**Application format for Champions of Innovation award ICITAAC 2024**

**Applicant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Contact details and mobile no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Applicant Organization Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Primary Applicant ISA Number:**

**Section 1: Team Information**

1. **Team Name:**
   * (Please provide the name of your team or organization)
2. **Institution/Organization Name:**
   * (e.g., Medical College, Hospital, Start-up)
3. **Team Members:**
   * **Principal Innovator Primary Contact (Name, Designation, ISA Membership Number):**
   * **Other Team Member:**
4. **Type of Team:** 
   * Medical College Team
   * Corporate Hospital Team
   * Team of Anesthesiologists
   * Interdisciplinary Team (Anesthesiologists and Other Specialty Doctors)
   * Collaboration with a Medical Company
5. **Consent from Organization Head:** 
   * (Attach the consent letter from the Head of the Department/Organization)
   * Mention not applicable if doesn’t apply to the team along with appropriate reason (e.g applied as team of private practitioners

**Section 2: Innovation Details Page: 2**

1. **Title of Innovation:**
   * (Provide a clear and concise title for your innovation)
2. **State of Innovation: (ideation state innovation would not be considered for champions award)**
   * Ideation (Conceptual stage with detailed planning)
   * Prototype Ready (Prototype developed and ready for testing)
   * Working Model Available (Functional and tested)
   * Device Already in Use (Fully operational and in clinical use) (mention launch date)
3. **Patent Status:**
   * Granted
   * Applied
   * Not Yet Applied
4. **Description of Innovation (Up to 1000 Words): (3 figures maximum blended in the text)**
   * **Problem Addressed:**
     + (Explain the specific problem your innovation addresses)
   * **Development Process:**
     + (Describe the process and methodology used to develop the innovation)
   * **Impact on Anesthesia and Critical Care:**
     + (Describe the potential impact and benefits)
   * **Ethical and Safety Considerations:**
     + (Include any relevant ethical and safety information)
   * **Economic Implications:**
     + (Discuss the economic viability and considerations)
5. **Additional/previous innovations** (if any) Name with patent status and /or technology transfer status

**Note: All pages including consent letter must be signed by the principal innovator and an additional team member and uploaded as PDF (3MB maximum)**