Operator: Ladies and gentlemen, good day and welcome to the Global Health Ltd. Q1 FY27 earnings conference call hosted by JM Financial Institutional Securities. As a reminder, all participant lines will be in listen-only mode, and there will be an opportunity for you to ask questions after the presentation concludes. Should you need assistance during this conference call, please signal the operator by pressing star and then zero on your touchtone phone. Please note that this conference is being recorded. I now hand the conference over to Mr. Amay Chalke from JM Financial Institutional Securities. Thank you, and over to you, sir.

Operator: Thank you, Abhay. Good afternoon and a warm welcome to all participants on Global Health Ltd.'s Q1 FY27 earnings call hosted by JM Financial. Today, we have with us from management Dr. Naresh Trehan, Chairman and Managing Director; Mr. Pankaj Sahni, Group CEO and Director; Mr. Yogesh Kumar Gupta, Chief Financial Officer; and Mr. Gaurav Chugh, Head of Investor Relations. I will now hand over the call to Dr. Trehan for his opening remarks. Thank you, and over to you, Doctor.

Management: Thank you for this opportunity. Good afternoon to all of you, and thank you for joining us today on Medanta's Q1 FY27 earnings conference call. I hope you have had the chance to review the results and presentations that were released yesterday.

At Medanta, we continue to build on our vision of delivering world-class, patient-centric, and compassionate care. Clinical excellence remains the cornerstone of our identity, and during the quarter, we remained focused on strengthening that foundation through consistent and disciplined execution. The quarter has been encouraging from both a clinical and operational standpoint. Our network continued to witness healthy growth in patient volumes, driven by increased demand across key specialties, higher case complexity, and sustained trust from patients and referring physicians. We also continued to strengthen our position as a destination for complex care through investments in advanced technologies, multidisciplinary programs, and world-class clinical talent.

I would like to highlight that Medanta Lucknow has performed over 1,000 joint replacements using the latest robotic technology. This comes on top of thousands of robotic surgeries that we have executed across the system in every specialty, including the more complex cardiac and other specialties.

Talent remains core to our delivery model. During the quarter, we onboarded over 70 doctors, including more than 50 senior clinicians across specialties. This strengthens our medical depth and enhances our ability to manage complex multidisciplinary care. As we grow, we remain focused not just on scale but also on creating meaningful, measurable impact by enhancing access to advanced healthcare, nursing and clinical leadership, and continuing to lead through innovation.

Based on this philosophy, we have scaled up our plans for Guwahati, which will now have a 650-bed super-specialty hospital. Our objective is to improve access to advanced tertiary and quaternary healthcare for patients across the Northeast, where significant demand currently travels outside the region for complex treatment. With a resilient business model, deep medical expertise, and a purpose-driven culture, we believe we have the right building blocks in place to carry this momentum forward, touch more lives, serve more communities, and set new benchmarks in quality

care.

Overall, we are pleased with the progress during the quarter and remain confident in our long-term growth strategy. With that, let me now hand over the call to Mr. Pankaj Sahni, our Group CEO, who will walk you through the strategic, operational, and financial highlights for the quarter. Thank you all for your participation. Over to you, Pankaj.

Management: Thank you, Dr. Trehan. Good afternoon, and thank you for joining us today. FY27 has begun on a strong note for Medanta. In Q1 FY27, we delivered robust growth in our total income and EBITDA, reflecting the strength of our operating platform and disciplined execution across the network. The growth was broad-based, driven by robust patient volumes, improved realizations, continued scaling of Medanta Noida, and sustained momentum across our established hospitals.

Let me first take you through our financial performance highlights for Q1 FY27. Consolidated income for the quarter was Rs.13,262 million, representing healthy growth of 26% year-on-year. EBITDA, excluding Noida, grew by 24% year-on-year to Rs.3,201 million, with margins improving to 25.8%, highlighting the continued strength of our core operating portfolio. Reported EBITDA, including Noida, stood at Rs.3,153 million, registering healthy year-on-year growth of 23%, with EBITDA margins of 23.8%.

Below EBITDA, the year-on-year comparison also reflects higher depreciation and finance costs associated with our expanded asset base, particularly following the commissioning and ramp-up of Noida. Profit after tax was Rs.1,573 million compared to Rs.1,590 million in Q1 FY26. As highlighted in our results, the year-on-year profit after tax was impacted by non-recurring exceptional income of Rs.196 million recognized in Q1 FY26, relating to the reversal of potential interest liability on EPCG subsequent to the successful merger of our 100% subsidiary, MHPL, with GHL. Excluding this one-time item, our underlying earnings trajectory continues to remain very healthy.

Operationally, we continued to witness robust momentum across the network. Inpatient volumes increased by 28% year-on-year, while outpatient volumes grew by 34%, reflecting sustained demand across our specialties and the continued scale-up of our new facilities. Occupied bed days for the quarter increased by 21%, with network occupancy remaining healthy at 63% on expanded bed capacity. Excluding Noida, occupancy across the network stood at approximately 66%, demonstrating the robust utilization levels across our existing hospitals. Average revenue per occupied bed, or ARPOB, grew by 5% year-on-year to Rs.70,244, supported by a favorable case mix, increasing contribution from high-acuity specialties, and improvements in operational efficiency.

