Category	Category Definition	Eligible Participants
Digital Innovation in Healthcare	Any equipment, device/software/products or technology intended for medical purposes which aid healthcare providers in diagnosing and treating patients as well as organizational operations to result in better healthcare. The medical device/technology must have been manufactured/adopted for commercial use after all regulatory clearances	Hospitals/ Diagnostic Labs/ Medical Technology/Device companies and Healthcare research institutes/ Start-ups/ health insurance companies/ Mobile Software-Apps

### **Guidelines for the participant**

- 1. Any organization 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 the Indian operations of the participant
- 3. The initiative/ project should have been launched in the Indian operations of the organization in the period May 1, 2018 to April 30, 2022 with impact demonstrated and results showcased by initiative/ project in the period May 1, 2021 to June 30, 2022
- 4. Employees and immediate family members of the award management, sponsors and partners of the awards are not allowed to participate in the Awards
- 5. Participation in the awards is subject to defined rules and regulations available on website
- 6. To apply for the Awards, participant should register on the website and fill the application form
- 7. No hard copies of the application form will be accepted
- 8. All mandatory fields (\*) of the application form needs to be completed before submitting the application form <a href="https://ficcihealthawards.com/new-register.php">https://ficcihealthawards.com/new-register.php</a>
- 9. Entries will be accepted in English language only
- 10. Participant can send multiple application forms for same category or separate categories provided it is for a separate initiative. A separate form should be used for each initiative/ project. One form or same information cannot be used for multiple projects / initiatives. If multiple entry forms are received for same project / initiative, then only one form will be considered, and others will be disqualified
- 11. 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
  - Project report, brochures and evidence for measurable impact
  - Date of incorporation and start date of initiative on organization letter head
  - Any other document supporting the initiative (Video supporting should be submitted in the form of YouTube link only)
  - Award, accolade & achievement
- 12.In case if participant fails to submit the proof of incorporation certificate of the participating entity and start date of initiative on organization's letter head, they may be disqualified from participation
- 13.In case of any queries relating to the application form or participation in the awards, please contact:

healthawards@ficci.com

### Section 1 – Participant Information

Level of Entry (Applicable for Hospitals & Diagnostic Labs) *		☐ Group Level ☐ Unit Level			
Name of participating entity*					
Type*		Choose	an item.		0.
About the entity*					;(O,
Address*					:153
Presence in number of cities*					
Year of incorporation (in DD/MM/YYYY)	for				
participating entity*					
				15	
Website*				9)	
Revenue (INR crores) for participating en	titv in				
	,	п.	J 25	100       101	More than
the period May 1, 2021 to April 30, 2022		L Less 1	than 25 🔲 26 -	100   101 -	250 250
		(	KO,	·	
Section 2 – Operational Matrix			<u> </u>		
For Medical Device/ Technology,	Healtho	are Rese	arch Institutes, S	Start-ups, Mobi	le Software/Apps
Detail		2019 – I 2020	May 2020 – April 2021	May 2021 – April 2022	Comments
Number of medical devices/					
software/products/ services					
manufactured/initiated in India					
Type of devices/ software/products/					
services manufactured/initiated (max					
100 words)					
Detail of the devices – technical					
specifications, etc (150 words)					
Technology:		1-			
Is it made in India		NO			
If Yes % of Ir		ndigenisat	tion	_	

For Hospitals & Diagnostic Labs		
Detail (Max 300 words each parameter)		
Details of technology/initiative adopted		
Impact of technology/initiative on patient health		
Impact of technology/initiative on daily operations		
Training programs provided to staff for effectively using technology/ device		
	:63	
A	Additional Information	
Any other information: (100 words)		
Castian 2 Casa Strutu		
Section 3 – Case Study		
A) Summary of the initiative and its impleme	ntation	
Summarise the digital initiative/ project ta	ken by your organization.	
Initiative is defined as a new solution or an goal.	n older solution implemented with a new update to achieve the	
<ul><li>The Awards shall be given to the initiatives wh</li><li>Details submitted should be for participating e</li></ul>	nunched in the period May 1, 2018 to April 30, 2022 ich showcased impact in the period May 1, 2021 to June 30, 2022 entity d be specific for the initiative/project applying for the Awards	
i) Name of initiative/ project* (max 50 words)		
illeil		
ii) Initiative launch date* (DD/MM/YYYY)		
54		
iii) Name the unit/ centre where the initiative/ proj 50 words)	ject was initiated and implemented (For group level application) (max	

<ul> <li>iv) Summary of initiative undertaken including below* (max 500 words)</li> <li>Problem identified</li> <li>Details of the initiative</li> <li>Methodology adopted</li> <li>Challenges faced during implementation</li> <li>Steps taken to overcome the challenge</li> <li>Cost involved to run the initiative</li> <li>Time frame to set-up the initiative</li> </ul>
KOLEINGI ZIIOUIIS
iv) Benefits of the medical equipment/ device for healthcare purpose* (max 200 words)
6004
v) Details of accreditation/ certification/ license obtained, if applicable (max 100 words)
Specilli
vi) Who are your peer benchmarks in the industry for the initiative? Name any two. (Max 50 words)

	70:
B) Impact	
1. Describe the impact of above initiative on various parameters such as stakeholders, operations, busine highlighting the followings* (max 500 words):	ess etc.
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)	
KO.	
NO,	

C) Sustainability, Scalability & Replicability

1. Describe key developments from your end to ensure the sustainability, scalability & replicability of the initiative/ project
in the next 2 years* (max 200 words)
, 5
Details of any other award/certification/ accreditation obtained by the organization with respect to initiative in the last 2
years (Please provide supporting documents) *
HOL.
6097

#### Section 4 – Declaration \*

I/we hereby declare that the details furnished in the application form and supporting documents submitted for FICCI Healthcare Excellence Awards 2022, 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 May 1, 2018 to April 30, 2022
- The impact demonstrated and results showcased by initiative is in the period May 1, 2021 to June 30, 2022

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.</name>		
I/we further agree that the information provided of my/our institution  Participant Name:	has been approved by the Registrar or equivalent personne	
Designation:	.63	
specimen copy.	Not for filling in the second of the second	