September 4, 2023

Listing Department,
National Stock Exchange of India Limited
Exchange Plaza, Plot C-1, Block G,
Bandra Kurla Complex, Bandra (E),
Mumbai – 400 051

Listing Department,
BSE Limited
Phiroze Jeejeebhoy Towers,
Dalal Street,
Mumbai – 400 001

Symbol: MAXHEALTH

Scrip Code: 543220

Sub.: Notice of 22nd Annual General Meeting and Annual Report for the financial year 2022-23

Ref.: Regulation 30 and 34 of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 ("SEBI Listing Regulations")

Dear Sir / Madam,

This is further to our earlier letter dated August 26, 2023 whereby we, *inter-alia*, informed that 22nd Annual General Meeting ("AGM") of members of the Company is scheduled to be held on **Wednesday, September 27, 2023** at **12.00 Noon (IST)** through video conferencing / other audio-visual means, in accordance with the applicable circulars issued by the Ministry of Corporate Affairs ("MCA") and SEBI.

In this regard, we hereby submit following:

- Notice convening 22nd AGM
- Annual Report for the financial year 2022-23

The aforesaid documents are being sent through e-mail to the members of the Company whose e-mail addresses are registered with the Company/Depositories in accordance with relevant circulars of MCA and SEBI and also available on Company's website at www.maxhealthcare.in/investors.

Kindly take the same on record.

Thanking you

Yours truly,
For **Max Healthcare Institute Limited**

Dhiraj Aroraa
Digitally signed by Dhiraj Aroraa
Date: 2023.09.04 23:50:57 +05'30'

Dhiraj Aroraa
SVP - Company Secretary and Compliance Officer

Encl.: As above

Max Healthcare Institute Limited
(CIN: L72200MH2001PLC322854)
Regd. Office: 401, 4th Floor, Man Excellenza, S. V. Road, Vile Parle (West),
Mumbai, Maharashtra-400056
Phone: +91- 22-26101035,
E-mail: secretarial@maxhealthcare.com,
investors@maxhealthcare.com
Corporate Office: 2nd Floor, Capital Cyberscape, Sector-59, Gurugram, Haryana 122011
www.maxhealthcare.in

Max Healthcare Institute Limited

Notice of Annual General Meeting

MAX Healthcare

Invitation to attend 22nd Annual General Meeting

Dear Members,

You all are cordially invited to attend 22nd Annual General Meeting ("AGM") of Max Healthcare Institute Limited scheduled to be held on **Wednesday, September 27, 2023 at 12:00 Noon (IST)** through video conferencing.

Information at a Glance

Particulars	Details
Day, date and time of AGM	Wednesday, September 27, 2023 at 12:00 Noon (IST)
Mode of AGM	Video Conferencing
Event no. for AGM	230557
Record date for Final Dividend	Friday, September 8, 2023
Cut-off Date for E-voting	Wednesday, September 20, 2023
E-voting starts	Sunday, September 24, 2023, 9:00 am (IST) onwards
E-voting ends	Tuesday, September 26, 2023 until 5:00 pm (IST)
Day and Date of declaration of results	On or before Friday, September 29, 2023
Link for participation at AGM	https://instameet.linkintime.co.in
E-voting website	https://instavote.linkintime.co.in
Helpline number & E-mail address for E-voting/ participation at the AGM	Telephone No.: 022 49186175 Email: rnt.helpdesk@linkintime.co.in (for E-voting queries) instameet@linkintime.co.in (for VC queries)
Name, address and contact details of registrar and share transfer agent/ E-voting service provider	**Contact Person:** Mr. Swapan Naskar Associate Vice President & Head (North India) **Address:** Link Intime India Private Limited Noble Heights, 1st Floor, C - 1 Block, Near Savitri Market, Janakpuri, New Delhi - 110 058, Delhi, India Telephone No.: +91 011 4941 1000 E-mail: enotices@linkintime.co.in; rnt.helpdesk@linkintime.co.in
Company Contact Details	**Contact Person:** Mr. Dhiraj Aroraa SVP - Company Secretary & Compliance Officer **Address**: Max Healthcare Institute Limited 2nd Floor, Capital Cyberscape, Sector-59, Gurugram - 122 011, Haryana, India Telephone No.: + 91 124 620 7777; Mobile: +91 - 9873336660 E-mail: investors@maxhealthcare.com;
Name and E-mail address of the Scrutinizer	Name: DPV & Associates LLP E-mail ID: dpv@dpvassociates.com

Max Healthcare Institute Limited

CIN: L72200MH2001PLC322854
Registered Office: 401, 4th Floor, Man Excellenza, S. V. Road, Vile Parle (West), Mumbai – 400 056, Maharashtra, India
Corporate Office: 2nd Floor, Capital Cyberscape, Sector-59, Gurugram – 122 011, Haryana, India
E-mail: investors@maxhealthcare.com; **Website:** www.maxhealthcare.in
Telephone No.: + 91-22-2610 1035

Notice of Annual General Meeting

Notice is hereby given that Twenty Second (22nd) Annual General Meeting of the members of Max Healthcare Institute Limited will be held on **Wednesday, September 27, 2023 at 12:00 Noon (IST) through video conferencing / other audio-visual means** to transact the following businesses:

ORDINARY BUSINESS

1. Adoption of Audited Standalone Financial Statements

To consider and if thought fit, to pass the following resolution as an **Ordinary Resolution:**

"**Resolved That** the audited standalone financial statements of the Company for the financial year ended March 31, 2023 together with the reports of board of directors and auditor's thereon, be and are hereby received, considered and adopted."

