

AWARD CATEGORY	FOCUS AREA	DESCRIPTION	WHO CAN NOMINATE
Patient Experience Award	Healthcare Delivery	Measurable improvements in patient satisfaction, care navigation, communication, and engagement across the treatment journey.	Hospitals, clinics, healthcare providers

ELIGIBILITY CRITERIA

- The participating healthcare provider, clinic, hospital, or care delivery organization must have completed at least one year of operations in India as of March 31, 2026.
- The nominated patient experience initiative must have been implemented and operational between April 1, 2024, and March 31, 2026.
- The nomination must demonstrate measurable improvement in patient satisfaction, care navigation, communication, engagement, access, grievance handling, or treatment journey experience.

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="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)

Name of the patient experience initiative / programme (in not more than 50 words)	
When was the initiative launched or implemented?	(DD/MM/YYYY or period)
Patient Experience Area (Please select all that apply)	<input type="checkbox"/> Patient Communication <input type="checkbox"/> Care Navigation <input type="checkbox"/> Digital Engagement <input type="checkbox"/> Appointment / Queue Management <input type="checkbox"/> Feedback & Grievance Management <input type="checkbox"/> Discharge / Follow-up Support <input type="checkbox"/> Others - Please specify: _____
Patient population / facility coverage	
Patient satisfaction metric used	

1. Describe the patient experience initiative and the specific pain points it addressed across the treatment journey.

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2. Share measurable outcomes such as patient satisfaction improvement, waiting time reduction, complaint resolution, engagement rates, care coordination improvement, or feedback results.

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3. Explain how the initiative reflects a sustained commitment to patient-centric care, communication quality, accessibility, and service excellence.

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SUPPORTING DOCUMENTATION PROVIDED ALONG WITH THE APPLICATION

S No.	Document Name	Description of document
1	Incorporation / GST certificate *	
2	Patient experience programme note / process documentation *	
3	Patient satisfaction reports, survey results, dashboards, or performance 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	