

**India Packaging Awards 2026**  
**Application form: Excellence in Patient-Centric Packaging**

AWARD CATEGORY	DESCRIPTION
<b>Excellence in Patient-Centric Packaging</b>	Recognizes packaging solutions designed to improve usability, safety, and clarity for patients or healthcare providers.
<b>ELIGIBILITY CRITERIA</b>	
<ol style="list-style-type: none"> <li>1. The participating entity must be registered in India with at least two years of operational presence as of March 31, 2026, and hold a valid GST/Incorporation or valid registration certificate.</li> <li>2. The initiative must have been implemented and launched between April 01, 2024 to March 31, 2026, in the Indian market or have a significant portion executed during this period. However, the product nominated in relation to the initiative may have been launched prior to the eligibility period.</li> <li>3. If the initiative was launched before the defined period, the participant must clearly highlight the innovation or impact achieved during the eligibility period.</li> <li>4. Concept-only proposals are not accepted.</li> </ol>	
<b>IMPORTANT RULES FOR PARTICIPATION</b>	
<ol style="list-style-type: none"> <li>1. <b>All questions must be answered.</b> Incomplete forms will be disqualified and not shown to the jury for evaluation</li> <li>2. The final eligibility of the nominees is subject to the <b><u>Terms &amp; Conditions</u></b></li> </ol>	

<b>APPLICANT INFORMATION (FOR CORRESPONDENCE) *</b>			
Name of applicant <i>(should be the authorized signatory)</i>		Designation	
Mobile Number		Email ID	
<b>ENTITY INFORMATION*</b>			
Name of the participating entity (Same will appear on trophy)			
Date of Incorporation	(DD / MM / YY)		
Registered address	City: _____ State: _____ Pin code: _____		

Contact details	Telephone: Email: Company website:
Type of Organization	<ul style="list-style-type: none"> <li><input type="radio"/> Pharma Company</li> <li><input type="radio"/> Packaging Converter</li> <li><input type="radio"/> Packaging Material-Technology Provider</li> <li><input type="radio"/> Machinery-Solution Provider</li> <li><input type="radio"/> Other (Please Specify: _____)</li> </ul>

<b>CASE STUDY SECTION*</b>	
<b><i>PLEASE MENTION DETAILS PERTAINING TO THE PERIOD BETWEEN APRIL 01, 2024, TO MARCH 31, 2026, AND IN MAXIMUM 250 WORDS</i></b>	
1 (a). Name of the initiative pertaining to the category	
1 (b). One line summary of the initiative (Max 25 Words)	
1 (c). Please mention the date when the initiative was launched in the Indian market	(DD / MM / YY)
1 (d). Please mention the end date of the initiative	(DD / MM / YY)/Ongoing
1 (e). Developed by	<ul style="list-style-type: none"> <li><input type="radio"/> Inhouse</li> <li><input type="radio"/> Outsourced to a Partner</li> <li><input type="radio"/> Jointly</li> </ul>

2. What key patient-related challenge (e.g., ease of use, clarity of information, safety) does your packaging solution address. How does the packaging enhance the patient experience through features such as color-coded packaging for hospital settings, easy-open packaging for patients with limited hand mobility, or similar innovations?

4. What measurable outcomes demonstrate the success of this packaging solution in improving patient experience, compliance, safety, or overall treatment efficiency?

<b>List of the documents need to be provided</b>			
<b>S No.</b>	<b>Document Name</b>	<b>Description of document</b>	<b>Attachment</b>
1	Incorporation/ GST Certificate (Mandatory)		Attach
2	Detailed Presentation/PDF/Document: Product images (Max 5), overview of the features, compliance highlights, market impact, and visuals (Mandatory)		Attach
3	Video Demonstration (max 2 min): Demonstrate safety and usability features (Optional)		Attach
4	Testing/Certification Reports: Reports on child-resistance, senior usability assessments (Optional)		Attach
5	Client Testimonials/Case study References (Optional)		Attach
6	Any Other Supporting Document (Optional)		Attach
<b>DECLARATION BY THE APPLICANT*</b>			
<input type="checkbox"/> I hereby declare that the information provided in this application form is accurate and pertains to my business. I agree to abide by the <b>Terms and Conditions</b> of participation. I understand that if any information is found to be incomplete, incorrect, or false, the jury reserves the right to disqualify our entry.			
Name			
Designation			
Date			