

Whitepaper

ROUNDTABLE

Translational Research Ecosystem:

Learnings From The World & Building For India



Translational Research Ecosystem: Learnings From The World & Building For India

Chair:

Mr. Satish Reddy, Chairman, Dr. Reddy's Laboratories

Moderator:

Ms. Anju Ghangurde, Executive Editor (APAC) at Citeline

Panelists

Dr. Satya Prakash Dash, CEO, IKP Knowledge Park, Hyderabad

Dr. Shivkumar Kalyanaraman, CEO, ANRF

Prof. Guido Kroemer, Université Paris Cité; Gustave Roussy Cancer Campus, Paris

Dr. Murali Ramachandra, CEO, Aurigene Oncology Ltd., Bengaluru

Prof. B.J. Rao, Former Vice-Chancellor, University of Hyderabad

Prof. V. Ramgopal Rao, Vice Chancellor, BITS Pilani

Dr. Hrishikesh Sarkar, Director, Center for Minimally Invasive Neurosurgery and Neuro-oncology, Continental Hospitals, Hyderabad

Dr. Soumya Swaminathan, Chairperson, M S Swaminathan Research Foundation

Overview

Translational science sits at the center of modern biomedical innovation. It is concerned with moving scientific advances toward practical application. How far and how quickly those advances progress into products and broader use is then shaped by scientific, operational, financial, and administrative barriers.

The US National Center for Advancing Translational Sciences (NCATS) describes translational science as the work of overcoming longstanding barriers along the research pipeline so that discoveries can move faster and more efficiently¹. It is a useful way of defining translational science because it recognizes that progress depends on the systems that carry discovery forward.

Over the past decade, the global innovation landscape has become more distributed, with a broader mix of countries shaping the direction of research, technology, and commercialization. The World Intellectual Property Organization's (WIPO) Global Innovation Index 2025² noted that China entered the top 10 for the first time, while India remained among the fastest-rising middle-income economies longer term. China has emerged as a prominent source of innovative drug development, with growing influence over partnership, clinical development, and licensing trends. The pace of cross-border licensing has accelerated sharply, and Chinese companies now carry greater weight in discussions around novel assets and pipeline quality. In Citeline's 2026 Scrip Asia 100, close to 1,500 new drugs were in Chinese development as of early 2025, and Chinese companies accounted for over one-third of all first launches of new active substances globally³.

For India, the competitive context is more demanding than it was even 10 years ago, particularly in areas such as development speed, regulatory readiness, and commercial credibility. India has made visible progress, though many of the conditions that support translational strength remain uneven.

India enters this period with true advantages: deep scientific talent, a globally significant pharmaceutical sector, expanding innovation clusters, and growing policy support for research and development (R&D). Yet translational research progress depends on more than scientific capability alone. It also depends on the ecosystem systems around it – funding, regulation, clinical infrastructure, institutional design, data, and commercial pathways – and these remain a strong focus in India. The result is a familiar pattern: strong scientific promise, but a less consistent route to scale, validation, and deployment.

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Those challenges shaped the discussion at the third roundtable on the eve of Dr. Anji Reddy Memorial Lecture in March, 2026. Bringing together voices from academia, industry, clinical care, and public institutions, the session examined what India needs to strengthen translational research at a time when the competitive bar in biopharma has been significantly raised.

The question now is: how quickly India can build the systems needed to compete within that shift?

¹ National Center for Advancing Translational Sciences (NCATS) (2025, July 11). About Translational Science. <https://ncats.nih.gov/about/about-translational-science>

² World Intellectual Property Organization. (2025). Global Innovation Index 2025 results. WIPO. <https://www.wipo.int/web-publications/global-innovation-index-2025/en/gii-2025-results.html>

³ Citeline (2025, October 22). 2026 Scrip Asia 100. Scrip. <https://insights.citeline.com/scrip/focus-on-asia/scrip-asia-100/>

Roundtable Context

Dr. Reddy's instituted the Dr. Anji Reddy Memorial Lecture Series in 2023 to honour the contributions of scientist, entrepreneur, and institution builder Dr. K. Anji Reddy, who founded Dr. Reddy's Laboratories in 1984. The series is anchored in the core theme of Science, Society, and Sustainability.

