

PRE-NOMINATION FORM 2026

(Please tick ☒ wherever applicable) Write N/A where a question does not apply.

☐: Award Nominee ☐: Participant

General Information

Guest Title: ☐: Mr. ☐: Ms. ☐: Mrs. ☐: Prof. ☐: Doctor ☐: Others _____

Guest Name: _____
First Name Last Name

Company Name: _____
(If Award Nominee)

City: _____ Country: _____ Zip/Postal Code: _____

Tel: _____ Fax: _____ Mobile: _____
(Country Code+ Area Code+ Number) (Country Code+ Area Code+ Number) (Country Code+ Area Code+ Number)

Email Address: _____

Contact Information / Awards Focal Person

☐: Mr. ☐: Ms. ☐: Mrs. ☐: Prof. ☐: Doctor ☐: Others _____

Name: _____
First Name Last Name

Designation: _____

Tel: _____ Whatsapp / Mobile: _____
(Country Code+ Area Code+ Number) (Country Code+ Area Code+ Number)

Email Address: _____

Required Attachments

Please attach the following documents:

- ☐ Organization Profile ☐ Valid Registration / License
☐ Accreditation / Certification Documents ☐ Organization Brochure / Company Profile

Organization Address

Address: _____

Website: _____ City / Area: _____
(e.g., www.example.com)

Declaration: I hereby certify that all information provided in this Pre-Qualification & Pre-Nomination Form is true, complete and accurate to the best of my knowledge. I understand that submission of this form does not guarantee nomination or selection. The Pakistan Healthcare Excellence Awards reserves the right to verify the submitted information and request additional supporting documents during the evaluation process.

Date: _____ Organization Seal / Stamp: _____

Hosted By:



Strategic Partner:



Event Management Partner:



Note: Only organizations meeting the pre-qualification criteria will be shortlisted. If your nomination is accepted, our team will contact you regarding the next stage of the nomination process.