



**GLOBAL HEALTH  
& ALLIED INSURANCE SERVICES**

## **NOMINATION FORM FOR HOSPITALS**

Thank you for nominating your Hospital for the prestigious **Global Medical Icon Awards India Chapter 2025** in the field of **Hospital/Institutes/Organization (path lab etc.)**. This Award will be given based on performance taken over the **last 24 Months**

- *Forms to be stamped & signed by Head of the Hospital.*
- *Scanned copy to be mailed to [info@globalhealthandalliedservices.com](mailto:info@globalhealthandalliedservices.com) on or before **28<sup>th</sup> September 2025***

GENERAL INFORMATION		
HOSPITAL NAME		
CATEGORY (PL TICK ONE)	UPTO 100 BEDS	ABOVE 100 BEDS
YEAR OF ESTABLISHMENT		
REGISTERED ADDRESS		
Name of Organization Head (MD/CEO/CMO/Owner)		
Tel Nos.	Landline:	Mobile:
Email ID		
Website URL		

**Important Notes:**

- The Awards are open only for Hospitals Institutes or organization (path lab etc.)

Please fill up this Form correctly, with information that truly portrays the situation at your Facility, over the **last 24 Months**. After assessment, we reserve the right to send our team to visit your facility to verify the information provided here.

I	General	To be filled by Hospital	Verified / Score
1	Total Number of Beds		
2	Average Occupancy Ratio		
3	Type of Care Primary Care/Secondary Care/ Tertiary Care		
4	Average No of Out-Patients / day		
5	Average number of Surgeries performed / day		
6	% of these that are High Risk Surgeries		
II	Healthcare Quality		
1	Accreditation/Certification received for Hospital (tick the applicable ones)	NABH / Entry Level / NABL / JCI / ISO 9001	
2	Average Length of Stay for Surgeries		
3	Average Post-Op Infections in a month		
4	No of Redo Surgeries in a month (Av)		
5	Surgical site infections in a month (Av)		
6	Anesthesia complications in a month (Av)		
7	Patient Feedback Score. Avg in 1-10 scale		
8	Patient Waiting Time in OPD (Av)		
9	OR utilization Rate in %		
10	Budget allocation towards Quality (%)		
III	Safety related		
1	Ramp with access to every floor		
2	Needle Prick Injuries reported in last six months.		
3	Training for all Staff on BLS/ALS		
4	Training for all Staff on Fire Safety?		
5	Food Safety Certification for your Canteen		

<b>IV</b>	<b>Staff Welfare Measures</b>		
1	% of Total Budget allocated to Staff welfare		
2	% of Budget allocated for Staff Training		
3	% of Staff covered in Annual Health Check:		
4	Is Staff Satisfaction being taken regularly		
<b>V</b>	<b>Infrastructure &amp; Ambience</b>		
1	Disabled Friendly Toilet available in every Floor		
2	All Patient Areas accessible by Wheel Chair		
3	Parking available for 2 W & 4 W (Nos.)		
4	Is Valet parking provided		
5	Seating Capacity in OP Area		
6	Number of restrooms in OP Area		
7	Number of Drinking water kiosks in OP Area		
<b>VI</b>	<b>Innovations and Future Plans</b> <i>(Please keep your answers to within 150 Words)</i>		
1	Any New Technology / Innovation adopted for improving Patient Care		
2	Future growth plans that you would like to share with us		
<b>VII</b>	<b>Specialty Specific</b>		
1	Camps / Awareness programs held during last 2 years ( 2023, 2024)		
2	24*7 Availability of specialists a. Interventional Doctors b. Surgeons c. Anesthesiologists d. Emergency Medicine Specialists e. Critical Care Specialists		
3	Number of procedures done in 2024? 1) 2) 3)		
4	Number of CCU, CTVS ICU beds?		

5	Availability of Sub specialty/procedures - if yes, Number of procedures done in 2024 like a. Pacemaker Implantation b. TAVI/TAVR c. Thoracic procedures d. Pediatric Cardiology e. .... f. .... g. ....		
6	Specialty Clinics for a. Hypertension b. Diabetes c. Heart Failure d. Any other like.....		

## Declaration

This is to certify that the above information is true and correct to the best of my knowledge,

Name of the Authorized Signatory: \_\_\_\_\_

Designation: \_\_\_\_\_

Date and Signature: \_\_\_\_\_

Hospital Seal: