

FICCI Medical Value Travel Awards 2023

Medical Facilitator of the Year

Eligibility Criteria:

- Any organization/institute participating in the Awards should be an Indian entity with at least 2 years of registered presence and operations in India as on November 30, 2022
- Any organization/institute participating in the Awards should be NABH/Internationally (ISQUA certified) Accredited
- The project/initiative/innovation/service should be completely executed in the Indian operations of the participating institute
- The project/initiative/innovation/service should have been fully implemented on or after September 01, 2020
- The project/initiative/innovation/service should demonstrate an impact for the period October 01, 2020, to November 30, 2022, or major part of the initiative should fall into the defined period
- Participating organization/institute must be engaged in providing healthcare services relevant to the category selected to the patients who are travelling from other countries to India for medical treatments
- Details submitted should be for the individual hospital 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 & regulations available on website <https://www.ahcindia.in/advantage-healthcare-awards-about-us.php>

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 must 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. Anshu Varshney on +91 8447417262; email at anshu.varshney@ficci.com

List of Documents

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

- NABH Accreditation/ International (ISQUA certified) Certificate (Fully accredited)
- Reports to evidence measurable impact
- Project report with budgets and approvals (non-mandatory)
- Awards, certifications, accolades etc. (Non-mandatory)
- Brochures, write ups, presentations, booklets, references (non-mandatory)
- Any other information you would like to highlight (non-mandatory)

Mandatory Documents for finalists *(If shortlisted as a finalist, these documents are mandatory to provide. Unavailability of these documents may result in disqualification of the participant)*

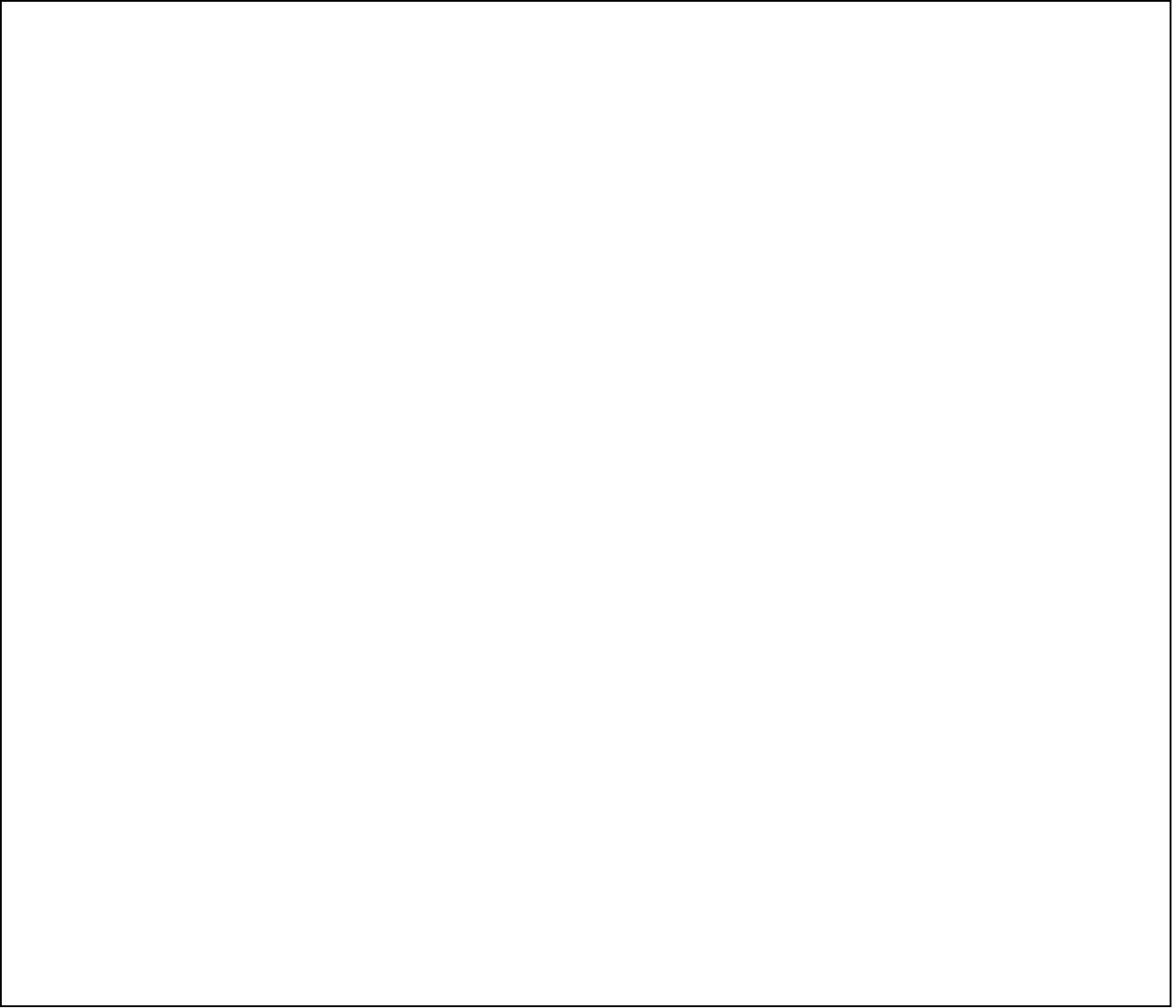
- Audited Financial Report – FY'21
- Audited Financial Report – FY'22

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SECTION 1: PARTICIPANT INFORMATION	
Name of participating entity *	
Address of participating entity *	
NABH Accreditation Certificate Number*	
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:

SECTION 2: CASE STUDY
I. Services*
<p>a) Summarise the facility and services provided by the institute for the international patients (Max 500 words): <i>The details provided should be only for the participating entity, speciality selected and ONLY patients travelling from abroad. The list of details should include</i></p> <ul style="list-style-type: none"> • Specific to the category selected, please explain the treatments provided to international patients • Global tie ups with hospitals and doctors • Local tie up with hospital and doctors • Types of assistance provide (visa process, stay details, family travels, translators etc) • How is your institute reaching out to the international patients to promote the treatments provided? • Ease of process to come for the treatment • Any other information

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II. Impact *

**Impact of the services on the stakeholders. Details to be provided during the period between
October 01, 2020, to November 30, 2022**

*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***

Below is the list of stakeholders:

1. Business
2. Employees
3. Operations
4. Patients (Max 500 words)

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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)

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b) How has your institute contributed towards promoting India as a Premier Medical Travel destination? (Max 100 words)

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SECTION 3: 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)

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Section 4: PARTICIPANT DECLARATION *

I/we hereby declare that the details furnished in the application form and supporting documents submitted for FICCI Medical Value Travel Awards 2023, are to the best of my knowledge and belief true, correct, and complete. In case any of the said information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we will be held liable for it.

I/we declare that below is true:

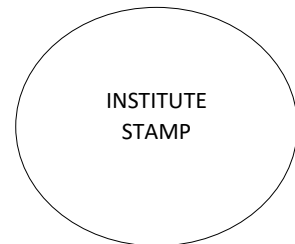
- The service is completely executed and fully implemented on or after September 01, 2020
- The impact demonstrated, and results showcased by the service is in the period October 01, 2020 to November 30, 2022

I/we, on behalf of my/our institute, <name of institute>, authorise FICCI to use the content submitted as part of my/our nomination, 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 FICCI during the awards ceremony or at a later point in time, for a period of five years. I/we further agree that the information provided has been approved by the Registrar or equivalent personnel of my/our institution

Participant Name: _____

Designation: _____

Date: _____



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