AHPI Awards for Excellence in Healthcare 2021

Application Form

**General instructions for filling up the application form:-**

1. All columns should be filled. Incomplete forms will be rejected.
2. Hospital can apply for as many categories as appropriate.
3. The PPT/supporting documents needs to be submitted along with the application form.
4. **Application and PPT/supporting documents can be submitted only in soft copy**
5. Please maintain one copy of the form with you for your records.
6. For any further clarifications, please contact;

Shikhar Gupta, Asst. Director, AHPI

Mob +91-9540859694, email: [awards.ahpi@gmail.com](mailto:awards.ahpi@gmail.com) [shikhar.ahpi@gmail.com](mailto:shikhar.ahpi@gmail.com) [contact@ahpi.in](mailto:contact@ahpi.in)

**Applicant Information**

Name of the Applicant (HCO)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pin\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mob\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the CEO/MD/Head of Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mob\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Speciality\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Beds\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Entity (Please tick) - Private/ Government/ Trust/ Semi-Government

Details of application fee submitted with this form: DD/Cheque/RTGS/NEFT No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Fee**: Applications on the prescribed format need to be submitted to the AHPI Secretariat by **30th January 2021**. The entry fee for each category of award is Rs 6000/ for hospitals up to 100-beds and Rs 12,000/ for hospitals above 100-beds. (Inclusive of GST)

Cheque/DD in favor of: “**Association of Healthcare Providers (India)”** payable at New Delhi.

A/C No. 038601002052 (ICICI Bank)

RTGS/NEFT IFS Code: ICIC0000386

**Pick the Category (HCO can apply in more than one category)**

|  |  |  |
| --- | --- | --- |
| **S. No** | **Category** | **Tick Mark (√)** |
| 1. | Patient Friendly Hospital |  |
| 2. | Green Hospital |  |
| 3. | Quality Beyond Accreditation  (Open only to accredited hospitals) |  |
| 4. | Nursing Excellence |  |
| 5. | Best Hospital to Work For |  |
| 6. | Excellence in Community Engagement |  |
| 7. | Excellence in Covid management |  |

**Authorized Signatory\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**