



Nomination Form for

"Edugate Lion Awards: Excellency in Healthcare"

Nomination for the year of 2025 (Aug 01, 2024 to July 31, 2025)

A. Nominator's Information / Self Nomination for the Award: ()

- **Name of Nominator:** _____
- **Designation:** _____
- **Organization/Institution:**

- **Contact Number:** _____
- **Email Address:** _____
- **Relationship to Nominee:** (e.g., Colleague, Supervisor, Patient, Self-Nomination)

- **Declaration:** I hereby confirm that the information provided in this form is accurate to the best of my knowledge. I understand that any false information may lead to the disqualification of the nominee.
- **Signature of Nominator:** _____
- **Date:** _____

B. Nominee's Information

- **Award Year:** (Please tick one)
 - [] 2025

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#304, 2nd Floor, Sridevi Residency, Road No. 78, Film Nagar - 500033, Jubilee Hills, Hyderabad
Web: www.edugatefoundation.com | E Mail: venkat@edugatefoundation.com | Phone: 8712217555



- **Category:** (Please tick one)
 - **Individual Awards**
 - ☐ Healthcare Leader of the Year
 - ☐ Doctor of the Year (Specialization: _____)
 - ☐ Nurse of the Year
 - ☐ Allied Health Professional of the Year (e.g., Therapist, Technician)
 - ☐ Healthcare Researcher of the Year
 - ☐ Community Service in Healthcare
 - ☐ Young Achiever in Healthcare (Under 35 years of age)
 - **Organizational Awards**
 - ☐ Best Hospital of the Year
 - ☐ Best NGO/Institution in Healthcare
 - ☐ Excellence in Patient Care & Safety
 - ☐ Innovation in Healthcare Technology
 - ☐ Best Community Engagement Initiative
- **Full Name of Nominee (Individual/Organization):**

- **Official Registration/License Number (for individuals/institutions):**

- **Year of Establishment/Registration:** _____
- **Primary Contact Person (for organizations):**

- **Contact Number:** _____
- **Email Address:** _____
- **Website (if applicable):** _____

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- **Address:** _____
-

C. Detailed Proforma: Achievements and Contributions

1. Specialization and Scope of Work (Maximum 250 words)

- Briefly describe the nominee's area of specialization, including the range of services, treatments, or programs offered.
- For individuals, detail their specific role and responsibilities.
- For organizations, describe the mission and the patient population served.

2. Awards and Recognitions (Mandatory)

- List any previous awards, accolades, or official recognitions received from local, national, or international bodies. Please include the awarding body and the year.

3. Key Milestones & Achievements (Maximum 500 words)

- Provide a chronological list of significant milestones or achievements that demonstrate the nominee's excellence.
- Focus on measurable outcomes, such as:
 - Improved patient satisfaction scores
 - Reduced mortality rates
 - Successful implementation of a new program or technology
 - Significant impact on public health
 - Expansion of services or facilities

4. Research and Innovation (Maximum 400 words)

- Detail any significant research projects, clinical trials, or innovative practices led by the nominee.
- Mention publications in peer-reviewed journals, patents, or new methodologies developed.

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- Explain how this research or innovation has contributed to the advancement of healthcare.

5. Services and Community Impact (Maximum 400 words)

- Describe the nominee's commitment to community service and patient welfare.
- Provide specific examples of outreach programs, free health camps, charitable services, or educational initiatives.
- Explain the tangible impact of these services on the community, including the number of people reached or the change in health outcomes.

D. Supporting Documentation (Mandatory)

Please attach the following documents to support your nomination. Submissions without the mandatory documents will not be considered.

- [] **Curriculum Vitae (CV) or Organizational Profile:** A detailed CV for an individual nominee, or a comprehensive profile for an organizational nominee.
- [] **Proof of Registration/License:** A copy of the valid medical license for an individual, or the official registration certificate for an institution/NGO.
- [] **Two Letters of Recommendation:** These letters should be from senior professionals, supervisors, or community leaders who can attest to the nominee's contributions.
- [] **Supporting Evidence:** This may include photographs, news clippings, publications, project reports, patient testimonials, or any other relevant documentation that substantiates the claims made in the nomination form.

D. Nomination Fee Details

Nomination Fee for the 'Edugate Lion Awards: Excellency in Healthcare' has been sent through Online/NEFT/Payment Gateway/Cheque/Demand Draft in favor of "Edugate Foundation", 304, Sridevi Residency, Road No. 78, Film Nagar, Jubilee Hills, Hyderabad – 500033, Telangana, India on Date:

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Fee paid Details:

- ☐ **Individual / Hospital or Institution or NGO of Startup or others**
- Name:
- Amount Transferred - Individual: Rs.
- Amount Transferred – Hospital/Institution/NGO/Other: Rs.
- Transaction No.
- Bank Details:

E. Declaration by the Nominee

I, [Name of Nominee], hereby agree to be considered for the "EduGate Lion Awards: Excellency in Healthcare" and confirm that all the information provided is true and correct. I also grant permission to the award committee to use the submitted information for promotional and evaluation purposes.

Signature of Nominee: _____

(Official Seal)

Date: _____

Self-Nomination: _____

(Official Seal)

Date: _____

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