India Pharma Awards 2026

Application form: Excellence in R&D

AWARD CATEGORY	**DESCRIPTION**
Excellence in R&D	Recognizes outstanding achievements in pharmaceutical research and development that have advanced scientific knowledge, product development, process innovation or therapeutic outcomes.

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 R&D initiative, product, technology, process innovation or research program should have achieved a significant development milestone, commercialization, regulatory progression, patent grant, technology transfer, pilot implementation or measurable impact between April 1, 2024, and March 31, 2026.

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 ○ Integrated Pharma Company (API + Formulations) ○ Other – please specify

KEY METRICS INFORMATION*	
Annual R&D Investment (Select ONE that applies)	○ Less than ₹10 Cr ○ ₹10 Cr – ₹50 Cr ○ ₹51 Cr – ₹100 Cr ○ Above ₹100 Cr
Number of Products / Technologies Under Development as of March 31, 2026	○ 1-5 ○ 6-15 ○ 16-30 ○ More than 30
R&D Workforce Strength	○ Less than 25 ○ 25-100 ○ 101-250 ○ More than 250
Number of R&D Projects Completed During Assessment Period	○ 1-3 ○ 4-10 ○ 11-20 ○ More than 20
Number of Patents Granted (Select ONE the Applies)	○ None ○ 1–5 ○ 6–15 ○ More than 15

CASE STUDY SECTION

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

Name of the R&D 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
Area of Focus (tick as applicable)	☐ New Product Development ☐ Process Innovation / Process Improvement ☐ API Development ☐ Formulation Development ☐ Biologics / Biosimilars Development ☐ Contract / Collaborative Research ☐ Other (please specify)_____

1. Describe the R&D initiative, its key objectives, and how it aligned with the organization's growth, innovation, product development, or patient-centric goals.

2. Describe the research and development approach adopted, including key innovation elements, scientific or technological advancements, project execution methodology, governance mechanisms, cross-functional collaboration and factors that differentiated the initiative from existing products, technologies, processes or industry practices.

3. Provide quantifiable outcomes achieved through the initiative. *These may include product launches, commercialization outcomes, regulatory approvals, patent filings or grants, scientific contributions, process improvements, technology transfer, market adoption, business impact, operational benefits or patient 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	R&D Project Report / Validation Report / Commercialization Evidence*		Attach
3	Patents/IP Certificates (if applicable)		Attach
4	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	