OSH India Awards 2026
Application form: Excellence in Community Safety Impact

Award category	Description
Excellence in Community Safety Impact	Recognizes organizations that have extended safety, health and wellbeing initiatives beyond the workplace to create measurable positive impact on communities, supply chains, educational institutions, public infrastructure or other external stakeholders.

Sub-category	Description
Private Sector Organizations	Applicable to privately owned organizations that demonstrate leadership and measurable impact in advancing occupational safety, health and wellbeing beyond the workplace through community, educational, supply chain, public safety or other external stakeholder initiatives.
Government, PSU & Public Institutions	Applicable to government organizations, PSUs, municipal corporations, statutory bodies and public institutions that demonstrate leadership and measurable impact in advancing occupational safety, health and wellbeing.

Eligibility criteria

1. Organization operational in India for at least **1 year as of 31 Mar 2026**.
2. Initiative must extend beyond the workplace and demonstrate measurable community or external stakeholder impact between **01 Apr 2024 – 31 Mar 2026**.
3. If the initiative was launched before the defined period, the participant must demonstrate the impact, expansion or improvement achieved during the eligibility period.
4. Initiative must be implemented and operational, and not in ideation or development stage.

Important rules for participation

1. **All questions must be answered.** Incomplete forms will not be evaluated.
2. If a question is not applicable, please mention "**Not Applicable**".
3. Responses should be supported with relevant evidence wherever applicable.
4. The final eligibility of the nominees is subject to the applicable Terms & Conditions.

Applicant information (For correspondence) *			
Name of Applicant ***(should be the***		**Designation**	

authorized signatory)			
Mobile Number		**Email ID**	

Company/ ORGANIZATION / INSTITUTION GENERAL INFORMATION*

Organization / Institution Information	**Details**
Name of the Organization / Institution / Government Body / PSU	
Date of Incorporation / Establishment / Constitution (DD/MM/YYYY)	
Registered Office / Administrative Office Address	City: _____ State: _____ PIN Code: _____
Parent Ministry / Department / Administrative Authority / Corporate Group (if any)	
Organization / Institution Website	
Employees / Personnel Covered	• Total Employees in organization: _____ • Covered: _____
Contact Details	Telephone: _____ Email: _____

CASE STUDY

Answer all questions in a maximum of 250 words each

(Mention details implemented between April 1, 2024 – March 31, 2026)

Particulars	**Details**
Name of the Initiative *(in not more than 50 words)*	
Please mention the date when the initiative was launched (DD/MM/YYYY)	
Please mention the end date of the initiative (DD/MM/YYYY) / Ongoing	
Initiative Coverage Area (select one)	○ Local ○ District ○ State ○ Multi-State ○ National

1. How does the initiative extend occupational safety, health and wellbeing beyond the workplace, and how is it aligned with the organization's community safety, public safety or external stakeholder priorities? Please describe the external stakeholder groups or beneficiary groups covered, such as communities, citizens, public users, students, workers, supply-chain partners or infrastructure users

2. What programs, interventions, partnerships, tools, public outreach, inter-agency / institutional coordination mechanisms, distinctive practices or innovative approaches were implemented to deliver the initiative? Please explain the quality of implementation and involvement of relevant stakeholders or partners.

3. What measurable outcomes were achieved during the eligibility period? Please describe reach, effectiveness, sustainability, beneficiary impact, public safety improvement, infrastructure / service-level impact, institutional adoption and relevant baseline or before-after indicators wherever available.

Supporting Documentation:

Provided Along with the Application

Maximum 5 pages/slides per supporting document.

Please mention the supporting documentation provided along with the application			
S. No.	**Document Name**	**Description**	**Attachment**
1	Organization / Institution Profile*	Overview of organization / institution, operations or public mandate, safety	Upload File

		priorities and relevant social impact context	
2	Initiative / Social Impact Dossier*	Detailed description of initiative objectives, beneficiary groups, public mandate or institutional role, implementation approach, partnerships, tools and outcomes	Upload File
3	Impact Evidence*	Beneficiary / citizen / public user data, impact reports, participation records, survey results, field evidence, service-level outcomes, infrastructure impact, testimonials, photographs, etc.	Upload File
4	Partnership / Collaboration Documents, if applicable (Optional)	Details of NGOs, government bodies, schools, community groups, suppliers, public agencies, departments, statutory bodies or other implementation partners involved	Upload File

DECLARATION BY THE APPLICANT*	
• **I declare that the information provided in this application form is correct, accurate and pertains to my organization / institution. I agree to abide by the rules and regulations of participation.**	
Name	
Designation	
Date	