

FICCI Medical Value Travel Awards 2019
**Medical Value Travel Specialist Hospital
Application Form**

Eligibility Criteria:

- Any organization participating in the Awards should be an Indian entity with a registered presence in India.
- The case (project/ initiative/ innovation) should be completely executed in the Indian operations of the participant organization
- Organization must have at least 2 years of registered presence and operations in India as on June 30, 2019
- The case (project/ initiative/ innovation) submitted should demonstrate an exceptional service to the patient or an innovation in the operating techniques for the period July 1, 2017 to June 30, 2019
- Participating organizations must be engaged in providing health care services to the patients who are **travelling from other countries to India for medical treatments**
- Details submitted should be for individual hospitals and not the group
- Employees and immediate family members of the award management, sponsors and partners of the awards are not allowed to participate in the Awards
- Participation in the awards is subject to defined rules and regulations available on website.

Instructions for completing this Application form

- Forms should be filled in English only
- All mandatory questions (symbolised by *) must be answered. Incomplete forms or forms with incomplete sections may not be considered
- Please maintain one copy of the completed form with you for your records
- Please provide up to 5 supporting documents wherever possible, to support your entry details. Supporting documents have to be in the following formats only – pdf, doc, jpeg etc. Size of each document cannot exceed 2 MB.
- Agreed Declaration by the Authorised person of the organisation is mandatory
- If you have any questions, or require any clarifications, please contact Ms. Aparna Sharma on 8448344468 email at aparna.sharma@ficci.com

List of Documents

Mandatory Document (These documents are mandatory to provide. Unavailability of these documents may result in disqualification of the participant)

- Project launch date on company letter head
- Date of Incorporation on company letter head
- **Additional Documents** (These documents are **not mandatory**; however, participants can provide them to support their application and claims)

Please note: Additional documents submitted should be relating to the case study (project/ initiative/ innovation) **submitted for review. Any other document will be disqualified and will not be submitted to the Jury for review.**

- PDF document of the full case (project/ initiative/ innovation) study
- Reports to evidence measurable impact
- Awards, certifications, accolades etc.
- Any other information you would like to highlight

SECTION 1 : PARTICIPANT INFORMATION

Name of participating entity *	
Address of participating entity *	

Year of incorporation (in dd/mm/yyyy) of the participating entry*	
Revenue (Rs. in crores) of the participating entry *	<input type="checkbox"/> Less than 25 <input type="checkbox"/> 26 – 100 <input type="checkbox"/> 101 -250 <input type="checkbox"/> More than 250
Name of Corporate or Group, Parent company or Trust <i>If part of a Corporate or Group or Parent company or Trust to which the participating entity belongs</i>	
Registered Entity Type	<input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Other (Please Mention) _____
Number of centres / branches / offices	
Website URL*	
Number of city(s) / countries with presence *(Please provide the details)	
Contact person *	Name: Email: Contact:
<p><u>Please select category</u></p> <p><input type="checkbox"/> Cardiology (Interventional cardiology) - Specialist Hospital</p> <p><input type="checkbox"/> Cardiology (Cardiac Surgery) - Specialist Hospital</p> <p><input type="checkbox"/> Paediatric Cardiac Sciences (Cardiology and Cardiac Surgery) - Specialist Hospital</p> <p><input type="checkbox"/> Oncology - Specialist Hospital</p> <p><input type="checkbox"/> Neurosciences - Specialist Hospital</p> <p><input type="checkbox"/> In Vitro Fertilization / Infertility - Specialist Hospital</p> <p><input type="checkbox"/> Transplant – Liver - Specialist Hospital</p> <p><input type="checkbox"/> Transplant – Kidney - Specialist Hospital</p> <p><input type="checkbox"/> Transplant – Heart - Specialist Hospital</p> <p><input type="checkbox"/> Transplant - Bone Marrow - Specialist Hospital</p> <p><input type="checkbox"/> Spine Surgery - Specialist Hospital</p> <p><input type="checkbox"/> Orthopedics (Joint Replacement) – Specialist Hospital</p>	

SECTION 2 : CASE STUDY

I. Brief of the Case(project/ initiative/ innovation)*

Summarise case (project/ initiative/ innovation) and how the organization performed during the treatment/ operation? (Max 500 words)

*The details provided should be only for the **participating entity, speciality selected and ONLY patients travelling from abroad.** The list of details should include*

- **Specific to the category selected**, please explain the treatments provided to international patients
- *Kinds of technology used to provide the treatment*
- *Ease of process to come for the treatment*

- *Total number of beds occupied by international patients*
- *Specialized treatment provided to patients*
- *What is unique about the treatments provided by you Etc.). Kindly provide the sample of case study(project/ initiative/ innovation)*
- *Any other information*

II. IMPACT

II. Impact of the service provided

*Below listed are few success criteria that indicate the objectives have been met and the benefits delivered **ONLY** for participating entity, speciality selected and patients travelling from countries apart from India*

1. BUSINESS

Please explain how this case (project/ initiative/ innovation) impacted the organization? (max 100 words)

2. PATIENT

Please explain what impact was created on the patient by the services (project/ initiative/ innovation) of the organization. (max 100 words)

3. Additional Information

Please explain how your service (project/ initiative/ innovation) has impacted your any other success criteria. (max 100 words)

Please describe the details of kinds of services (project/ initiative/ innovation) provided to international patients post treatment (max 300 words)

Why should your organization win this award (max 75 word)

IV. Patient Feedback for the service

Patient Feedback for the service should be ONLY for participating entity, speciality selected and patients travelling from countries apart from India

V. ACCREDITATIONS

Accreditation	Year of Accreditation / Empanelment	Number of non-compliances review by the accreditation committees in the last one year
NABH		
JCI		
ISO		
Others		

Details of any other awards or certification(s) obtained ONLY for participating entity, speciality selected and patients travelling from countries apart from India (Please provide supporting documents)

PARTICIPANT DECLARATION

I declare that the information provided in this entry form is correct and accurate to the best of my knowledge. I agree to abide by the rules and regulations of participation. I /We agree, on behalf of my/ our Organization authorise the award management to use the content submitted as part of my/our entry, in whole or in part and use and display such entry, which shall include trade publications, press releases, electronic posting to the Awards website, electronic hyperlinks to the website of the Participant, and any display format selected by the award management during the awards ceremony or at a later point in time, for a period of five years.

Participant's name: _____

Signature: _____

Designation: _____

Date: _____

** The Application Form needs to be signed by the authorized signatory from the participant organization (Senior Management)*