Since 2024, as a prelude to the memorial lecture, Dr. Reddy's has been hosting a roundtable aimed at bringing together distinguished leaders from academia, research, science, industry, clinical practice, and public institutions, representing a diverse range of perspectives. Each roundtable culminates in a white paper.

The inaugural roundtable was held on the topic 'Emerging Frameworks in Innovation'⁴, followed by the second in 2025, titled 'Prevention, Cure & Quality of Life: A Multi-Stakeholder Perspective on Public Health'⁵. The most recent, third roundtable was held this year on the theme 'Translational Research Ecosystem: Learnings from the World and Building for India.'

Chairing this year's roundtable, Mr. Satish Reddy, Dr. Reddy's Laboratories, reflected on Dr. Anji Reddy's longstanding belief that Indian scientists could discover molecules and contribute meaningfully to global innovation. That conviction shaped the company's early move into drug discovery in the 1990s and continues to resonate in discussions about India's research and innovation future.

"One of the things about our company... was a conviction that my father, Dr. Anji Reddy, had that Indian scientists can discover molecules."

- Satish Reddy, Dr. Reddy's Laboratories

⁴ <https://www.drreddys.com/pi/citeline-whitepaper-drreddys.pdf>

⁵ <https://www.drreddys.com/cms/cms/sites/default/files/media-library/Whitepaper%2023rd%20May%20Update%20Low%20Res%203.pdf>

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The theme of this year's roundtable 'Translational Research Ecosystem – Learnings from the World & Building for India' sits at the intersection of many of the forces shaping modern biopharma: scientific discovery, multidisciplinary collaboration, funding, regulation, clinical development, and commercialization. It is also an area where academia, industry, government, and healthcare institutions all have an important role in determining whether promising science moves forward efficiently and reaches patients. By bringing together participants with such varied experience, the discussion created space for a broader examination of both the opportunities and the bottlenecks shaping India's translational ecosystem.

Moderator, Ms. Anju Ghangurde of APAC at Citeline, set the tone by describing translational research as the critical bridge between basic and clinical science, while also emphasizing that collaboration across disciplines has become increasingly important as biology, data science, engineering, and AI converge. That framing carried through the discussion, with panelists returning repeatedly to the need for stronger systems, better coordination, and more effective links between scientific ambition and practical execution.

"Translational research serves as a critical bridge between basic and clinical science, enabling the effective transfer of lab discoveries into real world clinical applications."

- Anju Ghangurde, Citeline

The topic also followed naturally from themes explored in earlier roundtables on innovation and public health. As Mr. Satish Reddy observed, some of the issues raised in previous years remain highly relevant, including funding for risk, the quality and speed of regulatory review, the strength of research clusters, and the still limited scale of collaboration between academia and industry. He also pointed to areas of progress, including new funding schemes and some movement on the regulatory front, even as he acknowledged that India still has significant ground to cover.

That sense of unfinished work shaped the discussion throughout. Panelists returned repeatedly to the gaps that continue to slow translation in India, including limited depth in academia-industry collaboration, uneven clinical research capacity, evolving regulatory capability, and the absence of enough institutions operating between discovery and development.

Against that backdrop, the rise of China as an innovation force was explored as a useful comparison point rather than central to the session, illustrating what more coordinated execution can look like in practice. The discussion also examined the role of the Anusandhan

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National Research Foundation (ANRF) and other public funding mechanisms, the need for stronger translational pathways between academia and industry, the underused value of hospitals and clinical data, and the importance of building a regulatory and clinical research environment capable of supporting innovative therapeutics.

Key Highlights

India has many of the ingredients needed for stronger translational research, though the ecosystem still lacks the speed, connectivity, and institutional depth required to carry scientific advances forward consistently.

A recurring theme across the discussion was that India is not starting from a weak scientific base.

Panelists pointed to deep talent, a globally significant pharmaceutical industry, growing policy support for innovation, and a wider network of startups, clusters, and research institutions than existed even a decade ago. The harder task now is building a more cohesive system around those strengths.

“Over the past few years, there has been notable progress in strengthening the funding ecosystem to support pharma R&D expansion in India. Government initiatives such as PRIP, RDI, and the ANRF scheme highlight this positive momentum, alongside improvements on the regulatory front to facilitate faster approval processes. However, to truly drive innovation and significantly scale pharmaceutical research in India, much more still needs to be done.”