2. Adoption of Audited Consolidated Financial Statements

To consider and if thought fit, to pass the following resolution as an **Ordinary Resolution**:

"Resolved That the audited consolidated financial statements of the Company for the financial year ended March 31, 2023 together with the report of the auditor's thereon, be and are hereby received, considered and adopted."

3. Declaration of Final Dividend

To consider and if thought fit, to pass the following resolution as an **Ordinary Resolution**:

"Resolved That final dividend of ₹ 1 (i.e., 10%) per equity share of the face value of ₹10 each, as recommended by the board of directors for the financial year ended March 31, 2023, be and is hereby declared and that such dividend be paid to those members whose names appear in the register of members/ beneficial owners as on Friday, September 8, 2023."

4. Appointment of Director in place of Mr. Anil Kumar Bhatnagar, who retires by rotation and being eligible offers himself for re-appointment

To consider and if thought fit, to pass the following resolution as an **Ordinary Resolution**:

"Resolved That in accordance with section 152 and all other applicable provisions, if any, of the Companies Act, 2013, Mr. Anil Kumar Bhatnagar (DIN: 09716726), who retires by rotation and being eligible offers himself for re-appointment, be and is hereby re-appointed as a Director of the Company, liable to retire by rotation."

SPECIAL BUSINESS

5. Fixation of tenure of Mr. Anil Kumar Bhatnagar, Non-Executive Director for (3) three years

To consider and if thought fit, to pass the following resolution as an **Ordinary Resolution**:

"Resolved That based on recommendation of nomination and remuneration committee and board of directors of the Company ("Board"), consent of the members be and is hereby accorded to fix the tenure of Mr. Anil Kumar Bhatnagar (DIN: 09716726) as Non-Executive Director of the Company for a term of (3) three years with effect from October 1, 2023, to September 30, 2026 liable to retire by rotation.

Resolved Further That the Board be and is hereby authorized to do and perform all such acts, deeds, matters and things as the Board may in its absolute discretion deem necessary, desirable or expedient, including but not limited to filing forms, applications and making representations, seeking all necessary approvals from relevant authorities, including governmental authorities, if any, to give effect to this resolution, for and on behalf of the Company and settling all such issues, questions, difficulties or doubts whatsoever that may arise without being required to seek further consent or approval of the members or otherwise to the end and intent that the members shall be deemed to have given their approval thereto expressly by the authority of this resolution and to delegate all or any of the powers herein conferred to director(s), committee(s), executive(s), officer(s) or representative(s) of the Company or to any other person to do all such acts, deeds, matters and things as may be considered necessary or expedient and to execute such documents, writings etc. as may be necessary to give effect to this resolution."

6. Appointment of Ms. Amrita Gangotra as an Independent Director of the Company

To consider and if thought fit, to pass the following resolution as a **Special Resolution**:

"Resolved That in accordance with section 149, 150, 152 read with schedule IV and all other applicable provisions, if any, of the Companies Act, 2013 ("Act") and the Companies (Appointment and Qualification of Directors) Rules, 2014, regulation 17 and all other applicable provisions of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015, ("SEBI Listing Regulations") (including any statutory modification(s) or re-enactment thereof, for the time being in force), the articles of association of the Company, nomination, remuneration and board diversity policy of the Company and based on the recommendation of the nomination & remuneration committee and the board of directors of the Company ("Board"), Ms. Amrita Gangotra (DIN: 08333492), who was appointed as an Additional Director in the capacity of Independent Director of the Company by the Board pursuant to the provisions of section 161 of the Act with effect from August 23, 2023 and who meets the criteria of independence as prescribed under the Act and the SEBI Listing Regulations, and being eligible for appointment as an Independent Director, in respect of whom the Company has received a notice in writing under section 160(1) of the Act from a member proposing her candidature for the office of Director, be and is hereby appointed as an Independent Director of the Company, not liable to retire by rotation, for a term of 5 (five) consecutive years with effective from August 23, 2023 till August 22, 2028.

Resolved Further That the Board be and is hereby authorized to do and perform all such acts, deeds, matters and things as the Board may in its absolute discretion deem necessary, desirable or expedient, including but not limited to filing forms, applications and making representations, seeking all necessary approvals from relevant authorities, including governmental authorities, if any, to give effect to this resolution, for and on behalf of the Company and settling all such issues, questions, difficulties or doubts whatsoever that may arise without being required to seek further consent or approval of the members or otherwise to the end and intent that the members shall be deemed to have given their approval thereto expressly by the authority of this resolution and to delegate all or any of the powers herein conferred to director(s), committee(s), executive(s), officer(s) or representative(s) of the Company or to any other person to do all such acts, deeds, matters and things as may be considered necessary or expedient and to execute such documents, writings etc. as may be necessary to give effect to this resolution."

