St. John Ambulance (India)
National Headquarters
1, Red Cross Road, New Delhi-110001

No.J.15011/01/21/SJ/Tender Date: 28th November, 2025

Sub: Notice inviting tender for printing of Proficiency Certificates in First Aid and Home Nursing issued by St. John Ambulance (India).

St. John Ambulance (India), [SJA (I) for short] is a Philanthropic, non-sectarian, voluntary, charitable and humanitarian organization engaged for the relief of sick and injured irrespective of any nationality, race, sex, religion, belief, language, class or political belief. The core activity of SJA (I) is to instruct and impart training in First Aid, Home Nursing, Hygiene & Sanitation, Mothercraft & Child Welfare and other allied and ancillary subjects of Health. Hon'ble President of India is the President of the organisation.

2. Proficiency Certificates in First Aid and allied subjects are issued to the candidates who successfully complete the training and examination in the Centres/Branches across the country. The First Aid Certificate issued by SJA (I) is recognized by the Government departments for employment purpose.

3. SJA (I), National Headquarters invites bids from willing and competent printing firms for printing of Proficiency Certificates in First Aid and allied subjects, after electronic processing of the data, as per the Terms and Conditions enclosed.

4. Interested firms are requested to submit their **bids, both Technical and Financial, separately in sealed envelopes,** superscribed as Technical Bid and Financial Bid respectively with name of the firm and contact details, placing both in an outer sealed envelope with the subject as above, for the purpose. A **pre-bid meeting** would be held on 20th December 2025**,** at the National Headquarters which all the prospective bidders may attend for any information/clarification on the tender. The **last date for receipt of the bids** at the National Headquarters of St. John Ambulance (India), Indian Red Cross Society, 1, Red Cross Road, New Delhi-110001 is **31st December, 2025 by 17.00 hrs.**

5. For clarification, if any, the contact number is 011-23716442, e-mail:<vthulasid@indianredcross.org>and <stjohnnhq11217@gmail.com>

Encl: As above.

(Dr. Vanshree Singh)
Joint Secretary

ST. JOHN AMBULANCE (INDIA)
NATIONAL HEADQUARTERS

Terms & conditions for processing, maintaining data in electronic format and printing of proficiency certificates in First Aid, Home Nursing issued by St. John Ambulance (India).

1. The number of candidates whose certificates are to be printed, and data needs to be converted into electronic format in prescribed format is approximately 2 lakh per year.

2. The quotation should be inclusive of blank stationary, handling / wastage charges, scanning, processing and printing charges, transportation for providing proficiency certificates.

3. The job will involve processing of input and output data, printing of the Certificates as per specifications, in consultation with the National Headquarters of St. John Ambulance (India), New Delhi.

4. The input data will be provided by St. John Ambulance (India), National Headquarters, New Delhi. Based on the input data, the firm will undertake data processing which will include computerized output report as detailed below: -

a) The data will be given in hard copy forms (examination sheets) of batches up to 30 candidates each. The form also contains the photograph of the candidate. Sample copy is at Annexure-1. The details in the form, including the photograph, needs to be converted in to electronic format

b) Errors, if any, in the forms should be noted and recorded per candidate in the electronic format. The sample of electronic format is at Annexure-2.

c) The certificate should be printed on a map-litho high grade 170 GSM paper.

d) The printing will be in four colours.

e) The size of the Professional Certificates would be A4 size. The format is at Annexure-3. Format of Student Certificate is at Annexure-4.

f) The Student certificate does not contain the photograph and the format in which date will be given by IRCS to printer is placed at Annexure-5.

....2)

g) There would be imprint of photograph and signature of the candidate and signature & stamp of Instructor and Examiner in each Professional certificate.

h) The Certificatates will have Security features like embossed seals of both St. John Ambulance (India) and Indian Red Cross Society and invisible ink impression and micro text marked as Indian Red Cross Society and St. John Ambulance (India).

i) Each certificate will have two serial numbers i.e. printed stationery number (at the top left corner) and the certificate number (at the top right corner). The serial numbers are to be given by the printer as shown in the sample certificate at Annexure-3.

j) Periodic return of summaries/statistics on State/ UT/Army/ Railway Centre basis and Category-wise of certificates.

