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The Listing Department
National Stock Exchange of India Limited
Exchange Plaza, 5th Floor, Plot No. C/1
G Block, Bandra-Kurla Complex, Bandra (E)
Mumbai - 400 051, India

Symbol: YATHARTH
ISIN: INE0JO301016

Dept. of Listing Operations
BSE Limited,
Phiroze Jeejeebhoy Towers,
Dalal Street,
Mumbai - 400001, India

Scrip Code: 543950
ISIN: INE0JO301016

Subject: Earnings Call Transcripts Q4 & FY25.

Dear Sir/Madam,

Pursuant to Regulation 46(2)(oa) of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015, please find enclosed the transcript of Investors' conference call organized on May 27, 2025 post declaration of Audited Financial Results (Standalone & Consolidated) of the Company for the fourth quarter and financial year ended March 31, 2025.

The transcript is also available on the website of the Company at <https://www.yatharthhospitals.com/investors> in the section of Corporate Announcements.

This is for your kind information and records.

Thanking You

Yours Faithfully,
For Yatharth Hospital and Trauma Care Services Limited

Ritesh Mishra
Company Secretary & Compliance Officer
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Our Hospitals

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“Yatharth Hospitals and Trauma Care Services Limited

Q4 & FY '25 Earnings Conference Call”

May 27, 2025



MANAGEMENT: **MR. YATHARTH TYAGI – WHOLE-TIME DIRECTOR**
MR. AMIT KUMAR SINGH – GROUP CHIEF EXECUTIVE OFFICER
MR. PANKAJ PRABHAKAR – GROUP CHIEF FINANCIAL OFFICER
MR. NITIN GUPTA – PRESIDENT, FINANCE AND GROUP CHIEF OPERATING OFFICER
MR. SONU GOYAL – GROUP FINANCE CONTROLLER

MODERATOR: **MS. AASHITA JAIN -- NUVAMA WEALTH MANAGEMENT**

Moderator: Ladies and gentlemen, good day, and welcome to Yatharth Hospital Q4 and FY '25 Earnings Call hosted by Nuvama Wealth Management Limited. As a reminder, all participant lines will be in the listen-only mode, and there will be an opportunity for you to ask questions after the presentation concludes. Should you need assistance during the conference call, please signal an operator by pressing star then zero on your touchtone phone. Please note that this conference is being recorded.

Let me draw your attention to the fact that on this call, discussions will include certain forward-looking statements, which are predictions, projections or other estimates about the future events. These estimates reflect management's current expectations about the future performance of the company. Please note that these estimates involve several risks and uncertainties that could cause our actual results to differ materially from what is expressed or implied.

I now hand the conference over to Ms. Aashita Jain from Nuvama Wealth Management. Thank you, and over to you, ma'am.

Aashita Jain: Thank you, Avirath, and good day, everyone. On behalf of Nuvama Wealth Management, we welcome you all to the Q4 and FY '25 Earnings Conference Call of Yatharth Hospital & Trauma Care Services Limited.

From the management side, we have with us today Mr. Yatharth Tyagi, Whole-Time Director; Mr. Amit Kumar Singh, Group Chief Executive Officer; Mr. Nitin Gupta, Group Chief Operating Officer and President, Finance; Mr. Pankaj Prabhakar, Group Chief Financial Officer; Mr. Sonu Goyal, Group Financial Controller.

I now hand over the conference call to Mr. Yatharth Tyagi for his opening remarks. Over to you, Yatharth, and thank you.

Yatharth Tyagi: Good morning, and a very warm welcome to Yatharth Hospital & Trauma Care Services Limited Earnings Conference Call for the quarter and year ended March 31, 2025. Joining me today are Mr. Amit Kumar Singh, Group CEO; Mr. Pankaj Prabhakar, Group CFO; Mr. Nitin Gupta, Group COO and President, Finance; and Mr. Sonu Goyal, Group Finance Controller.

Our earnings presentation has been uploaded to the stock exchange and is also available on our website. We hope you have had a chance to review it.

I'm pleased to share a significant clinical milestone. Our Noida Extension Hospital became the first in the region to initiate CAR T-cell therapy, a groundbreaking treatment for cancer patients. This achievement underscores our commitment to advanced care. We also successfully managed several other complex cases this quarter including:

1. A craniopharyngioma in a 3-year-old child with a 52*53*51 mm cystic mass. The case required a high-risk pterional craniotomy, resulting in near total tumour excision.
2. In another case, we operated a large occipital glioma resection in a 45-year-old Iraqi patient using neuro navigation technology to ensure maximal safe removal with no damage to brain tissues.

3. In another high-risk cardiac surgery involving mitral valve replacement, tricuspid valve annuloplasty and ASD closure was performed on an international patient with multiple comorbidities, including CKD and complex cardiac anatomy.

These cases reflect our clinical depth and advanced infrastructure, positioning us on the top tertiary care providers in the region.

I'm also delighted to report another quarter and year of robust performance. Our revenue for the financial year grew over 30% year-on-year, while our EBITDA increased by over 20% year-on-year. Notably, this year, the company generated an operating cash flow of INR1,496 million with a cash conversion ratio of around 70%, reflecting a strong focus on translating profitability into cash generation. This performance is a testament to our relentless focus on operational excellence, strategic expansion and a commitment to strengthening our leadership in the Delhi NCR healthcare market and in North India.

During the year, we made significant strides in expanding our footprints with operationalization of our Greater Faridabad facility in May 2024, adding 200 beds to our network. I'm pleased to inform that within just 10 months, this facility contributed INR436 million in revenues and accounted for 9% of our total revenue in quarter 4, underlining its strong potential.

Furthering our expansion, 2 new hospitals, 1 each in New Delhi of around 300 beds and Faridabad of around 400 beds have been successfully registered, and we have received possession of the site in this quarter. We expect both hospitals to be operationalized by next month, significantly enhancing our presence in Delhi NCR. Our strategic investments in medical infrastructure and super specialty services continue to drive strong patient inflows and value growth across our network.

Further, the proportion of government business in our newer hospitals remains significantly lower than the group average, with Greater Faridabad hospital seeing only 20% of its business coming from government schemes. We expect this trend to continue with our upcoming hospitals in Faridabad and New Delhi, which are also anticipated to have a lower government mix. This shift will drive meaningful improvement in our revenue mix, as well as ARPOB for the whole group.

We have intensified our focus on attracting medical value travel through strategic engagements with key government and private hospitals in Nigeria, health camps and local doctors meeting in Uzbekistan and Tajikistan. Additionally, we have launched information and branding initiatives targeting the African Students Union. We are also setting up information centres in Uzbekistan, Tajikistan, Mauritius, Tanzania and Kenya, and we are actively engaging in partnership discussions with the Ministries of Health in Iraq and Congo. These initiatives are expected, not only to expand our medical value travel business while benefiting from the upcoming airport, but also to significantly contribute to improving ARPOB in the coming years.

