India Pharma Awards 2026

Application form: Brand of the Year – Rx / OTC

AWARD CATEGORY	**DESCRIPTION**
Brand of the Year – Rx / OTC	Recognizes a prescription pharmaceutical brand/ an over-the-counter healthcare brand that has demonstrated strong consumer relevance, market leadership and business impact.

ELIGIBILITY CRITERIA

1. The participating organization must be registered in India or have a formal business presence in India and should have completed at least one year of operations in India as on March 31, 2026.
2. The nominated prescription (Rx) or over the counter (OTC) brand should have been actively marketed and should have demonstrated measurable market performance, customer adoption, brand growth or business impact between April 1, 2024 and March 31, 2026. If launched earlier, the applicant must clearly demonstrate significant growth, expansion, repositioning or measurable impact during the eligibility period.

IMPORTANT RULES FOR PARTICIPATION

1. **All questions must be answered**. Incomplete forms will be disqualified and not shown to the jury for evaluation.
2. The final eligibility of the nominees is subject to the **terms & conditions.**

Sub - Category: *Please select the subcategory relevant to your application*	○ Rx ○ OTC

APPLICANT INFORMATION (FOR CORRESPONDENCE) *			
Name of applicant *(should be the authorized signatory)*		Designation	
Mobile Number		Email ID	
ENTITY INFORMATION*			
Name of participating entity (same will appear on trophy)			
Corporate or other Group or Parent company to which the participating entity belongs if any			

Date of Incorporation	(DD/MM/YYYY)
Registered address	City: _____ State: _____ Pin code: _____
Official Website or URL	
Type of Organization (Select ONE that applies)	○ Pharmaceutical Company ○ Prescription Drug Brand Owner ○ OTC Brand Owner ○ Consumer Healthcare Company ○ Healthcare Company ○ Other (please specify)

KEY METRICS INFORMATION*	
Annual revenue contribution by the brand (Select ONE that Applies)	○ Below ₹50 Cr ○ ₹50 Cr-₹100 Cr ○ ₹101 Cr-₹500 Cr ○ ₹501 Cr-₹1,000 Cr ○ Above ₹1,000 Cr
Brand growth achieved (Select ONE that Applies)	○ Below 5% ○ 5%-10% ○ 11%-20% ○ 21%-30% ○ Above 30%
Geographic reach of the brand (Select ONE that Applies)	○ Single State ○ Multi-State ○ Pan India ○ International Markets

CASE STUDY SECTION

PLEASE MENTION DETAILS PERTAINING TO THE PERIOD BETWEEN APRIL 2024 TO MARCH 2026* AND IN MAXIMUM 250 WORDS

Name of the Brand/ Initiative/ Solution (same will be announced at the award ceremony)	
Start/Launch Date **(Should be between April 01, 2024, to March 31, 2026)**	(DD / MM / YY)

End Date	(DD / MM / YY)/Ongoing
Therapeutic area / Product category (Select ONE that Applies)	○ Cardiovascular ○ Diabetes ○ Gastroenterology ○ Respiratory ○ Dermatology ○ Women's Health ○ Nutraceuticals ○ OTC Consumer Healthcare ○ Other (please specify)

1. Describe the brand, including consumer need addressed, target audience, key value proposition and strategic objectives. Explain how the brand differentiated itself and established relevance within its category.

2. Describe the key initiatives undertaken to build and grow the brand during the assessment period. Highlight market positioning, physician engagement, customer outreach, awareness activities, channel strategies and geographic expansion efforts that contributed to the brand's reach and visibility.

3. Provide quantifiable outcomes achieved by the brand during the assessment period. *These may include revenue growth, market share gains, prescription growth, customer adoption, geographic expansion, customer retention, brand recognition or other measurable indicators of business and market impact.*

List the details of the documents provided to support your entry (Maximum 5 pages per supporting document) *			
S No.	**Document Name**	**Description of document**	**Attachment**
1	Incorporation/ GST Certificate *		Attach
2	Brand profile or product dossier*		Attach
3	Market performance reports*		Attach
4	Patent, IP filing, Certification (if any)		Attach
5	Any other supporting (if any)		Attach

DECLARATION BY THE APPLICANT*	
☐ I hereby declare that the information provided in this application form is accurate and pertains to my business. I agree to abide by the rules and regulations of participation. I understand that if any information is found to be incomplete, incorrect, or false, the jury reserves the right to disqualify our entry.	
Name	
Designation	
Date	