GOVERNMENT OF MAHARASHTRA

Request for Proposal (RFP)

For

Program Management Unit (PMU) for

Implementing a State level Campaign

“My Village, Healthy Village”

(“माझ गाव, आरोग्य संपन्न गाव”)

Year 2026-27

Tender reference No.: GEM/2026/B/7569500

8th Floor, Arogya Bhavan,
St. George's Hospital Compound,
P. D. Mello Road, Mumbai-400 001, Maharashtra

Email: procurementcell@gmail.com

Disclaimer

All information contained in this Request for Proposal (RFP), subsequently provided, is of good interest and faith. This is not a Contract and is not an offer or invitation to enter a Contract of any kind with any party. Public Health Department (PHD), Govt. of Maharashtra reserves the right to cancel this RFP and/or invite proposals afresh with or without amendments to this RFP without liability or any obligation for this RFP and without assigning any reason to anyone. PHD, Govt. of Maharashtra reserves the right to take the final decision regarding the selection of the Applicant firms as Project Management Unit (PMU).

Submission of proposals under this RFP does not guarantee empanelment of any Organisation as a PMU. Under no circumstances will PHD, Govt. of Maharashtra be held responsible or liable in any way for any claims, damages, losses, expenses, costs, or liabilities whatsoever (including, without limitation, any direct or indirect damages for loss of profits, business interruption, or loss of information) resulting from or arising directly or indirectly by application or non – application to this RFP.

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1. Introduction

The Government of Maharashtra is committed to ensure accessible, affordable, and quality health care services to all its citizens. The vision of improved health outcomes include (1) Ensuring availability of universal, comprehensive primary health care services within close residential proximity (2) Guaranteeing equitable and affordable access to quality health care services for all sections of society and across all geographies of the State (3) Strengthening focus on preventive and promotive health care interventions. These are aligned with Sustainable Development Goal (SDG) 3, which emphasises “ensure healthy lives and promote well-being for all at all age groups”.

Health is not merely a personal issue but a public issue because of the interconnectedness of diverse social and environmental factors that have a direct impact on health outcomes. The change in lifestyle has led to an increase in the incidence of non-communicable diseases. Addressing this rising challenge calls for a shift in collective, community behaviour and essential lifestyle changes. These positive changes can support and strengthen the efforts of the Public Health Department in delivering quality health care services.

All national and state-level health programmes emphasise on community participation. Village level institutional mechanisms like Village Health, Sanitation and Nutrition Committee (VHSNC), Jan Arogya Samiti, Mahila Arogya Samiti, have been formed keeping this in mind. However, there is a need for a comprehensive approach to ensure participation and empowerment of all sections including adolescents (boys and girls), women, young children, and other marginalized groups thereby bringing health related discussions and action on to the priority.

To strengthen public awareness, demand for health care services and enhance availability of health care services by the government demands a community participation movement. Community participation enables communities with a comprehensive health approach wherein health no longer remains fragmented across different programmes or government departments. As a result, all health related issues such as reproductive and child health, communicable diseases, non-communicable diseases, mental health illness, etc. can be addressed in an integrated manner. As compared to an objective-driven, top-down approach, this bottom-up approach can pave the way for a sustainable alternative to address prevention and control of diseases, in future.

Earlier, the State had implemented, “Sant Gadgebaba Gram Swachhata Abhiyan” to promote community-level behavioural change for sanitation. Rashtrasant Tukdoji Maharaj, in chapter 14 of the Gram Geeta, has elaborated in detail on the concept of village health. Along the same lines, there is a need to enhance community participation in healthcare services and to promote a positive and proactive approach towards health.

With the primary objectives of bringing qualitative improvements in the State’s health care services, ensuring the availability of basic health facilities to every citizen, reducing and eliminating the burden of communicable and non-communicable diseases, and improving maternal and child health indicators, the Government has considered the introduction of an effective campaign to provide a new direction to development at the village level. Based on the guiding principle of “Healthy Citizens, Empowered State” and with the aim of building healthy and empowered communities in villages, the Government has launched a Campaign titled “My Village, Healthy Village” across the State.

