



Aster
GUARDIANS
Global Nursing Award

How to Apply

Steps to apply for the
Aster Guardians Global Nursing Award





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Dark Light



Log in to www.asterguardians.com
For self-nomination, click on <Apply Now>



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Already registered?

Click here to

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New user?

Click here to

[Register](#)

✉ For any queries please write to us on : contact@asterguardians.com

You will be redirected to the registration page.
Click on <New user> to register



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Registration Form

(*fields are mandatory)

First name * :
(Name should appear as per official document submitted for verification)

Middle name :

Last name * :

Institute/ Hospital name :

Email Id * :

Country * : ▼

Contact No 1 * :

Contact No 2 :

Password * :

Confirm password * :

Submit

As your first step of registration,
you will have to fill-up the form with
your personal details.

Country* : India

Contact No 1* : 91 8899889988

Contact No

Password

Confirm password



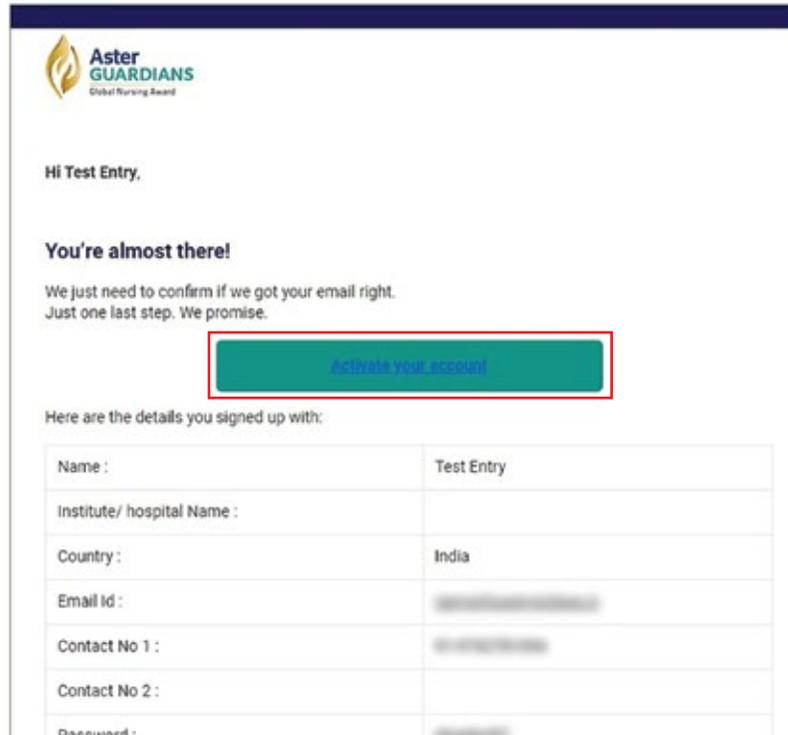
Thank You!

Please click on the link sent on your registered email id to complete the verification process

OK

Post submitting the form you will get a confirmation mail on your registered email address. Click <OK> to check your email.

Aster Global Nursing Award <contact@asterguardians.com>
to me



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Hi Test Entry,

You're almost there!

We just need to confirm if we got your email right.
Just one last step. We promise.

[Activate your account](#)

Here are the details you signed up with:

Name :	Test Entry
Institute/ hospital Name :	
Country :	India
Email Id :	
Contact No 1 :	
Contact No 2 :	
Password :	

Click on the received email to complete the verification process and activate your account. On clicking <Activate your account>, your email id will be verified and at the same time, you will be redirected to another page to continue your form fill up.



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Section 1 – Candidate's Personal Details

(*fields are mandatory)

First name * :

Middle name :

Last name * :

Date of Birth * :

Address * :

Country * :

Contact No * :

Institute/Hospital name :

Website URL of the institute/hospital :

Years of experience in the current institute/hospital as September 30, 2021 :

You will be directed to the personal details section to complete filling in a few more details.



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Section 2 – Candidate's Professional
Details

(*Fields are mandatory)

Educational Qualification (Highest degree) * : (pdf, word, png, jpeg, ppt formats upto 5 MB)
 Upload Files

Medical/Nurse council registration name and number * : (pdf, word, png, jpeg, ppt formats upto 5 MB)
(Enter name of council) Upload Files
(Enter registration)

Valid national proof of identity of the country/region you are applying from (Govt. ID) * : (pdf, word, png, jpeg, ppt formats upto 5 MB)
(Enter name of document) Upload Files

Proof of employment along with validity of the document/ID card (Nurse ID card, letter from institute, etc.) OR Self declaration if not associated with any institute/hospital

(pdf, word, png, jpeg, ppt formats upto 5 MB)
(Enter name of document) Upload Files

Previous Step

Save and Proceed

Cancel

This form requires your educational and professional details. Make sure you submit your

- Highest educational qualification document.
- Medical/ Nurse council registration document.
- ID proof of the country you are currently residing in.
- Employment documents as your proof of employment.

Once you fill in all the details, click on <Save and Proceed>



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Section 3 – References

(*fields are mandatory)

(References should include employers/patients/co-workers etc., etc involved in the initiative). Please provide details of at least 1 reference
Management might reach out to the below reference/s to verify the information provided in the application form

Reference 1 *

Referrer full name * :

Referrer email ID * :

Country * :

Referrer contact number * :

Reference 2

Referrer full name :

Referrer email ID :

Country :

Referrer contact number :

Previous Step

Save as Draft

Save and Proceed

Cancel

Fill in your reference details on this page. Entering one reference detail is mandatory. But it is preferred if you enter the details of two.