International patient revenue grew by 23% year-on-year to Rs.782 million, reflecting strong growth despite current geopolitical tensions. Our OPD pharmacy business also continued its strong growth trajectory, with revenue increasing by 51% year-on-year to Rs.609 million, supported by both hospital pharmacies and our expanding retail pharmacy network. During the quarter, we operationalized 72 additional beds, including 51 beds at Noida and 21 beds at Lucknow, taking our operational bed capacity to 7,300—37.

Medanta Noida—let me now provide you with an update on Medanta Noida, the newest asset in our portfolio. When we formally inaugurated it in November 2025, we had indicated that a facility of this

scale would require some gestation period before achieving operating break-even. We are very satisfied with the progress of Medanta Noida over the last 2 quarters. In Q1 FY27, we witnessed a strong ramp-up across all categories of patients and concluded major empanelments and contracts across insurance, PSU, and other corporates. In this quarter, Noida saw a significant reduction in its EBITDA losses.

Operator: Ladies and gentlemen, the line for management has been reconnected. Please go ahead, sir.

Management: Hi, my apologies for the technical delay. Let me re-read some of our performance with respect to Noida. On the financial performance, Noida generated total income of Rs.855 million compared to Rs.525 million in Q4 FY26. More importantly, the EBITDA loss declined sharply from Rs.236 million in Q4 FY26 to only Rs.49 million in Q1 FY27.

During the quarter, we further expanded our operational capacity with the addition of 51 beds, while continuing to strengthen our consultant base and specialty offerings. Based on the current operating trajectory, we expect Noida to break even on an EBITDA basis earlier than our previous expectations.

While we remain focused on achieving profitability, our larger objective continues to be building another flagship Medanta institution with strong clinical capabilities, sustainable market leadership, and long-term value creation.

As our network continues to expand, we are also enhancing the quality and transparency of our disclosures. Beginning this quarter, we have introduced average revenue per patient, or ARPP, as an additional operating metric. Unlike ARPOB, which measures revenue generated per occupied bed day, ARPP provides a perspective on revenue generation relative to inpatient volumes. For Q1 FY27, ARPP stood at Rs.201,891, broadly similar to the number achieved in the corresponding period last year, reflecting stable realization despite the continued ramp-up of newer and existing facilities.

Another change we have made this quarter relates to our hospital cluster reporting. Going forward, what were previously referred to as mature hospitals will now be reported as Cluster 1. Similarly, our earlier developing hospitals will now be referred to as Cluster 2, although the composition of hospitals remains the same in Cluster 1 and Cluster 2.

Let me first talk about Cluster 1, which comprises our established hospitals at Gurugram, Indore, and Ranchi. Revenue from Cluster 1 stood at Rs.7,715 million, registering year-on-year growth of 10%. EBITDA stood at Rs.1,858 million, reflecting strong growth of 13% year-on-year, with improved margins of 24.1% compared to 23.4% in the corresponding quarter. The performance was supported by a 14% increase in inpatient volumes, reflecting continuous demand. At the same time, ARPOB grew by 7%, driven by a favorable specialty mix and improved realizations. Average length of stay improved to 2.8 days, while occupancy remained stable at 63%, demonstrating our continued focus on improving operational efficiency without compromising patient care.

ARPP of Cluster 1 stood at Rs.290,623 in Q1 FY27, almost similar to the previous corresponding quarter.

Turning to Cluster 2, comprising Lucknow, Patna, and Noida, this cluster continues to be our growth engine. Including Noida, total income grew by 55% year-on-year to Rs.4,983 million, while EBITDA grew by 35% to Rs.1,272 million. As Noida is still in its ramp-up phase, we have also provided performance excluding Noida to enable better comparability. On this basis, excluding Noida, Cluster 2 delivered 28% revenue growth and 40% EBITDA growth, with a strong EBITDA margin of 32%, highlighting the robust underlying performance of both Lucknow and Patna.

Overall, the Cluster 2 hospitals witnessed a 50% increase in inpatient volumes, while occupied bed days increased by 44%, reflecting continuous capacity utilization across the hospitals. ARPOB grew by a strong 9% to Rs.61,742, supported by a favorable case mix and improved realization across the network. ARPP of Cluster 2 stood at Rs.182,407 in Q1 FY27, up 5% compared to the previous corresponding quarter. Occupancy for Cluster 2 stood at 62% compared to 64% in the same quarter last year, marginally lower due to the phased commissioning and capacity addition at Noida.

Overall, we remain encouraged by the performance of Cluster 2. Lucknow and Patna continue to deliver strong operating performance, while Noida is ramping up significantly. Together, these hospitals provide a strong platform for Medanta's next phase of growth.

Now coming to our projects, a total of 72 beds were added during the quarter, 51 in Noida and 21 additional beds in Lucknow. We have also revised the scale of our proposed Guwahati hospital following the revised building bye-laws and National Building Code 2026. The project has now been expanded to a 650-bed super-specialty hospital with an estimated project cost of approximately Rs.9,700 million.

Our announced projects continue to progress through their respective development and approval stages. Construction is underway at South Delhi, while design, statutory approvals, and planning activities are progressing at the other locations. Together, our announced expansion pipeline now represents nearly 3,350 additional beds, providing a strong runway for sustainable long-term growth.