On the ongoing income tax matter, I am pleased to highlight a major positive development involving all our shareholders. Our subsidiary, AKS Medical, which operates the Noida

Extension Hospital has recently deposited INR12.38 million as additional tax in response to assessments by the income tax authorities related to previous years. Given that this facility accounts for nearly 40% of the group's total revenue, this marks a substantial step forward in the resolution process. With this development, the assessment now remains pending largely for the parent entity. The resolution at AKS Medical involving a relatively insignificant financial liability reinforces our confidence in bringing this matter to a close soon with no material impact expected on the group's financials.

Furthermore, in line with our commitment to the best corporate governance practices, we have received written consent from BDO India, a leading auditing firm for their proposed appointment as statutory auditor effective from FY2026. This proposal will be presented to the Board and the upcoming AGM for necessary approvals. Meanwhile, Deloitte continues to serve as an internal auditor, supporting us in strengthening our financial systems and internal controls more.

I would also like to take a moment to appreciate the contributions of Mr. Neeraj Vinayak as he moves on to pursue a new career opportunity outside NCR and wish him continued success in his future endeavours. Looking ahead, we are pleased to share that a highly seasoned professional with strong background in M&A, Strategy, Investor Relations and having previously worked with leading hospitals will be stepping into the role. This transition underscores our continued commitment to strengthening our M&A initiatives and deepening our investor engagement.

As we move forward, Yatharth Hospitals is well positioned for sustained growth, driven by a commitment to clinical excellence, strategic expansion and investment in advanced medical technologies. We remain focused on delivering long-term value to our stakeholders.

With that, I would now like to hand over the call to Mr. Pankaj Prabhakar, our CFO, for a detailed financial update.

Pankaj Prabhakar:

Thank you, sir. Good morning, everyone. I am pleased to report Yatharth Hospitals has continued its strong growth trajectory, delivering robust results for both the quarter and the full year.

Let me first take you all through the results for the quarter. During the quarter, Yatharth Hospitals achieved a revenue of INR2,318 million, marking a substantial growth of 30% year-over-year, driven by growth in our occupancy, as well as ARPOB. Our Jhansi-Orchha hospital led the way with an impressive 53% year-over-year growth, while Noida Extension posted a 34% year-over-year increase in revenue, now contributing 7% and 36% to our top line, respectively.

Inpatient volumes surged by 41% and outpatient volumes by 31% Y-o-Y during the quarter. We have also made significant strides in advancing our tertiary and quaternary care services. Earlier this year, we introduced a new radiation PET line at our Noida Extension Hospital and robotics across our Noida Extension, Greater Noida and Greater Faridabad Hospitals. These investments have significantly boosted our oncology revenue with oncology now contributing

18% to Noida Extension's revenue and 10% to the group's overall revenue, a 161% increase from last year.

Our strategic investment in medical and infrastructure and specialty services continue to drive strong patient inflows and value growth across our hospital network. In quarter 4 FY2025, our group ARPOB rose by 7% to INR31,441. Notably, our Noida Extension facility reported the highest ARPOB at INR38,806, reflecting an 11% Y-o-Y increase driven by approximately 70% contribution from super-specialty services.

Our Greater Noida facility achieved an ARPOB of INR34,960, up by 16% Y-o-Y, while our newest facility in Greater Faridabad posted an ARPOB of INR30,384 within its first year of operation, reflecting our focus on high-end health care solutions.

EBITDA for the quarter rose by 23% Y-o-Y to INR570 million. EBITDA margin stood at 24.6% compared to 26.2% last year. The reduction in EBITDA margin for the quarter was on account of operational losses at our Greater Faridabad unit, which became operational in mid-May.

Adjusting for Faridabad Hospital, our EBITDA margin would have been in the range of 26% to 27% this quarter. Overall, our profit grew by 1% Y-o-Y at INR387 million, a relatively slower profit growth, primarily on account of the increase in depreciation expense in the quarter in line with our ongoing expansion and investment in advanced medical equipment.

Now, the highlight for financial year '25. For the full year, revenue grew by 31% Y-o-Y to INR8,805 million, inpatient volume were up by 34%, while outpatient volume were up by 16% Y-o-Y in FY '25. Our overall group occupancy also increased to 61% in FY '25 compared to 54% in the same period last year.

Notably, our Noida Extension and Jhansi-Orchha have shown impressive occupancy gain, reaching 60% and 50%, respectively. EBITDA for the financial year '25 stood at INR2,202 million, up 22% Y-o-Y with an EBITDA margin of 25%. Net profit for the period stood at INR1,306 million, up 14% Y-o-Y.

Our balance sheet continues to remain strong with a net cash position of INR5,032 million, bolstered by the recent QIP. Our ROCE for the year stood at 19%, impacted by operational losses at the Greater Faridabad facility and expanded capital base and acquisitions and investments in advanced technologies. However, we are confident that this is a temporary blip. And once the new facilities ramp up, ROCE will return to the earlier level.

We remain optimistic about sustaining our growth momentum in both revenue and profitability. Our focus will continue to be on operational excellence, expanding our presence in North India and capitalizing on emerging opportunities in the healthcare sector.

Thank you for your attention. I would now like to hand over the call to the moderator for question-and-answer session, please.

Moderator:

The first question is from the line of Ritika from Perpetuity Ventures.

Ritika: Yes. Sir, I just wanted to know that how do you plan to phase the beds in Faridabad and Delhi? And due to the operationalization of the new hospitals, what will be the impact on the EBITDA?

Yatharth Tyagi: So, both the second hospital in Faridabad region and the New Delhi hospitals, we are planning to launch these hospitals before the end of next month. So, their full operations should be coming up fully from the first day of quarter 2. We feel that the Faridabad hospital will be -- which is a 400 bedded and Delhi is 300 bedded.

So, from day 1, more than 70% beds of both these hospitals would be operational. And as and when the occupancy increases, the beds can be utilized further. But we are quite confident that before the 6 months of both these hospitals starting, we will be fully operationalizing 400 beds, as well as 300 beds in the New Delhi hospital.

As far as your second question on the impact on the EBITDA, we do expect EBITDA losses in both of these hospitals for at least 12 to 15 months of getting operationalized. If you see our Greater Faridabad hospital, which started in this financial year. So, after the full financial year, we have reached a status there where in the latest month, that hospital has become EBITDA breakeven.

