

AmeriCares Spirit of Humanity Awards 2010



AmeriCares Spirit of Humanity Awards – Background and Criteria

AmeriCares is a global healthcare NGO that has worked with 140 countries over the last 27 years. In India we have worked in 15 states and provided 47 million \$ worth medical aid touching the lives of 10 million Indians.

We are organizing “AmeriCares Spirit of Humanity Awards” to honour and recognize individuals & organizations that have made outstanding contributions towards improving healthcare and empowering a healthier & stronger society.

The objective is to bring out stories of unprecedented efforts through rigorous search, selection & nomination of people or institutions that have devoted a significant part of their lives/efforts for a health related cause.

Winners will get:

1. cheque of Rs one lakh
2. trophy and
3. certificate signed by the international jury

The deadline for submitting nominations is Monday, January 25, 2010.

The Award will be presented at a special Awards Ceremony at 6.30 pm on **Saturday, March 6th, 2010 at the Ballroom, ITC Grand Central, Parel, Mumbai, India.**

Nomination Guidelines (Who can apply?)

Nominees: Individuals & Organizations can nominate themselves or someone can nominate (nominator) on their behalf.

Nominees must be:

- a. Indian Citizens above the age of 18yrs **or**
- b. Registered organizations that have been in operation for a minimum of 3 years in India: Non-governmental, charitable or nonprofit entities, government or private hospitals, private companies, government agencies, universities and multilateral organizations are eligible for consideration.

Award Description & Categories :

The Award (Cheque for Rs one lakh, Trophy and Certificate signed by the international jury) will be given to individuals/ organizations:

- Contributing to healthcare for society in the specific award category (as mentioned below).
- Contributions can be in any or multiple aspects of healthcare – eg. education, treatment, prevention, research, capacity building, advocacy, processes, inventions, methods, guidelines, etc.
- Specific focus towards the welfare of the community will be of primary importance.

There are eight Award categories open for 2010 :

- I. Dr Reddys Award for Outstanding contribution towards **Gastroenterology**
- II. GSK CH Award for Outstanding contribution towards **Child Nutrition**
- III. Novartis Award for Outstanding contribution towards **Oncology by a Hospital**
- IV. ICON ARO Trust Award for Outstanding contribution towards **Oncology by an Individual**
- V. Dr Reddys Award for Outstanding contribution towards **Dermatology**
- VI. BSV Award for Outstanding contribution towards **Women's Health**
- VII. GRM Award for Outstanding contribution towards **CSR activity by a pharma company**
- VIII. AmeriCares **Jury's Choice Award** for Outstanding contribution in any field that is not included in the above categories

(Please see updates on our website for additional categories and information. We will constantly be providing you more details)

Assessment Guidelines:

In submitting nominations for the AmeriCares Spirit of Humanity Awards 2010, emphasis should be placed on nominee's accomplishments to date. Contributions can be in any or multiple aspects of healthcare – eg. education, treatment, prevention, research, capacity building, advocacy, processes, inventions, methods, guidelines, etc. Nominees will be assessed on the following parameters (as many as applicable for each nominee):

1. Details of work/ programs
2. Substantial and sustainable impact
3. Populations or individuals served, and how they benefited

4. Measurable outcome and benefits
5. Leadership qualities/ Role models to others
6. Use of innovative and creative approaches
7. Ability to scale up and adaptability across geographic and organizational boundaries
8. Organizational capacity (including financial and programmatic stability)
9. Collaboration with others
10. Confirmation by Referees
11. Recognition/ Achievement
12. Contribution towards progress in knowledge and practice in the field

Documentation Required/ Recommended for the Nomination:

The following documents are required for nominations:

