India Pharma Awards 2026

Application form: Pharma Start-up of the Year

AWARD CATEGORY	**DESCRIPTION**
Pharma Start-up of the Year	Recognizes emerging enterprises demonstrating innovation, growth potential and contribution to the pharmaceutical ecosystem.

ELIGIBILITY CRITERIA

1. The participating organization must be in operation for up to a period of ten years from the date of incorporation/registration
2. Organization must have an annual turnover not exceeding INR 200 crore for any of the financial years since incorporation/registration as on March 31, 2026
3. The participating organization should have demonstrated measurable progress, growth, commercialization, innovation, or business impact between April 1, 2024, and March 31, 2026. If established earlier, the applicant must clearly demonstrate significant advancement, scale-up, 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 U RL	
Type of Organization (Select ONE that Applies)	○ Pharmaceutical Start-up ○ Biotechnology Start-up ○ HealthTech Start-up ○ Digital Health Start-up ○ Drug Discovery Start-up ○ MedTech / Medical Devices Start-up ○ Healthcare Services Start-up ○ Other (please specify)

KEY METRICS INFORMATION*	
Primary area of innovation (Select ONE that Applies)	○ Drug Discovery ○ Biotechnology ○ Digital Health ○ Artificial Intelligence / Data Analytics ○ Medical Devices ○ Pharmaceutical Manufacturing ○ Patient Care / Patient Access ○ Other (please specify)
Annual Turnover (FY 2025-26) (Select ONE that Applies)	○ Below ₹1 Cr ○ ₹1 Cr-₹5 Cr ○ ₹5.1 Cr-₹25 Cr ○ ₹25.1 Cr-₹100 Cr ○ ₹100 Cr- ₹200 Cr
Team size at present (Select ONE that Applies)	○ Up to 10 ○ 11–25 ○ 26–50 ○ 51–100 ○ More than 100
Geographic presence established (Select ONE that Applies)	○ Single State ○ Multiple States ○ Pan India ○ India + International Markets

CASE STUDY SECTION

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

1. Describe the start-up, including its innovation, technology, product, service, or business model. Explain the unmet healthcare, pharmaceutical, or industry need being addressed and how the start-up contributes to advancing the pharmaceutical ecosystem.

2. Describe the start-up's growth journey, including leadership vision, organizational capabilities, major milestones, partnerships, funding, commercialization achievements and innovative approaches adopted to address industry challenges.

3. Provide measurable outcomes achieved by the start-up and highlight its future growth strategy, scalability potential, and long-term vision. *These may include revenue growth, customer acquisition, product adoption, partnerships, intellectual property creation, geographic expansion, employment generation, investment attracted or other measurable business and ecosystem impacts.*

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	DPIIT Recognition Certificate / Startup Registration Certificate*		Attach
2	Company profile *		Attach
3	Business Overview & Key Achievements*		Attach
4	Patent / IP Certificates, Funding Documents, Partnerships or Industry 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	