

FICCI 10th Annual Healthcare Excellence Awards - 2018
Application form – Medical Technology / Devices

Section 2 – Statistics

Detail	2014 – 15	2015- 16	2016- 17	Comments
Number of Medical Devices marketed in India				
No of Notified Medical Devices marketed in India				

Technology/Product risk category	Class 1	Class 2a	Class 2b	Class 3	Comments

Technology: Is it made in India	Yes / No
If Yes	% of Indigenisation _____

Section 3 – Accreditations

Accreditation	Year of Accreditation	Number of non-compliances review by the accreditation committees in the last one year
JCI		
NABH		
ISO		
Others		
ISO/IS		
CE		
USFDA		
PMDA		

FICCI 10th Annual Healthcare Excellence Awards - 2018
Application form – Medical Technology / Devices

Section 4 – Case Study

A) New Technology implemented*

<p>1. Summarise the project/initiative/innovation/service which you are entering for the Awards <i>This should clearly explain the jury members what the case study is about and should summarise remaining part of the application form</i></p> <p><i>Innovation is defined as a new solution or an older solution implemented in a new way to achieve the goal</i></p> <ul style="list-style-type: none"> • 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)	
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)	

FICCI 10th Annual Healthcare Excellence Awards - 2018
Application form – Medical Technology / Devices

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)	

B) Impact on business, patient and stakeholders*

1. Describe the benefits of implementing the above project/initiative/innovation/service to various parameters depending on the category selected. Please explain the parameters on the **Business, Operations, Patients, others** etc applicable to the category selected

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%*

Parameter	Measurable impact
Business <i>Please demonstrate tangible impact of the project/initiative/innovation/service include participating company's increase in revenue, profit, reduction in cost, reduction in manual effort, increase in efficiency levels etc.</i>	
Stakeholders / Patients <i>Please demonstrate tangible impact of the project/initiative/innovation/service w.r.t patient service, sanitation, accessibility of services, security etc</i>	
Any Other	

FICCI 10th Annual Healthcare Excellence Awards - 2018
Application form – Medical Technology / Devices

1. Describe the benefits of implementing the above project/initiative/innovation/service to various parameters depending on the category selected. Please explain the parameters on the **Business, Operations, Patients, others** etc applicable to the category selected

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%

Parameter	Measurable impact
Any Other	

C) Sustainability and scalability *

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

- 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

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

FICCI 10th Annual Healthcare Excellence Awards - 2018
Application form – Medical Technology / Devices

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 5 – Participant Declaration

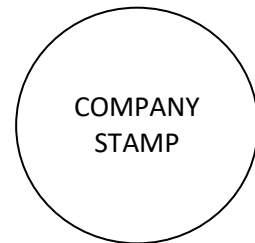
I declare that the information provided in this entry form is correct and accurate to the best of my knowledge. I agree to abide by the rules and regulations of participation. I /We agree, on behalf of my/ our Organization authorise the award management to use the content submitted as part of my/our 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)*