1. **Nomination Form** (in the format attached below) filled & signed by the Nominee:
2. **Referee Comments form** (in the format attached below) filled & signed by the Referee: This form MUST be sent directly by the Referee (*the comments form to have the Nominees name in "subject" of email/top of envelope*) to AmeriCares. The nominee should therefore forward a copy of their nomination form to the referee well in time.
3. **Supporting Documentation:** Supporting evidence for Date of Birth (for individuals), Medical Registration (for doctors) and/ or Certificate of Registration (for organizations) to be attached along with the nomination. Any other documents that support the application and help verify the work of the nominee are welcome. All such documents must be submitted along with the Nomination form.
4. **Narrative:** In addition to the Nomination form, you may wish to provide a narrative (no more than two pages – A4 size, font 12 Times New Roman with 1.5 line spacing), about why the person or organisation being nominated should be considered for the selected award. Please note that this narrative is recommended but not necessary.
5. **CV (Resume/ Biodata) of the Nominee (for individuals only).**
6. **Digital photograph** of individual nominee **or** organizational office/ premises.

Nominations will be evaluated at two levels:

1. Screening of all nominations received will be done by the core committee consisting of healthcare professionals from various specialties as well as experts from other fields.
2. Shortlisted nominations will be evaluated by an international Jury consisting of health professionals & eminent people from different sections of the society. A winner will be selected by the Jury from the nominations submitted in each Award Category.
3. Both these processes will be done with the help of third parties – Symbiosis College of Management

and Human Resource Development (SCMHRD), Pune (Academic Partner) and KPMG (Knowledge Partner)

If applications received are not of sufficiently high standards the Jury has the right not to select any Awardee in that Category. All decisions of the Jury are final & binding.

Nominees must give undertaking to cover the following:

1. All statements mentioned in the Nomination Form & the narratives (if any) must be true to the best of his/ her knowledge & ability.
2. If selected for an Award, the nominee **MUST** be present on 6th March 2010 at the Award ceremony in Mumbai. In case the nominee is not able to attend the ceremony, the Award shall be given to the 'alternate' Awardee selected by the Jury for that Award category.
3. He/ She will accept the Jury's decision to be final & binding.
4. He/ She gives permission to AmeriCares India Foundation to use the nominee's name, photograph, etc. in any promotional material that they want to develop.
5. Confirm that he/ she is aware that the Jury may decide not to select anyone in any Award category if the nominations are not of sufficiently high standards.
6. Give consent to AmeriCares India Foundation & their representatives to do the Due Diligence & verify accuracy of all the information provided in the application.
7. Confirm that he/ she will not attempt to influence the selection process or contact any jury member. Also confirm that he/ she understands that any such attempt shall automatically disqualify the application.

Submission of the Nomination Forms

The Nomination Form along with all documentation, CV (if applicable), supporting documents, the narrative (if any) AND the Referee Comments Form must be received no later than **Monday, January 25, 2010**.

Completed Nomination Forms & Referee Comments Forms can be received at AmeriCares India office by Fax, Email or Courier. The preferred mode is hardcopies by courier. An acknowledgement will be sent to all nominees whose completed application is received.

AmeriCares India Foundation

B6, Nav Meghdoot Housing Society, Opp Levi's Showroom, Khar Linking Road, Khar West, Mumbai 400052, India

Fax No: 022 2649 9803

Email id: nominations2010@americares.org

Website: www.americaresindia.org and www.americares.org

Please contact Sonia Fernandez, Awards Program Coordinator, at sfernandez@americares.org for more details or any clarifications (Nomination Forms should ONLY be sent to nominations2010@americares.org)

NOMINATION FORM

Basic Information	
Name of the nominee (individual or organization - as per valid legal document)	
Is the nominee an individual or a organization (please tick one option)	<input type="radio"/> Individual <input type="radio"/> Organization

Is the nominee individual a citizen of India & above 18 years of age at the time of filing this nomination? (Applicable for Individuals only)	<input type="radio"/> Yes <input type="radio"/> No
Is the nominee organization registered in India & been in operation for the last three years at the time of filing this nomination? (Applicable for organizations only)	<input type="radio"/> Yes <input type="radio"/> No
For which of the following Award Category is this nomination being filed? (Please tick ONLY ONE category)	<input type="radio"/> Oncology Hospital <input type="radio"/> Dermatology <input type="radio"/> Gastroenterology <input type="radio"/> Hospital Care <input type="radio"/> Oncology Individual <input type="radio"/> Child Nutrition <input type="radio"/> CSR initiative <input type="radio"/> Jury's Choice