Government Resolution:-

1. The Government has announced implementation of the campaign titled “My Village, Healthy Village” across the State with effect from 1st April 2026. The Government resolution for this campaign is available at <https://gr.maharashtra.gov.in/1145/Government-Resolutions>. The Campaign focuses on preventive measures in rural areas, to significantly reduce prevalence of communicable and non-communicable diseases, address Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) and improve maternal and child health outcomes. Further, the Campaign resolves to implement necessary interventions for strengthening maternal and child health; ensuring timely diagnosis of diseases and provision of appropriate treatment; and enhancing health awareness among citizens through health education and community outreach in the villages. It aims to improve infrastructure and services of health institutions and ensure availability of quality treatment and

rehabilitation services at the village level by ensuring effective and 100% implementation of health schemes of the central and state government. It announces incentives to villages towards achieving health and sanitation standards through a system of assessment and scoring; and to ensure that quality primary healthcare services reach every individual, in a timely manner.

The fundamental vision of the Campaign is to build a healthy, capable, aware, and empowered community by ensuring provision of preventive/promotional, accessible, quality and comprehensive healthcare services to every citizen in the rural areas. The underlying impetus of the Campaign is to achieve sustainable public health through participatory development.

“**My Village, Healthy Village**” campaign shall be implemented in all villages (rural areas) across all districts of the State Gram Panchayats will be the core unit for the implementation of the Campaign. All Gram Panchayats shall be called upon to participate in the said Campaign. Sub-Centres, Primary Health Centres (PHCs), Rural Hospitals (RH), and Sub-District Hospitals (SDH) shall serve as the key implementing institutions of the Campaign. The Campaign shall be implemented annually starting from 1st April until 31st March of the succeeding year.

“My Village, Healthy Village” campaign is not merely a screening drive, rather it will serve as a comprehensive platform for holistic development of villages with specific focus on health and well being. The Campaign envisions bringing health onto the agenda / a core priority of village development by addressing basic health care services, nutrition, sanitation, safe drinking water, public awareness, computerised health data collection, capacity building and inter-departmental convergence.

The Campaign’s focus is not limited to improving health care services alone, rather it will act as a major step towards enhanced social commitment, participatory governance, people-centric planning and sustainable health management. The Campaign will further impact and accelerate implementation of flagship programmes like Ayushman Bharat, National Health Mission, Poshan Abhiyaan, Swachh Bharat Mission, and SDG-3 (Good Health and Well Being).

The local self-government institutions, district and block level administration, PHCs, Health Sub-Centres, Community Health Officers, Health Workers (Male/Female), ASHAs, as well as village residents shall have a crucial and important role in the implementation of the “My Village, Healthy Village” campaign. The State government will appreciate and award “Healthy village” title to Gram Panchayats demonstrating high quality performance on the basis of integrated implementation framework and transparent evaluation system.

2. **Aim of the Campaign**

The aim of “**My Village, Healthy Village**” Campaign are as follows:

- (i) To build a healthy, aware, and empowered community.
- (ii) To provide enhanced health care services.
- (iii) To place ‘health’ on priority, people initiate dialogue and action on health on an everyday basis.
- (iv) To work towards collective action with an understanding that health is a public good and not a private matter with its interconnectedness to social, cultural, environmental determinants.
- (v) To enhance community awareness on health related issues.
- (vi) To build an understanding that good health is a shared responsibility of both the community and the government.
- (vii) **Collective Behavioural Change:** To encourage the community to adopt healthy lifestyle practices related to reproductive health, nutrition, mental health and disease prevention; to create a collaborative and enabling

environment by fostering enhanced dialogue and better coordination among *Gram Panchayats*, Ward members, Village Health, Nutrition, Water Supply and Sanitation Committees (VHSNCs), *Jan Arogya Samitis*, women's Self-Help Groups, doctors, nurses, health practitioners, diverse community stakeholders, and government machinery; and strengthen community-driven and community-led formal and informal processes through meetings, discussions, festivals/events.

