India Pharma Awards 2026

Application form: Outstanding Contribution to Pharmaceutical Research by Academic Institutes

AWARD CATEGORY	**DESCRIPTION**
Outstanding Contribution to Pharmaceutical Research by Academic Institutes	Recognizes institutions making significant contributions to pharmaceutical research, scientific advancement and innovation.

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 research program, project, scientific initiative or innovation should have demonstrated measurable progress, research outcomes, publications, patents, translational impact or industry relevance between April 1, 2024, and March 31, 2026. If initiated earlier, the applicant must clearly demonstrate significant advancement, scientific contribution 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 Academic Institute (same will appear on trophy)			

Type of Institute (Select ONE that Applies)	○ University ○ Pharmacy College ○ Academic Research Institute ○ Biotechnology Research Institute ○ Medical Research Institute ○ Centre of Excellence ○ Other (please specify)
Date of Establishment	(DD/MM/YYYY)
Registered address	City: _____ State: _____ Pin code: _____
Official Website or URL	

KEY METRICS INFORMATION*	
Number of Research Publications in Peer-Reviewed Journals (during the assessment period) (Select ONE that Applies)	○ 1–10 ○ 11–50 ○ 51–100 ○ Above 100
Primary Area of Research Contribution (Select ONE that Applies)	○ Drug Discovery ○ Drug Delivery Systems ○ Pharmaceutical Sciences ○ Biotechnology ○ Translational Research ○ Clinical Research ○ AI & Digital Health Research ○ Other (Please specify)

Patents Filed / Granted During the Assessment Period	○ None ○ 1-5 ○ 6-10 ○ More than 10
Industry collaborations / partnerships (Select ONE that Applies)	○ None ○ 1-3 ○ 4-10 ○ 11-25 ○ More than 25

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

Name of the Research Project (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 research and its contribution to advancing pharmaceutical science, healthcare outcomes, innovation or industry knowledge. Explain the significance of the work and its relevance to the pharmaceutical ecosystem.

2. Describe the research approach adopted, including the methodology, institutional capabilities, collaborations, and major milestones achieved. Highlight any innovative approaches used to address scientific or industry challenges.

3. Provide measurable outcomes and impact generated through the research. Also highlight the future potential, scalability, and industry relevance of the research. *These may include publications, patents, technology transfer, commercialization opportunities, industry collaborations, citations, policy influence, healthcare impact, or other measurable contributions.*

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	Institute Registration / Incorporation Certificate *		Attach
2	Research Project Summary / Research Portfolio*		Attach
3	Publications, Patents, Citations, or Research Output Summary*		Attach
4	Awards / Recognitions (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	