India Pharma Awards 2026

Application form: Excellence in Patient Access / Patient Support Initiatives

AWARD CATEGORY	**DESCRIPTION**
Excellence in Patient Access / Patient Support Initiatives	Recognizes initiatives that improve patient access, affordability, treatment adherence, disease awareness, rare disease support and overall patient experience.

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 patient access, patient support, disease awareness, or healthcare access initiative should have been implemented and demonstrated measurable impact between April 1, 2024 and March 31, 2026. If launched earlier, the applicant must clearly demonstrate significant expansion, enhancement, patient reach 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 ○ Patient Support Organization ○ Healthcare Institution ○ HealthTech Company ○ Non-Profit / Foundation ○ Healthcare Services Provider ○ Other (please specify)

KEY METRICS INFORMATION*	
Number of patients supported through the initiative (Select ONE that Applies)	○ Below 1,000 ○ 1,000-5,000 ○ 5,001-25,000 ○ 25,001-100,000 ○ Above 100,000
Number of disease areas covered (Select ONE that Applies)	○ 1 ○ 2 ○ 3-5 ○ 6-10 ○ Above 10
Patient satisfaction score achieved (Select ONE that Applies)	○ Not Applicable ○ Below 70% ○ 70%-80% ○ 81%-90% ○ 91%-95% ○ Above 95%
Geographic reach of the initiative (Select ONE that Applies)	○ Single City ○ Single State ○ Multi-State ○ Pan India ○ International

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
Primary focus area of initiative (Select all that apply)	☐ Access to Treatment ☐ Affordability Assistance ☐ Patient Support Program ☐ Treatment Adherence ☐ Disease Awareness ☐ Rare Disease Support ☐ Digital Patient Engagement ☐ Remote Monitoring ☐ Other (Please specify)

1. Describe the patient access or patient support initiative, including the healthcare challenge addressed, target patient population, key objectives and the unmet patient need that the initiative was designed to address. Explain how the initiative aligns with the organization's patient-centric strategy.

2. Describe the implementation approach adopted for the initiative, including partnerships, technologies, outreach mechanisms, patient engagement activities, affordability programs, support services and the methods used to expand patient reach and participation.

3. Provide quantifiable outcomes achieved through the initiative. *These may include patient reach, treatment adherence, treatment continuity, affordability improvements, disease awareness outcomes, patient satisfaction, health outcomes or other measurable impacts achieved during the assessment period. Also highlight the long-term sustainability and scalability of the initiative.*

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	Patient Access / Patient Support Program Overview and Initiative Details*		Attach
3	Program Impact Reports, Patient Reach Metrics and Outcome Evidence*		Attach
4	Awards or certification (if any)		Attach
5	Patient Testimonials / Case Studies / Beneficiary Stories (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	