Supported by our strong brand, differentiated clinical capability, robust balance sheet, and disciplined execution, we remain confident in our ability to deliver sustainable growth while creating long-term value for our shareholders. With that, I request the operator to open the line for questions. Thank you.

Operator: Thank you. We will now begin the question-and-answer session. Anyone who wishes to ask a question may press star and one on their touchtone telephone. If you wish to remove yourself from the question queue, you may press star and two. Participants are requested to use handsets while asking a question. Ladies and gentlemen, we will wait for a moment while the question queue assembles.

The first question comes from the line of Sukrit Patil with Eyesight Fintrade. Please go ahead.

Sukrit Patil – Eyesight Fintrade: Good afternoon to the team. My first question to Mr. Pankaj is, beyond the regular outlook, what are the top 2 to 3 execution priorities you are focusing on in the coming quarters? Alongside that, what do you see as the biggest risk in patient demand shifts or competitive pressure, and how are you preparing to manage them while strengthening Medanta's

position in the multispecialty hospital and healthcare space? That is my first question. I will ask my second question after this. Thank you.

Management: Our operational and execution priorities do not change on a quarter-to-quarter basis. That is not how we necessarily think about running the organization. What I can tell you is that we remain committed to the broad strategies that we have outlined multiple times.

The first one, of course, is to ensure that we continue to deliver exceptional clinical and operating performance, which translates into very strong financial performance across all our 6 hospitals. Most of the hospitals are now at a fairly mature stage, with even our Patna facility being about 4.5 to 5 years old in terms of its operations. The only real new hospital is our Noida facility.

As mentioned in the opening comments, we continue to see a very strong ramp-up at our Noida facility, and that remains an important focus for us. We will continue to add clinical talent, scale its beds, continue to improve across all operational and financial parameters, and we have already seen very strong performance on that in Q1. As mentioned in the opening comments, we are a little ahead of our own internal expectations in terms of the financial returns on that particular facility.

When it comes to our existing 5 hospitals—that is, Gurgaon, Lucknow, Patna, Ranchi, and Indore—we continue to focus on driving very strong clinical quality at all these facilities. We have been relentless over the course of the last few years in adding clinical capabilities as and when they are needed across the network. That includes adding new departments and new specialties, as well as strengthening the existing specialties with more doctors. That will remain our priority as we move forward.

We have also been investing heavily in technology over the course of the last couple of years, and we will continue to do so. This includes adding equipment for complex LINAC procedures for cancer treatment, newer radiation and diagnostic capabilities in terms of CT and MRI, as well as significantly scaling up robotic procedures and robotic equipment across the network, both in terms of soft-tissue and orthopedic robots.

We will also be adding some additional capacity through our Indore acquisition of 82 beds coming on board and scaling up cancer services both in Ranchi and Indore.

On the hospital front, these remain our major priorities. On the retail laboratory and pharmacy front, we continue to scale as and when opportunities arise across the markets and areas that we have already laid out.

Sukrit Patil – Eyesight Fintrade: Thank you. My second question to Mr. Gupta is, from a financial point of view, what key risks or challenges do you anticipate in the coming quarters, and what specific measures have been taken to manage margins, cash flow, and balance sheet strength, especially in areas such as cost pressures, receivables, or regulatory compliance? Thank you.

Management: Regarding margins, I think we have seen good, robust, and stable margins compared with previous quarters, with improvement over the years. We maintain a constant focus on our cost line items, including material costs, manpower costs, and other cost items. There is a continuous effort in this area.

Your other question was on cash flows. If you look at our overall cash flows, they have been strong over the previous years, and we expect them to continue that way. We are not seeing any decline in our cash flow generation. Cash flow itself is going to fund our growth in the future through debt and liquidity from internal accruals. We have a strong balance sheet with very low leverage as of date, and we do not see any challenge on that side.

Have I answered your other question?

Sukrit Patil – Eyesight Fintrade: No, that is it. Thank you very much for the guidance and best wishes.

Management: Thank you.

Operator: A reminder to all participants: you may press star and one to ask a question.

Operator: The next question comes from the line of Parth Sovda with Trinetra Asset Managers. Please go ahead.

Parth Sovda – Trinetra Asset Managers: Am I audible?

Management: Yes, Parth.

Parth Sovda – Trinetra Asset Managers: Good afternoon, and thank you for the opportunity. My question is: as Noida matures, do you believe the consolidated EBITDA margin can move back toward the 25–26% range, or will the expansion-related investments keep margins around current levels?

Management: We do not give margin guidance as such. If you look at our performance including the reported EBITDA of Noida, we are already at around 24%, so we are not far off from what you have articulated. This includes about 5 crores of losses for the quarter. As these losses translate into profits, you will see some amount of expansion and operating leverage.

If you look at our margin profile without Noida, we are already at about a 26% margin profile. We do not really see any significant structural reason to have a very significant negative impact on this. The only thing I can say is that there would, of course, be normal business activities, normal increments, normal cost growth, and all those kinds of things, but we are not seeing any significant change. We should therefore benefit from operating leverage as Noida matures. There is no very significant additional cost that needs to come into Noida.

Parth Sovda – Trinetra Asset Managers: Okay, understood. Thank you. That is all from my side.