Personal Information of the Nominee

Name & Salutation of the nominee (For Organization : Mention name of a person from the organization who is authorized to represent it)	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <hr/> First Name Middle Initial Last Name
Date of Birth (individuals) or Date of Incorporation/Registration (organizations)	____ / ____ / _____ (DD / MM / YYYY)
Address for correspondence: (Complete Postal Address with landmarks, zip code, etc)	_____ State _____

3. Populations or individuals served, and how they benefited (add pages if required)
4. Measurable outcome and benefits (add pages if required)
5. Leadership qualities/ Role models to others (add pages if required)
6. Use of innovative and creative approaches (add pages if required)
7. Ability to scale up and adaptability across geographic and organizational boundaries (add pages if required)
8. Organizational capacity (including financial and programmatic stability; add pages if required)

9. Collaboration with others (add pages if required)
10. Contribution towards progress in knowledge and practice in the field (add pages if required)
11. Recognition/ Achievement (add pages if required)
List of Supporting Documents/ other documents enclosed (including CV and Narrative if applicable)
Undertaking by the Applicant/ Nominee
<ol style="list-style-type: none">1. All statements mentioned in the Nomination Form & the narratives (if any) are true to the best of our knowledge & ability.2. If selected for an Award, the nominee shall be present on 6th March 2010 at the Award ceremony in Mumbai. In case the nominee is not able to attend the ceremony, the Award shall be given to the 'alternate' Awardee selected by the Jury for that Award category.3. We will accept the Jury's decision to be final & binding.4. We give permission to AmeriCares India Foundation to use the nominee's name, photograph, etc. in any promotional material that they want to develop.5. We are aware that the Jury may decide not to select anyone in any Award category if the nominations

are not of sufficiently high standards.

6. We give our consent to AmeriCares India Foundation & their representatives to do the Due Diligence & verify all accuracy of the information provided in the application.
7. We will not attempt to influence the selection process or contact any jury member. Also we are aware that any such attempt shall automatically disqualify this application.

Signed on ___ date of _____ 2010.

Signed on ___ date of _____ 2010

Name & Signature of Applicant

Name & Signature of Nominee
(if different from Applicant)

References

Please provide details of two independent individuals who can serve as referees for the Nominee (office bearers of the organization nominated cannot be referees). Each referee is required to send the Referee Comments Form (In the attached format). This form has to be sent by the Referee directly to AmeriCares India Office. Applicants/ Nominees are therefore also requested to forward a copy of their completed Nomination Form to their Referees.

Referee 1	
Name	
Address	<p>_____</p> <p>State _____</p> <p>Pin Code _____</p>
Telephone	
E- Mail	
Referee 2	
Name	
Address	<p>_____</p> <p>State _____</p> <p>Pin Code _____</p>

Telephone	
E- Mail	
This section for Office Use Only	
Nomination No: ___ ___ ___ / ___	Date Form Received: ___ ___ / ___ ___
Date Referee 1 Comments Received ___ ___ / ___ ___	Date Referee 2 Comments Received ___ ___ / ___ ___
Completeness Verified: <u>Yes / No</u>	No of Supporting Documents Recd ___ ___
Date of Birth/ Registration Proof Appropriate	<u>Yes / No</u>
Comments:	
Name:	Signature:

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Request to Referees

AmeriCares is a global healthcare NGO that has worked with 140 countries over the last 27 years. In India we have worked in 15 states and provided 47 million \$ worth medical aid touching the lives of 10 million Indians. We are organizing AmeriCares Spirit of Humanity Awards to honour and recognize individuals & organizations that have made outstanding contribution towards improving healthcare and empowering a healthier & stronger society.