(viii) To ensure availability of quality healthcare services to vulnerable and marginalised sections of the society.

(ix) To ensure an appropriate and timely response by the government to the community generated increased demand for health care services.

(x) To focus on the preventive and promotive health aspects.

(xi) To promote yoga and *AYUSH* in the community for achieving good health.

(xii) To promote adoption of a healthy lifestyle as a sustainable alternative to prevention and control of non-communicable diseases.

(xiii) Interdepartmental Convergence: To strengthen convergence among Department of Health, Education, Water Supply and Sanitation, Women and Child Development, Environment and other relevant sectors.

To ensure seamless and effective implementation of the campaign, it is envisaged that a State level Project Management Unit (PMU) shall be established at the Head Quarter level (Mumbai). This PMU will guide, mentor and monitor implementation of campaign across all 8 circles in Maharashtra viz. Thane, Pune, Nashik, Chhatrapati Sambhajnagar, Nagpur, Kolhapur, Latur and Akola. The primary role of the PMU would be to support the Department in implementation of the Campaign while ensuring policy advocacy, structured planning and coordinated execution with measurable outcomes. PMU shall act as the central nerve center, aligning multiple departments, stakeholders, and field agencies under a unified strategy. This would be useful for mentoring, monitoring and evaluation through real-time data tracking, process-oriented planning and execution, risk mitigation, and performance dashboards. By building understanding of the purpose and key features, providing technical expertise, communication oversight, and compliance support, the PMU shall enable to maintain spirit of the Campaign, enhance transparency and accountability. This shall also ensure timely resource allocation, standardized processes, and adaptive decision-making. Overall, dedicated PMU would facilitate improved efficiency, reduced implementation gaps, and maximize the impact and sustainability of the campaign.

3.1 Selection of Organisation:-

The PHD will select up to maximum of 8 Organisations in PMU. The number '8' is selected because there are '8' Administrative circles in Maharashtra under PHD viz. Thane, Pune, Nashik, Chhatrapati Sambhajnagar, Nagpur, Kolhapur, Latur and Akola. One Organisation can be allotted one or more circle for working. (If 8 competent Organisations are found each one will be allotted one circle. If less than 8 competent Organisations are found some Organisations will be given responsibility of more than 1 circle.) The selection procedure is given in detail below.

3.2 Scope of Work

The Scope of Work shall include the following, but not limited to:

State level PMU	
<ol style="list-style-type: none"> 1) Develop Policy Framework and Implementation Plan. 2) Support the Core Team in developing a comprehensive training module and Behaviour Change Communication (BCC) tools 3) Ensure adherence to the Strategic Action Plan 4) Support District level Action Plan preparation and implementation 5) Orientation and capacity building of the district level stakeholders including NGOs and implementation partners. 6) Mentor Districts and NGOs during the entire process of the Campaign 	<ol style="list-style-type: none"> 7) Guide the districts in mitigating the challenges and scaling the campaign as per the implementation plan. 8) Monitoring progress of campaign at District level. 9) Enable cross learning among Regions and Districts. 10) Carry out qualitative and quantitative analysis about campaign 11) Present progress to the Department during review meetings 12) Prepare relevant reports, case studies and other documents

3.3 Deployment Mechanism and Team Composition:-

Each selected Organisation shall have to deploy a minimum of 2 resource for PMU for each allotted Circle. (If the selected Organisation is allotted 1 circle they have to provide 2 resources if more than 2 circles are allotted then 2 resources per circle). The PMU shall comprise of 16 resources representing allotted Circles.

The resources shall be headquartered in Mumbai PHD office or Commissionerate Health Services. However they have to frequently travel to districts of the allotted Circle to carry out allotted activities. All the districts should be covered every month or at least in every 2 months.