Operator: Thank you. The next question comes from the line of Abdul Kadar Puranwala with ICICI Securities. Please go ahead.

Abdul Kadar Puranwala – ICICI Securities: Hi, sir. Thank you for the opportunity. My first question is with regard to your expansion plan and the capex outlay. For the 2,950 beds that you plan to add, how much of that capex has already been incurred?

Management: Let me ask Yogesh to take that.

Management: The question is how much capex we have already incurred?

Abdul Kadar Puranwala – ICICI Securities: Yes. I mean in terms of the land parcel or some construction activity that would have picked up out of the 4,850 crores.

Management: The 4,850 crores is future capex that needs to be incurred. Whatever we have done is already part of our balance sheet today. In this quarter, we incurred Rs.1,610 million of capex. The capex plan that we have provided in our investor presentation is a future requirement to complete these projects.

Abdul Kadar Puranwala – ICICI Securities: Okay. There has been some chatter going around that the government might come up with a revised policy that will expedite the process of setting up hospitals in tier-2 and tier-3 cities. From our perspective, how do we see the ramp-up happening at Guwahati and Varanasi? Do you believe that this can expedite the timelines at which you are planning to add these 2 hospitals?

Management: Let me answer this question on 2 fronts. First, anything that the government announces which helps with the establishment and setting up of hospitals in tier-2 and tier-3 cities is very welcome. As you are aware, Medanta has been one of the leaders in entering some of the cities that may traditionally have been considered tier-2, or cities that may not have appeared to be as attractive, as part of our larger mission of taking high-quality healthcare to areas where it has not been seen before.

With respect to your question about whether this has any impact on Guwahati, I do not believe there is any real need for any of these policies because we already have most of our approvals in place, and construction activity has already commenced in Guwahati. I do not know which policy announcements you are referring to, but as far as our Guwahati build-out is concerned, we are fully on board with our plans for Guwahati.

We have already received almost all the approvals we need for construction, and that work is underway. Of course, anything the government introduces that helps the industry would be welcome.

Abdul Kadar Puranwala – ICICI Securities: Understood, sir. One final question, if I may. If I look at your specialty contribution mix, the share of oncology has come down from, say, 14.2% last year to 13.5%. Would it be fair to assume that this is because of the CGHS revision?

Management: No, let me clarify 2 points. Our share of cancer, as reported in our investor presentation, has actually increased from 13.7% to 14.4% year-on-year. When you look at our actual oncology business, it is a little different from how many other people report it. We have—am I right? Do I have the right numbers?

Management: No, no, oncology—I think you are looking at the FY26 numbers.

Management: Sorry. You are looking at Q1, which has gone from 13.4% to 13.5%.

Management: Sorry, are you asking about Q4 FY26 to—

Abdul Kadar Puranwala – ICICI Securities: No, Q1 FY26 to Q1 FY27. The share has seen a dip of around 70 bps on a year-on-year basis, even though your revenues are growing. I just wanted to know if there is anything to read into those numbers.

Management: No, there is nothing to read into these numbers. There are 2 important points for you to note. One is that we have seen fairly significant growth in kidney and urology. You can see that it has grown from 7.6% last quarter to about 8.2% this quarter. Our uro-cancer, and all the urology and kidney cancer work, is actually reflected in this department. We do not consider surgical cancer within the cancer specialty.

Similarly, if you look at our other specialties, whether it is gastro-digestive, we include GI cancers in that. We include orthopedic and other cancers in those areas. As such, we have only seen growth in cancer, with no significant impact. However, there are some quarterly seasonalities. You do find that in some months there may be more cardiac work or more gastro work.

If you look at our cancer services as a whole, we do not see any significant impact from any pricing-related factors on cancer growth. This is just a sales mix point because the share of one specialty or another may change.

Management: It is basically a pie of 100% because other specialties are also growing faster than cancer. That changes the pie, right? The right way to look at this is perhaps on a more annualized basis because, depending on seasonality, in some quarters you will see more medicine and respiratory cases versus various diseases, while in some quarters you will see more gastroenterology. Therefore, an annual basis is a better way to look at the specialty sales mix.

Management: Cancer as a specialty, as we report it, is growing. There is no dip in the growth of this specialty as such.

Abdul Kadar Puranwala – ICICI Securities: Got it. Thank you, and all the best.

Operator: Thank you. The next question comes from the line of Amay Chalke with JM Financial Institutional Securities. Please go ahead.

Amay Chalke – JM Financial Institutional Securities: Thank you for the opportunity. I have 2 questions, both on Noida. My first question is about the Noida losses, which have dropped sharply over the quarter. Is it possible to provide some color on the occupancy level, and will there be any fixed-cost increase going forward in Noida during the year?

Management: Sorry, could you please repeat that question?

Amay Chalke – JM Financial Institutional Securities: Noida's performance has improved sharply. Is it possible to provide some color on the current occupancy of the Noida unit?

Management: The current occupancy at Noida is probably hovering somewhere in the 30-40% range, but that number is not really significant or important because we continue to add beds. Every few months, if we add 30, 40, or 50 beds, the occupancy number will fluctuate quite significantly.

