**APPLICATION FORM FOR CII-AMTZ MedTech Quality Champion Award- Year 2024**

|  |  |
| --- | --- |
| 1.0 | Name of Applicant Organisation  (as it should appear in the certificate)  ……………………………………………………………………………………………………………………… |
| 1.1 | Address  ………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………  ………………………………Pin Code: ……………………GST no…………………………………………… |
|  |  |
| 2.0 | Name of the Contact Person  ……………………………………………………………………………………………………………………… |
| 2.1 | Designation  ……………………………………………………………………………………………………………………… |
| 2.2 | Telephone  ……………………………………………………………………………………………………………………… |
| 2.3 | Email  ……………………………………………………………………………………………………………………… |
| 2.4 | Contact Address (if different from above)  ………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………… |
| 3.0 | Name of the Top Management (CEO/COO/MD/Director)  ……………………………………………………………………………………………………………………… |
| 3.1 | Designation  ……………………………………………………………………………………………………………………… |
| 3.2 | Telephone Mobile  ……………………………………………………………………………………………………………………… |
| 3.3 | Email  ……………………………………………………………………………………………………………………… |
| 4.0 | Products/ Services offered in the medical devices sector  ………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………… |
| 4.1 | Number of Locations/ Sites  ……………………………………………………………………………………………………………………… |
| 4.2 | Total number of employees  ……………………………………………………………………………………………………………………… |
| 4.3 | Annual Sales/ Revenue (in Rs. Cr.)  ……………………………………………………………………………………………………………………… |
| 4.4 | Type of Organisation (Please tick the appropriate box)  a. Service sector industries ☐  b. Micro & Small-scale enterprises ☐  c. Medium-scale enterprises ☐  d. Large-scale enterprises ☐ |
| 4.5 | Are you a member of CII: Yes ☐ No ☐ |
| 4.6 | Scope of Assessment (Geography/ Businesses etc.)  ……………………………………………………………………………………………………………………… |
| Give the following information if the Applicant is not a “Whole organization”: | |
|  |  |
| 5.0 | Name of the Parent Organisation  ……………………………………………………………………………………………………………………… |
| 5.1 | Address:  ………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………… |
| 5.2 | Telephone:  ……………………………………………………………………………………………………………………… |
|  |  |
| 5.3 | Name of the Top Management of Parent Organisation (CEO/COO/MD/Director)  ……………………………………………………………………………………………………………………… |
| 5.4 | Designation:  ……………………………………………………………………………………………………………………… |
| 5.5 | Total Number of Employees:  ……………………………………………………………………………………………………………………… |
| 5.6 | Annual Sales/ Revenue (in Rs. Cr.)  ……………………………………………………………………………………………………………………… |
| 5.7 | Describe the relationship between the Applicant and the Parent Organisation and provide an Organisation chart showing the relationship.  ………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………… |
|  |  |
| 6.0 | Please find below the application fee payment details:  Payment of Rs. ………………………………………………………………………………………………………………………  Dated: …………………………… |
|  |  |
|  | Date: |
|  |  |
|  | Signature of Top Management & Company seal  Annexures |

**List of Documents to be submitted:**

1. Legal Identity documents

|  |  |
| --- | --- |
| Type of Legal Entity | Details of the document attached |
|  |  |

1. Regulatory approvals granted (like USFDA, CDSCO)
2. Quality management system implemented with details validity (like ISO 9001, ISO 13485: 2016/ ICMED/ICMED PLUS)
3. Organisation structure and if there are any related companies
4. Details of key staff format:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sno. | Name | Designation | Qualification | Experience | Role |
|  |  |  |  |  |  |

1. New technology developed if any
2. Publications and Patents if any
3. Details of Funding received in the past two years for any activity from the Government of India/International organizations/ or anywhere else
4. Is the work being done in Collaboration or partnership? If yes pl provide details.
5. Training Calendar
6. Training details of the existing staff (past 2 years):

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Staff** | **Competence level details** | **Training areas** | **Total staff who have undergone the training.** |
|  |  |  |  |

1. **ESG compliance documentation and code of ethics (past 2 years):**

|  |  |
| --- | --- |
| **Details** | **Description** |
| Sharing method | 1. Safety policy 2. Code of Ethics 3. Document on impartiality and confidentiality 4. Hazard identification and risk assessment sheet 5. Emergency/ evacuation plan 6. Guidelines for sustainable practices followed |

1. **Details of Innovation (past 2 years):**

|  |  |
| --- | --- |
| **Details** | **Description** |
| Sharing method | 1. Details of Publications 2. Details of Patents filed 3. Details of White papers released |