So, I think with a similar trend going forward, we do expect the New Delhi and Faridabad hospitals to also be EBITDA breakeven somewhere after 12 to 15 months of operationalizing.

Moderator: The next question is from the line of Akshat Mehta from Seven Rivers Holding.

Akshat Mehta: On your working capital, sir, it's still quite high at the end of FY '25. What is the plan there going forward? And why are the receivable is so high?

Moderator: Sorry to interrupt, Mr. Akshat voice is not audible. Could you move a bit closer to the phone?

Akshat Mehta: My question was I just wanted to understand what is the plan on reducing the receivable days going forward? And why are they so high at the end of FY '25 as well? That's my first question.

Yatharth Tyagi: Yes. So, our receivable days are higher -- on the higher side because our government business is also on the higher side compared to some of the listed peers. Also, if you look at it, however, this year, even with the similar days that we have last year, the company has been able to generate high cash. In fact, our OCF to EBITDA conversion this year is around 68%, almost 70%.

So, the focus is on -- I mean, the money that was struck last year, that amount has now been majoritively recovered by the company. Yes, the new amount has also gone into outstanding receivables, which will also be received in the coming quarters like we have for this whole year.

In fact, if you look at the H1 of this year, our days were close to 110 days. So, it is only the H2 where the days have increased, which is a similar trend that we do observe sometimes. Quarter 4 is usually the receivables are less. However, as we have shown for the full financial year, the

company has recovered a huge amount of receivables, and we will continue to do that next year.

As far as your question of in the long-term, how to reduce the total days we have, we feel when our newer hospitals get into full scale running where the government business is already quite less, that's where you will actually see the difference in the receivable days. So, the Greater Faridabad hospital has just 20% of government business.

Also, the New Delhi hospitals and the main Faridabad hospital when that starts, the government business will also be around 20% there. And that is the only solution for this long-term receivable days to come down. However, we are quite happy with the receivable that we have received for the full year. And this is the trend that we will be continuing next year also.

Akshat Mehta: Sir, can you -- the follow up on that, sir, can you share the payer mix for the full year?

Yatharth Tyagi: Yes. So, I think our government business is close to 37% and remaining is the breakup is between the private insurance, as well as the cash system.

Akshat Mehta: Again, equal split or --. Hello? Would that be equal split?

Management: So yes, cash TPA contribute to around 63% of the overall business, okay? And the split in cash and TPA, where our cash business is around 31% and rest is our TPA business, 32%. And the cash includes the international business also.

Akshat Mehta: Okay...

Moderator: Sorry to interrupt again, Mr. Akshat, your voice is not audible.

Akshat Mehta: Sorry. So, I just wanted to ask, there was a pledge that was created in quarter 4 FY '25. What is the reason for that pledge on the promoter holding?

Yatharth Tyagi: Yes. So that pledge was nothing to do with the company Yatharth. That pledge was done for the certain personal investments that the promoters made, and it is only in the tune of 8% share of the overall company work pledge. That was a settlement that happened between the cousin brothers of the promoters because a promoter's extended family member, Krishna Tyagi, who was holding those amount of equity had passed away.

So, her shares had to be transferred to her family members. And because of that settlement, the pledge was done, which was only 8%. So, because the amount that you receive by pledging the pledge has to be 3.5x of that amount, that's why it appears 8%. However, the amount that was raised was only in the tune of INR130 crores that was raised by pledging these shares. And the promoters are quite confident that within a year or so, once the other properties get sold, they would be also unpledging this amount.

Moderator: The next question is from the line of Pawan Bhatia from Nuvama Wealth.

Pawan Bhatia: Congratulations on a good set of numbers. I just had a few questions. Firstly, regarding the tax rate. So, I think this year, we saw a 24% effective tax rate compared to 27% last year. And in

Q4, I think you saw about 20%. So, I just want to understand what level can we see going forward?

Sonu Goyal: So, if you see, last year, we reported around 27% as effective tax rate. And this year, we are at around 24%. I'm talking for the year-on-year basis. And this is the same trend we will continue for the near future. 24%.

Pawan Bhatia: Okay. Okay. Understood. And secondly, in terms of occupancy rate, I think our Noida facility, we have seen a drop from 89% last year to 79% this year. But I think earlier, you had mentioned that this is a move which you all have planned to do. So, I just wanted to know that since ARPOB has grown about 10% here, but the revenue has been flat. So, what can we see going forward in terms of occupancy rate at this facility?

Amit Kumar Singh: Yes. So, you're absolutely right. I think if you remember our earnings calls of quarter 1 and quarter 2, that time we had mentioned that we wanted to sanitize the payers of -- payer mix of Noida. And that's what the deliberate attempt we took to minimize the institutional business.

So, the result, what you say, yes, this year, you may see as numbers are flat, but the good side of it, if you see the ARPOB has increased by more than 10%, right? So, I think that operational efficiency has increased by doing so. And a similar kind of thought process, we would be having it even for our existing hospital also, we'll try to sanitize the institutional business.

But yes, coming year, next financial year, if you see this -- whatever the steps which we have taken, that impact will start coming from this quarter or probably next quarter. So, our specialty mix will be better. The revenue mix will also be see more towards the super-specialty mix. So, we are very hopeful as far as whatever the steps which we have taken as far as Noida Hospital is concerned.

Pawan Bhatia: Sir, even the occupancy rate could see an increase from here.

Amit Kumar Singh: Occupancy it's close to 80%, which we believe is a good occupancy. I mean, there's a 4%, 5% we may see. So, anything between 80% to 85% occupancy, which is a very good occupancy. If you go more than -- see, I mean, 1 quarter, probably it was closer to 90%, which we believe that's difficult to manage. So, I think 85% is a fairly okay occupancy. And I think we are okay with this.

Pawan Bhatia: Okay. Just one last question in terms of the ARPOB by Jhansi. So, I think we have seen about INR13,200 this year in the terms of ARPOB. So, what trend do we look at going forward from here?

Amit Kumar Singh: So, Jhansi will be more or less similar. If you remember earlier, the Jhansi had reported a higher the ARPOB because of the -- initially when we were not having the institutional business, initially, we were not having the PSUs business, cash business was more, right? But now if you see Jhansi is doing a very good institutional business because that area has -- nature of business is more of the PSUs and institutional, right? So that is the reason we believe that I think this is INR13,000, INR14,000 -- I think anything closer to INR15,000 would be a good ARPOB for Jhansi, and that was as per expected line.