What I can tell you is that the volume growth in Noida has been quite robust. If you look at our bed growth, it is increasing by almost 30-40% quarter-on-quarter. At this stage, providing a stable-state or current occupancy figure for Noida is somewhat misleading, given the way in which that unit is scaling up.

Amay Chalke – JM Financial Institutional Securities: Certainly. In terms of specialties, are all the specialties currently operating in Noida, or should we see investment in any of these specialties going forward?

Management: All the specialties are operating, with the exception that so far we have not performed any liver transplants there. We have performed kidney transplants and bone marrow transplants. I am trying to think of any other specialty that is missing. Other than that, almost all the major specialties are there.

As far as investment is concerned, most of the specialties requiring significant investment, such as radiation oncology, have already been added. I do not think you will see any significant investment. We already have 14 OTs there, the latest radiation oncology machine is there, the robot is there, and the O-arm is there. We already have all the high-end equipment there.

Amay Chalke – JM Financial Institutional Securities: Previously, you had highlighted in earlier calls that Noida would increasingly take pressure off the Gurgaon unit. Is there any coordination or referral activity happening between these 2 units, where you are giving referrals from Gurgaon to Noida? Has that helped Noida to ramp up faster?

Management: The way in which we operate is that all our hospitals work together. It is not only a question of Noida, Indore, and Gurgaon. We have patients who come from Lucknow to Gurgaon, and we have patients who go from Gurgaon to Patna. All our teams are quite in sync.

We do see that there are patients who may not be able to access Gurgaon as easily from a distance perspective, and those patients are finding a great amount of comfort in being treated in Noida. In addition, several of our department heads in Noida have actually moved from Gurgaon.

Our cardiac surgery team, chest surgery team, plastic surgery team, critical care team, and many of these doctors had a presence, training, and professional growth in Gurgaon, and they have now helped us establish the departments in Noida. To that extent, there is close familiarity, but this is not limited to Gurgaon and Noida alone. It happens quite seamlessly across our network.

Amay Chalke – JM Financial Institutional Securities: Thank you so much. I will join the queue again.

Operator: Participants, please press star and one to ask a question. The next question comes from the line of Tushar Manudhane with Motilal Oswal Financial Services. Please go ahead.

Tushar Manudhane – Motilal Oswal Financial Services: Thank you for the opportunity, and congratulations on the good set of numbers and the scale-up demonstrated at the Noida hospital. Ex-Noida, could you share what the inpatient volume growth would have been on a year-on-year basis?

Management: For the ex-Noida business, if you look at our developing, or what we now call Cluster 2, hospitals, the inpatient volume growth is around 27%.

Tushar Manudhane – Motilal Oswal Financial Services: This volume growth has been very good. I understand that we cannot determine the number of patients who will come in the future, but do the demand tailwinds remain robust, or is this more related to seasonality? The inpatient volume growth is across hospitals, not just Lucknow and Patna, but across our network. What kind of inpatient volume growth can one safely assume?

Management: Tushar, what has happened is that across our Lucknow and Patna facilities, as you would have seen for long periods of time, we have been seeing fairly high volume-driven growth. In fact, you would be aware that we have mentioned many times that we have not taken much of a tariff increase. Therefore, a lot of the growth you are seeing in these units is linked to volume.

We continue to see growth in Lucknow and Patna in the range of upwards of 20%. If you look across the network, with the exception of our Gurgaon facility, which is at a very high scale and has almost 15 years of operations, we still see about 7-10% volume growth in our Gurgaon facilities.

We do not, at least in the short term, see any significant reduction in these growth volumes. We still have beds to add in Lucknow and Patna. We still see, as far as those regions are concerned—the Bihar region and the Eastern UP region—huge unfulfilled potential.

Interestingly, with the announcement of our hospital in Guwahati, we have also seen an increased flow-through to our Gurgaon hospital from the Northeast. As Medanta enters new territories and geographies, we believe that we will continue to see an impact of that in our existing facilities as well. It serves a greater population and also builds brand awareness in those areas.

Tushar Manudhane – Motilal Oswal Financial Services: Understood, sir. As far as the existing hospitals are concerned, that was part of my question. The other part was about the demand tailwind. Has there been any specific change over the last 1 to 2 years where the demand tailwinds have become much better or stronger? Is there anything specific you would like to highlight across the network?

Management: The only thing I would say is that across all the regions in which we operate, and probably across most of the country, but definitely in the central and northern parts of the country, we have seen a significant and continued demand tailwind with respect to the flight to quality care.

We have seen a greater sense of health awareness across the board. With affordability, rising income levels, and the various opportunities to avail of healthcare, this increases. As we saw when we opened Lucknow and Patna, the minute you establish a presence in these territories, it elevates the quality of care and awareness of the type of care that is available.

We anticipate similar things happening when we open Guwahati. We are already seeing increased demand, as I mentioned. We anticipate that other cities which may not have had the ability to access high-quality care like that provided by Medanta will now have that access.

Our belief is that there will be a flight to quality. Our belief is that demand will continue as access to healthcare improves across the country. As income levels and affordability increase, we see this

increasing as well. From a healthcare point of view, India is very well positioned.

Our real challenge is whether we can deliver the supply, and more importantly, the high-quality, high-ethics supply, to meet that demand.