- Satish Reddy, Dr. Reddy's Laboratories

China featured prominently as a reference point for what a more coordinated translational ecosystem could look like.

Panelists described its progress in talent development, infrastructure, regulation, clinical execution, and capital formation, and reflected on how quickly those elements had been aligned to support innovative biopharma. That comparison sharpened the sense that India's challenge now lies in building the systems that allow strong science to move.

“China [has] really realized what the key issues are. — it's about the talent, it's about the infrastructure, it's about the funding, and it's about the regulation. Pretty much in every aspect of drug discovery and development, they were able to bring back talent into the country and establish the right ecosystem.”

- Murali Ramachandra, Aurigene Oncology

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Several structural issues surfaced repeatedly, including weak translational pathways, limited depth in academia-industry collaboration, and the need for stronger regulatory and clinical research capacity.

Panelists described a familiar pattern in India: strong science and promising ideas, followed by difficulty moving work through validation, early clinical development, and scale-up. Regulatory capability was treated as a major enabling condition, closely tied to confidence in innovation and to India's ability to support more complex therapeutics.

"If anything is lacking in India, it is this collaborative spirit. We have created great academic institutions, we have industries, but in between there is nothing. India needs to create more translational pathways."

- V. Ramgopal Rao, BITS Pilani

Hospitals, patient data, and clearer measures of translational success were identified as areas of major untapped value.

The roundtable pointed to the underused role of hospitals in translational medicine through patient cohorts, biosamples, treatment data, and real-world clinical insight. It also closed with a broader view of what translational success should look like, with greater emphasis on evidence in patients, deployable products, and progress toward real health needs.

"It's not about publications. It's not about patents. It's not about the number of clinical trials."

- Guido Kroemer, Université Paris Cité; Gustave Roussy Cancer Campus

India's translational problem is one of connectivity

A recurring concern across the roundtable was not the absence of science, but the weakness of the pathways around it. What emerged during the session was a familiar pattern in India: While strong academic work, promising early assets, and growing entrepreneurial ambition has fueled early development, there is a clear deceleration once work needs to move through validation, clinical development, and scale-up.

The pressure points varied depending on where each speaker sat in the system, but they pointed in a similar direction. Translational work remains too fragmented across institutions, disciplines, and stages of development.

Prof. V. Ramgopal Rao framed that gap in especially direct terms, arguing that India has built

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strong academic institutions and established industrial capability, yet still lacks enough of the “middle” where translational work often needs to happen. That missing layer matters because it is where discoveries are refined, tested, de-risked, and made legible to partners, funders, regulators, and clinicians. Without it, promising science can remain stranded between publication and application.

Prof. B.J. Rao, pushed that critique back to an earlier stage in the system. In his view, India’s translational weaknesses are also rooted in how scientific thinking is formed, how talent is nurtured, and how widely innovation capacity is distributed. His argument was that the country still needs to “create the substratum of innovation,” rather than rely on a limited number of strong institutions or metros to carry the larger burden of translational progress.

“We need to create the substratum of innovation. We need to generate growth models which are across the country, not hit a few metros and expect the country will rise.”

- B.J. Rao, University of Hyderabad

Funding is becoming more strategic

Newer mechanisms are beginning to reflect a more realistic view of how translational progress happens. Early-stage research, proof of concept, validation, and later-stage development do not require the same instruments, time horizons, or tolerance for risk.

India’s Department of Science and Technology continues to note that national R&D investment remains low at around 0.7% of GDP, with private-sector participation still limited relative to what a more mature innovation economy would require⁶. That makes the design of public funding mechanisms especially consequential.

The architecture now taking shape through ANRF suggests a more layered approach. Dr. Shivkumar Kalyanaraman outlined a system spanning broad-based grants, mission-oriented programs, patient capital, translational centers, and catalytic partnerships. Within that framework, “grant mechanisms” would support “early-stage fundamental research and translation”, while capital mechanisms would be directed toward “later stages” of translational development. The significance lies in the recognition that translational work needs to be financed differently at different stages. That is a more sophisticated starting point than a flat, one-size-fits-all model.