- Moderator:** The next question is from the line of Devarsh Shah from Sunidhi Securities.
- Devarsh Shah:** So, like the voice wasn't clear. So, can you repeat the payor mix for this financial year for the company?
- Sonu Goyal:** So, sir, out of 100%, our 37% business is for the institutional business. And there 63% is for the cash and TPA and out of 63%, 31% for the cash and last 32% for the TPA business.
- Moderator:** The next question is from the line of Sumit Gupta from Centrum.
- Sumit Gupta:** So just want to ask on the working capital cycle. So, it was around 120 days. So, going forward over the next 2 to 3 years, how do you see this panning out?
- Yatharth Tyagi:** As I mentioned, with now the newer hospitals starting up, the Greater Faridabad, where the institutional business is just 20% and New Delhi and Faridabad hospitals, which are getting operationalized very soon, where similar government business is expected. So somewhere -- when those 2 hospitals start contributing. So, I think we do feel that in 2 to 3 years' time, these days should be reducing somewhere around 20, 25 days and that's the plan forward.
- However, as earlier mentioned, we are quite happy with this year because the company has been able to recover a lot of amount that was stuck in receivables. So that's equally important for us to also focus. Yes, receivable days will come down in the long run. But equivalently, the company will be getting good cash flows from the amount that has been outstanding in the receivables.
- Sumit Gupta:** Okay. And on a like-to-like basis, so if we exclude these 2 new facilities, so on a like-to-like basis, how has the working capital cycle fared?
- Yatharth Tyagi:** Yes. So, I think we would expect the 3 newer facilities probably in a year's time would be having receivable days of close to around 60 to 80 to begin off with. And that's how in the overall group level, even though their contribution will be lower in terms of the absolute volume, but then overall at the group level, that's how we would expect the receivables to also come down.
- Sumit Gupta:** Okay. And next question is on the capex. So how much capex do you plan to invest over the next 2 to 3 years?
- Yatharth Tyagi:** So, I think last year, we have done a capex of close to INR300 crores, INR310 crores. Similarly, is the road map ahead for this year and the next year. And any other inorganic acquisitions would be separate. So INR300 crores would be done on the existing 7 hospitals, which includes the New Delhi and the Faridabad for this year. And if we look for any other inorganic acquisition or a greenfield land project, that would be a separate capex that the company would be doing.
- Sumit Gupta:** Okay. So basically, capex per bed comes out -- usually comes out to INR7 million to INR8 million per bed, if I'm not wrong?
- Yatharth Tyagi:** For the existing hospitals.

- Sumit Gupta:** For the existing or for the acquisition that you are looking at, if there is any...
- Yatharth Tyagi:** For the acquisition.
- Sumit Gupta:** Like, it would be more than INR1 crores.
- Yatharth Tyagi:** Yes, acquisitions would be somewhere around INR80 lakhs to INR1 crores ex of land for the inorganic acquisition, you are correct.
- Moderator:** The next question is from the line of Umakant Sharma from Vanj Venture.
- Umakant Sharma:** Could you just touch a little bit on how should we see the ARPOB evolving given that we are adding new capacities? And similarly, as with the new existing capacity as well, so how should we be seeing the ARPOB for the current year, as well as going ahead for '27? And similarly, what should be the baseline which should be setting up for the margins for the current year, as well as for the next year?
- Amit Kumar Singh:** So, if you see, we -- last year, the ARPOB growth, be it in Noida Extension Hospital or even in a Greater Noida Hospital, that's more than 10%, right? So, I mean, this would be in an expected line. So, as far as new hospital is concerned, as Yatharth already mentioned, that's where the very first day, we're going to start with a very tertiary and quaternary nature of the business. And also, the institutional business would be significantly low. So there, you will see a very good guidance for ARPOB concern.
- I don't want to give you any particular number. But yes, this will be much better than what probably as of now what we are having it. And you see the trend is suggesting the same. I mean, more than 10% ARPOB year-on-year, we are growing. So, you can even draw the inferences accordingly.
- Umakant Sharma:** So, would it be fair to say it should be in the range of INR30,000, INR33,000 ARPOB for the - - at least for the initial ramp-up phase for the newer hospitals?
- Amit Kumar Singh:** Yes, I think that -- yes, that start with -- in fact, to be very honest, it would be closer to what probably today we have Noida Extension and Greater Noida. So closer to INR35,000 kind of line start with.
- Umakant Sharma:** Okay. Perfect. Perfect. And on the margin side, what should be the baseline we should be setting given that there will be a lot of incremental costs that will be getting added for the current year, as well as for '27. If you could just throw some color around that as well?
- Yatharth Tyagi:** So, I think overall margins, we feel of what we have reported in quarter 4, the overall margins should be somewhere around that for the whole financial year '26 and '27 individually, maybe 0.5 percentage up or down. But I think the Q4 margins would be a right estimate to take for the financial years going forward.
- Umakant Sharma:** So, you don't think there could be further dilution given that next quarter is when a lot of the capacities will be getting started. You don't see further downside in the margin?

- Yatharth Tyagi:** That's why we said that quarter 4 was a bit lower than the full financial year FY '25. That's why we have taken quarter 4 as the right assumption. And yes, we do expect the new facility to start, but also let's not forget that our existing facilities will also be expanding in margins because there's still occupancy ramp-up that is still remaining in Greater Noida and Noida Extension Hospital and also the Greater Faridabad hospital will be EBITDA positive from the coming quarters. So that is why we feel they will also help in the sustaining the EBITDA margins that we have in quarter 4.
- Umakant Sharma:** Got it. Got it. And sir, 1 question on the occupancy side. Normally, in a typical new setup when you put up a new hospital, especially when you have acquired a hospital. What is the time that it takes? How many -- from a year standpoint, how much time does it take typically for it to ramp up to a good level of occupancy?
- Amit Kumar Singh:** So technically, if you see our Faridabad and Delhi hospital is in a way greenfield hospital, right? We are starting business from the scratch, right? So, it takes around 12 to 18 months it will take for us to reach the operational breakeven, right? And then from there, then we'll see. But sometimes it's early as well, but we don't want to commit as such any this thing. But anything it's fair assumption is 12 to 18 months would be the right assumptions to have reaching an operational breakeven.
- Umakant Sharma:** Okay. So -- and what occupancy do we say that we are operating -- operational breakeven be, about 30%?
- Amit Kumar Singh:** It will be closer to -- anything closer to 35% -- 30% kind of occupancy, which we may consider will be, but depends on size as Faridabad hospital is a much bigger hospital, right? Whereas Delhi is a 300-bed hospital, Faridabad is 400 beds. So, there is a 1% or 2%, 3% here and there depends on the specialty and in which location you are and what the clinical mix you are starting with. So that varies, but 30% would be a fair assumption.
- Umakant Sharma:** Got it. Got it. And just, sir, 1 last question from the one of the previous participants, right? If you could just throw some color around this capex guidance which you have given? So, you said that there's going to be INR300 crores of capex, which will be incurring on the existing hospitals, plus there will be some acquisition and all of that. So, this INR300 crores, where you will be deploying it? If you could just throw some color on that?
- Yatharth Tyagi:** Yes. So, the breakup of INR300 crores roughly, you can see that the Faridabad hospital, the 400 bedded. So, around INR100 crores would still be spent there for the medical equipment, as well as construction because that is still an ongoing capex. It has not started, and we are at the final stage of now procuring the equipment. So that will technically lie for this financial year. So INR100 crores will go into the 400 bedded Faridabad hospital. Around, I would say, 60 -- around INR55 crores will go to the New Delhi hospital, medical equipment's also. That's also the procurement is still ongoing there. So close to around INR150 crores in these 2 hospitals as far as medical equipment's are concerned.
- And the remaining would also be spent certain amount on our existing 5 hospitals that is the Noida Extension, Greater Noida, as well as the Greater Faridabad Hospital. And then the remaining capex will also be spent on the brownfield expansion that we would be doing for the

