



9TH ANNUAL NIGERIAN HEALTHCARE EXCELLENCE AWARD 2023



23rd June 2023



5PM



Eko Hotels & Suites
VICTORIA ISLAND, LAGOS

NOMINATION FORM

(Kindly Tick only ONE sub-category and attach additional sheets/information wherever required)

DETAILS OF NOMINATOR

Full Name Of The Nominator

Telephone Number

Email (compulsory):

AWARD CATEGORIES

(Kindly Tick only ONE sub-category and attach additional sheets/information wherever required)

A. SPECIAL AWARDS

- ☐ Lifetime Achievement Award
- ☐ Outstanding Healthcare Financial Institution of the Year
- ☐ Healthcare Media Excellence Award-Print
- ☐ Healthcare Media Excellence Award-Online
- ☐ State Government Health Insurance of the Year
- ☐ Special Recognition Award

B. HEALTHCARE DELIVERY SERVICES

- ☐ Private Healthcare Provider of the Year
- ☐ Private Laboratory Service Provider of the Year
- ☐ Radiology Service Provider of the Year
- ☐ Health Maintenance Organization of the Year
- ☐ Innovative Healthcare Service Provider of the Year
- ☐ PharmAccess SafeCare Outstanding Facility of the Year
- ☐ IVF Service Provider of the Year

- ☐ Dialysis Service Provider of the Year
- ☐ Eye Care Service Provider of the Year
- ☐ Dental Service Provider of the Year
- ☐ Most Outstanding Oncology Centre of the Year
- ☐ Physiotherapy Service Provider of the Year
- ☐ Nursing and Midwifery Excellence Award of the Year

C. BIOMEDICAL TECHNOLOGY

- ☐ Laboratory Equipment Marketing Company of the Year
- ☐ Biomedical Engineering Service Company of the Year
- ☐ Hospital Equipment Marketing Company of the Year

E. PHARMACEUTICALS

- ☐ Pharmaceutical Retail Outlet of the Year
- ☐ Pharmaceutical Manufacturing Company of the Year
- ☐ Technology-Driven Pharmaceutical Distributor of the Year

DETAILS OF NOMINEE

Full Name (Individual & Organization)

Designation:

Postal Address:

Telephone:

Mobile:

Emails:

Website:

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REASON FOR NOMINATION

Please describe your experience, uniqueness/novelty of the facility or service provider and the reason(s) for your nomination

Signature: _____ Date: _____

TERMS AND CONDITIONS

- 1. ELIGIBILITY:** Participation is open to anyone within the healthcare industry, healthcare professionals, government agencies, NGOs, entrepreneurs etc.
- 2. PERMISSIBLE ENTRIES:** The maximum number of entry from any individual, group, partnership or larger practice is ONE per category.
- 3. NOMINATION DEADLINE:** Completed forms should reach the award committee on or before the due date. The committee will not be responsible for late submission(s) resulting from postal delays or any other reason after closing date.
- 4. CANCELLATION:** Withdrawal of any nomination will only be accepted if made in writing before closing date.
- 5. ACCEPTANCE OF YOUR NOMINATIONS:** The committee reserves the right to disqualify nominations that do not meet the required standard.
- 6. NOMINATION:** One nomination is valid for one category, it cannot be used for multiple categories.

DECLARATION

I.....(Nominator's name) hereby declare that the information provided is true and I agree with the terms, conditions and privacy policy of the Nigerian Healthcare Excellence Award

Signature..... Date:.....

Nominations should be submitted either by email, Award website or the Project Office located at:

Nigerian Healthcare Excellence Award (Project Office)

21, Sylvia Crescent, Anthony Village, Anthony, Lagos

Tel: 08133464457, 08051444457, 08091129429, 08035012022, 08025352254

Email: nigeriahealthcareawards@gmail.com

Web: www.nigeriahealthcareawards.com.ng

List of nominated individuals and organizations would be compiled by an independent group.

For more enquires visit www.nigeriahealthcareawards.com.ng



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