

| AWARD CATEGORY | FOCUS AREA | DESCRIPTION | WHO CAN NOMINATE |
|-------------------------------|-------------------------|---|--|
| Healthcare Supply Chain Award | Sustainability & Impact | Technology-driven improvements in medical supply procurement, cold chain logistics, inventory management, or distribution efficiency. | Logistics companies, cold chain providers, healthcare distributors |

ELIGIBILITY CRITERIA

- The participating organization must have completed at least one year of operations in India as of March 31, 2026.
- The nominated supply chain, procurement, cold chain, inventory, distribution, or logistics initiative must have been implemented and operational between April 1, 2024, and March 31, 2026.
- The nomination must demonstrate measurable improvement in medical supply availability, distribution efficiency, cold chain performance, inventory accuracy, cost control, or service reliability.

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) *

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

COMPANY / ORGANIZATION GENERAL INFORMATION *

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| 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="radio"/> Hospital / Healthcare Provider <input type="radio"/> Healthcare Company / Manufacturer <input type="radio"/> HealthTech / Digital Health Company <input type="radio"/> Diagnostic / Laboratory Network <input type="radio"/> NGO / Government Body / Institution <input type="radio"/> 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)

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|---|---|
| Name of the supply chain initiative / solution (in not more than 50 words) | |
| When was the initiative launched or implemented? | (DD/MM/YYYY or period) |
| Supply Chain Area (Please select all that apply) | <input type="checkbox"/> Medical Supply Procurement <input type="checkbox"/> Cold Chain Logistics <input type="checkbox"/> Inventory Management <input type="checkbox"/> Healthcare Distribution <input type="checkbox"/> Technology-enabled Tracking <input type="checkbox"/> Last-mile Delivery <input type="checkbox"/> Others - Please specify: _____ |
| Geographic / facility coverage | |
| Technology used, if any | |

1. Describe the supply chain initiative and the procurement, cold chain, inventory, logistics, or distribution challenge it addresses.

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2. Share measurable outcomes such as delivery reliability, inventory optimization, cold chain compliance, stockout reduction, cost savings, order turnaround, or geographic reach.

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3. Explain how the initiative strengthens healthcare supply chain resilience, patient access, institutional efficiency, or continuity of medical product availability.

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SUPPORTING DOCUMENTATION PROVIDED ALONG WITH THE APPLICATION

| S No. | Document Name | Description of document |
|-------|---|-------------------------|
| 1 | Incorporation / GST certificate * | |
| 2 | Process documentation, solution brochure, workflow note, or technology details * | |
| 3 | Performance dashboards, logistics metrics, cold chain validation, customer testimonials, or impact evidence * | |
| 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 | |