Greater Noida and the Noida Extension hospitals, where we are adding 200 beds and 250 beds each. So that will also be there, and that is how a total of INR300 crores amount you reach.

Umakant Sharma: Got it. Got it. And any color on the acquisition front? Are we evaluating something on the greenfield side, any thoughts for the current year?

Yatharth Tyagi: We would be looking to add at least 1 facility for this financial year. I think in the coming quarters, hopefully, we should be able to give more clarity on that.

Moderator: The next question is from the line of Anuj Kashyap from A3 Capital.

Anuj Kashyap: Just wanted to know that what is the margin differential between our international patients and the domestic patients? Is there any differential?

Amit Kumar Singh: Yes. So typically, if you see institutional business and the insurance business and international business and cash business, there is a work on various percentage. In international business will give you probably 1.3x kind of, right, whereas it's INR100, if you take as in a cash business. TPA insurance business will be probably 90% of it. The institutional business will be closer to 60% to 65% of it. So, this is how it goes.

Anuj Kashyap: And sir, add on to this 1 question is, like, sir, in NCR, there are a lot of MNCs and there are a lot of institutions. So, is there any strategy from our side to capture that market like wellness stuff, which the institutions are focusing on like companies and all?

Amit Kumar Singh: So, I think -- yes, I think that for every hospitals, if you see, there is a very separate institutional business when I talk about just, not only the government, it's about the corporate and PSU. So, there are a whole lot of the corporate and PSUs existing in this region. And, of course, we have a separate team who are already working on that and most of them would be on our -- already been empanelled and some of them would be ongoing. So, it's ongoing activity, and we have a separate team, a very aggressive team who are working on it.

Anuj Kashyap: And sir, last one from my side. What I wanted to know is that, from the past experience as a team, Yatharth team, what we have experienced is, which is -- especially we have to focus on the capex side, which is beneficial for us, greenfield or brownfield expansion, as your past experience?

Yatharth Tyagi: We have -- today, if you see, we have always worked on a mix philosophy. Yes, we started from greenfield, the Greater Noida, Noida Extension, Noida Sector 110 have been greenfield expansions. And then going forward, we have acquired hospitals. When the company grew, we were able to raise capital. We were able to acquire greater Faridabad hospital, now Delhi and Faridabad hospital. So, we have seen a mix of greenfield acquisitions and now brownfield, obviously, we are expanding the Noida Extension and Greater Noida. We have had a good fair mix that we are working alongside 3 strategies.

But one thing that we are clear on is that, so far, we have always own 100% equity, including the land and the buildings with us. And there has been no hospital on O&M lease model. So, I think so far, that has been our strength. And that is also somewhere helped in our margins as well that having no cost for O&M to share. So, I think that has been a strong reason for a good

margin visibility also. So that's what we have so far believed in. But as far as brownfield, greenfield acquisition is concerned, we have been doing a mix of the philosophy there.

Anuj Kashyap:

Sir, just a little more. So, like the hospitality sector, so we are different -- the 2 sectors are totally different, but the asset-light model for hotels will not work -- will not be more beneficial for our balance sheet -- on the balance sheet side.

Yatharth Tyagi:

See, I think so far, we have -- we feel that for us, the location and the asset is very important. And sometimes what we can get by creating a whole infrastructure or by acquiring certain assets which are available for 100% equities are not always available for O&M model. And technically also, if you look, so far, even the acquisitions we have done have been sort of hospitals which are non-operational.

So, we have started them up fresh from the scratch. We have not acquired assets which were running. So, we feel because we do not want to compromise on the quality of the asset, the geographic location, infrastructure, minimum size of beds is very important to us.

And we don't mind acquiring those assets and starting afresh as a clean slate. And in fact, that has worked for us, both the Greater Faridabad facility, as well as Jhansi-Orchha hospitals were non-operational for some time before we acquired it. Similarly, how the Delhi hospital, Model Town hospital was non-operational, used to function a year ago. So, I think because of these factors, we are okay with acquiring assets rather than trying to get them on lease.

Anuj Kashyap:

And sir, last one, sir, from my side is, sir, is there any -- like you told you were looking for the expansion. So, sir, how strategically, geographically, we can add some different geography to our book so that our portfolio as a group become balanced? Are you looking for a geographical differential in this?

Yatharth Tyagi:

So, we don't want to go much out of our geography areas that we are currently present in. So, we see Delhi NCR, North India market of UP, Haryana, probably nearby states like Punjab, Rajasthan, Bihar, these are strong areas. So, this is where we want to be in the coming years. We don't want to come to Southwest. We want to be in the areas where we have strong presence.

In fact, if you look there are hospitals, we have more than 1 hospital within the same city now. We have 2 hospitals in Faridabad, 1 in Faridabad and Greater Faridabad, and then in Noida we have 3 hospitals. So, we believe in being the biggest player in the cities and the region where we operate. And that really gives us a much more brand visibility rather than going to areas which are 5,000 kilometres away where we started off from.

So at least for the next 3 to 4 years, we want to solidify our presence. And these are the areas which we understand very well. Today, to attract doctors in NCR is not an issue for us because we have created a brand here. If we go to other geographies across India, it will take us some time to develop this brand equity yet.

So that's why for the next at least 3 to 4 years, we are very clear, we want to be in North India, the region we are very well understand. And we feel it's the easiest growth for us because

there's so much potential still remaining in the areas where we operate, and we will be leveraging that potential, as well as the brand there.

Moderator: The next question is from the line of Vicky Waghvani from Guardian Capital Partners.

Vicky Waghvani: Sir, my first question is on depreciation. It has declined quarter-on-quarter from INR169 million to INR129 million.

