India Pharma Awards 2026

Application form: Pharma Marketing Campaign of the Year

AWARD CATEGORY	**DESCRIPTION**
Pharma Marketing Campaign of the Year	Recognizes an outstanding marketing campaign that has demonstrated strategic excellence, effective execution and measurable outcomes.

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 marketing campaign should have been executed and demonstrated measurable outcomes between April 1, 2024 and March 31, 2026. If launched earlier, the applicant must clearly demonstrate significant campaign activity, reach, engagement 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 ○ Healthcare Brand Owner ○ OTC Brand Owner ○ Healthcare Services Organization ○ HealthTech Company ○ Marketing / Communications Agency (on behalf of client) ○ Other (please specify)

KEY METRICS INFORMATION*	
Total campaign reach achieved (Select ONE that Applies)	○ Below 50,000 ○ 50,000-1 Lakh ○ 1 Lakh-5 Lakh ○ 5 Lakh-10 Lakh ○ Above 10 Lakh
Primary campaign channels utilized (Select all that Apply)	☐ Print Media ☐ Events & Conferences ☐ Digital Marketing ☐ Social Media Marketing ☐ Omnichannel Engagement ☐ Healthcare Professional Engagement ☐ Integrated Multi-Channel Campaign ☐ Other (Please specify)
Marketing ROI generated (Select ONE that Applies)	○ Below 1x ○ 1x-2x ○ 2.1x-3x ○ 3.1x-5x ○ Above 5x
Primary audience segment (Select all that apply)	☐ Healthcare Professionals (HCPs) ☐ Patients ☐ Caregivers ☐ Pharmacists ☐ Hospitals / Institutions ☐ General Consumers ☐ Other (Please specify)
Campaign geographical reach (Select ONE that Applies)	o Single State o Multi-State o Pan India o International Markets

CASE STUDY SECTION

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

Name of the Campaign/ 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

1. Describe the campaign, including the business challenge or market opportunity addressed, target audience, campaign objectives, key message and strategic rationale behind the campaign. Explain how the campaign aligned with customer, patient or stakeholder needs.

2. Describe the campaign execution approach, including communication channels utilized, audience engagement strategy, content approach, partnerships, omnichannel activation, geographic reach and key activities undertaken during the campaign period.

3. Provide quantifiable outcomes achieved through the campaign. *These may include campaign reach, audience engagement, awareness uplift, lead generation, customer acquisition, prescription growth, sales growth, brand recall, market share gains or other measurable business outcomes 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	Campaign strategy document*		Attach
3	Campaign performance report/ dashboard*		Attach
4	Creative Assets / Campaign Collateral (if any)		
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	