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Section 4 – Areas of contribution

(*fields are mandatory)

Please tick your preferred area of contribution	Areas of contribution	Definition
<input type="checkbox"/>	Leadership	Recognizes an individual registered nurse for demonstrating the highest standards of ethics and leadership in his/her daily practice and serving as an inspirational role model for others.
<input type="checkbox"/>	Research/Innovation	Recognizes an individual registered nurse for achieving outstanding accomplishments in the field of nursing research, innovation or nursing practices.
<input type="checkbox"/>	Patient care	Recognizes an individual registered nurse who provides exemplary direct patient care and contributes to the advancement of nursing practices by demonstrating commitment towards patient development.
<input type="checkbox"/>	Social/Community service	Recognizes an individual registered nurse who contributes significantly to the betterment of the society/community.

Previous Step

Save as Draft

Save and Proceed

Cancel

The next step will require you to select your areas of contribution. Please note, you can select more than one option as your area of contribution.

Leadership *

1. We believe nursing is about leading from the front. So, why would you consider yourself as a leader and what difference has that made? *
(Word limit: 250 words) :

How has your contribution as a leader helped patients? Do see if you can share some examples as well.

Word count : 0

2. Help us understand the challenges faced and how did you overcome the same? *
(Word limit: 250 words) :

Help us understand the difficulties you have faced and how that led you to come up with solutions that positively impacted the health of your patients.

Word count : 0

3. How do patients and peers respond to your leadership? *
(Word limit: 250 words) :

We would love to hear what has been the measurable impact on patient's quality of health, and how have your peer network responded to your leadership capabilities.

Word count : 0

4. Describe your story/unique instance pertaining to area of contribution selected *
(Word limit: 250 words) :

An example or story that demonstrates or gives us a better understanding of your leadership skills as a nursing professional, and what was the impact that it had on people's lives.

Word count : 0

Patient care *

1. Describe the initiatives undertaken to facilitate positive changes in the work environment and improve the quality of patient care *
(Word limit: 250 words) :

How has your contribution as a nurse helped patients? Do see if you can share some examples as well.

Next, based on the areas of contribution you have selected, you will get a set of questions on your screen. All the questions for the selected areas of contribution will be on one page. You need to scroll down to answer one by one. Make sure you answer all of them. Once done, click on <Save and Proceed>



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Section 5 – Collaterals

(*fields are mandatory)

Please upload awards, certificates, or any other documents that help build your case for the award

(pdf, word, png, jpeg, ppt formats & max file size is 5mb)

Upload Files

Upload Files

Declaration *

I hereby authorise and permit Aster DM Healthcare to use all the content and information submitted along with this application form to use and display it during the awards event including for trade publications, press releases, awards website, electronic hyperlinks to the website of the nominee or to use it in any other manner as required by them during the awards event and ceremony and thereafter, for a period of five years.

I further confirm that all the information made available by me is complete, accurate and true and if any information or material is found to be incomplete, incorrect, wrong or false then management shall have the right to disqualify my entry

Previous Step

Save as Draft

Save and Submit

Cancel

After that, you are required to upload your awards and certificates, if any. Once done, click on <Save and Submit>



Global Nursing Award
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Section 5 – Collaterals

(*fields are mandatory)

Please upload awards, certificates, etc. to help build your case for the award

(pdf, word, png, jpeg, ppt formats & max file size 5MB)

Upload Files

Aster Nurses_1.jpg

Upload Files

Aster Nurses_1.jpg

Declaration *

I hereby authorise and permit Aster DM Healthcare to use all the content and information submitted along with this application form to use and display it during the awards event including for trade publications, press releases, awards website, electronic hyperlinks to the website of the nominee or to use it in any other manner as required by them during the awards event and ceremony and thereafter, for a period of five years.
I further confirm that all the information made available by me is complete, accurate and true and if any information or material is found to be incomplete, incorrect, wrong or false then management shall have the right to disqualify my entry

Previous Step

Save as Draft

Save and Submit

Cancel



Application submitted.

OK

The pop-up message on the screen is a proof of your successful application submission. Congratulations! Click on <OK> to continue.



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Welcome, Test Entry

Add new entry

Sr. No	Application No	Candidate name	Institute / Hospital name	Application status	Link
1	AGA/2021/00028	Test Entry	Aster MIMS Calicut	Submitted	View Form

Notes :

View form - Submitted form can be viewed by the candidate. The same cannot be edited

Complete form - Fill the incomplete details of the application form and submit

Follow us :



View your submitted entry on <View Form>. Please note, you cannot make any more changes to your form now.



Global Nursing Award
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Welcome, Test Entry

[Add new entry](#)

Sr. No	Application No	Candidate name	Institute / Hospital name	Application status	Link
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Notes :

View form - Submitted form can be viewed by the candidate. The same cannot be edited

Complete form - Fill the incomplete details of the application form and submit

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If another candidate wants to apply for the Aster Guardians Global Nursing Award from the same device, click on <Add new entry>



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Reach out to
contact@asterguardians.com
or call **+91 83691 45532** for further assistance.