⁶ Department of Science and Technology. (2025). Annual report 2024–25. Government of India. https://dst.gov.in/sites/default/files/Annual%20Report_2025_English.pdf

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There is also a wider policy backdrop to that shift. Recent Scrip reporting has pointed to growing activity around India's biofoundry network, public-private AI research, and other innovation-oriented initiatives, suggesting that the conversation has moved beyond basic support for research toward the construction of a broader enabling environment. Translational work, though, remains highly sensitive to timing, structure, and execution. Funding that is too shallow, too short-term, or poorly aligned with development timelines can still leave promising work stranded between early research and the next stage of translation. Dr. Satya Prakash Dash, emphasized the need for funding that is both sustained and appropriately matched to the pace of translational work.

"You fund deep and you fund long, that has started to happen."
- Satya Prakash Dash, IKP Knowledge Park

Dr. Satya Prakash Dash's remarks also pointed to something broader than funding design alone: the need for an environment willing to back uncertainty rather than avoid it. Translational progress depends in part on whether the system can become a "safe place to do risky science," particularly once work moves beyond proof of concept and into more expensive, less predictable stages.

The point was not simply that more money is needed. It was that translational work moves unevenly and needs support that can move with it. Dr. Shivkumar Kalyanaraman's distinction between grant-backed early research and capital-backed later-stage translation suggested a system becoming more deliberate about how progress is financed across the pathway. In that sense, "impact is a journey" was less a slogan than a way of describing how translational value accumulates over time.

"Impact is a journey. The measurement of impact and how to think about it over a period of time is one of the things we think very deeply about."
- Shivkumar Kalyanaraman, ANRF

Regulatory science will shape the credibility of the ecosystem

Regulation is woven through the translational pathway more tightly than it is acknowledged. It influences how programs are structured, how quickly they move into and through the clinic, and how an ecosystem is judged by funders, partners, and global companies. If India wants to support more innovative therapeutics, the regulatory environment must evolve alongside that ambition.

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Recent Pink Sheet reporting on “systemic changes” in India’s approach to cell and gene therapy points to movement in one part of the framework and, more broadly, to a growing recognition that the existing system will need to adapt more quickly as the science becomes more complex⁷. That applies not only to advanced therapies. It also shapes the pace of early clinical work, the confidence drug discovery companies place in local review processes, and the extent to which India is seen as a serious setting for more innovative programs.

Dr. Soumya Swaminathan’s view was that translational research needs evolution on multiple fronts. Research capability, regulatory science, review capacity, and clinical systems all have to move together if India is to harness its full potential in more innovative therapeutics with confidence. As she put it earlier in the session, unless regulation evolves “side by side with the innovation side,” bottlenecks will remain built into the system. Her point extended beyond benchmarking alone to the scientific depth of the regulator, the quality of review, the training of evaluators, and the degree of confidence the system inspires once programs become more novel and demanding to assess.

The discussion also raised a more structural issue — the need for formal training in regulatory science and a clearer professional pathway for the next generation of regulators. That same line of thinking also points toward a more dedicated institutional response, whether through a structured program or a center of excellence focused on regulatory science.

“India’s regulatory system is not inspiring confidence... I think formal courses, even around regulatory science, would help a lot, and maybe even a center of excellence or a center like the Duke-NUS Center in Singapore that focuses on this.”

- Soumya Swaminathan, M S Swaminathan Research Foundation

The point was not simply that regulation needs to move faster. It was that India will need to treat regulatory science more seriously as a field in its own right, with formal training, stronger scientific depth, and a clearer professional pathway for the next generation of regulators.

However, there are also financial consequences. Once a program begins to generate evidence in patients, the conversation shifts for investors and potential partners as well as for developers. Several participants spoke to the need for more patient capital and more sustainable finding structures at this stage, particularly given the costs and risks involved in moving beyond proof of concept. Dr. Shivkumar Kalyanaraman drew a distinction between grant support for early-stage research and translation and capital mechanisms for later stages,

⁷ Citeline (2025, April 16) India Signals ‘Systemic Changes’ In CGT Regulatory Approach. Pink Sheet. <https://insights.citeline.com/pink-sheet/pathways-and-standards/review-pathways/india-signals-systemic-changes-in-cgt-regulatory-approach-ZTC3ISRQBAK3C3M6GXUANOB6Q/>

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while Dr. Satya Prakash Dash re-emphasized the importance of funding that is “deep” and “long”. Early clinical progress, in that sense, is also the point at which the right capital becomes much more consequential. He further added that, to bridge the “missing middle” of the translational research journey, science parks and premier incubators must evolve from simple real estate providers into active venture builders.