You have been forwarded a copy of the nomination by an applicant who has chosen you as one of the referees.

We therefore request you to provide us with your valuable inputs and assessment regarding the work of the nominee. Your comments shall be maintained strictly confidential by our staff. They shall be provided ONLY to the core committee and the international jury under a non disclosure agreement and the entire process shall be done independently by our academic partners SCMHRD (Symbiosis College of Management and Human Resource Development) under the supervision of our knowledge partner KPMG.

Please send us your reply by email (nominations2010@americares.org) or fax (022 2649 9803) by 25th January 2010. Please note that your reply is extremely important and shall form an important part of the evaluation process. If we do not receive your reply, the nominee's application shall be incomplete. Hence your co-operation will be most important.

We also take this opportunity to thank you for your active participation in this process by inviting you to the Award Program on Saturday 6th March at the Ballroom, ITC Grand Central, Parel, Mumbai 400012. It starts at 6.30 pm and will include a scintillating performance by Ayaaz Ali Khan and Amaan Ali Khan followed by dinner. Please RSVP to sfernandez@americares.org so that we can send you the invitation card.

Yours sincerely

Prof (Dr) Purvish M. Parikh
MD, DNB FICP, PhD, ECMO, CPI, MBA
Managing Director
AmeriCares India Foundation

Referee Comments Form 1 (Strictly Confidential)

AmeriCares Spirit of Humanity Awards 2010

Nominee Name: _____

Award Category: _____

I am personally aware of the nominee's work. Yes No

If yes, since how long? __ __ years

I have read the Nomination form for the Nominee & I agree with the details provided about the work in the nomination form. (Please circle whatever is applicable and strike out the rest)

Strongly Agree / Somewhat Agree / Neutral / Somewhat Disagree / Strongly Disagree

I recommend the nominee for an Award that is specifically for contribution to healthcare for society. (Please circle whatever is applicable and strike out the rest)

Recommend without reservation / Recommend with reservation / Not recommend

Any other comments that you feel are important for the jury to consider in the evaluation process:

I give permission to AmeriCares India to call me for any further information. Yes No

Preferred phone no (including area code) _____

Preferred time to call: between __ __ am/ pm and __ __ am/ pm

I have received a request from _____ (Nominee's Name) to give my recommendation for the AmeriCares Spirit of Humanity Awards 2010 in the _____ (category).

I understand that along with the Nomination form, my recommendations are of vital importance for the assessment of the application. I affirm that the information provided above is true to the best of my knowledge & ability. I also affirm that there is no conflict of interest.

Name of Referee: _____

Signature: _____

Place: _____ Date: __ __ / __ __ / 2010

Referee Comments Form 2 (Strictly Confidential)

AmeriCares Spirit of Humanity Awards 2010

Nominee Name: _____

Award Category: _____

I am personally aware of the nominee's work. Yes No

If yes, since how long? __ __ years

I have read the Nomination form for the Nominee & I agree with the details provided about the work in the nomination form. (Please circle whatever is applicable and strike out the rest)

Strongly Agree / Somewhat Agree / Neutral / Somewhat Disagree / Strongly Disagree

I recommend the nominee for an Award that is specifically for contribution to healthcare for society. (Please circle whatever is applicable and strike out the rest)

Recommend without reservation / Recommend with reservation / Not recommend

Any other comments that you feel are important for the jury to consider in the evaluation process:

I give permission to AmeriCares India to call me for any further information. Yes No

Preferred phone no (including area code) _____

Preferred time to call: between __ __ am/ pm and __ __ am/ pm

I have received a request from _____ (Nominee's Name) to give my recommendation for the AmeriCares Spirit of Humanity Awards 2010 in the _____ (category).

I understand that along with the Nomination form, my recommendations are of vital importance for the assessment of the application. I affirm that the information provided above is true to the best of my knowledge & ability. I also affirm that there is no conflict of interest.

Name of Referee: _____

Signature: _____

Place: _____ Date: __ __ / __ __ / 2010