

AWARD CATEGORY	FOCUS AREA	DESCRIPTION	WHO CAN NOMINATE
Public Health Impact Award	Sustainability & Impact	Initiatives demonstrating measurable improvements in community health outcomes, disease prevention, awareness, screening access, vaccination outreach, or public health programme effectiveness.	Government bodies, NGOs, healthcare institutions

ELIGIBILITY CRITERIA

- The participating organization, healthcare institution, NGO, foundation, government body, or public health programme owner must have completed at least one year of operations in India as of March 31, 2026.
- The nominated public health initiative must have been implemented or operational between April 1, 2024, and March 31, 2026.
- The nomination must demonstrate measurable community-level impact across disease prevention, awareness, screening access, vaccination outreach, health education, care access, or public health programme effectiveness.

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 public health initiative / programme (in not more than 50 words)	
When was the initiative launched or implemented?	(DD/MM/YYYY or period)
Public Health Area (Please select all that apply)	<input type="checkbox"/> Disease Prevention <input type="checkbox"/> Awareness & Education <input type="checkbox"/> Screening Access <input type="checkbox"/> Vaccination Outreach <input type="checkbox"/> Community Health Services <input type="checkbox"/> Health Equity / Access <input type="checkbox"/> Others - Please specify: _____
Population / geography covered	
Partner organizations, if any	

1. Describe the public health initiative and the community health need, access gap, or prevention challenge it addresses.

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2. Share measurable outcomes such as population reached, screenings conducted, awareness improvement, vaccination coverage, access expansion, programme completion, or community-level impact indicators.

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3. Explain how the initiative demonstrates scalability, inclusiveness, sustainability, and long-term contribution to public health outcomes in India.

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SUPPORTING DOCUMENTATION PROVIDED ALONG WITH THE APPLICATION

S No.	Document Name	Description of document
1	Organization registration / GST certificate, as applicable *	
2	Programme brochure, implementation note, campaign materials, or project documentation *	
3	Impact data, beneficiary records, screening / outreach metrics, partner letters, 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	