

Section I – PARTICIPANT INFORMATION

Type	homeopathy
Speciality Nominated	ayurveda
Name of participating entity	test
Address of participating entity in Mumbai	Types of skilled staff at the centres to assist with the treatments provided
Registered Entity Type	public
Website URL	https://www.p3creatives.com
Year of incorporation (in dd/mm/yyyy)	0000-00-00
Contact person	Name : test Email: punipanchal86@gmail.com Contact : 9833433990
Name of Corporate or Group, Parent company or Trust <i>If part of a Corporate or Group or Parent company or Trust to which the participating entity belongs</i>	test
Number of cities with presence	9
Number of years of Operation	morethan20

Section II – CASE STUDY

I. Initiative / service / project / innovation * for the speciality selected

Summarise the initiative / service /project / innovation which you are entering for the Awards for the category and speciality selected. **Please select and mention your top 3 initiative / service / project / innovation for the speciality selected**

This should clearly explain the jury members what the case study is about and should summarise remaining part of the application form

A) What differentiates your organization/work from others in the industry in Mumbai?

List up to 3 key aspects along with illustrations and examples, which you may want Jury members to evaluate (max 1000 word)

Types of skilled staff at the centre's to assist with the treatments provided

II. IMPACT of the initiative / service / project / innovation

1. BUSINESS			
Parameters	2014 - 2015	2015 - 2016	2016 - 2017
Total number of bed in the hospital	34		
Numbers of beds dedicated to the speciality selected (if applicable)	43		
Total Business turnover (In Rs.) for your organization	34		
% of Turnover wrt total turnover for the organization, for the speciality selected (if applicable)	56		
Others (please specify)	5		
2. OPERATIONS			
Average number of surgical procedures per day at your organization (if applicable)		45	
Average number of surgical procedures per day for the speciality selected (if applicable)		54	
Average number of diagnostic/lab tests conducted per day (if applicable)		54	
Average number of diagnostic/lab tests conducted per day for the speciality selected (if applicable)		546	
Amount of reduction in maintenance cost for the speciality selected (if applicable)		567	
Turnaround time of patient treatment for speciality selected (if applicable)		56	
Others (please specify)			
3. EMPLOYEES			
No of full time physicians / technicians / consultants / others in your organization	4	45	45
No of full time physicians / technicians / consultants / others for the speciality selected (if applicable)		54	66
Attrition rate (%)	65		56
Hours of training provided to staff for specialty selected (if applicable)	4	5	54
Others (please specify)			
4. PATIENTS			
Average number of in patients per day at your organization			

Alternative Medicine Application Form

Average number of in patients per day for the speciality selected (if applicable)			
Average number of OP per day at your organization	44	54	5
Average number of OP per day for the speciality selected (if applicable)	56	5	5
Others (please specify)			
5. Research			
Number of citation for the selected category (if applicable)			
Number of research papers published for the selected speciality (if applicable)			
Others (please specify)			
6. Additional Information			
Please explain how your initiative / service / project / innovation for the speciality selected has impacted any other success criteria for the speciality selected.(max 250 words)	Types of skilled staff at the centre's to assist with the treatments provided		

III. Sustainability for the initiative / service / project / innovation

A) Please describe the key developments from your end to ensure the sustainability of the initiative / service / project / innovation in the next 2 years (max 200 words)
Types of skilled staff at the centre's to assist with the treatments provided
B) Why should your organization win this award (max 75 word)
Types of skilled staff at the centre's to assist with the treatments provided

Section IV - Accreditations

Accreditation	Year of Accreditation	Number of non-compliances review by the accreditation committees in the last one year
JCI	2000	34
NABH	2004	fsd
ISO	2014	fs
Any other (Specify)		