“We think of early stages of both fundamental research, early translation supported by grant mechanisms and late translations and beyond supported by capital mechanisms.”

- Shivkumar Kalyanaraman, ANRF

Dr. Murali Ramachandra centered his remarks on this: once a molecule “works in patient,” he argued, the whole picture changes. Clinical proof gives a program a different kind of weight. It becomes easier to value, position, and carry into the next stage of development. That is why early clinical capability matters so much in translational research: it is the point at which scientific promise starts to become development reality.

“Once we show that the molecule works in patient, it’s so much better, probably hundreds of thousand times better than showing that it works in an animal model.”

- Murali Ramachandra, Aurigene Oncology

The questions that followed were practical ones. How many centers in India are genuinely equipped for first-in-human work, where early studies often involve novel mechanisms, uncertain toxicity profiles, intensive monitoring, and a high degree of clinical and regulatory oversight? How much time is lost between regulatory review, ethics approvals, site readiness, and trial initiation?

The issue is not simply whether India can support Phase I studies in principle. It is whether the system around those studies — regulatory review, clinical site capability, ethics processes, and operational readiness — is strong enough to help innovative programs move when it matters most. That is one of the places where translational seriousness becomes visible.

Hospitals, data, and AI could become stronger translational assets

The clinical side of the system offers one of India’s clearest but least fully organized strengths. Hospitals sit on patient cohorts, biosamples, diagnostic histories, treatment patterns, and real-world outcomes at immense scale. In a country with India’s population diversity and disease burden, that should be a major translational asset. Yet those resources are still only partially connected to research and innovation pathways.

Ms. Anju Ghangurde’s framing of the issue captured that plainly. Hospitals are “sitting with big data on patient cohorts, bio samples, diagnostic and treatment information,” and that material,

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in her words, is “gold in the world of bio-medical research”.

Dr. Hrishikesh Sarkar, pointed to both the opportunity and the constraint. His remarks carried the perspective of a clinician working inside that gap in real time: hospitals are rich in patient material and clinical experience, yet still not routinely organized as sites of translational learning. Efforts around biobanking and data-linked research are beginning to emerge, including attempts to analyze hospital data “in an algorithmic way or in an AI kind of a way” and build therapies around insights drawn from “our own patient” population.

But those efforts sit within a healthcare system where private institutions often remain focused on throughput, services, and financial performance. Translational medicine requires a different kind of organizational intent: one that treats hospitals as knowledge-generating institutions.

*“We can generate data from our own patient and create therapy directed to our own data set.”
- Hrishikesh Sarkar, Continental Hospitals*

That shift matters for more than precision medicine. It also matters for building clinical datasets that are locally relevant, improving therapeutic development around Indian patient populations, and giving researchers a stronger route into real-world insight rather than relying primarily on imported models or fragmented records. The same problem becomes even more consequential as greater weight is placed on AI and data-driven research, where the quality, accessibility, and interoperability of underlying data start to matter even more.

India’s innovation push is already beginning to place greater weight on data and computation. But AI does not erase systemic weakness. It often makes it more visible. The force of Dr. Soumya Swaminathan’s comments on data sharing lie exactly there. During COVID-19, one of the biggest obstacles was not a lack of data, but the inability or unwillingness to move it across institutional boundaries. That same problem still sits underneath much of India’s translational challenge.

*“One thing that I know personally was a big roadblock during COVID-19 was data sharing.”
- Soumya Swaminathan, M S Swaminathan Research Foundation*

The terms of success are changing

The closing exchange put more pressure on what the system chooses to count. What carried weight in the room was whether technologies are moving forward, being used, and gathering enough momentum to matter. Attention shifted to what happens after the science is generated: how far it travels, where it gets tested, whether it reaches patients, and what kind of value it holds once it does.