The team composition shall be based on the following requirements:

Resource- 1	<p>Post-graduate in Health Sciences/Management/Public Policy/Development Studies or other relevant field. Candidates having PG diploma/certificate courses from reputed institutes can be considered.</p> <p>Minimum 5 years of relevant work experience including managing State level programs, practicing community engagement, facilitation of participatory workshops/capacity building programs, data management, preparing high quality reports.</p> <p>Language Proficiency – English and Marathi</p>
Resource- 2	<p>Post-graduate in Health Sciences/Management/Public Policy/Development Studies or other relevant field. Candidates having PG diploma/certificate courses from reputed institutes can be considered</p> <p>Minimum 3 years of relevant work experience including managing district level programs, having a good understanding of community processes and its dynamics, practicing community engagement, facilitation of participatory workshops/capacity building programs, data analysis, preparing high quality reports.</p> <p>Language Proficiency – Marathi, Hindi, English.</p>

3.4 Duration of engagement:-

The Campaign has been planned initially for a period of 1 year, starting from April 2026 to March 2027. Therefore, the engagement shall be initially for a period of 1 year. However the engagement can be extended upto 4 more years, based on satisfactory performance and if mutually agreed by selected organisation and Public Health Department.

3.5 Minimum Eligibility Criteria:-

- i) Applicant Organization must be registered in India
- ii) Organization must have at least 10 years of experience of working in development sector, preferably in health, water and sanitation, community engagement / development / participation, capacity building and knowledge management
- iii) Organization should have experience of working in multiple Districts/ Organisation having much wider experience of working in multiple States of India including Maharashtra, will be preferred.
- iv) Organization must have experience of working directly with Government or Government bodies or agencies such as the World Bank, WHO, UNICEF etc.
- v) **Minimum Financial Capability:** -Average Annual financial turnover of related services during the last three years, ending 31st March of the previous financial year, should be at least 30% (thirty percent) of the estimated cost. (25 lakh per circle per year)

3.6 Budget :-

The budget available for PMU is Rs. 2 crore per year since there are 8 circles in Maharashtra, the budget available per circle will be Rs. 25 lakhs per year

3.7 Selection Criteria:-

There will be pre-scrutiny of technical proposal on basis of minimum eligible criteria.

- i) The proposal will be evaluated using Quality Based Selection Method.
- ii) Each applicant organisation will submit the technical proposal with following details:
 - Covering Letter for the Technical Bid
 - List of documents annexed with Proposal
 - Proof of incorporation
 - Proof of organization's prior experience
 - CVs of the Leadership Team
 - CVs of the Proposed Resources
 - Other relevant documents in support of the proposals
 - Financial Parameters
- iii) The technical proposal shall be evaluated by a technical committee. The Organisation will also be required to make a representation before the committee. Both the proposed the resources should also be present during the presentation
- iv) The technical proposal will be evaluated as per following criteria.

Sno.	Parameter	Instructions	Maximum Marks
1.	Understanding of the Concept	Approach and Methodology	50
2.	Prior Experience	a) <u>Number of years</u> of experience : This includes duration of experience, relevance of experience) b) <u>Range of Sectors</u> :-Experience of working in sectors like Health, Education, Water supply and Sanitation, Women and Child Development, etc.) c) Diversity of geographical areas in which worked etc. (Overall Quality of experience will be considered)	30
3.	Team Composition and Profile	Credentials of leadership team of the organisation and credentials of proposed resources.	20
	Total		100

- v) Organisations should score a minimum of 60 out of 100 marks for consideration for next step.

vi) The top scoring 8 Organisations who have minimum 60 marks will be shortlisted for opening of financial bid.

vii) The financial proposal shall be submitted in following format.

Number and Name of Circles in which interested to work in	Lowest Bid Amount per Circle per year (this includes professional fees, operational cost, taxes etc but does not include travel and boarding lodging cost in district which will be separately provided by Public Health Department as per jurisdiction.

