

FICCI 10th Annual Healthcare Excellence Awards - 2018
Application form – Social Initiative

Section 2 – Summary

Detail	2015 – 16	2016- 17	2017- 18	Comments
Total number of Social initiatives				
Number of hospital tie-ups to promote social initiatives				
Number of corporate tie-up to promote social initiatives				

Section 3 – Case Study

A) Project/initiative/innovation/service implemented *

1. Summarise the project/initiative/innovation/service which you are entering for the Awards
This should clearly explain the jury members what the case study is about and should summarise remaining part of the application form

Innovation is defined as a new solution or an older solution implemented in a new way to achieve the goal

- The project/initiative/innovation/service should have been fully launched on or after April 1, 2015 till March 31,2018
- The Awards shall be given to the initiatives which are fully implemented and showcase impact in the healthcare sector for the period April 1, 2017 to March 31, 2018
- Details submitted should be for individual entity and not the parent company or group
- The details submitted in the application should be specific for the project/initiative/innovation/service applied for the award category

1. Name of project/initiative/innovation/service (max 50 words)	
2. Project/initiative/innovation/service launch date (DDMMYY):	
3. Summary of project/initiative/innovation/service undertaken (max 200 words)	
4. Explain in brief the problem identified or inspiration for the project/initiative/innovation/service (max 100 words)	

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5.a . Describe the problems and challenges faced by the organization during the implementation of the project/initiative/innovation/service (Max 150 words)	
5.b. Showcase how innovatively the project/initiative/innovation/service were implemented to overcome the challenges faced (Max 150 words)	
6. What were the cost involved to run the project/initiative/innovation/service (max 75 words)	
7. Who are your peer bench marks in the industry for the project/initiative/innovation/service? Please name up to 2 names (Max 50 words)	
8. Describe the 3 unique aspect of your project/initiative/innovation/service implemented (max 250 words)	

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B) Impact of the Initiative *

. Describe the benefits of implementing the above project/initiative/innovation/service to various parameters depending on the category selected. Please explain the impact on for the given parameters applicable to the category

Impact should be measurable and generic statements should be avoided. parameters (max 200 word)

Change in percentage / absolute numbers YoY / MoM must be mentioned

E.g. - Turnover – 5% increase in turnover

Absolute numbers YoY/MoM – Reduced by 10%

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Parameter	Measurable impact
Healthcare Status <i>Please demonstrate tangible impact of the project/initiative/innovation/service w.r.t healthcare status of the implemented region</i>	
Society <i>Please demonstrate the impact of project/initiative/innovation/service on the targeted society</i>	
Any Other	

C) Scalability and sustainability *

1. Please describe the key developments from your end to ensure the scalability / sustainability of project/initiative/innovation/service in the next 2 yrs (max 200 words)

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2. Why should your project/initiative/innovation/service win this award (max 75 word) *

D) Details of any other awards or certification(s) obtained by the organization w.r.t project/initiative/innovation/service (Please provide supporting documents) *

Section 4 – Participant Declaration

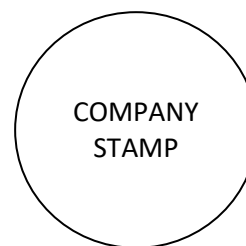
I declare that the information provided in this entry form is correct and accurate to the best of my knowledge. I agree to abide by the rules and regulations of participation. I /We agree, on behalf of my/ our Organization authorise the award management to use the content submitted as part of my/our entry, 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 the award management during the awards ceremony or at a later point in time, for a period of five years.

Participant's name: _____

Signature: _____

Designation: _____

Date: _____



** The Application Form needs to be signed by the authorized signatory from the participant organization (Senior Management)*