

FICCI Healthcare Excellence Awards 2025 – 17th Edition
Application form – Technology Transformation initiative of the year

Category	Category Definition	Eligible Participants
Technology Transformation initiative of the year	<p>To recognize organizations that have delivered outstanding initiatives in leveraging technologies to revolutionize and enhance healthcare practices. This category highlights initiatives that demonstrate innovative technologies, integration of various solutions such as artificial intelligence, data analytics and drive overall transformation within the healthcare sector. Initiative should be a breakthrough and an innovation or re-adaptation of an existing technology to bring disruption in the current practices.</p> <p>Note: Technology initiatives undertaken to enhance routine operational and maintenance activities of the organisation such as maintaining electronic records, telemedicine, patient care etc. cannot apply for this category.</p>	<p>Open to:</p> <ol style="list-style-type: none"> 1. Medical Technology and Device companies/ Software developers including mobile apps 2. Hospitals/ Other healthcare providers* 3. Start-ups**

***Other Healthcare 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 for minimum of two years and must provide their Certificate of Incorporation mandatorily.
2. Entities which are a part of a group of hospitals must apply as an individual unit for all initiatives undertaken for the Awards.
3. The initiative should have been completely executed in India.
4. The initiative/ project should have been launched in the period April 01, 2023, to March 31, 2025, with impact demonstrated and results showcased by initiative/ project in the period April 01, 2024, to March 31, 2025
5. The initiative must be undertaken by going beyond the mandatory accreditations/regulatory requirements as applicable.
6. Any organization/institute participating in the Awards must carefully read the category definitions before filling the application form and must ensure that the initiative/project adheres to the category definition of the respective category.
7. For Start-ups, the organization must have been incorporated for up to 10 years as of March 31, 2025
8. Employees and immediate family members of the award management, sponsors and partners of the awards are not allowed to participate in the Awards.
9. Participation in the awards is subject to defined terms and conditions available on website <website link>
10. To apply for the Awards, participant should register on the website and fill the application form <link for registration>
11. No hard copies of the application form will be accepted.
12. All mandatory fields (*) of the application form needs to be completed before submitting.
13. Please write "NA" or "0" in fields that are not applicable to your organisation in the Operational Matrix section.

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Application form – Technology Transformation initiative of the year

14. Entries will be accepted in English language only.
15. 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.
16. 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.
17. In case the participant fails to submit the mandatory documents for the Awards, they may be disqualified subject to Jury's discretion.
18. In case of any queries relating to the application form or participation in the awards please contact:

E: 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 providers 3. Start-Ups
Address*	
Year of incorporation (in DD/MM/YYYY) for participating entity*	
Website*	

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Section 2 – Operational Matrix

Please write “NA” or “0” in fields which are not applicable to your organisation.

Medical Technology and Device companies/ Software developers including mobile apps*			
Operational parameters	April 2023 – March 2024	April 2024 – March 2025	Comments (Please highlight significant achievements and reasons that drove it)
Number of technologies used for this initiative			
Number of healthcare providers using the technology			

Hospitals/ Other healthcare providers*			
Operational parameters	April 2023 – March 2024	April 2024 – March 2025	Comments (Please highlight significant achievements and reasons that drove it)
% of clinical operations transformed through technology			
No of patient care solutions introduced using new age or readapted technology			
Staff trained on new age or readapted technology/ systems			
Staff using new age or readapted technology/ systems			

For Start-ups			
Operational parameters	April 2023 – March 2024	April 2024 – March 2025	Comments (Please highlight significant achievements and reasons that drove it)
Number of technologies used for this initiative			
Number of healthcare providers using the technology			

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Application form – Technology Transformation initiative of the year

Section 3 – Case Study*

A) Summary of the initiative and its implementation

Summarise the initiative/ project taken by your organization that has leveraged technology for patient wellbeing.

The initiative should demonstrate the innovative application of emerging or new-age technologies to revolutionize and enhance healthcare practices. It should highlight groundbreaking advancements, seamless integration of multiple technological solutions, and a transformative impact on the healthcare sector. The initiative must be a breakthrough innovation or a re-adaptation of existing technology that disrupts conventional practices, setting new industry benchmarks.

- The initiative/project should have been fully launched in the period April 01, 2023, to March 31, 2025
- The Awards shall be given to the initiatives which highlighted impact in the period April 01, 2024, to March 31, 2025
- Details submitted should be for participating entity.
- The details submitted in the application should be specific for the initiative/project applying for the Awards.

i) Name of initiative/ project. Mention details of the unit/centre/hospital name where the initiative is implemented. Define the new technology used whether new or a readaptation of existing. (max 50 words).

ii) Initiative/Project start date (DD/MM/YYYY)
Initiative/project end date (DD/MM/YYYY)

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

- Problem statement and objective
- Detailed description of the initiative
- Methodology adopted.
- Breakthrough innovation and disruptive potential of the initiative
- Challenges faced & mitigation strategies.
- Implementation timeline & associated costs
- How many systems/ processes streamlined with the use of technology?
- Has the initiative undergone any external validation, certifications, or regulatory approvals? If yes, please provide details.

Below answer must cover all the above pointers, wherever applicable

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Application form – Technology Transformation initiative of the year

B) Impact

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

- **Operational and Business Impact (e.g., cost efficiency, scalability, revenue impact, workforce optimization)**
- **Impact on Healthcare Delivery (e.g., affordability, patient outcomes, accessibility, clinical efficiency)**
- **Adoption & Scalability (e.g., market adoption, expansion across institutions)**
- **Long-Term Sustainability & Industry Transformation Potential**

Please note: Please mention demonstrable impact between April 01, 2024, to March 31, 2025. Participants can upload a case study presentation highlighting impact numbers under the upload documents section.

C) Benefits to the Healthcare Sector

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

FICCI Healthcare Excellence Awards 2025 – 17th Edition
Application form – Technology Transformation initiative of the year

Section 5 – Declaration *

I/we hereby declare that the details furnished in the application form and supporting documents submitted for FICCI Healthcare Excellence Awards 2025, 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, 2023, to March 31, 2025
- The impact demonstrated and results highlighted by initiative is in the period April 01, 2024, to March 31, 2025

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: (auto-populated date and time stamp)