*Tip a) Please note that Bid amount is to be quoted per circle only

b) the maximum amount that can be quoted is Rs. 25 Lakhs per circle per year including all taxes.

viii) After opening of financial bid all top organisations (maximum 8), provided they have scored more than 60 marks in technical proposal) will be offered to work in circle at L1 rate. L1 rate will be lowest rate agreed by any eligible bidder (Organisation) who is in top 8.

ix) Those short-listed bidders (Organisation) who agree to work at L1 rate will be allotted one or more of circle depending on numbers of competent bidders (Organisation) who get more than 60 marks. Public Health Department reserves right to allot Circle to selected bidders (Organisation). It will be mandatory for selected bidder to work in all the districts within assigned circle(s)

3.8 List of districts under each circle

Sr. No.	Name of District	Circle Head Quarter	
1	Thane	Thane	
2	Raigad		
3	Palghar		
4	Nashik	Nashik	
5	Dhule		
6	Nandurbar		
7	Jalgaon		
8	Ahmadnagar	Pune	
9	Pune		
10	Solapur		
11	Satara		
12	Kolhapur		Kolhapur
13	Sangli		
14	Sindhudurg		
15	Ratnagiri		

Sr. No.	Name of District	Circle Head Quarter
16	Chht.Sambhajinagar	Chh.Sambhajinagar
17	Jalna	
18	Parbhani	
19	Hingoli	
20	Latur	Latur
21	Dharashiv	
22	Beed	
23	Nanded	
24	Akola	Akola
25	Amrawati	
26	Buldhana	
27	Washim	
28	Yawatmal	Nagpur
29	Nagpur	
30	Wardha	
31	Bhandara	
32	Gondia	

33	Chandrapur	
34	Gadchiroli	

3.9 Procedure for application

All bids shall be submitted exclusively through the Government e-Marketplace (GeM) Portal (gem.gov.in). No physical/offline bids shall be accepted. The bid shall follow the GeM Portal's two-bid system:

Envelope	Contents
Technical Proposal (Envelope A)	Pre-qualification documents, Technical Qualification documents, Covering Letter as per Form 2. All documents to be digitally signed and uploaded on GeM Portal.
Financial Proposal (Envelope B)	Financial Bid as per prescribed format (Form 7). Must NOT contain any technical information. To be uploaded separately on GeM Portal.

GeM Portal Requirements:

- Bidders must be registered on the GeM Portal (gem.gov.in) as sellers/service providers.
- All activities of this tender will be carried out online on GeM Portal. The tender document is uploaded/ released on GeM Portal and has to be downloaded as well as filled up and submitted online only. Tender shall liable to be rejected summarily upon failure to follow procedure prescribed in the Tender document
- All bid documents must be digitally signed using Class-III Digital Signature Certificates (DSC).
- The bid document should be complete, page-numbered, indexed, and uploaded as a single consolidated PDF with supporting documents.
- Any deficiency in the documentation may result in rejection of the bid.
- The successful bidders shall furnish the security deposit to the Purchaser within thirty days from the date of communication of Acceptance of Tender

3.10 For any queries

Should be mailed to Joint Director (procurement cell). Email: procurementcell@gmail.com

Pre-bid meeting will be held at Commissioner urban Health office, Aarogya Bhavan St. George Hospital campus Mumbai 400 001

If any bidder wishes to lodge any complaint against the other bidder regarding submission of false documents, information etc., the bidder has to submit the complaint before price bid opening along with deposit of Rs.50,000/- (Rupees Fifty Thousand only) in the form of Demand Draft drawn in favour of Jt. Director of Health Services (Procurement Cell) Mumbai, Maharashtra payable at Mumbai in terms of deposit. This issue will be submitted to Central Purchase Committee along with facts. The amount so deposited shall be refunded if after scrutiny the complaint is found to be true by the Central Purchase Committee. However, if the complaint is found to be false and malafide, the deposit will be forfeited. No interest shall be paid against this deposit.

Any complaint received after price bid opening will not be entertained.

Annexures

Form 1: Profile of the Bidder

Bidders need to fill in the details (with supporting documents attached).

