

**FICCI Healthcare Excellence Awards 2023 – 15<sup>th</sup> Edition**  
**Application form – Digital Transformation initiative of the year**

Category	Category Definition	Eligible Participants
Digital Transformation initiative of the year	To recognize disruptive digital initiatives that have led to transformation in healthcare delivery and are driving significant improvement and capacity building in the healthcare industry. These could include advanced tech solutions implemented to improve staff experience, drive efficiency in operations, enhance patient care & outcomes, lower costs, record keeping and allow better & faster diagnosis.	Open to: 1. Medical Technology and Device companies/ Software developers including mobile apps 2. Hospitals/ Other healthcare service providers* 3. Start-ups

*\*Other Healthcare Service Providers - Diagnostic Centre, Primary Health Centre, Ambulatory Services, Med-Tech companies, New-age models, Home Healthcare Services etc.*

*\*\*Start-ups - Hospitals, Med-Tech companies, Diagnostic Centre, Ambulatory Services etc. (a new facility/product/centre etc started by an existing hospital chain/healthcare provider will not be considered as a start-up)*

### Guidelines for the participant

1. Any organization/institute participating in the Awards should be an Indian entity with a registered presence in India and must provide their Certificate of Incorporation mandatorily
2. The initiative should have been completely executed in India
3. The initiative/ project should have been launched in the period April 01, 2021 to March 31, 2023 with impact demonstrated and results showcased by initiative/ project in the period April 01, 2022 to March 31, 2023
4. The initiative must be undertaken by going beyond the mandatory accreditations/regulatory requirements as applicable
5. For Start-ups, the organization must have been incorporated for up to 5 years as on March 31, 2023
6. Employees and immediate family members of the award management, sponsors and partners of the awards are not allowed to participate in the Awards
7. Participation in the awards is subject to defined terms and conditions available on website [FICCI Healthawards 2023](https://ficcichealthawards.com)
8. To apply for the Awards, participant should register on the website and fill the application form <https://ficcichealthawards.com/new-register.php>
9. No hard copies of the application form will be accepted
10. All mandatory fields (\*) of the application form needs to be completed before submitting
11. Please write "NA" or "0" in fields that are not applicable to your organisation in the Operational Matrix section
12. Entries will be accepted in English language only
13. A participant can apply for separate initiatives in the same category or different categories through a separate application form for each initiative/ project. If multiple entry forms are received for same project/ initiative, then only one form will be considered, and others will be disqualified
14. Please provide below documents to be eligible for the Awards. Supporting documents must be in the mentioned formats only – pdf, doc, jpeg etc. Size of each document cannot exceed 2 MB per attachment. Any document sent separately will not be accepted
  - Documents to support the claims/impact mentioned in the application form
  - Date of incorporation and start date of initiative on organization letter head
  - DPIIT Certificate (Applicable only for Start-ups)
  - Any other document supporting the initiative
  - Award, accolade & achievement
15. In case the participant fails to submit the mandatory documents for the Awards, they may be disqualified subject to Jury's discretion
16. In case of any queries relating to the application form or participation in the awards please contact:

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E: [healthawards@ficci.com](mailto:healthawards@ficci.com) M: +91 8929955095/ 9899972252

**Section 1 – Participant Information**

Entity Level*	<input type="radio"/> Group Level <input type="radio"/> Unit Level
Name of participating entity*	
Type*	Drop down with the below options: 1. Medical Technology and Device companies/ Software developers including mobile apps 2. Hospitals/ Other healthcare service providers 3. Start-ups
Address*	
Year of incorporation (in DD/MM/YYYY) for participating entity*	
Website*	

**Section 2 – Operational Matrix**

Please write "NA" or "0" in fields which are not applicable to your organisation

For Medical Device/ Technology, Healthcare Research Institutes, Start-ups, Mobile Software/Apps			
Detail	April 2021 – March 2022	April 2022 – March 2023	Comments (Please highlight significant achievements and reasons that drove it)
Number of medical devices/ software/products/ services manufactured/initiated in India			
Detail of the devices software/products/technical specifications, etc (150 words)			
Technology: Is it made in India	Yes / No		
If Yes	% of Indigenisation _____		

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For Hospitals			
Detail	April 2021 – March 2022	April 2022 – March 2023	Comments <i>(Please highlight significant achievements and reasons that drove it)</i>
Number of new technologies adapted			
Detail of the technical specifications of the initiative (150 words)			

**Section 3 – Case Study\***

**A) Summary of the initiative and its implementation**

<ul style="list-style-type: none"> <li>Summarise the digital initiative/ project taken by your organization.</li> </ul> <p><i>Initiative is defined as a new solution or an older solution implemented with a new update to achieve the goal.</i></p> <ul style="list-style-type: none"> <li>The initiative/project should have been fully launched in the period April 01, 2021 to March 31, 2023</li> <li>The Awards shall be given to the initiatives which showcased impact in the period April 01, 2022 to March 31, 2023</li> <li>Details submitted should be for participating entity</li> <li>The details submitted in the application should be specific for the initiative/project applying for the Awards</li> </ul>
i) Name of initiative/ project* (max 50 words)
ii) Initiative start date* (DD/MM/YYYY) Initiative end date* (DD/MM/YYYY)
iii) Name the unit/ centre where the initiative/ project was initiated and implemented (max 50 words)

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iv) Summary of initiative undertaken including below\* (max 250 words)

- Problem identified
- Details of the initiative
- Methodology adopted
- Challenges faced during implementation
- Steps taken to overcome the challenge
- Cost involved to run the initiative
- Time frame to set-up the initiative

Below answer must cover all the above pointers, wherever applicable

**B) Impact**

1. Describe the impact of above initiative on various parameters such as stakeholders, operations, business etc. highlighting the followings\* (max 250 words):

- A. Impact on patients & operations (applicable to hospitals and diagnostic labs)
- B. Research studies or trials done to improve the medical device/equipment
- C. Scale of implementation
- D. Period of impact (whether the initiative has shown instant change or change over a period)

**C) Benefits to the Healthcare Sector**

1. Elaborate on how the initiative has been beneficial to the healthcare sector (Max 150 words)

**Section 4 – Declaration \***

I/we hereby declare that the details furnished in the application form and supporting documents submitted for FICCI Healthcare Excellence Awards 2023, are to the best of my knowledge and belief true, correct and complete. In case any of the said information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we will be held liable for it.

I/we declare that below is true:

- Initiative mentioned in the application is completely executed and fully implemented in the period April 01, 2021 to March 31, 2023

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- The impact demonstrated and results showcased by initiative is in the period April 01, 2022 to March 31, 2023

I/we, on behalf of my/our organization, <name of organization>, authorise FICCI to use the content submitted as part of my/our nomination, in whole or in part and use and display such entry, which shall include trade publications, press releases, electronic posting to the awards website, electronic hyperlinks to the website of the participant, and any display format selected by FICCI during the awards ceremony or at a later point in time, for a period of five years.

I/we further agree that the information provided has been approved by the Registrar or equivalent personnel of my/ our institution

Please mention below the name and designation of the authorized representative as mentioned during the registration process

Participant Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

Specimen copy- Not for final submission