5. The bidder should have in-house OMR/ICR scanning and printing facilities for certificates.

6. The bidder will process the data and print the certificates in his own facility under his strict supervision so as to keep the confidentiality of the data and the certificates printed.

7. In case of involvement of any other party other than the bidder, in the processing of data and printing of certificates, the contract will be summarily terminated.

8. The bidder will be responsible for correction of mistakes occurred at their end. Although the input data will be checked by SJA(I) before handing over to the firm, the same will be checked by the bidder. In case of any doubt bidder will contact this office for clarification, if any.

9. The bidder will ensure collection of data on weekly basis or as per requirement from the office of SJA (I) and will ensure delivery of the printed certificates and statements as per para 4 mentioned above.

10. The bidder will ensure that map-litho high grade 170 GSM paper (size A4) as per the sample provided by SJA (I) would be used for the job. No deviation from the approved qualify of size and paper would be allowed under any circumstances. In case any deviation is found during the contract, SJA (I), National Headquarters, New Delhi will have full authority to impose penalty for such breach of agreement.

.....3)

11. The St. John Ambulance (India) would supply the input data in the forms devised for this purpose dully filled up with proper codes.

12. The certificates after printing will be supplied to St. John Ambulance (India), National Headquarters at 1, Red Cross Road, New Delhi-110001 within a period of 10 (Ten) days from the date of receipt of input data.

13. The collection of input data from the office of SJA (I), NHQ and supply of printed certificates to the same office will be without any additional cost to St. John Ambulance (India).

14. **The location of the bidder should be within Delhi NCR area, for easy access**.

15. The bidder will pay utmost urgent attention on the data marked "urgent" and will supply the printed certificates and related lists and bills as per the requirement in such cases.

16. The bidder will take reasonable care in processing data and will rectify any error/irregularity which may occur at their end.

17. The certificates printed and supplied with wrong data, will be reprinted with correction, without any extra cost.

18. In case of any dispute, the decision of the Secretary General, St. John Ambulance (India) shall be final and binding upon both the parties.

19. The bidder may raise the invoices for payment on quarterly basis.

20. Tax will be deducted at source as per rate applicable from time to time.

21. *The firm which may be awarded the contract will work on trial basis for a period of one month from the date of contract. During this period, the efficiency of the firm in processing the data and providing printed certificates as per the terms and conditions in error free manner will be evaluated. The confirmation of the contract will be subject to the satisfactory service during this period.*

22. The contract shall be valid for a period of three years with effect from the date of signing of the contract, after successful completion of initial trial period of one month.

.....4)

23. The Indian Red Cross Society, National Headquarters, New Delhi, reserves the right to terminate the contract any time during its validity on the following grounds: (a) unsatisfactory services; (b) deviation from the approved quality of paper; (c) deterioration in the quality of printing of the certificates; (d) failure to keep confidentiality of data/certificates (e) involvement of any third party in the process of printing; and (f) any other reason/dispute which will justify termination of the contract before the expiry of the period of validity.

Note:

(i) First Aid and Home Nursing certificates are issued in two categories i.e. Professional category and Student category. There is difference in the format of input data and the format of certificate of the two categories. Professional certificates are of proficiency in First Aid/Home Nursing, which can be used for employment purpose. The Student certificates are only of awareness, which cannot be used for employment purpose.

(ii) Bidder is required to submit one sample copy of Proficiency certificate and one sample copy of Student certificate and the electronically converted data of one sample batch along with the technical bid for evaluation purpose.