7. Payment of remuneration to Ms. Amrita Gangotra as an Independent Director of the Company

To consider and if thought fit, to pass the following resolution as an **Ordinary Resolution**:

"**Resolved That** in accordance with section 197, 198 and all other applicable provisions, if any, of the Companies Act, 2013 ("Act") and rules made thereunder, regulation 17 and all other applicable provisions of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 ("SEBI Listing Regulations") (including any statutory modification or re-enactment thereof, for the time being in force), the articles of association of the Company, nomination, remuneration and board diversity policy of the Company and based on recommendation of the nomination and remuneration committee, and the board of directors of the Company ("Board"), consent of members of the Company be and is hereby accorded for the payment of remuneration upto ₹ 26,00,000/- (Rupees Twenty Six Lakh Only) per annum (payable on monthly basis) to Ms. Amrita Gangotra (DIN: 08333492), in the capacity as an Independent Director of the Company with effect from August 23, 2023 to September 30, 2023 and upto ₹ 35,00,000/- (Rupees Thirty five Lakh Only) per annum (payable on monthly basis) for a period of (3) three years from October 1, 2023 to September 30, 2026, subject to the aggregate of total remuneration payable to all the Non-Executive Directors (including Independent Directors) not exceeding 1% per annum of the net profits of the Company calculated in accordance with the provisions of the Act.

Resolved Further That in addition to aforesaid remuneration, Ms. Amrita Gangotra shall also be entitled for sitting fees, as may be decided by the Board from time to time and reimbursement of the expenses for attending meetings of the Board and its Committee(s) thereof, as permissible under the Act and/or SEBI Listing Regulations.

Resolved Further That the Board be and is hereby authorized to do and perform all such acts, deeds, matters and things as the Board may in its absolute discretion deem necessary, desirable or expedient, including but not limited to filing forms, applications and making representations, seeking all necessary approvals from relevant authorities, including governmental authorities, if any, to give effect to this resolution, for and on behalf of the Company and settling all such issues, questions, difficulties or doubts whatsoever that may arise without being required to seek further consent or approval of the members or otherwise to the end and intent that the members shall be deemed to have given their approval thereto expressly by the authority of this resolution and to delegate all or any of the powers herein conferred to director(s), committee(s), executive(s), officer(s) or representative(s) of the Company or to any other person to do all such acts, deeds, matters and things as may be considered necessary or expedient and to execute such documents, writings etc. as may be necessary to give effect to this resolution."

8. Increase in remuneration of Non-Executive Directors (including Independent Directors)

To consider and if thought fit, to pass the following resolution as an **Ordinary Resolution**:

"**Resolved That** in supersession to the earlier resolution passed at the 20th annual general meeting held on September 29, 2021 and other resolutions passed for fixing remuneration payable to non-executive directors (including independent directors) from time to time and in accordance with section 197, 198 and all other applicable provisions, if any, of the Companies Act, 2013 ("Act") read with rules made thereunder, regulation 17 and all other applicable provisions, if any, of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 ("SEBI Listing Regulations") (including any statutory modification or re-enactment thereof, for the time being in force), the articles of association of the Company, nomination, remuneration and board diversity policy of the Company, pursuant to the recommendation of the nomination and remuneration committee, and board of directors of the Company ("Board"), the consent of members be and is hereby accorded to approve increase in the remuneration payable to non-executive directors (including independent directors) from ₹ 26,00,000/- (Rupees Twenty-Six Lakh only) per annum each director (payable on monthly basis) to ₹35,00,000/- (Rupees Thirty-Five Lakh only) per annum each director (payable on monthly basis) for a period of 3 (three) years with effect from October 1, 2023, in a manner that the aggregate remuneration payable to all the non-executive directors (including independent directors) shall not not exceed 1% per annum of the net profits of the Company calculated in accordance with the provisions of the Act.

Resolved Further That in addition to aforesaid remuneration, non-executive directors (including independent directors) shall also be entitled for sitting fees, as may be decided by the Board from time to time and reimbursement of the expenses for attending meetings of the Board and its committee(s) thereof, as permissible under the Act and/or SEBI Listing Regulations.

Resolved Further That the Board be and is hereby authorized to do and perform all such acts, deeds, matters and things as the Board may in its absolute discretion deem necessary, desirable or expedient, including but not limited to filing forms, applications and making representations, seeking all necessary approvals from relevant authorities, including governmental authorities, if any, to give effect to this resolution, for and on behalf of the Company and settling all such issues, questions, difficulties or doubts whatsoever that may arise without being required to seek further consent or approval of the members or otherwise to the end and intent that the members shall be deemed to have given their approval thereto expressly by the authority of this resolution and to delegate all or any of the powers herein conferred to director(s), committee(s), executive(s), officer(s) or representative(s) of the Company or to any other person to do all such acts, deeds, matters and things as may be considered necessary or expedient and to execute such documents, writings etc. as may be necessary to give effect to this resolution."