Sonu Goyal: So yes, basically, depreciation declined quarter-on-quarter. Main reason is because of the deferred tax. So, there's a deferred tax asset has been created for this quarter to the tune of INR3 crores that leads to the decline in the overall number in current tax.

Vicky Waghvani: Okay. And sir, what would be the quarterly run rate going forward as we operationalize the hospitals?

Sonu Goyal: For taxes? Or for depreciation?

Vicky Waghvani: Yes, quarterly depreciation from next quarter.

Sonu Goyal: The amount quarter-on-quarter will be same, what we have reported in Q4, excluding the 2 new assets. So, this is for the 5 assets as of now. So, for all the 5 hospitals, the depreciation, what we have reported in quarter 4 will be the same from next quarter onwards.

Vicky Waghvani: Okay. Sir, can you please repeat the update on income tax about the subsidiary? And also, you highlighted that there is ongoing case about parent company. Please, if you can give the details on the same.

Yatharth Tyagi: Yes. So, what I mentioned earlier in my commentary was we see a huge development in the ongoing income tax matter. The assessment for the AKS, which is the Noida Extension hospital, which contributes to -- that subsidy contributes to 40% to the parent Yatharth company.

The assessment has there resulted in a requirement for the company to deposit an additional tax of INR12.38 million. So, we feel it is as per our stance and expectation that it will be a very insignificant financial liability for the company. And this is the main subsidiary of 40% is contributing.

The other subsidiaries that is the Ramraja, as well as the Greater Faridabad hospitals are very small contributors to the revenue. Greater Faridabad is just INR40 crores. Ramraja would be around INR60 crores. So now the matter would be for the parent company Yatharth, which operates in Noida, as well as the Greater Noida hospital. So, we are quite confident also that going forward, these 2 specific hospitals will also be resolved and ultimately, hoping to close the complete income matter before the end of this financial year.

Moderator: The next question is from the line of Anand B from KSEMA Wealth Private Limited.

Anand B.: Congratulations on a good set of numbers. I just want to know what would be the segment revenue breakup in terms of geography standpoint for the next financial year?

Yatharth Tyagi: So, I think we expect how we look at is hospital-wise. So, the total growth that the Noida region has shown, which includes the Noida hospital, Great Noida and Noida Extension will still continue at a similar trend because there's still a lot of occupancy ramp-up that is yet to be seen in Noida Extension and Greater Noida. And in fact, Noida 110 also that we spoke about earlier is increasing in ARPOB. So, we expect a similar trend of growth there.

As far as the Faridabad region is concerned, now 2 hospitals will be working there. So earlier only Greater Faridabad was there. But now the main Faridabad hospital, which will also have cancer treatment, which is a much bigger hospital, will start. So the Faridabad contribution of what it was for this financial year of FY '25 will, in fact, actually double, if I talk about in the financial year '26 because 2 hospitals starting there and also the Greater Faridabad ramping up the numbers after the full financial year of working.

And as far as Delhi is concerned, it's a new territory, in fact, in the sense that it is the first hospital we are starting there in the region of Model Town, which is in North Delhi. So probably what the numbers that we have seen in Greater Faridabad for the first financial year could be the number that we can see coming up from the Delhi region. So, this is roughly the overall analysis that we see geography-wise.

Anand B.: Sorry, can you just repeat on the Delhi portion, please?

Yatharth Tyagi: Yes. So, Delhi hospital, we do expect a similar performance of what our Greater Faridabad hospital has shown in the first financial year. So, I think the numbers coming from the Delhi geographies would be something similar to what our Greater Faridabad has shown for this year.

Moderator: The next question is from the line of Pratik Bora from Share India.

Pratik Bora: Yes. Sir, I missed the earlier minutes of the call. So, can you just guide me about what impacted the EBITDA margin on Y-o-Y basis that it has been 29% to 25%? So, can you give me some light on that?

Yatharth Tyagi: So, we were mentioning that somewhere the EBITDA margins that we have shown in quarter 4 should be the right basis for the financial years moving forward, maybe 0.5% up and down, but something similar to what the EBITDA margins in quarter 4 are.

Pratik Bora: Okay, sir. And sir, my 1 more question was that right now, we are having an working capital of -- we have increased by 17 days. So, can you give me a reference to how -- what will we do better?

Yatharth Tyagi: As the newer hospitals get operationalized, that is the Noida, the Faridabad hospital and also the Greater Faridabad contribution increases for -- because it was just its first year of working. There, we just see government business contribution coming to only around 20%, and that will be the real value addition that will be coming on our working days, as well as working capital and debtor days.

So, I think in the long run, it is expected to go down for sure. However, what's important is that we continue to get the receivables and each year. And this year, we have seen a good

amount of cash flow coming in the company because of the receivables that we are able to recover. So that's equally important for us going forward also. But yes, we do expect the working capital and receivable days to come down in the long run.

- Pratik Bora:** Any expected working capital days for the next 1 year?
- Yatharth Tyagi:** I think in the long run, after 2 to 3 years, we should be closer to the days of 80 to for the overall company. And yes, in the newer hospitals, it would be much lesser.
- Pratik Bora:** Any future guidance on top line basis for the next financial year, FY '26?
- Yatharth Tyagi:** I think we will continue to do well. That's all we can say. I mean, the company has shown growth of 30% yearly Y-o-Y for last few years now, in fact, so not just FY '25, but even before that, we have continued this growth momentum. And we are quite confident in the future also; we would like to continue this momentum going forward.
- Pratik Bora:** So, while evaluating the valuation, we can expect the same number -- same percentage of growth, correct?
- Yatharth Tyagi:** I mean, hopefully, that is the way forward. This is what company has done in the past. Maybe...
- Pratik Bora:** Yes, I was asking about the numbers that we are expecting for the future of next 1 year.
- Yatharth Tyagi:** We feel the numbers that we have delivered in the past year-on-year should be a sustainable number even for the coming few financial years ahead.
- Pratik Bora:** Okay. Sir, can you just throw some light on the reserves? So, reserve has been doubled for this year from March '24 to '25. So, what we see for the next 1 to 2 years overall? So, we are having any growth.
- Nitin Gupta:** So basically, reserve has been doubled because there was additional profitability, which has been arrived in this year by INR1,305 million. Along with that, we have done the QIP, there was a security premium, which has been there of INR6,145 million. and there are certain expenditure related to fresh issue of shares expenditure, which has been dealt in this year. Hence, this way we have arrived to the reserve and surplus, which has grown to INR15,091 million.
- Pratik Bora:** So, we will continue this or we will have a stagnant growth just because of QIP?
- Nitin Gupta:** No, It was onetime which has been done with the QIP in this FY, and when the share has been allotted there was security premium which has been done in December 2024, which has added to the reserve of INR 6,145 million additionally in this year, particularly.
- Moderator:** The next question is from the line of Kunal Tokas from FVC.
- Kunal Tokas:** Okay. Just two quick questions, sir. First is, you have laid out the capacity growth plan. But what is your preference in terms of what would the specialty mix look like after these capacities come online?