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ANNEXURE-2

Annexure - III
Error List for Lot-236

No.	Fileflag	Pkt	State	Batch	Centre	Exam date	Name	Father name	Status	SFA			VFA			MFA			Error
										No	Date	Cent.	No	Date	Cent.	No	Date	Cent.	
IRCS																			
1	F367963_1	0037	GUJARAT	69478	AMNS GANDHIDHAM LTD	281124	PRASANTASAHOO	RAMAKANTSAHOO	PASS										NO_PHOTO;
ST.JOHN																			
2	F368316_1	0039	ODISHA	0000	L&T	270125	REVANTH NAIDU PETTA	VEERA NAIDU PETTA	PASS										NO_PHOTO;
3	F368400_1	0040	ODISHA		SHQ BHUBANESWAR	201225	ABHIJEET MAHAKUD	PARAMANANDA MAHAKUD	PASS	02802888	090224	SHQ BBSR							NO_EDATE;
4	F368400_2	0040	ODISHA		SHQ BHUBANESWAR	201225	ASHISH PALEI	PARAMA PALEI	PASS	02802864	230224	SHQ BBSR							NO_EDATE;
5	F368400_3	0040	ODISHA		SHQ BHUBANESWAR	201225	NILAMANI BEHERA	KANHU BEHERA	PASS	02802768	220324	SHQ BBSR							NO_EDATE;
6	F368771_1	0044	ARMY UNIT	THIRD	312 FIELD HOSPITAL	130125	ANAND SAHANI		PASS										NO_FNAME;
7	F368772_1	0044	ARMY UNIT	THIRD	312 FIELD HOSPITAL	130125	SHAHJAD ALI		PASS										NO_FNAME;
8	F368772_2	0044	ARMY UNIT	THIRD	312 FIELD HOSPITAL	130125	ASHOK SINGH		PASS										NO_FNAME;
9	F368772_3	0044	ARMY UNIT	THIRD	312 FIELD HOSPITAL	130125	CHANDAN		PASS										NO_FNAME;
10	F368772_4	0044	ARMY UNIT	THIRD	312 FIELD HOSPITAL	130125	YASHOBANTA SAHOO		PASS										NO_FNAME;
11	F368772_5	0044	ARMY UNIT	THIRD	312 FIELD HOSPITAL	130125	HARIKRISHNA		PASS										NO_FNAME;
12	F368773_1	0044	ARMY UNIT	THIRD	312 FIELD HOSPITAL	130125	CHETAN CHHETRI		PASS										NO_FNAME;
13	F368773_2	0044	ARMY UNIT	THIRD	312 FIELD HOSPITAL	130125	GAGANDEEP SINGH		PASS										NO_FNAME;
14	F368773_3	0044	ARMY UNIT	THIRD	312 FIELD HOSPITAL	130125	RAMNIWAS		PASS										NO_FNAME;
15	F368773_4	0044	ARMY UNIT	THIRD	312 FIELD HOSPITAL	130125	P ANJANEYULU		PASS										NO_FNAME;
16	F368773_5	0044	ARMY UNIT	THIRD	312 FIELD HOSPITAL	130125	ANUJ NATH		PASS										NO_FNAME;
17	F368774_1	0044	ARMY UNIT	THIRD	312 FIELD HOSPITAL	130125	NITESH KUMAR		PASS										NO_FNAME;
18	F368895_2	0045	ARMY UNIT	000011	418 FIELD HOSPITAL	040225	KARANPREET SINGH	TARSEM SINGH	PASS										NO_PHOTO;

ANNEXURE - 1

St. John Ambulance (India)
Indian Red Cross Society

SENIOR (PROFESSIONAL)

A/4-S(P)

[FIRST AID (FA)/ HOME NURSING (HN) / MOTHER CRAFT (MC)
HYGIENE & SANITATION (HS) / MECKENZIE (MS)]

REF. No. 2012058 Date.

NAME OF CENTRE ..... DISTT. ..... STATE .....

DESCRIPTION OF CLASS ..... (Police/Railways/Teachers/Students/ Brigade/Scout/Guides/NCC/Professionals.

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE FILLING UP THE FORM

(1) Do not pin or staple or fold or tag the Examination Reports (2) Make separate batch for each subject and each examination.(3) Maximum number of Sheets in a batch should not exceed 10 (4) No certificate will be issued in respect of Incomplete examination report which will be rejected forthwith. (5) Batch Number in 5 Digit to be filled up by State Headquarter in the space provided. (6) Fill information below for "PASSED" Candidate "ONLY". (7) All information is to be filled in "CAPITAL LETTERS" in Black Colour only.

