India Pharma Awards 2026

Application form: Excellence in Quality

AWARD CATEGORY	**DESCRIPTION**
Excellence in Quality	Recognizes organizations that have demonstrated excellence in quality management, regulatory compliance, product integrity and continuous quality improvement.

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 quality initiative, system, process, technology, program or improvement project should have been implemented, operationalized or demonstrated measurable impact between April 1, 2024, and March 31, 2026. If initiated earlier, the applicant must clearly demonstrate significant improvements, scale-up, enhancements or measurable outcomes 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	○ Pharmaceutical Manufacturer ○ API Manufacturer ○ Formulation Company ○ CDMO (Contract Development & Manufacturing Organization) ○ Biologics Company ○ Biosimilars Company ○ Pharmaceutical Services Provider ○ Other – please specify

KEY METRICS INFORMATION*	
Number of regulatory audits successfully cleared (Select ONE that Applies)	○ 1–2 ○ 3–5 ○ 6–10 ○ More than 10
Average batch rejection rate (Select ONE that Applies)	○ Less than 0.5% ○ 0.5%–1% ○ 1.01%–2% ○ Above 2%
Quality certifications received by the initiative (Select ALL that Apply)	☐ Schedule M Compliance ☐ WHO-GMP Certified ☐ ISO 9001 + WHO-GMP Certified ☐ EU GMP / MHRA GMP Certified ☐ US FDA Compliant ☐ Others _____ (Please Specify)
Number of critical regulatory observations received during assessment period	○ None ○ 1–2 ○ 3–5 ○ More than 5

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/ Service/ 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 Area of Quality Excellence (Select all that apply)	☐ Quality Management Systems ☐ Regulatory Compliance ☐ Product Integrity & Quality Assurance ☐ Manufacturing Quality Excellence ☐ Continuous Improvement Initiatives ☐ Quality Digitization / Automation ☐ Data Integrity & Compliance ☐ Inspection Readiness Programs ☐ Other (Please specify)

1. Describe the quality initiative, including the quality, compliance or operational challenge addressed, key objectives, scope and its alignment with the organization's quality, regulatory and business priorities.

2. Describe how the initiative was designed and implemented, including key quality management practices, governance mechanisms, process improvements, technology adoption, stakeholder involvement and the factors that differentiated the initiative from conventional industry practices.

3. Provide quantifiable outcomes achieved through the initiative. *These may include improvements in audit performance, regulatory compliance, reduction in deviations, batch rejection rates, customer complaints, product recalls, operational efficiency, quality metrics or other measurable business and quality outcomes.*

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	Quality Initiative Report / Quality Improvement Program Details / Validation Evidence*		Attach
3	Certifications / Regulatory Approval Letters - WHO-GMP, USFDA, EMA, ISO, etc. *		Attach
4	Inspection Outcomes / Audit Reports / Industry Recognitions (if applicable))		Attach
5	Quality Performance Dashboards / KPI Reports (if applicable)		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	