SN	Particulars	Details / Attach Documents
1	Name of Bidder	
2	Form 2: Covering letter for Technical Bid	
3	Type of firm (Please submit copy of Registration Certificate)	
4	Address of correspondence	
5	Year of establishment	
6	PAN of the Bidder (Please submit copy)	
7	GSTN Registration No. (Please submit copy)	
8	EPF Registration Certificate, if applicable	
9	ESIC Registration Certificate, if applicable	
10	Income Tax Return Status – FY 2022-23, FY 2023-24, FY 2024-25	
11	GeM Seller/Service Provider Registration ID	
12	Udyam Registration Number (if MSME)	
13	Whether firm has been blacklisted by any Govt/PSU? If yes, details.	
14	Status and details of disputes/litigation/arbitration, if any	
15	Name, Designation and contact of officer for RFP references	
16	Contact details of Authorized Signatory	
17	SECURITY DEPOSIT FORM (Form 8)	
18	GST Return/Challan 2022-23,2023-24 & 2024-25 of bidder	
19	Audited balance sheet for year 2022-23,2023-24 & 2024-25	

(Authorized Signatory with Signature, Name, Designation, Address, Seal, Date)

Form 2: Covering Letter for Technical Bid

(To be furnished on firm's letterhead)

To,

Commissioner Urban Health,
8th Floor, Arogya Bhavan,
St. George's Hospital Compound,
P. D. Mello Road, Mumbai-400 001, Maharashtra

Reference: RFP for Program Management Unit (PMU) for Implementing a State level Campaign "My Village, Healthy Village"<RFP REFERENCE NUMBER> Dated <DD/MM/YYYY>

Sir,

We hereby offer engagement of our firm for providing Specialized Healthcare Technology Services as specified in this RFP at the prices specified in the financial bid.

In the event of acceptance of our bid, we do hereby undertake that:

- All services/deliverables shall be performed strictly in accordance with the RFP documents and we agree to all terms and conditions including addendums & corrigendums.
- We accept that there will be no escalation/increase in the final rate quoted in the financial bid.
- We agree to abide by our offer for a period of 120 days from the last date of submission.
- We have carefully read and understood the terms and conditions of the RFP.
- Until a formal contract is prepared, this bid, together with your written acceptance and notification of award, shall constitute a binding contract between us.
- We authorize the Department to conduct any investigations to verify statements, documents and information submitted.
- We declare that there is no conflict of interest in the services we will provide under this RFP.
- We declare that we are not involved in any litigation that may affect delivery of services, and we are not under a declaration of ineligibility for corrupt or fraudulent practices.
- The statements and information provided are complete, true and correct.
- We have participated for Circles. **(NOTE-mention the names of the circle(s) in which you are willing to provide services)**

Signature of Authorized Signatory (with official seal) & Date

Name / Designation / Address / Telephone / E-mail

Note- This form must be duly filled on Company's letterhead, signed & stamped by concerned authority and submitted with tender. If Form 2 is not submitted as mentioned above, the bid will be treated as non-responsive and on correspondence will be entertained in this regard.

Form 3: Project Details

The bidder should provide details of relevant projects executed in the following format:

Assignment Name:	Country:
Location:	Professional Staff Provided:
Name of Client:	No. of Staff:
Address:	Duration of Assignment:
Start Date:	Completion Date:
Approx. Value of Services (in INR):	

Narrative Description of Project:

Description of Actual Services Provided:

Signature of Authorized Signatory (with official seal) & Date

Form 4: Financial Capability

(On the letterhead of the Chartered Accountant)

(To be submitted along with Audited Financial Statements)

Date: dd/mm/yyyy

To,

Commissioner Urban Health,
8th Floor, Arogya Bhavan,
St. George's Hospital Compound,
P. D. Mello Road, Mumbai-400 001, Maharashtra

Reference: RFP for Program Management Unit (PMU) for Implementing a State level Campaign "My Village, Healthy Village"<RFP REFERENCE NUMBER> Dated <DD/MM/YYYY>

Sir/Madam,

We have examined the books of accounts and other relevant records of <<Bidder>>. On the basis of such examination, we hereby certify the following:

Particulars	FY 2022-23	FY 2023-24	FY 2024-25
Annual Turnover			
Profit Before Tax			
Profit After Tax			
Average Annual Turnover			
Net Worth			

On the basis of information and relevant documents the entity has positive net worth.