Yatharth Tyagi: So far, we have always maintained a good specialty mix. We are a super-specialty hospital. We do not specifically focus on a single specialty. We like to have leading clinicians and high-end treatments across all the specialties. But as the transition we have seen in the last few years and the current trend is our super-specialties are growing much faster. In fact, the specialties like oncology has increased a lot and the departments like high-end neurosurgery, cardiac surgery, these are departments which are increasing.

And basic general specialties like internal medicine, paediatrics, gynaecology, these are reducing in terms of share of pie. So going forward also with these new hospitals, we would be doing a high-end super-specialty work and expecting our super specialty contribution to be somewhere around 60% to 70% in each hospital and probably around 30% would be from the general specialties.

Kunal Tokas: Okay. Got it, sir. And second question was, you mentioned this in passing earlier that your brand helps you get doctors easily. But for the capacity expansion plans that the industry as a whole has and that you have, do you think talent availability can be a challenge for the industry or for you?

Yatharth Tyagi: See, that is why we -- I earlier mentioned that we like to be in the areas where we already have a good brand presence. So, when we're going to Delhi, we are located -- our previous hospitals are already in Noida and Greater Faridabad. So, there are a lot of doctors even today that come to us from Delhi and a lot of doctors known our brand there. So, it's easier for us to attract star doctors in that region. Similarly, for the Faridabad hospital because already we have a hospital in Greater Faridabad. Today, a lot of doctors in Faridabad wants to join us.

And in fact, in both of these hospitals, the Faridabad and the New Delhi hospitals that are opening up, we have already onboarded certain leading specialists and that process is constantly going on right now. So, because we are going in the areas where we understand the market and NCR is not shortage of doctors there.

There's still a lot of doctors that are available in Tier 1 cities. If we try to go to Tier 3 cities, let's say, in the past, from my experience in Jhansi-Orchha hospital, it did take us time there to onboard super-specialist doctors. But in our NCR hospitals, it is not a challenge for us.

Moderator: The next question is from the line of Vijay Chauhan from RH PMS.

Vijay Chauhan: Yes. So, I would like to understand when do we take the price hike? And what is the range for the annual price hike that we take?

Amit Kumar Singh: So typically, that depends on where we are entering into it. So, we look at that -- we study the market. And generally, if you -- if I tell you that year-on-year, we see the price hike, but it's not that on a blanket this side. So, we try to look at some specialty, we try to look at some of the procedures wise. So, every year, there are some corrections happens, right?

And also, on top of it, every 2 years, there is a correction from the GIPSA insurance pricing, right? So, this is typically which you see. But like when we set up a new hospital coming in Faridabad or Delhi, we'll try to look at our existing market there in a computer, what all the

pricing and accordingly, we'll put our pricing strategy. So typically, year-on-year, you may see.

Vijay Chauhan: And when does it happen typically? Any particular quarter like financial year or calendar year?

Amit Kumar Singh: Yes, typically, it's a new financial year. But in-between also it's required that some corrections can happen, but that too, you'll get advantage of in cash because insurance you can always -- we can do at one. You can't do in-between.

Vijay Chauhan: Okay. Okay. And what is the seasonality in terms of quarter, like which are the stronger ones and which are the weaker ones for the hospitality space? Can you just throw some light?

Amit Kumar Singh: Yes. So Northern India has a seasonality impact. But see, seasonality is like it has an impact on disease mix, that's the clinical mix. Because if you see Q1 and Q4, you may see a strong quarter, right, in terms of the revenue or something.

But in terms of the volume, you may see Q2, Q3 is a good volume because of the dengue and other things comes, right? So, this has an impact. But when you come to the like Q3, you tend to get a good number of super-specialty cases, particularly cardiac and neuro, right? So, it has seasonal variations are there, but it changes with the qualitative and quantitative both as well.

Moderator: The next question is from the line of Aakash Shah from Asian Wealth.

Aakash Shah: My question has already been answered.

Moderator: The next question is from the line of Yash Poddar from Viansh Ventures.

Yash Poddar: Yes. So, I have 2 questions on the business front. So, the first question is with regards to that going forward, as we have already seen a shift in revenue mix from the general internal medicine side towards the specialty segments, which has already come into play. So futuristically, going ahead, how much does that change the total cost structure and the fund application?

And in turn, how will that affect the capex amount per bed, does that significantly inch up that amount because of higher capex's in specialty equipment's or specialty expansions as such? Or does it keep the cost of operation roughly the same?

Amit Kumar Singh: So, the answer cannot be like a 1 answer. So, if you look at it, if it's an existing hospital, right, where we are having operation for the last couple of years where all the super specialty will be there, right? So, we don't require much of the additional expenditure on it because you've already spent on equipment and you've already onboarded those super specialist doctors, right? But yes, if you want to start any super specialty high-end treatment like a transplant and onco or something, it has a cost in terms of the equipment and infrastructure or a doctor side as well.

So -- but for the new hospital, let's say, Faridabad and Delhi, we want to start very first day, absolutely very high-end treatment procedures our quaternary care. So, we would like to have a cancer, we'd like to have a transplant program there. So there that it totally depends on what type of the clinical mix you want to start with that particular facility. So, this has this thing.

And then it's all tailor-made totally with you.

Yatharth Tyagi:

So, it's -- see, I think it would be right to take it on a year-on-year basis. Ultimately, the capex and operational efficiencies do not have to start from literally the first quarter when the hospital gets started because it also takes time to get even after operating to get licenses as far as, let's say, transplant program is concerned. And oncology also takes time.

The machines usually -- so let's say, in our Faridabad hospital, the oncology machines will not be there from first quarter. They will be there somewhere around quarter 3 because it takes time for the machine even after order to come to India.

So overall, the whole year, yes, the operational cost spread is there, but it still is done quarter-on-quarter for the company. So, the whole loss doesn't come straightaway from quarter 1. And by the time you ramp up to these super-specialty treatments with specialty machines, basic hospital working also starts. So ultimately, that's how the overall year-end is the right way to look for the first year operating of a hospital rather than looking at the first year from quarter-on-quarter basis.