STATE(2)	BATCH NO (5)	SHT. NO (2)	DISTRICT NAME (9)	PIN CODE (6)	SUBJECT (2) FA	EXAM CD	EXAMINATION DATE (DD/MM/YY)
					F A	S	P

Sr. No. 01

Name of Candidate (30 Char.-Capital Letter)

Father/husband Name (30 Char.-Capital Letter)

Affix Here 2.5cm X 3cm Photo of Candidate

Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks

Signature

Sr. No. 02

Name of Candidate (30 Char.-Capital Letter)

Father/husband Name (30 Char.-Capital Letter)

Affix Here 2.5cm X 3cm Photo of Candidate

Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks

Signature

Sr. No. 03

Name of Candidate (30 Char.-Capital Letter)

Father/husband Name (30 Char.-Capital Letter)

Affix Here 2.5cm X 3cm Photo of Candidate

Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks

Signature

Sr. No. 04

Name of Candidate (30 Char.-Capital Letter)

Father/husband Name (30 Char.-Capital Letter)

Affix Here 2.5cm X 3cm Photo of Candidate

Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks

Signature

Sr. No. 05

Name of Candidate (30 Char.-Capital Letter)

Father/husband Name (30 Char.-Capital Letter)

Affix Here 2.5cm X 3cm Photo of Candidate

Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks

Signature

No. of Candidates Examined	No. of Candidates Passed

I hereby certify that the candidates whose names are written above have attended the requisite number of lectures.

Seal & Signature alongwith qualification of Instructor

His/Her Registration No.....Valid upto.....

allotted by the NHQ

Residential Address.....

.....

Phone No.....(Mob.).....
(with STD Code)

I hereby certify that the Marks allotted to the candidates whose names are written above have given answers for the tests set as indicated on the form.

Seal & Signature alongwith qualification of Surgeon Examiner, Qualifications with full denotations should be reproduced in block letters.

Residential Address.....

.....

Phone No.....(Mob.).....
(with STD Code)

Supplied Through : **The Stores Officer, St. John Ambulance (India),** 1 Red Cross Road, New Delhi-110001
Ph : 011-23716441/42/43, Fax : 011-23717454

ANNEXURE-3

SL. No. **3947631**

CERTIFICATE NO. **RR02695075**

St. John Ambulance (India)
Indian Red Cross Society

National Headquarters, 1, Red Cross Road, New Delhi - 110 001

President
The President of India

Chairman
Minister of Health & Family Welfare
Government of India

Secretary General

Signature

This is to certify that **GORANTI MEENA**

son/daughter/wife of Shri **HARI CHARAN MEENA**

has been awarded this certificate

EXAMINATION	**SENIOR PROFESSIONAL**	CENTRE	**IRCS SHQ JAIPUR**
SUBJECT	**FIRST AID**	DATE OF EXAMINATION	**07-Jul-2023**

This certificate is valid for a period of three years from the date of examination. The holder may undergo training and examination for the next level certificate within the period of validity of this certificate.

DR. TARUN SHARMA
Reg. No. 28980
(MCI)

Instructor
(Seal & Signature)

DR. ABHISHEK SHRIVASTAVA
Reg. No. 7477

Surgeon Examiner
(Seal & Signature)

Secretary General

Place : New Delhi

Date: 01/12/2023

CPN: F325496_5

Disclaimer:- This certificate is issued in recognition of First Aid and allied subjects training and cannot be considered as proof of identity or age.

ANNEXURE - 4

SL. No. M 986614

CERTIFICATE NO. SFA0887019

St. John Ambulance (India)
Indian Red Cross Society

National Headquarters, 1, Red Cross Road, New Delhi - 110 001

President
The President of India

Chairman
Minister of Health & Family Welfare
Government of India

Secretary General

This is to certify that JAYDEN KYLE PEREIRA

son/daughter/wife of Shri REYNOLD PEREIRA

has been awarded this certificate

EXAMINATION	STUDENT LEVEL	CENTRE	MAHARASHTRA STATE
SUBJECT	FIRST AID	DATE	Date of Examination 26-Apr-2023

This certificate is valid for a period of three years from the date of examination. The certificate is issued for educational and health awareness purpose only and not for employment.