1. **Geographical area penetration (past 2 years):**

|  |  |
| --- | --- |
| **Details** | **Description** |
| Sharing method | Market penetration report |

1. **Quality system documents (past 2 years as applicable):**

|  |  |
| --- | --- |
| **Details** | **Description** |
| Pl submit relevant details only | 1. List of standard operating procedures 2. Internal audit report 3. MRM records 4. Post-audit corrective action report 5. Third party audit report |

1. **Data on Risk Management (past 2 years):**

|  |  |
| --- | --- |
| **Details** | **Description** |
| Sharing method | Risk assessment sheet |

1. **Details of CSR activities (past 2 years):**

|  |  |
| --- | --- |
| **Details** | **Description** |
| Sharing method | CSR program highlights |

1. **Focus on sustainability (past 2 years):**

|  |  |
| --- | --- |
| **Details** | **Description** |
| Sharing method | Sustainability reports, details of initiatives taken |

1. **User feedback analysis (past 2 years):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sno.** | **No. of feedback received in past 2 years** | **% positive feedback** | **Actions taken based on the feedback** |
|  |  |  |  |

1. **Complaints (Optional, If any in the past 2 years):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sno.** | **Nature of complaints** | **Details** | **Root cause analysis** | **Corrective action taken** | **Did the complaint lead to failure or product recall** |
|  |  |  |  |  |  |

I agree on behalf of my Organisation, to abide by the rules of the CII-AMTZ MedTech Quality Champion Award program and accept that the decisions of the CII-AMTZ are final. I confirm that my Organisation is eligible to take part in this Programme and that all information in this Application Form is and accompanying case study are correct.

Signature of the relevant person

Date

Attach this form duly filled and signed with the Case study.

In case no data is available for any of the points mentioned above, please mention it as Not available.

* In case any of these points are not applicable, please mention “NA” with clear justification.
* The photocopy of this Application Form may be used wherever necessary.
* All Experts & Jury Members are bound by a Code of Conduct and are required to sign a Non-Disclosure Agreement with CII-AMTZ. There will not be any separate NDA with the Organization by Experts & Jury Members or by CII-AMTZ and no such request can be processed.

**NON-DISCLOSURE & CONFIDENTIALITY**

* + The names of the applicants, evaluation, and scoring system developed for the Evaluation process will be regarded as proprietary and kept confidential. Such information shall be made available only to those individuals who will be directly involved in the Evaluation and administrative process and shall not be disclosed.
  + CII will not disclose the details about the shortlisted/non-shortlisted candidates at any stage of the Evaluation. The qualified applicants will be notified directly by the CII-award secretariate.
  + Any misinterpretation of facts will disqualify the organization from Awards and fees would be non-refundable.
  + Each expert & Jury member will sign a non-disclosure document with the CII Award Secretariate. There will be no separate non-disclosure document between the experts, Jury members, and the applicant or between CII and the applicant.

**OTHER TERMS & CONDITIONS**

* Fees submitted for projects are non-refundable/non-adjustable.
* CII and AMTZ reserve all the rights to a final selection of the Awardee(s). No appeal or protest in this regard would be entertained. If no outstanding entries have been received, no award will be given for the year.

Annexure 2

Bank Details for fee submission

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| --- | --- | --- | --- |
| **Bank Name:** | ICICI Bank Ltd. | **Bank Address:** | *Vijayanagar Branch (159), No.998/20, Poornima*  *Complex, R.P.C Layout, Vijayanagar, Bangalore-560040* |
| **Bank Account Holder Name** | *CONFEDERATION OF INDIAN INDUSTRY* |
| **Bank Account Number:** | 015905005984 | **Type of account:** | CURRENT ACCOUNT |
| **IFSC Code:** | ICIC0000159 | **MICR:** | 560229010 |
| **GST Details** | | | |
| **GSTIN:** | 29AAATC0188R3Z3 | **Whether Tax Payable under Reverse Charge:** | No |

**Key Dates**

* Award announcement and circulation 30 Oct.
* Application receipt last date: 13 Nov 2024
* Review and screening of first level: 15 Nov 2024
* Presentation by companies: 19-21 Nov 2024
* Final award confirmation by Jury: 22 Nov 2024
* Award announcement: 27 Nov 2024

**Application Fees**

Fees vary based on the category:

* Service Sector Organizations: INR 10,000
* Micro and Small-Scale Enterprises: INR 10,000
* Medium-Scale Enterprises: INR 15,000
* Large-Scale Enterprises: INR 20,000