Tushar Manudhane – Motilal Oswal Financial Services: Understood, sir. To cater to this demand, while the beds and physical infrastructure are being set up, we are also adding doctors. Would you like to comment on the attrition rate that you have seen at the network level or at any specific hospital level?

Management: We have seen negligible to no attrition at any of our senior clinical levels across any of our hospitals. Doctors do come and doctors go. In the last probably 6 to 18 months, barring the additions that we have made, I do not see any significant changes in attrition rates across the board.

Of course, we do have high attrition rates in nursing, and junior doctors continue to have a high attrition rate across the industry. However, we have not seen any significant shift or any of our senior doctors moving out of the system so far, at any of our locations.

Tushar Manudhane – Motilal Oswal Financial Services: Understood. That is commendable. My second question is on retail pharmacy. There are perhaps 13 pharmacies outside the hospital network, which is a relatively small scale at this point. Could you share the strategic aspect of this segment and how we should think about it?

Management: As we have always mentioned, we continue to look at retail pharmacy outside the hospital and retail laboratories as an extension of the care that we offer to patients who are part of the Medanta ecosystem. We will continue to maintain this, at least for the foreseeable future.

Our mission has been to ensure that we continue to provide the highest standard of services to all our patients, and that results in demand for certain services beyond the walls of the hospital. While we have a separate entity serving them on the retail pharmacy and laboratory side, this also extends to services such as home care, clinics, and access to doctors beyond the walls of the large hospitals.

We will continue to deliver these services in the regions and areas where our existing hospitals are present. You will likely see increased expansion in our pharmacy and laboratory network in the same central and northern India regions.

We do not yet have plans to extend into areas beyond our hospital catchment, but within this catchment we will continue to scale up. As I mentioned, this will not only include pharmacy and laboratory services; it will be part of the overall continuity-of-care portfolio. These services will remain connected as one ecosystem within the Medanta group.

Tushar Manudhane – Motilal Oswal Financial Services: If I extend that question, how many retail pharmacies do we think we might add over the next 2 years or 2-3 years?

Management: Over the next 2-3 years?

Tushar Manudhane – Motilal Oswal Financial Services: Years.

Management: I do not know. We are currently operating about 13 retail pharmacies, and some of them are also operating in our clinics. We will likely scale up our retail pharmacies in some of the markets where we have seen very high demand from our patients, such as UP and Bihar.

There is a very significant shortage of high-quality and highly credible medicines in these territories. We will scale up. I do not think you will see our pharmacies, Tushar, go from 20 to 100 or 200 or anything like that in the next year. However, we will continue to increase the rate of growth.

If we were adding 10 pharmacies a quarter, perhaps that will become 15 or 20, but I do not think that in the next 4-6 quarters you will see any very rapid, exponential, or multiplier growth. You will see steady growth across the network.

Tushar Manudhane – Motilal Oswal Financial Services: Understood. My last question is on Noida. The number of beds has increased, but as I could see in the slides, the OTs and ICUs have remained the same, even though the beds have increased from {? 320 to 433 ?}. Am I missing something in terms of the interpretation?

Management: Unlike some of our other facilities, where we had a different physical structure comprising multiple towers, Noida is a single-tower hospital, as we had mentioned when we started this journey. What you are seeing in terms of the bed additions is really the opening of additional floors.

The operating rooms, because of the way in which we built them out, were all operationalized and commissioned on day one. It is therefore unlikely that you will see any incremental operating room capacity increase at the Noida hospital in the short term, because this is our installed base as of date.

However, you may see increases as demand improves in procedure areas that are not OTs, such as cath labs and radiation oncology. That will still take some time. We have no capex planned against that in the next couple of quarters. As and when the need arises, we will continue to add that capacity. However, an increase in OTs is unlikely.

Tushar Manudhane – Motilal Oswal Financial Services: Understood, sir. Thank you very much, and all the best.

Management: Thank you.

Operator: The next question comes from the line of Vivek with MK Global Financial Services. Please go ahead.

Vivek – MK Global Financial Services: Thank you for the opportunity, and congratulations to the team on a good set of numbers. I had 3 questions.

Firstly, I wanted to understand the growth in the Gurgaon unit, given how quickly we are ramping up the developing units and the growth that we have witnessed there. I am assuming that growth is equivalent to how Lucknow has also grown. My question is essentially why we cannot replicate the

level of growth that we are achieving in Lucknow in Gurgaon.

Management: We have to respect all the realities. Gurgaon is a 15-year-old hospital with 1,500 beds, running quite full, versus a 5-6-year-old hospital with about 750 beds. Structurally and fundamentally, these are different.

Secondly, you have to understand the entire geographic and patient demographic situation of Eastern UP. You are talking about a population base in Eastern UP of perhaps more than 100 million people, versus the NCR or the geographic base of Gurgaon, Delhi, and perhaps parts of Haryana, which would be much smaller.

I do not think it is logical to compare these 2 units in terms of time, scale, and the fundamentals of where they operate. That being said, it is also fair to say that Lucknow, historically, over the last 5-6 years of its operations, has performed at growth rates that have been exceptional and not seen in many hospitals in the country.

It is not easy to say why that growth is not present all the time and everywhere. It has been a phenomenal performance in Lucknow, and we are very happy about that. However, it is somewhat unrealistic to claim that this is normal. We have always maintained that it is not normal.

