India Pharma Awards 2026

Application form: Excellence in Employee Engagement & Wellbeing

AWARD CATEGORY	**DESCRIPTION**
Excellence in Employee Engagement & Wellbeing	Recognizes organizations that have implemented impactful initiatives to enhance employee capabilities, foster continuous learning, strengthen engagement, and promote physical, mental, and overall employee well-being.

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 employee engagement, learning, capability-building, or wellbeing initiative should have been implemented and demonstrated measurable impact between April 1, 2024 and March 31, 2026. If initiated earlier, the applicant must clearly demonstrate significant enhancement, scale-up, 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)	○ Pharmaceutical Company ○ Biotechnology Company ○ Healthcare Organization ○ Medical Devices Company ○ HealthTech Company ○ Contract Research / Manufacturing Organization ○ Other (please specify)

KEY METRICS INFORMATION*	
Primary Focus Area (Select all that Apply)	☐ Employee Engagement ☐ Learning & Development ☐ Leadership Development ☐ Employee Wellbeing ☐ Mental Health & Wellness ☐ Diversity, Equity & Inclusion ☐ Employee Recognition ☐ Workplace Culture Transformation ☐ Other (please specify)
Employee retention rate (Select ONE that Applies)	○ Below 70% ○ 70%-80% ○ 81%-90% ○ 91%-95% ○ Above 95%
Percentage of employees covered under the initiative (Select ONE that Applies)	○ Below 20% ○ 20%-40% ○ 41%-60% ○ 61%-80% ○ Above 80%
Employee Participation Rate (Select ONE that Applies)	○ Below 25% ○ 25%-50% ○ 51%-75% ○ 76%-90% ○ Above 90%

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 (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 employee engagement, learning, capability-building or wellbeing challenge addressed by the initiative. Explain the objectives, target employee groups and how the initiative contributes to workforce development, employee wellbeing and organizational effectiveness.

2. Describe the design and implementation of the initiative, including leadership involvement, employee participation, and key practices adopted. Highlight what made the initiative effective in addressing employee needs.

3. Provide quantifiable outcomes achieved through the initiative. Also highlight how the initiative has been sustained or scaled within the organization. *These may include improvements in employee engagement, retention, learning outcomes, participation levels, wellbeing indicators, employee satisfaction, productivity, workplace culture or other measurable organizational benefits.*

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	Initiative Overview / Program Framework*		Attach
3	Impact Assessment, Employee Feedback, Participation Metrics or Performance Reports (if any)		Attach
4	Awards or Certifications (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	