9. One-time Performance Bonus to Mr. Abhay Soi, Chairman and Managing Director

To consider and if thought fit, to pass the following resolution as a **Special Resolution**:

"**Resolved That** in accordance with section 197, 198 and all other applicable provisions, if any, of the Companies Act, 2013 ("Act") read with rules made thereunder and applicable provisions, if any, of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 (including any statutory modification or re-enactment thereof, for the time being in force), pursuant to the recommendation of nomination and remuneration committee and the board of directors of the Company ("Board"), consent of members be and is hereby accorded for payment of one-time performance bonus to Mr. Abhay Soi (DIN: 00203597), Chairman and Managing Director of the Company amounting to ₹3,50,00,000/- (Rupees Three Crore and Fifty Lakh Only) as a token of appreciation for his contribution towards the growth of the Company over the past three years notwithstanding that the remuneration payable to Mr. Abhay Soi for the current financial year, may exceed the prescribed limit of 5% of the net profits of the Company calculated in accordance with the provisions of the Act.

Resolved Further That the managerial remuneration payable to all the executive directors of the Company in current financial year shall not exceed the limit of 10% of net profits and overall managerial remuneration payable to all the directors of the Company shall not exceed the limit of 11% of net profits of the Company as prescribed under section 197 of the Act read with rules made thereunder or other applicable provisions or any statutory modifications thereof.

Resolved Further That the Board be and is hereby authorized to do and perform all such acts, deeds, matters and things as the Board may in its absolute discretion deem necessary, desirable or expedient, including but not limited to filing forms, applications and making representations, seeking all necessary approvals from relevant authorities, including governmental authorities, if any, to give effect to this resolution, for and on behalf of the Company and settling all such issues, questions, difficulties or doubts whatsoever that may arise without being required to seek further consent or approval of the members or otherwise to the end and intent that the members shall be deemed to have given their approval thereto expressly by the authority of this resolution and to delegate all or any of the powers herein conferred to director(s), committee(s), executive(s), officer(s) or representative(s) of the Company or to any other person to do all such acts, deeds, matters and things as may be considered necessary or expedient and to execute such documents, writings etc. as may be necessary to give effect to this resolution."

10. To approve alteration in Articles of Association of the Company

To consider and if thought fit, to pass the following resolution as a **Special Resolution**:

"**Resolved That** in accordance with section 14 and all other applicable provisions, if any, of the Companies Act, 2013 ("Act") read with applicable rules made thereunder, if any and applicable provisions of the SEBI (Debenture Trustees) Regulations, 1993, SEBI (Issue and Listing of Non-Convertible Securities) Regulations, 2021 (including any statutory modification or re-enactment thereof, for the time being in force) and subject to such other approvals, permissions, sanctions, if any, as may be required in this regard from the appropriate authorities, the consent of members of the Company be and is hereby accorded to alter the Articles of Association of the Company by incorporating a new 'Article 92A' after the existing 'Article 92' as follows:

"92A. Appointment of Director nominated by debenture trustee(s)

Subject to the provisions of the Act, whenever the debenture trustee(s) nominate a person to be appointed as a director on the Board of the Company for and on behalf of the debenture holders in exercise of its duties under the SEBI (Debenture Trustees) Regulations, 1993 read with the SEBI (Issue and Listing of Non-Convertible Securities) Regulations, 2021 (together "SEBI Regulations"), as amended from time to time, the Board shall appoint such person as a Director.

Provided that, if more than one debenture trustees are entitled to appoint director in terms of the SEBI Regulations, all such debenture trustees shall jointly nominate only one person to be appointed as a Director on the Board of the Company in terms of this Article.

The Director so appointed shall not be liable to retire by rotation.

The Director so appointed shall hold office so long as the default subsists. Any vacancy in the office of such Director during the term shall be filled in by the debenture trustee(s) by nominating another person."

Resolved Further That the Board be and is hereby authorized to do and perform all such acts, deeds, matters and things as the Board may in its absolute discretion deem necessary, desirable or expedient, including but not limited to filing forms, applications and making representations, seeking all necessary approvals from relevant authorities, including governmental authorities, if any, to give effect to this resolution, for and on behalf of the Company and settling all such issues, questions, difficulties or doubts whatsoever that may arise without being required to seek further consent or approval of the members or otherwise to the end and intent that the members shall be deemed to have given their approval thereto expressly by the authority of this resolution and to delegate all or any of the powers herein conferred to director(s), committee(s), executive(s), officer(s) or representative(s) of the Company or to any other person to do all such acts, deeds, matters and things as may be considered necessary or expedient and to execute such documents, writings etc. as may be necessary to give effect to this resolution."

11. Ratification of remuneration payable to Cost Auditors for the financial year 2023-24

To consider and if thought fit, to pass the following resolution as an **Ordinary Resolution**:

"**Resolved That** in accordance with section 148 and all other applicable provisions, if any, of the Companies Act, 2013 and rules made thereunder (including any statutory modification(s) or re-enactment thereof for the time being in force), the remuneration of ₹ 9,00,000/- (Rupees Nine Lakhs Only) plus applicable taxes, as approved by the board of directors upon recommendation of the audit & risk management committee, to be paid to M/s. Chandra Wadhwa & Co.,Cost Accountants (Firm Registration Number – 000239) as Cost Auditors of the Company for conducting the cost audit for financial year 2023-24, be and is hereby ratified, confirmed and approved.