That being said, a 15-year-old hospital growing by double digits in volume after having reached such a high scale of 1,400-1,500 beds is also a feat that is not seen very frequently. In fact, if you look back over the last 4-5 years, or at least the last 2-3 years since we have been listed, you can say that we are the only major listed chain that has been growing consistently in double digits on volume, as opposed to tariff, revenue, or realizations.

This is in line with our philosophy: helping touch more and more lives and delivering as much as we can with as little burden as possible on the patient population. We are very happy with the way all the units have been growing, but each one of them needs to be looked at independently. It is not logical to compare them on a single dimension.

Vivek – MK Global Financial Services: Understood. Thank you for the detailed answer. Secondly, with respect to your revised expansion plan for Guwahati, earlier we had 400 beds and had allocated capex of around 500 crores for those 400 beds. We have now revised the plan, and for the incremental 250 beds we have increased our capex by approximately another 500 crores. Could you explain the reason behind the higher capex per bed for the incremental beds that have now come to the fore for Guwahati?

Management: As we have mentioned once or twice in the past, beds alone are not the way in which we think about the build-out of hospitals. I will give you some color on what has happened.

With the changes in the National Building Code and the relevant by-laws that apply to us in Assam and Guwahati, we have been able to significantly increase the square footage of the building that we are constructing. The main difference is that the floor plate, which was somewhere around 30,000 or 40,000 square feet, has now almost doubled to about 60,000 square feet.

What that means for us, more than the number of beds, is that it gives us an opportunity to significantly scale up our procedural capacity. We have therefore doubled the number of operating

rooms that we were planning. I think the plan was for approximately 13-14 operating rooms, and that has now increased to almost 28-30 operating rooms.

As you are aware, Medanta operates its facilities with a very high-end procedure orientation. We have almost doubled our operating rooms, doubled our cath labs, and doubled our LINACs and bunkers for radiation oncology. More than the absolute number of beds, the space is being taken up by increased procedure areas in line with the kind of work that we do.

Therefore, the capex you see is not linked only to the bed count. It is linked to the complete procedure area and to our square footage increasing from about {? 6.5 lakhs to about almost 9.8 lakhs ?}.

Vivek - MK Global Financial Services: Understood. Just to clarify, this incremental capex does not include any additional area or land that we have had to purchase, correct? This is within the existing—

Management: Existing land, yes. With the changing rules, we have been able to obtain additional FSI at no cost, additional ground coverage, and so on. The height restrictions that existed in the National Building Code before this have also been increased to about 60 meters. The ability to build more on the same plot of land has therefore increased, so to speak.

Vivek - MK Global Financial Services: Understood. One final question regarding CGHS. Have we seen the impact of the CGHS rate hikes announced in October come into full effect from this quarter? If you could quantify the benefits to revenue and margins—

Management: The benefit has been fully captured because the hike was announced in October and we are talking about April to June. Therefore, it is fully baked into this quarter.

We do not separately capture or report the benefit attributable only to the CGHS rate hike. Obviously, this hike is coming after, I think, the last revision in {? 2014 ?}; we are sitting in 2026, so it was a long-overdue hike. There have been some positive impacts from it.

However, on the larger overall profit and loss account or overall revenue of the company, I do not think this is moving it by several hundred basis points or anything like that. Of course, it is beneficial.

Management: As Yogesh was saying, at Medanta, our CGHS business is not very large. I think it is somewhere in the 10-12% range. Therefore, for us, it is not really moving the needle on total revenue, but whatever the benefit is, it is beneficial. Our growth is mainly led by volume rather than tariff.

Vivek - MK Global Financial Services: Understood. That was all from my end. Thank you very much.

Operator: The next question comes from the line of Raman KV with Sequent Investments. Please go ahead.

Raman KV - Sequent Investments: Hi, sir. Can you hear me?

Management: Yes, we can hear you.

Raman KV – Sequent Investments: I have 2 questions. One is with respect to Cluster 1, which grew by around 10%. When we compare it with Cluster 2, there is a slowdown in growth. Is it because of capacity constraints, and are we planning to have any brownfield expansion in the Cluster 1 hospitals?

Management: I am not sure where you are seeing the slowdown. Cluster 1 has grown by approximately 10% on a revenue basis and, I think, by a higher rate on a volume basis. Cluster 1 includes Gurgaon, Indore, and Ranchi. Indore is [inaudible]—

Raman KV – Sequent Investments: When I say slowdown, I was comparing it with the Cluster 2 hospitals, which have grown by more than 30%. When we look at it on a consolidated basis, consolidated revenue grew by 20%, so I was comparing it with that.

Management: You mean relative growth between the 2 clusters, rather than a slowdown. Let me revert to the answer I gave to a previous question regarding the fact that these are not necessarily comparable. Before doing that, let me answer your point about whether there will be any brownfield expansion in these clusters.

First, in Cluster 1, Indore and Ranchi, we have added some beds to our Ranchi facility over the course of the last few months. We added a 100-bed facility at some point in the last financial year; I do not recall the exact date now. We also have an 80-bed facility that we acquired, which should come on board toward the end of Q2 or perhaps early Q3 in Indore.