Yash Poddar:

Okay. Okay. That's helpful. And the second question that I have is, with -- can you shed some light on the doctors' attrition rates within the company? And also, you mentioned that because of our current brand, there's -- we've been pulling doctors in for the specialty segment. So how does that empanelment look like for the new specialties that we are now -- which are now contributing important parts of our revenue base? And what are some of the ways that we are doing these empanelment's and also the attrition numbers of doctors?

Yatharth Tyagi:

Yes. So firstly, as far as empanelment of doctors are concerned, if you look across our number of doctors across the group have rapidly increased. Even within the same specialties that we were having earlier, we are having multiple doctors within the same specialties. So, it's not just the newer specialties, the new doctors are being onboarded, but we are constantly engaging with leading doctors of this region outside NCR also who are joining us in our existing specialties also.

So, in fact, today, with these 2 hospitals getting operationalized, our total doctor count could even touch upwards of around 800 doctors. That includes consultants, senior consultants, junior consultants, overall doctor numbers if I talk about. And attrition has really come in control for our group.

If I talk about 3 years ago, it used to be much higher, but that was because of certain programs that we were not having as far as the educational institutions within the hospitals are concerned.

So DNB, as soon as we started DNB students who are coming to us, now we do not require to hire many junior doctors, and that is where the attrition is highest because now we get junior doctors from the DNB students who join us remain at least for 3 years and then pass out with a post-graduate equivalent degree. So that is why attrition has come down a lot. If I talk about in super specialty and senior doctors, our attrition is not even 20%. And as far as junior doctors are concerned, it has really come down after the start of DNB program.

In fact, 1 place where attrition is still a challenge for a lot of hospitals in North India is the nursing attrition. Nursing attrition is very high compared to even South India. North India and Delhi-NCR have had this problem much more. So that is what even today, we are trying to take a lot of steps as far as doctor retention -- nursing retentions are concerned.

One of our hospitals that is a Greater Noida hospital will very soon be starting nursing courses where GNM and courses of nursing, BSc nursing students can come and get nursing degree and then we can place them directly placements into our hospitals. So, there are a lot of steps that we're constantly taking. And today, because we have accreditations like JCI, it is much easier for us to attract these doctors, these nurses because ultimately, quality of a hospital does help to attract these talent when it comes to it.

Moderator: The next question is from the line of Akshat Mehta from Seven Rivers Holding.

Akshat Mehta: Yes, sir. So, I just had 1 question. I just wanted to understand, have we started anything on the brownfield expansions that we were going to do? And what is the exact date that they will be operationalized? Is there any update on that?

Yatharth Tyagi: Yes. So Greater Noida Hospital, the brownfield expansion, the basement working has started there. That is the whole architecture plans has been approved. All the compliance work is going on. And as far as Noida Extension is concerned, we are in final stages of finalizing the whole architectural drawing of the brownfield expansion and the addition of the floors are concerned. So, we are quite confident that within a timeline of 1.5 years from today, we should be having these capacity to use. Greater Noida will be much faster because it is a step further ahead.

Moderator: The next question is from the line of Saurabh Dole from True Beacon Investment Advisors.

Saurabh Dole: I just had 1 question. The expansion that you did in Jhansi-Orchha, did ARPOBs there are obviously distinctly lower than the rest of the hospitals. So going forward and especially given the fact that you obviously have a plan of adding some hospitals, at least 1 hospital this financial year, does it mean that you will not go out of New Delhi and perhaps Jhansi-Orchha was a lesson that you should not be venturing out into such areas where ARPOB acceleration can be a challenge?

Yatharth Tyagi: No. I think it is nothing specific to Jhansi-Orchha only. But in general, we feel it is better to stay in Tier-1 cities to at least stay in NCR region. If not NCR, then even there are big cities across UP like Lucknow, Kanpur and Rajasthan, like Jaipur, Punjab has some really good cities that are coming up where the health care market is quite attractive.

So, I think we feel that this is where we would like to be in the years going forward. And it's not that we learned anything different from Jhansi. It was as per expectations. We expect the hospital to perform on what it is expecting. If you look at it, the investment we have done, we are quite happy with the return that we are getting from Jhansi. Look at the ROCE and the ROE numbers that, that hospital has.

Yes, the ARPOB is not very high. So, the scale in terms of total contribution to the hospital revenue per month or to the whole group is less. But in terms of the amount that we paid to get

that property, it is breakeven within our expected timeline. We are generating profits from there. So, we are happy with the way the bus is running there.

As far as going forward, we do feel that the market of NCR and big cities in the nearby states are much attractive, and we can make a much bigger impact to the group if we expand in those areas.

Saurabh Dole: So, if you look at the ROCE of perhaps the Jhansi hospital, the ARPOBs are nowhere close to what the other hospitals are generating. So, the kicker on the ROCE comes from what? Is it the lower initial capital that you put out to buy that hospital? Or is there any other metric there?

Yatharth Tyagi: Yes. Yes, the lower capital that was initially done to buy that hospital.

Saurabh Dole: Okay. And does it also mean that you will not be adding all sorts of other specialties that you have in the other hospitals at Jhansi-Orchha or will it be at par?

Yatharth Tyagi: No. I mean, we are doing almost all major specialties that we have in NCR, except oncology and transplant program. Because see, if you look at transplant program like liver, kidney and bone marrow transplant, majority of the patients who come for these treatments are international patients. So, we don't -- we feel in NCR, there's much scope for these international patients to come. And as far as also oncology is concerned, we feel that it is much better to have those in this region rather than in a place like Jhansi-Orchha. But in other hospitals going forward that we will be acquiring, we would be doing all specialties, including cancer, as well as the transplant program.

Amit Kumar Singh: Just to add what Yatharth said, if you ignore the numbers, see, Jhansi hospital adds lots of goodwill to our brand. So, if you look at the existing numbers in Jhansi, we are doing a very good super-specialty work, neurosurgery, orthopaedic, neurosurgery is doing a fantastic number.

Yes, the ARPOB is low because we know that the kind of -- even if you won't get an incidence rate, what you are getting in Delhi NCR, right, then the institutional business is much more. But it adds lots of value goodwill around 200, 250 kilometres that area, right? And that we're also getting so many super-specialty cases from those regions coming directly to Greater Noida side. So that's the advantage we have.

Moderator: Thank you. Ladies and gentlemen, due to time constraints, that was the last question. I now hand the conference over to the management for closing comments.

Yatharth Tyagi: Thank you, everybody, for your questions, and we hope we were able to take most of the questions and answer. On the whole management of Yatharth Hospital's behalf, I thank you. Thank you to the moderator and Nuvama Wealth for organizing this earnings call. Thank you.

Moderator: Thank you so much. On behalf of Nuvama Wealth Management Limited, that concludes this conference. Thank you for joining us, and you may now disconnect your lines.

(This document has been edited for readability purpose)

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