Resolved Further That the Board be and is hereby authorized to do and perform all such acts, deeds, matters and things as the Board may in its absolute discretion deem necessary, desirable or expedient, to give effect to this resolution, for and on behalf of the Company and settling all such issues, questions, difficulties or doubts whatsoever that may arise without being required to seek further consent or approval of the members or otherwise to the end and intent that the members shall be deemed to have given their approval thereto expressly by the authority of this resolution and to delegate all or any of the powers herein conferred to director(s), committee(s), executive(s), officer(s) or representative(s) of the Company or to any other person to do all such acts, deeds, matters and things as may be considered necessary or expedient and also to execute such documents, writings etc. as may be necessary to give effect to this resolution."

Registered Office
401, 4th Floor, Man Excellenza,
S. V. Road, Vile Parle (West),
Mumbai – 400 056, Maharashtra

By order of the Board of Directors
For **Max Healthcare Institute Limited**

Dhiraj Aroraa
SVP - Company Secretary & Compliance Officer
Membership No.: A28079

August 23, 2023
Gurugram

Notes

1. In continuation framework prescribed by the ministry of corporate affairs ("MCA") vide general circular nos. 14/2020 dated April 8, 2020, 17/2020 dated April 13, 2020, and subsequent circulars issued in this regard latest being 10/2022 dated December 28, 2022, the SEBI vide circular no. SEBI/HO/CFD/PoD-2/P/CIR/2023/4 dated January 5, 2023 (hereinafter collectively referred to as "Circulars"), have permitted the holding of the annual general meeting ("AGM") through video conferencing ("VC") / other audio-visual means ("OAVM"), without physical presence of members at a common venue. Hence, the 22nd AGM of the Company is being conducted through VC/OAVM.

2. The AGM shall be deemed to be held at the registered office of the Company i.e., 401, 4th Floor, Man Excellenza, S.V. Road, Vile Parle (West), Mumbai-400056, Maharashtra as prescribed under the Circulars.

3. Since this AGM is being held through VC/OAVM pursuant to the Circulars, requirement of physical attendance of members have been dispensed with. Accordingly, the facility for appointment of proxies by members is not be available for this AGM, hence, proxy form and attendance slip including route map has not been annexed with the notice of 22nd AGM ("Notice").

4. Members attending the 22nd AGM through VC/OAVM including authorized representative(s)/attorney holder(s) of corporate members, institutional investors etc. shall be counted for the purposes of reckoning the quorum under the provisions of section 103 of the Act.

5. Institutional/ Corporate shareholders (i.e., other than individuals/ HUF/ NRI, etc.) intending to authorize their representatives to attend the AGM through VC/ OAVM on its behalf and to vote through E-voting, are requested to send a duly certified scanned copy (PDF/ JPG Format) of its Board or governing body resolution/ authorisation letter, pursuant to section 113 of the Act, to the Scrutinizer by e-mail through its registered e-mail address at mv@dpvassociates.com / devesh@dpvassociates.com with copies marked to the Company at investors@maxhealthcare.com and to the registrar and share transfer agent at rnt.helpdesk@linkintime.co.in.

6. The explanatory statement pursuant to section 102 of the Companies Act, 2013 ("Act") setting out the material facts concerning the special business in respect of item nos. 5 to 11 of the Notice, are annexed hereto. Further, Company has voluntarily given explanatory statement setting out the material facts concerning the ordinary business in respect of item nos. 1 to 4 of the Notice.

7. In compliance with the provisions of section 108 of the Act and rule 20 of the Companies (Management and Administration) Rules, 2014 and regulation 44 of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 ("SEBI Listing Regulations") and Circulars, the Company is providing the facility of voting by electronic means ("E-voting") to its members in respect of the businesses to be transacted at the AGM. For this purpose, the Company has availed the services of Link Intime India Private Limited ("RTA" or "LIIPL") for facilitating E-voting, as the authorized agency. The facility of casting votes by a member using E-voting system during the remote E-voting period as well as E-voting during the AGM will be provided by LIIPL. The procedure for participating in the AGM through VC/OAVM is explained hereinafter.

8. In case of joint holders attending the AGM, the member whose name appears as the first holder in the order of names as per the register of members/ beneficial owners as maintained by the depositories/ Company will be entitled to vote.

9. The remote E-voting period commences on **Sunday, September 24, 2023 at 9:00 am (IST) and ends on Tuesday, September 26, 2023 at 5:00 pm (IST)**. During this period, members holding shares of the Company, as on the cut-off date i.e., **Friday, September 20, 2023 ("Cut-off date")** may cast their vote through remote E-voting. The remote E-voting module shall be disabled by RTA for voting thereafter. Once the vote on a resolution is cast by the member, the member shall not be allowed to change it subsequently.

E-voting Starts on	E-voting Ends on
Sunday, September 24, 2023, 9:00 am (IST) onwards	Tuesday, September 26, 2023 until 5:00 pm (IST)

10. The recorded transcript of the AGM on September 27, 2023 shall also be made available on the website of the Company in the Investor Relations Section viz. www.maxhealthcare.in/investors/investor-resources,post AGM.

11. Members who would like to express their views/have questions may send their questions in advance from their registered e-mail address along with their name, DP ID and Client ID/ folio number, PAN and mobile number at investors@maxhealthcare.com. The same will be replied by the Company suitably.

