

AWARD CATEGORY	FOCUS AREA	DESCRIPTION	WHO CAN NOMINATE
Healthcare Leader of the Year	Leadership & Recognition	Honours an individual healthcare leader - clinical, operational, or entrepreneurial - who has demonstrated exceptional vision, impact, and contribution to India's healthcare sector.	CEOs, founders, doctors, healthcare professionals

ELIGIBILITY CRITERIA

- The nominee must be an individual healthcare leader associated with a healthcare organization, institution, startup, medical practice, public health body, or healthcare enterprise in India.
- The nominee's achievements, leadership initiatives, or sector contributions must be demonstrable for the period between April 1, 2024, and March 31, 2026.
- The nomination must demonstrate leadership impact through clinical excellence, operational transformation, entrepreneurship, public health contribution, innovation, workforce development, or healthcare access improvement.

IMPORTANT RULES FOR PARTICIPATION

- All questions must be answered. Incomplete forms will be disqualified and not shown to the jury for evaluation.
- In case the applicant does not have an answer for any question, please mention 'Not Applicable' in that question.
- The final eligibility of the nominees is subject to the terms & conditions of the India HealthNext Awards 2026.

APPLICANT INFORMATION (FOR CORRESPONDENCE) *

Name of Applicant (should be the authorized signatory)	
Designation	
Mobile Number	
Email ID	

COMPANY / ORGANIZATION GENERAL INFORMATION *

Name of the Organisation (same will appear on the trophy)	
Date of Incorporation / Registration	(DD/MM/YYYY)
Registered office address	City: _____ State: _____ Pin code: _____
Corporate / Group / Parent company to which the participating entity belongs, if any	
Organisation Type (Please select one)	<input type="checkbox"/> Hospital / Healthcare Provider <input type="checkbox"/> Healthcare Company / Manufacturer <input type="checkbox"/> HealthTech / Digital Health Company <input type="checkbox"/> Diagnostic / Laboratory Network <input type="checkbox"/> NGO / Government Body / Institution <input type="checkbox"/> Others - Please specify: _____
Company website	
Contact details	Telephone: _____ Email: _____

CASE STUDY: ANSWER ALL QUESTIONS IN MAXIMUM 250 WORDS *

(MENTION DETAILS IMPLEMENTED BETWEEN APRIL 1, 2024 - MARCH 31, 2026)

Name of the nominee (in not more than 50 words)	
Period of leadership achievements covered	(DD/MM/YYYY or period)
Leadership Area (Please select one)	<input type="radio"/> Clinical Leadership <input type="radio"/> Hospital / Operational Leadership <input type="radio"/> Entrepreneurial Leadership <input type="radio"/> Digital Health Leadership <input type="radio"/> Public Health Leadership <input type="radio"/> Academic / Training Leadership <input type="radio"/> Others - Please specify: _____
Current designation and organization	
Years of experience in healthcare	

1. Describe the nominee's leadership role, vision, and key contribution to India's healthcare sector during the assessment period.

--

2. Share measurable achievements such as organizational growth, care delivery improvement, clinical impact, innovation adoption, public health contribution, workforce development, or patient access improvement.

--

3. Explain how the nominee's leadership has created sustained value for patients, healthcare professionals, institutions, communities, or the broader healthcare ecosystem.

--

SUPPORTING DOCUMENTATION PROVIDED ALONG WITH THE APPLICATION

S No.	Document Name	Description of document
1	Nominee profile / CV / professional biography *	
2	Organization profile or proof of association *	
3	Evidence of leadership achievements, impact metrics, media coverage, or testimonials *	
4	Awards / citations / recognitions (if any)	
5	Other supporting documents (if any)	

DECLARATION BY THE APPLICANT *

I declare that the information provided in this application form is correct, accurate and pertains to my business / organization / nominated initiative. I agree to abide by the rules and regulations of participation.

Name	
Designation	
Date	
Signature / Company Seal	