India Pharma Awards 2026

Application form: Pharma Innovation of the Year

AWARD CATEGORY	**DESCRIPTION**
Pharma Innovation of the Year	Recognizes a breakthrough pharmaceutical product, service or solution that demonstrates innovation, differentiation and measurable value to the healthcare ecosystem.

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 product, service, solution, or innovation should have been developed, launched, commercialized, piloted or have demonstrated measurable impact between April 1, 2024, and March 31, 2026. If launched earlier, the applicant must clearly demonstrate significant enhancement, scale-up, market adoption, innovation or measurable impact 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 patients benefited (Select ONE that Applies)	○ Less than 10,000 ○ 10,001–100,000 ○ 100,001–10 Lakh ○ More than 10 Lakh
Revenue generated by the innovation (Select ONE that Applies)	○ Less than ₹10 Cr ○ ₹10–50 Cr ○ ₹51–200 Cr ○ Above ₹200 Cr
Regulatory approvals received for the innovation (Select ONE that Applies)	○ Pending ○ 1 Approval ○ 2–5 Approvals ○ More than 5 Approvals
Current stage of innovation (Select ONE that applies)	○ Pilot Stage ○ Commercially Launched ○ Scaled Across Multiple Markets ○ Mature / Widely Adopted Innovation

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
Area of Innovation (Select all that apply)	☐ New Product Innovation ☐ Drug Delivery Innovation ☐ Process Innovation ☐ Packaging Innovation ☐ Digital Health / Technology Solution ☐ Patient-Centric Solution ☐ Manufacturing Innovation ☐ Service Innovation ☐ Other (Please specify)

1. Describe the strategic objective of the initiative and explain its significance to your organization and the broader pharmaceutical ecosystem.

2. Describe the innovation and development journey, including the key features, scientific or technological advancements, implementation approach, execution methodology and the factors that differentiate the product, service or solution from existing alternatives available in the market.

3.Provide quantifiable outcomes and value created through the innovation. *This may include market adoption, patient impact, revenue growth, cost savings, regulatory achievements, operational improvements, healthcare outcomes, scalability, industry acceptance and other measurable benefits achieved during the assessment period.*

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	Innovation Overview / Product, Service or Solution Description and Supporting Evidence *		Attach
3	Performance Metrics / Reports - Evidence of measurable success, patient impact, or operational improvements *`		Attach
4	Regulatory Approvals / Certifications / Industry Recognitions (if applicable)		Attach
5	Patents/IP Certificates (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	