

AWARD CATEGORY	FOCUS AREA	DESCRIPTION	WHO CAN NOMINATE
Specialty Care Excellence Award	Healthcare Delivery	Outstanding clinical outcomes, patient experience, and care protocols within a defined medical specialty - oncology, cardiology, orthopaedics, and more.	Specialty hospitals, clinics, healthcare providers

### ELIGIBILITY CRITERIA

- The hospital, clinic, specialty centre, or healthcare provider must have completed at least one year of operations in India as of March 31, 2026.
- The nominated specialty care programme, protocol, clinical pathway, or service improvement must have been implemented between April 1, 2024, and March 31, 2026.
- The nomination must demonstrate excellence in a defined medical specialty through clinical outcomes, patient care protocols, multidisciplinary care, patient experience, or treatment access.

### 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 specialty care programme / department (in not more than 50 words)	
When was the programme or protocol implemented?	(DD/MM/YYYY or period)
Specialty Area (Please select one)	<input type="radio"/> Oncology <input type="radio"/> Cardiology <input type="radio"/> Orthopaedics <input type="radio"/> Neurology <input type="radio"/> Nephrology <input type="radio"/> Mother & Child Care <input type="radio"/> Gastroenterology <input type="radio"/> Others - Please specify: _____
Facility / department coverage	
Key clinical or patient outcome metric	

1. Describe the specialty care programme and the protocols, capabilities, or clinical pathways that demonstrate excellence within the selected specialty.

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2. Share measurable achievements such as treatment outcomes, patient volume, protocol adherence, complication reduction, patient satisfaction, access improvement, or multidisciplinary care performance.

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3. Explain how the specialty care model contributes to stronger clinical quality, patient experience, and long-term healthcare delivery capacity 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	Specialty care programme or protocol documentation *	
3	Clinical outcome evidence, patient satisfaction results, accreditation, or quality metrics *	
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.

<b>Name</b>	
<b>Designation</b>	
<b>Date</b>	
<b>Signature / Company Seal</b>	