Association of Healthcare Providers (India)

Application Form & Criteria for AHPI Awards for Excellence in Healthcare-2026

For

Best Emerging Hospital

Note: Applying Hospitals should go through in detail the criteria given below based on which the Awards selection will be done. Along with the Application Form, the Hospitals will need to prepare and submit a presentation showing how well they are complying with the criteria

Application Forms submitted to be stamped & signed by Head of the Hospital, scanned and then uploaded along with the Presentation in PPT, on or before **15th August 2026**

GENERAL INFORMATION ON APPLYING HOSPITAL		
REGISTERED NAME		
YEAR OF ESTABLISHMENT		
ADDRESS		
Name of Organisation Head (MD/ Owner/ Medical Director)		
Tel Nos.	Landline:	Mobile:
Email ID		
Website	URL Name: www.	

Important Notes:

- Awards are open only for Tamil Nadu based Hospitals, which are operational for over 3 Years
- Nomination Fee is INR 3,000 plus GST as applicable
- Fees can be remitted through link provided

ASSOCIATION OF HEALTHCARE PROVIDERS INDIA
Tamil Nadu Chapter

Awards Criteria for Selection

Best Emerging Hospital

S.No.	Assessment criteria	Evidences Required in the PPT
1	**Legal compliances**	
	All applicable legal compliances are in place and any pending compliances to be highlighted with evidence (date of application for renewal)	Licenses copies like Registration CEA; Fire NOC; PCB-Air, water; PCB-BMW; AERB-Imaging; USG-PCPNDT; Pharmacy License;
2	**Scope of services**	
	Scope of services are defined, displayed (bilingually) and staff made aware of the same	Display photo; Staff Trg. Record;
3	**Registration and admission**	
	Well defined registration and admission process is in place	UHID generation; OPD Nos.; IP Nos for last 3 Months
4	**Transfer/Referral**	
	Well defined transfer and referral policy (internal and external) is in place and implemented	Referral policy copy
5	**Clinical Effectiveness**	
a)	Clinical protocols are defined to provide effective, efficient and consistent care	Clinical protocols-Reference documents
b)	The quality assurance program of Lab and Radiology in place	Copy of documented Quality Assurance Programs of both
c)	There is an updated formulary in the organization and the clinicians adhere to the current formulary	Copy of approved formulary and screenshots of evidence of use of formulary while prescribing medicine
d)	In Pharmacy, Medicines are stored with LASA separation	Photographs of LASA separation
e)	There is a designated Quality coordinator to take care of all quality related activities	Letter of appointment of Quality coordinator
6	**Safety, Risk Assessment & Management**	
a)	Needle Prick Injuries reported in last six months.	Nos. reported
b)	Training for all Staff on BLS/ALS	Yes / No
c)	Training for all Staff on Fire Safety?	Yes / No

d)	Training on Code Blue	Yes / No
7	**Facility Management**	
a)	Internal and external signages displayed in a language understood by patient and families	Photos of Internal signage & Photos of External signage
b)	The organisation has a maintenance programme for medical equipment and same is implemented	Records of Maintenance for Medical equipment
c)	The organisation has plans for fire and non-fire emergencies within the facilities and same is implemented	Mock drill records for Fire (Code Red) & Non-fire (Code Blue/Code Pink)
d)	The organization has a documented safe exit plan in case of fire and non-fire emergencies.	Evacuation plan; Emergency exit signages;
8	**Optimum usage and conservation of water resources**	
a)	Hospital has a provision of safe drinking water all the time	No. of safe drinking kiosks;
b)	Rain water Harvesting enabled across hospital	Photos of Rain water harvesting donel
9	**Patient Satisfaction**	
	Patient satisfaction is measured regularly	PSS Score for last 3 Months
10	**Adequacy and availability of manpower**	
	The organization meets the manpower requirement in Nursing and RMO	No. of RMOs and Number of Qualified Nursing staff
11	**Employee Welfare**	
a)	Is Staff Satisfaction being taken regularly	Yes / No; If Yes, PSS score %
b)	Occupational hazards are addressed, including Adult Vaccination as appropriate.	Staff vaccination done as % of Total staff
12	**Dietary Services**	
	Nutritional assessment is done to all In-Patients	Yes / No; If Yes, copy of nutritional assessment
13	**Management of Waste**	
a)	Proper segregation and collection of biomedical waste from all patient care areas	

	of the hospital is implemented and monitored.	
b)	Appropriate personal protective measures are used by all categories of staff handling biomedical waste.	Photos showing use of PPE by Nursing, Waste handlers
14	**Information Management & Communication**	
a)	Documented policies and procedures exist for maintaining confidentiality, security and integrity of information.	Copy of Documented policy & procedure
b)	Complete and accurate medical record of patients in place which reflects continuity of care	Copy of 5 Medical records of patients
c)	Documented policies and procedures exist for retention time of records, data and information.	Copy of Documented policy & procedure
15	**Quality Accreditation**	
	Do you have Quality Accreditation? Entry Level / Full NABH	Copy of the Accreditation Certificate & Validity