

Women's Health Conference

Healthy Women, Healthy Economies, Healthy Communities

15th March 2019, Hotel The Royal Plaza, New Delhi

Women's Health Awards Nomination Form

Application Process

- The form needs to be filled in English language only
- The completed questionnaire should be signed and stamped by the concerned authority in the organization
- The questionnaire can be downloaded from the website and applicant should share a scanned version of the duly filled application form with supporting documents and Financial statements of last 3 year
- The supporting documents must be titled clearly in the given format in both the soft copy and the hard copy and needs to be submitted along with the main application form.
- The hard copy needs to be sent to the below address before the last date through courier or registered post with the copies of the supporting documents.
- The entire set of information should also be included on a CD. The last date for submission of application form is **10th March 2019** and sent to the following Corporate Office:

Mr. Anuj Mathur, ASSOCHAM HOUSE, 5 Sardar Patel Marg, Chanakyapuri, New Delhi - 110021.

In case of any queries, please contact

<p>Ms. Payal Swami Email: payal.swami@assocham.com Phone: +91 8527500385, 46550555/601</p>	<p>Mr. Anshul Gupta Email: anshul.gupta@assocham.com Phone: +91 9999565047, 46550570</p>	<p>Mr. Shashank Batra Email: shashank.batra@assocham.com Phone: +91 8586934565, 46550570</p>
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For more details, log onto www.assocham.net

Eligibility Criteria:

- The awards process is open to all Indian registered companies
- The proof of registration has to be submitted to the company failing under which the company will be disqualified from the competition
- Company can undergo multiple entries for each of the award category and each category needs to be supported by individual relevant supportive documents
- All the registrations must be done through the country head office. In case the company is making a nomination from the branch office, the branch office would need a prior approval and necessary documents from the head office

Terms & Conditions:

- ASSOCHAM will not be responsible for loss of money or time on cancellation or delay of the awards due to some unavoidable serious reason.
- The Award processing fee is non-refundable.
- Incomplete application details will not be entertained and will directly attract disqualification
- Any misleading information and inaccurate entry found in the form at any point of time, organization would be considered as disqualified. If organization is found guilty of sharing wrong information after award ceremony, the organization might be asked by ASSOCHAM to return the award at any point of time.
- The organizer will maintain all reasonable precautions but it will not be responsible for disclosure of information concerned with the entry in form.
- The Jury has the sole right and discretion for the rejection of entries for the one who is not meeting the criteria as per mentioned by the organizer. The Jury's decision would be terminal and no alteration would be produced after the last conclusion and further reasoning would also not be thrown in the judgment. The Jury would have its own approach which would be treated as confidential.

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Company Details

It is **mandatory** for all participants to complete details marked with an asterisk (*):

<u>PROCESSING FEES</u>	<u>METHOD OF PAYMENT</u>
Rs. 30,000 (per Category), inclusive of GST Please note that the duly filled-in Application Forms should reach us latest by 10th March 2019	DD / At Par Cheque / Cheque in favour of ASSOCHAM payable at New Delhi

General Information*

Registered Company Name: _____ Year of Establishment: _____

Mailing Address: _____

City/Town: _____ State: _____ Pincode: _____

Tel: _____ Fax: _____

Website: _____ Email: _____

Ownership Details*

Public Ltd
 Private Ltd
 Partnership
 Proprietary
 Others _____

Award Categories - Please tick (✓) the appropriate category in which you choose to nominate

- | | |
|--|---|
| <input type="checkbox"/> Outstanding Women Health Entrepreneur
<input type="checkbox"/> Outstanding Women Legal Consultant
<input type="checkbox"/> Best Social Organization for Women Empowerment
<input type="checkbox"/> Women Achiever in Healthcare
<input type="checkbox"/> Best Health Insurance Plan for Women
<input type="checkbox"/> Outstanding CSR Initiative in Women's Health
<input type="checkbox"/> Best Skill Development Institution for Women in Healthcare
<input type="checkbox"/> Best IVF Clinic of the Year
<input type="checkbox"/> Best Medical Professional in IVF
<input type="checkbox"/> Best Aesthetic Dental Clinic for Women | <input type="checkbox"/> Best Diagnostic Laboratory
<input type="checkbox"/> Most Recognized Pharmaceutical Company
<input type="checkbox"/> Best Medical Devices/Diagnostic Company
<input type="checkbox"/> Most Recognized Wellness Clinic of the Year
<input type="checkbox"/> Best Multi-Specialty Tertiary Care Hospital – Metro/Non-Metro
<input type="checkbox"/> Healthcare Start-up of the Year
<input type="checkbox"/> Best Wellness Brand
<input type="checkbox"/> Most Awaited Legendary Awards
<input type="checkbox"/> Most Significant Women's Health Awareness Program/Project
<input type="checkbox"/> Women Young Achiever in Healthcare |
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Land Mark Achievements * (describing the nominee's salient features and achievements for the specific award in not more 300 words)

Other International or National Awards and Recognition Obtained / International Accreditations Received*

Please List the Flagship Products / Services *

Write-up on why you deserve the award* (maximum 500 hundred words, please use additional sheet if needed)

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Declaration (To be completed by a representative of the Establishment) *

I, _____

hereby declare that I have complete authority to act on behalf of the _____

with regards to this nomination and their participation in the *Women's Health Awards*.

On behalf of _____ ,

I agree to be bound by the terms and conditions of nomination for *Women's Health Awards*. I declare that all information provided in this nomination form is true and correctly represented. I am aware that should any of the information provided be inaccurate or misrepresented, then this nomination will be disqualified.

Authorised signatory

Official stamp:

Date:

Nomination forms should be completed and submitted with all supporting documents by the 10th March 2019.

Please post your nominations to:

Anuj Mathur
ASSOCHAM, 5 Sardar Patel Marg
Chanakyapuri
New Delhi – 110 021
Email: anuj.mathur@assochem.com