



Medical Technology

Excellence Awards

January 24, 2018
Hotel The Royal Plaza, New Delhi

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 **15th January 2018** and sent to the following Corporate Office:

Mr. Anshul Gupta, ASSOCHAM HOUSE, 5 Sardar Patel Marg, Chanakvapuri, New Delhi, 110021.

In case of any queries, please contact

<p>Mr. Anuj Mathur Email: anuj.mathur@assochem.com Phone: +91 9810993268, 011-46550555/570</p>	<p>Mr. Anshul Gupta Email: anshul.gupta@assochem.com Phone: +91 9999565047, 011- 46550570</p>
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For more details, log onto www.assochem.org

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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NOMINATION FORM

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. 20,000 (per Category) + 18% GST Please note that the duly filled-in Application Forms should reach us latest by 15th January 2018	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"/> Best Technology Solution – Medical Imaging | <input type="checkbox"/> Best Technology Solution – Cardiology |
| <input type="checkbox"/> Best Technology Solution – Diagnostic | <input type="checkbox"/> Best Technology Solution – Dermatology |
| <input type="checkbox"/> Best Technology Solution – Monitoring | <input type="checkbox"/> Best Technology Solution – Oncology |
| <input type="checkbox"/> Best Technology Solution – Surgical | <input type="checkbox"/> Best Technology Solution – Dentistry |
| <input type="checkbox"/> Best Technology Solution – Therapeutic | <input type="checkbox"/> Best Technology Solution – Ophthalmology & Optometry |
| <input type="checkbox"/> Best Technology Solution – Radiology | <input type="checkbox"/> Best MedTech Startup |



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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 Medical Technology Excellence Awards

On behalf of _____ ,

I agree to be bound by the terms and conditions of nomination for Medical Technology Excellence 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

Date:



Official stamp:

Nomination forms should be completed and submitted with all supporting documents by the 15th January 2018.

Please post your nominations to:

Anshul Gupta
ASSOCHAM, 5 Sardar Patel Marg
Chanakyapuri
New Delhi – 110 021
Email: anshul.gupta@assocham.com