India Pharma Awards 2026

Application form: Excellence in Ancillary & Support Services for Pharma

AWARD CATEGORY	**DESCRIPTION**
Excellence in Ancillary & Support Services for Pharma	Recognizes organizations that deliver specialized services and solutions that support the pharmaceutical industry through regulatory compliance, quality assurance, operational excellence, risk management and business enablement.

ELIGIBILITY CRITERIA

1. The participating organization must be registered in India and should have completed at least one year of operations in India as on March 31, 2026.
2. The nominated service, solution, platform, engagement or program should have been implemented and demonstrated measurable impact between April 1, 2024, and March 31, 2026. If introduced earlier, the applicant must clearly demonstrate significant enhancement, scale-up, innovation or measurable impact achieved 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)	○ Regulatory Consulting Firm ○ Compliance & Risk Management Service Provider ○ Validation & Qualification Service Provider ○ Testing & Certification Service Provider ○ Quality Assurance / Quality Control Service Provider ○ Contract Services Provider ○ Specialized Pharmaceutical Support Services Provider ○ Other (please specify)

KEY METRICS INFORMATION*	
Primary service area (Select all that Apply)	☐ Regulatory Affairs ☐ Compliance & Risk Management ☐ Validation & Qualification ☐ Testing & Certification ☐ Quality Assurance / Quality Control ☐ Operational Excellence ☐ Business Enablement Services ☐ Other (please specify)
Number of pharma clients served (Select ONE that Applies)	○ Up to 25 ○ 26–100 ○ 101–250 ○ More than 250
Projects successfully completed during assessment period (Select ONE that Applies)	○ Up to 25 ○ 26–100 ○ 101–250 ○ More than 250
Client retention rate (Select ONE that Applies)	○ Below 70% ○ 70%–85% ○ 86%–95% ○ Above 95%

CASE STUDY SECTION

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

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Name of the Service/ Solution/ Program (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 pharmaceutical industry challenge addressed by the service or solution. Explain the objectives, target users and the relevance of the solution to pharmaceutical manufacturing, quality, compliance, operational excellence or risk management.

2. Describe the service or solution, including the implementation approach, methodology, governance mechanisms, technical capabilities and key differentiators. How has the solution contributed to improved compliance, quality, operational reliability, risk mitigation or business performance compared to conventional approaches?

3. Provide quantifiable outcomes achieved through the solution. Also highlight the scalability and long-term applicability of the solution. *These may include efficiency improvements, productivity gains, compliance outcomes, cost savings, customer retention, deployment scale, client adoption, business impact and other measurable performance indicators.*

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	Company Profile & Service Portfolio*		Attach
3	Impact or Performance Reports*		Attach
4	Compliance Certifications, Accreditations or Industry Recognitions (if any)		Attach
5	Client Testimonials / Reference Letters / Case Studies (if any)		Attach
6	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	