OSH India Awards 2026
Application form: Excellence in Occupational Health and Safety Management System

Award category	Description
Excellence in Occupational Health and Safety Management System	Recognizes organizations that demonstrate excellence in managing occupational health and safety through robust management systems, effective risk management, strong governance, regulatory compliance, performance monitoring, and continuous improvement practices that protect the workforce and enhance operational safety performance.

Sub-Category (Please choose one)	
☐	Construction & Infrastructure
☐	Manufacturing & Industrial Operations
☐	Technology and Services

Eligibility criteria

1. Organization operational in India for at least **1 year as of 31 March 2026**.
2. Occupational health and safety management system, program, framework or intervention must be operational between **01 April 2024 – 31 March 2026.**
3. If implemented prior to the eligibility period, applicants must demonstrate enhancements, improvements or measurable impact achieved during the eligibility period.
4. Initiative must be fully implemented and operational; ideation-only, development-stage or conceptual frameworks without measurable impact are not eligible.

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 authorized signatory)*		**Designation**	
Mobile Number		**Email ID**	

COMPANY GENERAL INFORMATION*

Company Information	**Details**
Name of the Organization (same will appear on the trophy)	
Date of Incorporation	(DD/MM/YYYY)
Registered Office Address	City: _____ State: _____ PIN Code: _____
Corporate / Group / Parent Company (if any)	
Company Website	
Total Employees and Employees Covered by the Management System	Total: _____ | Covered: _____
Total Sites / Facilities and Sites Covered by the Management System	Total: _____ | Covered: _____
Contact Details	Telephone: _____ Email: _____

CASE STUDY

Answer all questions in a maximum *of 250 words each*

(Mention details implemented between 01 April 2024 – 31 March 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

1. **How is the occupational health and safety management system aligned with the organization's safety, health and workforce wellbeing priorities? Please describe the key occupational risks addressed, strategic objectives, leadership commitment, governance structure and alignment with regulatory and business requirements.**

2. **Describe how the management system has been implemented and sustained across the organization. Please include policies, procedures, control mechanisms, workforce participation, competency development, training, monitoring, auditing, review mechanisms, leadership involvement, accountability, and any distinctive practices, tools or technologies adopted.**

3. **What measurable improvements have been achieved through the management system? Please describe key outcomes related to occupational safety performance, health and wellbeing, risk reduction, compliance, workforce engagement, business continuity and long-term sustainability of OH&S improvements, including relevant baseline or before-after indicators wherever available.**

Supporting Documentation:

Maximum 5 pages/slides per supporting document.

Please Mention the Supporting Documentation Provided Along with the Application

Please mention the supporting documentation provided along with the application			
S. No.	**Document Name**	**Description**	**Attachment**
1	Incorporation / GST Certificate*	Proof of organization registration	Upload File
2	Company Profile*	Overview of operations, workforce, sites and OH&S risk profile	Upload File
3	OH&S Management System Overview / Technical Dossier*	Detailed description of the OH&S management system, governance framework, risk management approach, implementation coverage, monitoring mechanisms, measurable outcomes and relevant supporting evidence	Upload File
4	Any Other Supporting Documents (Optional)	Additional evidence supporting the application	Upload File

DECLARATION BY THE APPLICANT*	
• **I declare that the information provided in this application form is true, accurate and complete to the best of my knowledge. I agree to abide by the rules and regulations of participation.**	
Name	
Designation	
Date	