12. Electronic Dispatch of the Notice and Annual Report

In compliance with the Circulars, electronic copies of the Notice of the 22nd AGM along with the Annual Report for the financial year 2022-23 is being sent to all members whose e-mail addresses are registered/ available with the Company/ depository participants ("DPs") and whose names appear in the register of members of the Company and/ or in the register of beneficial owners maintained by the depositories as on the **Friday, September 1, 2023**. Members may please note that the Notice and Annual Report for the financial year 2022-23 will be available on the website of the Company at www.maxhealthcare.in/investors/corporate-governance and will also be submitted the website of stock exchanges i.e. BSE Limited ("BSE") at www.bseindia.com and National Stock Exchanges of India Ltd ("NSE") at www.nseindia.com. The Notice of the 22nd AGM and Annual Report are also be available on the website of LIIPL at www.linkintime.

co.in. Members who wish to obtain physical copies of the above documents may send an e-mail at investors@maxhealthcare.com. from their registered e-mail address.

13. Green Initiative

To support the “Green Initiative”, members who have not registered their e-mail addresses are requested to register the same, in respect of shares held in physical/ electronic mode, respectively in the following manner.

a. Members who are holding shares in physical mode, if any, and have not registered/updated their e-mail addresses are requested to register/update the same by submit a duly filled and signed **Form ISR-1** along with requisite documents to the Company’s RTA at rnt.helpdesk@linkintime.co.in.

b. The said form is available on the website of the RTA at https://web.linkintime.co.in/KYC-downloads.html

c. The members holding shares in demat form may contact their respective DPs and register their e-mail address as per the process followed and advised by the DPs.

d. Members can also temporarily update their e-mail address and mobile number with RTA, by following the procedure given below:

Visit the link: https://linkintime.co.in/emailreg/email_register.html and follow the registration process as guided thereafter. Post successful registration of the e-mail address, the members would get soft copy of the Notice along with the User-ID and the password to cast vote. In case of any queries, members may write to the Company at investors@maxhealthcare.com or to RTA at rnt.helpdesk@linkintime.co.in.

Please note that registration of e-mail address and mobile number is mandatory while voting electronically and joining virtual AGM.

14. Instruction for remote E-voting

In order to increase the efficiency of the E-voting process, SEBI vide its Circular SEBI/HO/CFD/CMD/ CIR/P/2020/242 dated December 9, 2020, had decided to enable E-voting to all the demat account holders by way of a single login credential through their demat accounts/ websites of Depositories/ DPs. Demat account holders would be able to cast their vote without having to register again with the E-voting service providers, thereby, not only facilitating seamless authentication but also enhancing ease and convenience of participating in E-voting process.

Login method for Individual members holding securities in demat mode is given below

Type of shareholders	Login Method
Individual members holding securities in demat mode with **NSDL**	a. Existing IDeAS user can visit the e-Services website of NSDL viz. https://eservices.nsdl.com either on a personal computer or on a mobile. On the e- Services home page click on the “Beneficial Owner” icon under “Login”” which is available under ‘IDeAS’ section, this will prompt you to enter your existing User ID and Password. After successful authentication, you will be able to see E-voting services under Value added services. Click on “Access to E-voting” under E-voting services and you will be able to see E-Voting page. Click on company name or E-voting service provider name i.e. RTA and you will be re-directed to “InstaVote” website for casting your vote during the remote E-voting period. b. If you are not registered for IDeAS e-Services, option to register is available at https://eservices.nsdl.com Select “Register Online for IDeAS Portal” or click at https://eservices.nsdl.com/SecureWeb/IdeasDirectReg.jsp c. Visit the E-voting website of NSDL. Open web browser by typing the following URL: https://www.evoting.nsdl.com/ either on a personal computer or on a mobile. Once the home page of E-voting system is launched, click on the icon “Login” which is available under ‘Shareholder/Member’ section. A new screen will open. You will have to enter your User ID (i.e., your 16- digit demat account number hold with NSDL), Password/OTP and a Verification Code as shown on the screen. After successful authentication, you will be redirected to NSDL Depository site wherein you can see E-voting page. Click on company name or E-voting service provider name i.e., RTA and you will be redirected to “InstaVote” website for casting your vote during the remote E-voting period.

Type of shareholders	Login Method
Individual members holding securities in demat mode with **CDSL**	a. Users who have opted for CDSL Easi / Easiest facility, can login through their existing user id and password. The option will be made available to reach E-voting page without any further authentication. The users to login Easi / Easiest are requested to visit CDSL website www.cdslindia.com and click on login icon & New System Myeasi Tab and then use your existing my easi username & password. b. After successful login the Easi / Easiest user will be able to see the E-voting option for eligible companies where the E-voting is in progress as per the information provided by the company. On clicking the E-voting option, the user will be able to see E-voting page of the E-voting service provider i.e. RTA for casting your vote during the remote E-voting period or joining virtual meeting & voting during the meeting. Additionally, there are also links provided to access the system of all E-voting Service Providers, so that the user can visit the E-voting service providers' website directly. c. If the user is not registered for Easi/Easiest, the option to register is available at CDSL website www.cdslindia.com and click on login & New System Myeasi Tab and then click on registration option. d. Alternatively, the user can directly access the E-voting page by providing Demat Account Number and PAN No. from a E-voting link available on www.cdslindia.com home page. The system will authenticate the user by sending OTP on registered mobile & e-mail as recorded in the Demat Account. After successful authentication, the user will be able to see the E-voting option where the E-voting is in progress and also able to directly access the system of all E-voting Service Providers.
Individual members (holding securities in demat mode) login through their depository participants (DPs)	You can also login using the login credentials of your demat account through your DPs registered with NSDL/CDSL for E-voting facility. After Successful login, you will be able to see E-voting option. Once you click on E-voting option, you will be redirected to NSDL/CDSL Depository site after successful authentication, wherein you can see E-voting feature. Click on the company name or E-voting service provider name i.e., RTA and you will be redirected to E-voting service provider website for casting your vote during the remote E-voting period.

