**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)**