(Signature of Chartered Accountant)

Name / Membership Number / Date / Company Seal / Business Address

UDIN number-

Form 5: Declaration for Not Being Under Ineligibility / Blacklisting

[Undertaking on a non-judicial stamp paper of Rs. 100/- certified by Notary]

Reference: RFP for Program Management Unit (PMU) for Implementing a State level Campaign “My Village, Healthy Village”<RFP REFERENCE NUMBER> Dated <DD/MM/YYYY>

UNDERTAKING

<Name of Bidder> has/have not been blacklisted by any Central Government or State Government or any organisation under Central/State Government or any Statutory Authority, or any Public-Sector Undertaking.

<Name of Bidder> has/have not been found guilty of any criminal offence by any court of law in India or abroad.

<Name of Bidder>, its directors and officers have not been convicted of any criminal offence related to their professional conduct or the making of false statements or misrepresentations as to their qualifications within a period of three years preceding the commencement of this procurement process.

Form 6: CV Format

1.	Name of expert:				
2.	Date of birth		Citizenship		
3.	Complete personal contact details				
4.	Education	Degrees obtained	Name of University/ Institution		Dates
5.	Membership in professional associations				
6.	Other trainings				
7.	Countries of work experience	India			
8.	Languages	Language	Speaking	Reading	Writing
9.	Employment record				
	From: To: Employer: Position held:				
10.		Name of assignment or project: Year: Location: Client: Main Project Features: Positions held: Activities performed:			

Form 7: Financial Bid Submission Format

To,

Commissioner Urban Health,
8th Floor, Arogya Bhavan,
St. George's Hospital Compound,
P. D. Mello Road, Mumbai-400 001, Maharashtra

We, the undersigned on behalf of <name of bidder>, wish to submit our Financial Proposal for Program Management Unit (PMU) for Implementing a State level Campaign "My Village, Healthy Village"<RFP REFERENCE NUMBER> Dated <DD/MM/YYYY>

Table A: Rate Card for Domain Expert Technical Resources

Sno.	Category of Domain (Expert)	Rate per Circle Per Year (Excl. Tax) Rs.	GST Amount Rs.	Total Rate per Circle Per Year (Incl. Tax) Rs.
1	Circle (Resource 1 and 2)			

Note: For project-based / deliverable-based Work Orders, the financial proposal shall be based on the above rates and the estimated effort (person-year). The Department reserves the right to negotiate rates based on market conditions and project complexity.

We undertake, if our Proposal is accepted, to start services with immediate effect or as stipulated in the contract.

We understand you are not bound to accept any proposal you receive.

(Authorized Signatory)

Signature / Name / Designation / Address / Seal / Date

Form 8: SECURITY DEPOSIT FORM

To: (Name of Purchaser)

WHEREAS(Name of Supplier)
Hereinafter called "the Supplier" has undertaken, in pursuance of Contract
No.....dated,
200..... to supply.....(Description of
Services) hereinafter called "the Contract".

AND WHEREAS it has been stipulated by you in the said Contract that the Supplier shall furnish you with a Bank Guarantee by a recognized bank for the sum specified therein as security for compliance with the Supplier's performance obligations in accordance with the Contract.

AND WHEREAS we have agreed to give the Supplier a Guarantee:

THEREFORE WE hereby affirm that we are Guarantors and responsible to you, on behalf of the Supplier, up to a total of.....
(Amount of the Guarantee in Words and Figures) and we undertake to pay you, upon your first written demand declaring the Supplier to be in default under the Contract and without cavil or argument, any sum or sums within the limit of
(Amount of Guarantee) as aforesaid, without your needing to prove or to show grounds or reasons for your demand or the sum specified therein.

This guarantee is valid until theday of.....200.....

Signature and Seal of Guarantors-----

Date.....200.....

Address.....