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That change matters in a system still building translational depth. Publications and patents can create a strong impression of progress without showing how much ground has actually been covered. Prof. Guido Kroemer pushed back against that narrower understanding, bringing the question back to whether research is addressing “societal problems in the health sector in India”. Prof. Ramgopal Rao gave it a more operational edge, calling the “fundamental metric” the number of technologies “deployed in the field”. The emphasis, in other words, had moved away from counting visible outputs toward judging whether work is gaining traction.

The same instinct surfaced again in the language around impact. Dr. Hrishikesh Sarkar called for impact that should “last generations,” adding a longer horizon to a conversation that had already moved beyond short-cycle measures of success. Read together, those remarks pointed to a tougher standard: one that asks not only what has been produced, but what has been carried forward, taken up, and made durable.

“The impact should be something that should last generations.”
- *Hrishikesh Sarkar, Continental Hospitals*

By that stage, metrics no longer felt like a closing detail. They had become part of the wider culture of research and innovation: what gets rewarded, what gets backed, and what kinds of progress the system has learned to recognize. A stronger translational ecosystem will need measures that are closer to use, movement, and staying power — measures that reflect whether scientific promise is getting further than before.

Conclusion

Several themes came into sharper focus over the course of the roundtable. India's translational ambitions are no longer constrained by a lack of scientific talent or industrial capability. The stronger question is how well the wider system can support what is already beginning to emerge: stronger science, more serious innovation intent, and a growing appetite to move discovery further toward development and use.

That brought the conversation back, repeatedly, to the quality of the pathways around the science. Funding came up in that context, so did regulation, early clinical development, the role of hospitals, the use of data, and the growing importance of AI. None of these issues sat neatly on their own. Each pointed to the same underlying challenge: whether the institutions around promising research are connected well enough, and move quickly enough, to carry it forward.

"We really lost time. We need to catch up. This thing needs to be orchestrated."
- Satish Reddy, Dr. Reddy's Laboratories

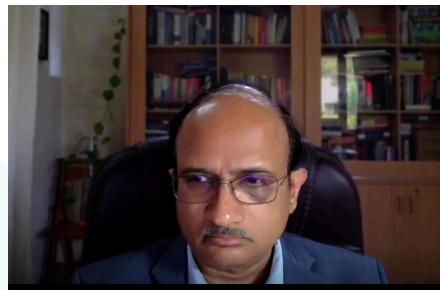
Several of the issues raised during the roundtable came back to the same underlying concern: India's translational challenge is not confined to any one part of the system. It runs across funding, regulation, clinical readiness, institutional design, data use, and the strength of collaboration between academia, industry, and healthcare. Progress in any one area will matter, but the discussion kept returning to the need for a more cohesive-up response — one that treats these gaps as connected rather than isolated.

"There are these structural problems right now. I think we all need to sit across the table and see what can be done."
- B.J. Rao, University of Hyderabad

Looking ahead, the priorities feel clearer than they did before. India will need stronger translational pathways, greater regulatory and clinical readiness, better use of hospital and research data, and a more practical understanding of what progress looks like once science starts to move. The opportunity is considerable. The next step is to act more deliberately across these fronts — to build the institutions, skills, and incentives that allow more of that science to travel further, faster, and with greater confidence.

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Glimpses from the Roundtable



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About Dr. Reddy's Laboratories

Dr. Reddy's Laboratories Ltd. (BSE: 500124, NSE: DRREDDY, NYSE: RDY, NSEIFSC: DRREDDY) is a global pharmaceutical company headquartered in Hyderabad, India. Established in 1984, we are committed to providing access to affordable and innovative medicines. Driven by our purpose of 'Good Health Can't Wait,' we offer a portfolio of products and services including APIs, generics, branded generics, biosimilars and OTC. Our major therapeutic areas of focus are gastrointestinal, cardiovascular, diabetology, oncology, pain management and dermatology.

Our major markets include – USA, India, Russia & CIS countries, China, Brazil and Europe. As a company with a history of deep science that has led to several industry firsts, we continue to plan ahead and invest in businesses of the future. As an early adopter of sustainability and ESG actions, we released our first Sustainability Report in 2004. Our current ESG goals aim to set the bar high in environmental stewardship; access and affordability for patients; diversity; and governance. For more information, log on to: www.drreddys.com.

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About Citeline

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