India Pharma Awards 2026

Application form: Excellence in AI & Robotics Innovation

AWARD CATEGORY	**DESCRIPTION**
Excellence in AI & Robotics Innovation	Recognizes organizations that have successfully leveraged Artificial Intelligence (AI), Machine Learning (ML), Robotics, Intelligent Automation, and advanced digital technologies to transform pharmaceutical operations.

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 initiative, product, technology, solution or program should have been implemented, commercialized, piloted or demonstrated measurable impact between April 1, 2024 and March 31, 2026. If launched earlier, the applicant must clearly demonstrate significant progress, scale-up, innovation 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.**

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 ○ HealthTech Company ○ Digital Health Provider ○ Software / Technology Solution Provider ○ AI / Analytics Company ○ Robotics & Automation Provider ○ Other (please specify)

KEY METRICS INFORMATION*	
Primary application area of the solution (Select ONE that Applies)	○ R&D & Drug Discovery ○ Manufacturing & Operations ○ Quality & Compliance ○ Supply Chain & Logistics ○ Commercial Excellence & Customer Engagement ○ Patient Support & Patient Access ○ Pharmacovigilance & Medical Affairs ○ Other (please specify)
Level of automation achieved (Select ONE that Applies)	○ Below 25% ○ 25%-50% ○ 51%-75% ○ 76%-90% ○ Above 90%
Technologies utilized (Select all that Apply)	○ Artificial Intelligence ○ Machine Learning ○ Generative AI ○ Robotics ○ Predictive Analytics ○ Others _____ (Please Specify)
Scale of Deployment (Select ONE that applies)	○ Single Department / Function ○ Multiple Functions ○ Single Site ○ Multiple Sites ○ Enterprise-wide Deployment

CASE STUDY SECTION

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

Name of the 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

1. Describe the AI or robotics initiative, including the operational, customer, patient or business challenge addressed, key objectives, target users and alignment with the organization's strategic priorities.

2.Describe the solution architecture, technologies deployed, implementation approach, stakeholder involvement, deployment scale and adoption strategy. Explain how the solution was integrated into existing workflows and how user adoption was achieved.?

3. Provide quantifiable outcomes achieved through the solution. These may include productivity improvements, quality enhancements, compliance improvements, cost savings, process efficiency gains, customer or patient outcomes, adoption metrics, business growth or other measurable impacts achieved during the assessment period.

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	Solution architecture or technical design document*		Attach
3	Performance Dashboard / Adoption Metrics / Impact Assessment Report*		Attach
4	Patent, IP filing, technology 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	