Login method for Individual members holding securities in physical form/ non-Individual members holding securities in demat mode is given below

Individual members of the company, holding shares in physical form / non-Individual members holding securities in demat mode as on the cut-off date for E-voting may register for E-voting facility of LIIPL as under:

(i) Open the internet browser and launch the URL: https://instavote.linkintime.co.in

(ii) Click on **"Sign Up"** under **'SHARE HOLDER'** tab and register with your following details: -

a. User ID: Members holding shares in physical form shall provide Event No + Folio Number registered with the Company. Members holding shares in NSDL demat account shall provide 8 Character DP ID followed by 8 Digit Client ID; Members holding shares in CDSL demat account shall provide 16 Digit Beneficiary ID.

b. PAN: Enter your 10-digit Permanent Account Number (PAN) (members who have not updated their PAN with the DPs/ Company shall use the sequence number provided to you, if applicable.

c. DOB/DOI: Enter the Date of Birth (DOB) / Date of Incorporation (DOI) (As recorded with your DP / Company - in DD/MM/YYYY format)

d. Bank Account Number: Enter your Bank Account Number (last four digits), as recorded with your DP/ Company.

Notes:

i. Members holding shares in physical form but have not recorded 'C' and 'D', shall provide their Folio number in 'D' above

ii. Members holding shares in NSDL form, shall provide 'D' above

e. Set the password of your choice (The password should contain minimum 8 characters, at least one special Character (@! #$&*), at least one numeral, at least one alphabet and at least one capital letter).

f. Click "confirm" (Your password is now generated).

(iii) Click on 'Login' under '**SHAREHOLDER**' tab.

(iv) Enter your User ID, Password and Image Verification (CAPTCHA) Code and click on 'Submit'.

Cast your vote electronically

(i) After successful login, you will be able to see the notification for E-voting. Select 'View' icon.

(ii) E-voting page will appear.

(iii) Refer the Resolution description and cast your vote by selecting your desired option '**Favour / Against**' (If you wish to view the entire Resolution details, click on the '**View Resolution**' file link).

(iv) After selecting the desired option i.e., **Favour / Against**, click on 'Submit'. A confirmation box will be displayed. If you wish to confirm your vote, click on '**Yes**', else to change your vote, click on '**No**' and accordingly modify your vote.

Guidelines for Institutional shareholders

Institutional shareholders (i.e., other than Individuals, HUF, NRI etc.) and Custodians are required to log on the E-voting system of LIIPL at https://instavote.linkintime.co.in and register themselves as '**Custodian / Mutual Fund / Corporate Body**'. They are also required to upload a scanned certified true copy of the board resolution /authority letter/power of attorney etc. together with attested specimen signature of the duly authorised representative(s) in PDF format in the '**Custodian / Mutual Fund / Corporate Body**' login for the Scrutinizer to verify the same.

Helpdesk for Individual members holding securities in demat mode

Type of shareholders	Login Method
Individual members holding securities in demat mode with **NSDL**	Members facing any technical issue in login can contact NSDL helpdesk by sending a request at evoting@nsdl.co.in or call at: 022 - 4886 7000 and 022 - 2499 7000
Individual members holding securities in demat mode with **CDSL**	Members facing any technical issue in login can contact CDSL helpdesk by sending a request at helpdesk.evoting@cdslindia.com or contact at toll free no. 1800 22 55 33

Helpdesk for Individual members holding securities in physical mode/ Institutional shareholders

Members facing any technical issue in login may contact Link Intime INSTAVOTE helpdesk by sending a request at enotices@linkintime.co.in or contact on Tel: 022 - 4918 6000.

If Members holding securities in demat mode with NSDL/ CDSL have forgotten the password

Members who are unable to retrieve User ID/Password are advised to use Forget User ID and Forget Password option available at abovementioned depository/ DPs' website.

- It is strongly recommended not to share your password with any other person and take utmost care to keep your password confidential.
- For members holding shares in physical form, the details can be used only for voting on the resolutions contained in this Notice.
- During the voting period, members can login any number of time till they have voted on the resolution(s) for a particular "Event".

Individual members holding securities in Physical mode has forgotten the password

If an Individual member holding securities in physical mode has forgotten the USER ID [Login ID] or Password or both then the member can use the "Forgot Password" option available on the E-voting website of Link Intime: https://instavote.linkintime.co.in

- Click on 'Login' under 'SHARE HOLDER' tab and further Click 'forgot password?'
- Enter User ID, select Mode and Enter Image Verification code (CAPTCHA). Click on "SUBMIT".

