

AWARD CATEGORY	FOCUS AREA	DESCRIPTION	WHO CAN NOMINATE
Smart Healthcare Device Award	Innovation & Technology	Recognition for smart medical devices integrating connectivity, real-time data, and interoperability to enhance clinical decision-making and patient monitoring.	IoT device companies, wearable technology firms, MedTech companies

ELIGIBILITY CRITERIA

- The participating organization must have completed at least one year of operations in India as of March 31, 2026.
- The nominated smart device, wearable, connected medical device, or IoT-enabled healthcare product must have been launched, implemented, or validated between April 1, 2024, and March 31, 2026.
- The device must demonstrate meaningful use of connectivity, real-time data, interoperability, monitoring, decision support, or patient management capabilities.

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 smart healthcare device (in not more than 50 words)	
When was the device launched or implemented?	(DD/MM/YYYY or period)
Smart Device Area (Please select all that apply)	<input type="checkbox"/> Remote Patient Monitoring <input type="checkbox"/> Wearables <input type="checkbox"/> Connected Diagnostics <input type="checkbox"/> Hospital Connected Devices <input type="checkbox"/> Home Healthcare Devices <input type="checkbox"/> Interoperable Device Platforms <input type="checkbox"/> Others - Please specify: _____
Connectivity / interoperability features	
Regulatory / certification status	

1. Describe the smart healthcare device and the patient monitoring, clinical decision-making, or connected care challenge it addresses.

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2. Share measurable performance such as device adoption, monitoring accuracy, real-time data use, alerts generated, clinical workflow impact, patient outcomes, or user feedback.

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3. Explain the device's data security, interoperability, scalability, and long-term contribution to connected healthcare delivery in India.

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SUPPORTING DOCUMENTATION PROVIDED ALONG WITH THE APPLICATION

S No.	Document Name	Description of document
1	Incorporation / GST certificate *	
2	Product brochure, device images, technical specifications, or demo documentation *	
3	Regulatory approvals, validation reports, connectivity / interoperability evidence, or customer testimonials *	
4	Cybersecurity / data privacy certificates, 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	