Dr. S. K. Khuntia
B Sc (HONS) M B B S AIFH
Reg No -7915
285, Sai Puspanjali
NLO, New Bharandera

Signature of the Candidate

Place : New Delhi

Date : 25-03-2025

Surgeon Examiner
(Seal & Signature)

CPN: N103020_1

Secretary General

Disclaimer:- This certificate is issued in recognition of First Aid and allied subjects training and cannot be considered as proof of identity or age.

ANNEXURE-5

St. John Ambulance (India)
Indian Red Cross Society

SENIOR (STUDENT)

457267

A/4-S(S)

[FIRST AID (FA) / HOME NURSING (HN)/ MOTHER CRAFT (MC)
HYGIENE & SANITATION (HS) / MECKENZIE (MS)]

REF. No. ..... Date. .....

NAME OF CENTRE ..... DISTT ..... STATE .....

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE FILLING UP THE FORM

(1) Do not pin or staple or fold or tag the Examination Reports (2) Make separate batch for each subject and each examination.(3) Maximum number of Sheets in a batch should not exceed 10 (4) No certificate will be issued in respect of Incomplete examination report which will be rejected forthwith. (5) Batch Number in 5 Digit to be filled up by State Headquarter in the space provided. (6) Fill information below for "PASSED" Candidate "ONLY". (7) All information is to be filled in "CAPITAL LETTERS" in Black Colour only.

STATE(2)	BATCH NO (5)	SHT. NO (2)	DISTRICT NAME (9)	PIN CODE (6)	SUBJECT (2) FA/HN/MC/HS/MS	EXAM CD	EXAMINATION DATE (DD/MM/YY)	
						S		S

Sr. No. 01

Name of Candidate (30 Char.-Capital Letter)

Father/husband Name (30 Char.-Capital Letter)

Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks

Sr. No. 02

Name of Candidate (30 Char.-Capital Letter)

Father/husband Name (30 Char.-Capital Letter)

Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks

Sr. No. 03

Name of Candidate (30 Char.-Capital Letter)

Father/husband Name (30 Char.-Capital Letter)

Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks

Sr. No. 04

Name of Candidate (30 Char.-Capital Letter)

Father/husband Name (30 Char.-Capital Letter)

Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks

Sr. No. 05

Name of Candidate (30 Char.-Capital Letter)

Father/husband Name (30 Char.-Capital Letter)

Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks

STATE(2)	BATCH NO (5)	SHT. NO (2)	DISTRICT NAME (9)	PIN CODE (6)	SUBJECT (2) FA/HN/MC/HS/MS	EXAM CD	EXAMINATION DATE (DD/MM/YY)
						S	S

Sr. No. 06

Name of Candidate (30 Char.-Capital Letter)

Father/husband Name (30 Char.-Capital Letter)

Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks

Sr. No. 07

Name of Candidate (30 Char.-Capital Letter)

Father/husband Name (30 Char.-Capital Letter)

Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks

Sr. No. 08

Name of Candidate (30 Char.-Capital Letter)

Father/husband Name (30 Char.-Capital Letter)

Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks

Sr. No. 09

Name of Candidate (30 Char.-Capital Letter)

Father/husband Name (30 Char.-Capital Letter)

Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks

No. of Candidates Examined	No. of Candidates Passed

I hereby certify that the candidates whose names are written above have attended the requisite number of lectures.

Seal & Signature alongwith qualification of Instructor

His/Her Registration No.....Valid upto.....

allotted by the NHQ

Residential Address.....

.....

Phone No.....(Mob.).....
(with STD Code)

I hereby certify that the Marks allotted to the candidates whose names are written above have given answers for the tests set as indicated on the form.

Seal & Signature alongwith qualification of Surgeon Examiner, Qualifications with full denotations should be reproduced in block letters.

Residential Address.....

.....

Phone No.....(Mob.).....
(with STD Code)