Both of these facilities will help provide the missing cancer-related services that we did not have in Indore and Ranchi. We therefore do see some brownfield bed capacity coming on board. Our Ranchi facility is already functional, but it is also scaling up. You will see some capacity benefits in both Ranchi and Indore.

In Gurgaon, I think I mentioned on our last earnings call that, more than beds, we are adding procedural capacity. We have activated additional operating rooms in Gurgaon, and we will probably activate 2 more operating rooms in the coming quarter. That should take our total operating room capacity to almost 44-45 operating rooms at this facility.

We will also hopefully commission additional cath labs in the coming quarter, which is Q2. We may add 2-3 cath labs, so we will find additional procedural capacity in Gurgaon as well.

As I was mentioning in response to another question, the increase for us is not always linked to beds. As you can see, we are fairly efficient in bed turnover, with a low length of stay, but we would like to become more efficient. Procedural capacity could also increase.

The way I would like to answer your question on brownfield growth in Cluster 1 is that it will be a combination of beds and procedural capacity in all 3 units.

That being said, we are sitting on a huge base. We are talking about a patient volume that is very high in terms of inpatient care, processing 30,000-35,000 patients a quarter. Therefore, that will obviously grow at a slightly different rate compared to Cluster 2.

Even if we exclude Noida, you see growth in Lucknow and Patna on a volume basis of about 27%, as I mentioned in response to an earlier question, and that also continues to grow quite well.

We are also adding procedural capacity in both Lucknow and Patna without necessarily adding beds. I think we mentioned again in my last quarterly earnings call that we are adding operating rooms in Lucknow, adding operating rooms in Patna, and also adding bed capacity in both units.

Therefore, beyond Noida's scale-up, you will see bed capacity and procedural additions across almost every one of our units.

Raman KV – Sequent Investments: Understood, sir. Thank you for the clarification. My second question is on margins. The margin from the Cluster 2 hospitals, excluding Noida, is far greater than the margin from the Cluster 1 hospitals. Can we assume that the Cluster 2 hospitals will have 30% margins in the near future? Also, once utilization ramps up at the Noida facility, will that also be a 30% margin business?

Management: We do not give margin guidance, and I would not like to hazard a guess about what the margin will be in the future in Patna or Noida. I can, however, clarify a couple of points for you.

The first and important point is that our complete overhead cost base, including our group costs and corporate costs, is fully loaded into our Gurgaon facility, which is in Cluster 1. To that extent, the comparison may not always be appropriate because there are slightly inflated costs in Cluster 1 and slightly deflated costs in Cluster 2.

The second point is that, despite slightly lower ARPOBs and lower realizations, we do not have as much legacy cost in our newer units as we do in our older unit. There are some benefits from that.

The third point is that, as and when you scale up hospitals, you try to become more efficient. There are some differences in the cost structure depending on exactly where you are operating and the type of clinical talent you have. Gurgaon, being a much larger facility, has a greater number of senior doctors. There are therefore various differences in each of the units.

Beyond comparing the margin profile across units, what I can say is that we see operating leverage kicking in at Noida, which should help the margin profile. We do not see any very significant structural difference in the cost base of any unit.

Therefore, as you achieve greater realization and move toward higher procedural elements, to the extent that there are tariff revisions or related benefits, these should all be margin-accretive. Of course, there may also be situations that are margin-dilutive, but structurally we do not see any very significant shift in our cost base. It should therefore at least remain stable or continue to grow.

Raman KV – Sequent Investments: Understood. I just want to clarify that my question was mainly about whether the margin difference between Cluster 1 and Cluster 2 is only because of the corporate overheads, or whether it is also because Cluster 2 is doing specialized treatments that are usually a high-margin business.

Management: I do not think there is anything significantly different that we are doing in Cluster 2 which is not being done in Cluster 1. There are obviously some greater operating efficiencies

because these are slightly newer units.

To give you a simple example, in a newer unit, you may not have annual maintenance contracts or repairs and maintenance expenses because the equipment may still be under warranty. In an older unit, you would have a higher level of repair and maintenance costs.

In an older unit, you may have a slightly less efficient manpower structure because of legacy costs, whereas in a newer unit, you may have started with a more efficient structure. These are operational factors that continue to be optimized across the network.

There is no structural difference or very significant difference in the type of work that we are doing.

Raman KV – Sequent Investments: Understood, sir. Thank you very much.

Operator: Thank you. Ladies and gentlemen, we will take that as the last question for today. I would now like to hand the conference over to management for the closing remarks.

Management: Thank you, everyone, for your questions today and for joining us. My apologies once again for the technical glitch in the middle of the call. I hope that did not create too much disturbance for you.

To come back to what we were saying, as we look at our company and our organization, we are very happy with our performance thus far. As we scale, we will continue to focus on what has always defined us: our exceptional clinical depth and talent, our operating discipline, and our commitment to delivering the highest-quality outcomes that matter to our patients.

Please feel free to reach out to our investor relations team in case any of your questions remain unanswered. We look forward to meeting you again soon. Thank you very much.

Operator: Thank you, sir. Ladies and gentlemen, on behalf of JM Financial Institutional Securities, that concludes this conference call. Thank you for joining us, and you may now disconnect your lines.

Note: {? ... ?} indicates a figure or name where audio clarity was insufficient for confident transcription. Verify against the source audio or the company's published filings.