

India Packaging Awards 2026
Application form: Packaging Professional of the Year

AWARD CATEGORY	DESCRIPTION
Packaging Professional of the Year – Above 10 Years of Experience	Recognizes senior packaging professionals from pharma companies with over 10 years of experience including 1 years with the current organization, such as a Senior Packaging Engineer or Packaging Development Manager, or equivalent roles, who have demonstrated long-term impact through innovation in packaging design, development, technology, operations, or sustainability.
Packaging Professional of the Year – Up to 10 Years of Experience	Recognizes emerging or mid-career professionals from pharma companies with up to 10 years of experience including 1 years with the current organization, such as a Packaging Engineer or Packaging Technologist, or equivalent roles, who have shown strong innovation, problem-solving, and early leadership in packaging design, development, technology, or sustainability.
ELIGIBILITY CRITERIA	
<ol style="list-style-type: none"> 1. The nominee must be an employee of a pharmaceutical company operating in India. 2. The nominee must meet the experience requirement of the category applied for, as of March 31, 2026. 3. The nominee must have completed at least one year of continuous service with the current organization. 	
IMPORTANT RULES FOR PARTICIPATION	
<ol style="list-style-type: none"> 1. All questions must be answered. Incomplete forms will be disqualified and not shown to the jury for evaluation 2. The final eligibility of the nominees is subject to the <u>Terms & Conditions</u> 	

Sub-category (please select one)	<ul style="list-style-type: none"> ○ Packaging Professional of the Year – Up to 10 Years of Experience ○ Packaging Professional of the Year – Above 10 Years of Experience
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APPLICANT INFORMATION (FOR CORRESPONDENCE) *			
Name of applicant (<i>should be the authorized signatory</i>)		Designation	
Mobile Number		Email ID	
INDIVIDUAL INFORMATION*			

Name of the Nominee (Same will appear on trophy)	
Current Designation	
Department / Function	
Name of the Organization	
Type of Organization	<input type="radio"/> Pharma Company <input type="radio"/> Packaging Converter <input type="radio"/> Packaging Material-Technology Provider <input type="radio"/> Machinery-Solution Provider <input type="radio"/> Other (Please Specify: _____)
Date of Incorporation of Organization	(DD / MM / YY)
Total Years of Experience in the Industry (Specify no. of years)	
Total Years of Experience in the Current Organization (must be at least 1)	
Registered address of the organization	City: _____ State: _____ Pin code: _____
Contact details	Telephone: Email: Company website:

CASE STUDY SECTION*
PLEASE MENTION DETAILS PERTAINING TO THE PERIOD BETWEEN APRIL 01, 2024, TO MARCH 31, 2026, AND IN MAXIMUM 250 WORDS

1. Briefly describe the nominee’s current role, key responsibilities, and areas of expertise within pharmaceutical packaging.

2. How has the nominee demonstrated leadership, ownership, or strategic vision in advancing packaging initiatives or driving meaningful organizational impact?

3. What tangible outcomes or measurable results (such as cost optimization, quality improvement, operational efficiency, regulatory compliance, sustainability advancements, or successful project delivery) can be directly attributed to the nominee’s work?

4. What major challenges has the nominee addressed through innovative thinking, technical expertise, or creative packaging solutions, and how have these efforts advanced packaging design, development, technology, operations, or sustainability?

List of the documents need to be provided			
S No.	Document Name	Description of document	Attachment
1	Individual Profile - CV/Profile summary of the nominee (Mandatory)		Attach
2	Work Portfolio or Project Summary (Summary of notable projects, roles, or outcomes) (Optional)		Attach
3	Incorporation/ GST Certificate of Organization (Mandatory)		Attach
4	Certificates, Awards, or Publications (Optional)		Attach
5	Any Other Supporting Document (Optional)		Attach

DECLARATION BY THE APPLICANT*	
<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 Terms and Conditions 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	