

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.
- **Any organization participating should be NABH/JCI (or any equivalent recognised accreditation) Accredited**
- The services 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 service should have been fully implemented on or after July 1, 2016
- The service should demonstrate an impact for the period July 1, 2018 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](mailto: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
- NABH/JCI Accreditation Certificate
- **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 project/initiative/innovation/service submitted for review. Any other document will be disqualified and will not be submitted to the Jury for review.**

- Project report with budgets and approvals
- Reports to evidence measurable impact
- Current year Annual report
- Awards, certifications, accolades etc.
- Brochures, write ups, presentations, booklets, references
- Any other information you would like to highlight

**SECTION 1 : PARTICIPANT INFORMATION**

Name of participating entity *	
Address of participating entity *	
NABH Accreditation Certificate Number	
Emerging MVT Specialist (for entities incorporated after 2016)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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><b><u>Please select category</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cardiology (Interventional cardiology )</li> <li><input type="checkbox"/> Cardiology ( Cardiac Surgery )</li> <li><input type="checkbox"/> Paediatric Cardiac Sciences ( Cardiology and Cardiac Surgery )</li> <li><input type="checkbox"/> Oncology</li> <li><input type="checkbox"/> Neurosciences</li> <li><input type="checkbox"/> In Vitro Fertilization / Infertility</li> <li><input type="checkbox"/> Transplant – Liver</li> <li><input type="checkbox"/> Transplant - Kidney</li> <li><input type="checkbox"/> Transplant - Heart</li> <li><input type="checkbox"/> Transplant - Bone Marrow</li> <li><input type="checkbox"/> Spine Surgery</li> <li><input type="checkbox"/> Orthopedics ( Joint Replacement)</li> </ul>	

## SECTION 2 : CASE STUDY

### I. Services\*

a) Summarise the facility and services provided by the organization for the international patients (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*
- *How is your organization reaching out to the international patients to promote the treatments provided*
- *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*
- *Any other information*

## II. IMPACT

**II. Impact of the services. Details to be provided during the period between July 1, 2018 to June 30, 2019**

*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**  
Project should be measurable and generic statements should be avoided **Change in percentage / absolute numbers YoY / MoM must be mentioned in the table provided for each success criteria***

### 1. BUSINESS

Please explain how the services led to growth in business. What impact has been created directly by these services? (max 200 words)

Parameters	2016 – 2017	2017 - 2018	2018 - 2019
<b>Total Medical Value Tourism Business turnover (In Rs.)</b>			
% of Medical Value Tourism Turnover w.r.t total turnover for the hospital			
<b>Total Medical Value Tourism Business turnover in applied category (In Rs.)</b>			
% of Medical Value Tourism Turnover w.r.t total turnover for the applied category			
<b>Total Medical Value Tourism OPD for applied category</b>			
% of Medical Value Tourism OPD w.r.t Total OPD for the applied category			
<b>Total Medical Value Tourism inpatients(IPD) visited for applied category</b>			
% of Medical Value Tourism inpatients (IPD) w.r.t Total IPD for the applied category			
<b>Clinical outcome for speciality applied for Medical Value Tourism</b>			

% Mortality for applied category in Medical Value Tourism			
Number of International Hospital Tie ups for Medical Value Tourism (please provide details with supporting such as names of organization, type of tie-up, others)			
Number of Countries associated for Medical Value Tourism			
<b>2. OPERATIONS</b>			
Please explain how the services has impacted your operations. (max 100 words)			
<b>Parameters</b>	<b>2016 – 2017</b>	<b>2017 - 2018</b>	<b>2018 - 2019</b>
No. of international enquiries received in the selected speciality (please provide details to support the same)			
No. of enquiries converted (please provide details to support the same)			
Conversion Rate (%)			
<b>3. EMPLOYEES</b>			
Please explain how the services has impacted your employees.(max 100 words)			

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Parameters	2016 – 2017	2017 - 2018	2018 - 2019
Hours of training provided internally to staff to deal with international patients			
Language Interpreters employed full-time (please provide details of the numbers, languages spoken, etc)			
Language Interpreters employed part-time time (please provide details of the numbers, languages spoken, etc)			
Resident doctors posted in international Patient wards/OPD			

**4. PATIENTS**

Please explain how the services has impacted your patients.(max 100 words)			

Parameters	2016 – 2017	2017 - 2018	2018 - 2019
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Number of international patients for the selected speciality			
Number of countries operating in from where patients are brought to India			
Number increase in patient traffic from untapped markets			
<b>5. Additional Information</b>			
Please explain how your services have impacted your any other success criteria. (max 100 words)			

Please describe the details of kinds of services provided to international patients post their treatment (max 300 words)

### **III. Sustainability for the services**

**Sustainability for the services should be ONLY for participating entity, speciality selected and patients travelling from countries apart from India**

a) Please describe the key developments from your end to ensure the sustainability of the services in the next 2 years (max 200 words)

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

### **IV. Patient Feedback for the services**



**Patient Feedback for the services. Should be ONLY for participating entity, speciality selected and patients travelling from countries apart from India**

Please provide at least 3 patient feedbacks for the services (max 200 words)

**V. ACCREDITATIONS**

<b>Accreditation</b>	<b>Year of Accreditation / Empanelment</b>	<b>Number of non-compliances review by the accreditation committees in the last one year</b>
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)*

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