



AWARD NOMINATION FORM



SATURDAY, 25TH APRIL, 2026
HOTEL TAJ PALACE, NEW DELHI, INDIA

NOMINEE'S INFORMATION : (Who will get the Award)

Nominee's Name :

Qualification :

Title or Position :

Category (please refer to nomination categories) :

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Address :

.....

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City, State, Zip :

Phone : Mobile :

E-mail Address :

Website :



NOMINATOR'S INFORMATION :

Nominated by (Name) :

Nominator's Title/ Position :

Nominator's Designation Category (please refer to eligibility guidelines) :

Nominator's Organization :

..... Nominator Sign :

GENERAL TERMS AND CONDITIONS

- Eligibility:** Participation is open to anyone involved with any industry, including doctors, hospitals, institutions, government agencies, NGOs, hospital administrators, entrepreneurs and government organizations etc.
- Number of permissible entries:** The maximum number of entries from any individual, group or partnership can be more than one per category (Nominators are required to submit separate Nomination Form with Fee for each category)
- Incomplete information will NOT be accepted:** Entrants must clearly identify the category of submission; otherwise the entry will be disqualified.
- Nomination deadline:** All completed nomination forms must reach the Awards Committee by the due date after which the nomination will not be accepted. (Awards committee is not responsible for any damage to entries/documents or for any postal delays)
- Acceptance from Nominee's end:** The nominee should sign all nominations, only then will the nomination be treated as consented by the nominee.
- Cancellation or Withdrawal:** Withdrawal of any nomination will only be accepted if made in writing and made before the nomination deadline. After the deadline, withdrawals will not be possible and the fee will be forfeited.
- Acceptance of your nomination(s) :** All nominations are subject to acceptance by the organizers. At the sole discretion of the organizer, any nomination may be disqualified or suspended. The organizers reserve the right to reject any nomination for acceptance without giving any reasons.
- One nomination per form:** Every nomination form will carry only one nomination in one specific category.
- Disputes :** All disputes concerning the awards will be liable for settlement in Delhi only.

"I Agree" with the above mentioned Terms & Conditions and Privacy Policy of Six Sigma Healthcare Excellence Awards.

Nominee's Signature : Date :

IMPORTANT NOTE

- Nomination fees is ₹9,500/- per nomination.** Jury's decisions will be based solely on the information submitted. No field trips are planned. Winners will be felicitated at a grand award function on **25th April, 2026 (Saturday) at Hotel TAJ PALACE, New Delhi, India.**
- The nominees declared winners by the Jury will be intimated by email / post about the result. **Each successful Nominee /Winner would have to pay ₹19500/- (Rupees Nineteen Thousand Five Hundred only) before attending /the Award Function to receive the award.** By paying above fee you will also be entitled to attend Six Sigma Healthcare Leadership Summit 2026 – “Leaders who inspire Healthcare” to be held during the Award Function on same day on 25th April, 2026 (Saturday) at Hotel TAJ PALACE, New Delhi, India.
- If more than one person would like to come with you / like to attend the award function, they are required to pay additional fee of ₹5,000/- per person. This will also entitle them to attend the Six Sigma Healthcare Leadership Summit 2026 – “Leaders who inspire Healthcare”, if they desire.**
- Please sign on the nomination form agreeing to the Terms & Conditions and the Privacy Policy.
- Nomination received after due date will not be accepted for review.

MODE OF PAYMENT

Demand Draft / Banker's Cheque drawn in favor of “**Six Sigma Star Healthcare (P) Limited**” payable at par in New Delhi

For Online Transfer (NEFT/RTGS) Account Details:

Account Name : Six Sigma Star Healthcare Pvt Ltd | Bank & Branch : ICICI Bank, Janakpuri, New Delhi
Account No.: 008705006693 IFSC CODE : ICIC0000087 | GSTN No : 07AANCS4200J2ZB

SCAN TO PAY



DD/ Cheque No/ UTR No. Bank..... Date

Nominations must be submitted as a complete packet to the following address:

Six Sigma Healthcare Excellence Awards Committee:

Six Sigma Star Healthcare Pvt. Ltd.

Six Sigma House, 10-A, Phase -I, Sai Baba Enclave, Tehsil Road, Najafgarh, New Delhi - 110043

Mob : +91-98188 68727, 88022 22677, 90151 72141, 9971801112, 75077 70777

E-mail : sixsigmahealthcare@gmail.com, sixsigmahealthcareawards@gmail.com Web : www.sixsigmahealth.org