In case members is having valid e-mail address, password will be sent to his / her registered e-mail address. Members can set the password of his/her choice by providing the information about the particulars of the security question and answer, PAN, DOB/ DOI, Bank Account Number (last four digits) etc. as mentioned above. The password should contain minimum 8 characters, at least one special character (@!#$&*), at least one numeral, at least one alphabet and at least one capital letter.

User ID for members holding shares in Physical Form (i.e., Share Certificate): Your User ID is Event No + Folio Number registered with the Company.

15. Instructions for members to attend the AGM through Insta Meet (VC/OAVM) and voting etc.

a. Members can attend and participate in the AGM through VC/OAVM facility only.

b. Members are entitled to attend the AGM through VC/ OAVM platform "InstaMeet" provided by the LIIPL by following the below mentioned process. Facility for joining the AGM through VC/OAVM shall open 15 minutes before the time scheduled for the AGM and will be available to the members on first come first serve basis and shall be kept open till the expiry of 15 minutes after the scheduled time.

c. Members holding more than 2% equity shares, Promoters, Institutional Investors, Directors, Key Managerial Personnel's ("KMPs"), Chairman of Audit & Risk Management Committee, Nomination & Remuneration Committee, Stakeholders Relationship Committee and Auditors etc. may be allowed to the meeting without restrictions of first-come-first serve basis.

d. Process to register and attend the AGM are as under

Open the internet browser and launch the URL: https://instameet.linkintime.co.in

Select the "Company" and 'Event Date' and register with your following details:

i. Demat Account No.: Enter your 16-digit demat Account No.

- Members holding shares in Central Depository Services (India) Limited **("CDSL")** demat account, shall provide 16 Digit Beneficiary ID.
- Members holding shares in National Securities Depository Limited **("NSDL")** demat account, shall provide 8 Character DP ID followed by 8 Digit Client ID

ii. PAN: Enter your 10-digit PAN. Members who have not updated their PAN with the DP/ Company shall use the sequence number provided to you, if applicable.

iii. Mobile No.: Enter your mobile number.

iv. E-mail ID: Enter your e-mail id, as recorded with your DP/Company.

Click "Go to Meeting" (You are now registered for InstaMeet and your attendance is marked for the meeting).

e. Instructions for members to speak during the AGM through InstaMeet

i. Members who would like to express their views or ask questions during the AGM may register themselves as a speaker by sending their request from their registered E-mail address mentioning their name, DP ID and Client ID/ folio number, PAN, mobile number at investors@maxhealthcare.com from **Thursday, September 21, 2023 (9:00 am IST) to Saturday, September 23, 2023 (5:00 pm IST)**. The members are encouraged to send their questions in advance within the above stipulated period to enable the management to respond to these queries objectively at the AGM.

ii. Members will get confirmation on first come first basis.

iii. Those members who have registered themselves as a speaker will only be allowed to express their views, ask questions during the AGM.

iv. Members will receive "speaking serial number" once they mark attendance for the meeting.

v. Other members may ask questions to the panelist, via active chat-board during the meeting and the same will be replied suitably during or after the meeting.

vi. Please remember your allotted speaking serial number and start your conversation with panelist by switching on video mode and audio of your device.

vii. Members are requested to speak only when moderator of the meeting will announce the name and serial number of the speaker.

viii. The Company reserves the right to restrict the numbers of speakers as well as the speaking time depending on the availability of time during AGM.

f. Instructions for members to E-vote during the AGM through InstaMeet

Members who have voted through remote E-Voting prior to the AGM will be eligible to attend/ participate in the AGM through InstaMeet. Further, members, who will be present in the AGM through InstaMeet facility and have not casted their vote on the resolutions through remote E-voting and are otherwise not barred from doing so, shall be eligible to vote through E-Voting facility during the AGM:

i. On the shareholder's VC page, click on the link for E-voting "Cast your vote".

ii. Enter your 16-digit demat Account No./Folio No. and OTP (received on the registered mobile number/registered e-mail Id) received during registration for InstaMeet and click on 'Submit'.

iii. After successful login, you will see "Resolution Description" and against the same the option "Favour/ Against" for voting.

iv. Cast your vote by selecting appropriate option i.e., "Favour/ Against" as desired. Enter the number of shares (which represents no. of votes) as on the cut-off date under 'Favour/ Against'.

v. After selecting the appropriate option i.e., Favour/ Against as desired and you have decided to vote, click on "Save". A confirmation box will be displayed. If you wish to confirm your vote, click on "Confirm", else to change your vote, click on "Back" and accordingly modify your vote.

vi. Once you confirm your vote on the resolutions, you will not be allowed to modify or change your vote subsequently.

g. In case members have any queries regarding login/ E-voting, they may send an e-mail to instameet@linkintime.co.in or contact on: 022- 49186175.

16. General guidelines for members

a) At the AGM, the Chairman will allow voting to be cast by use of E-voting facility 'InstaMeet' of LIIPL for all those members who are present at the AGM but have not cast their votes by availing the remote E-voting facility.

b) The voting rights of members shall be in proportion to their shares of the paid-up equity share capital of the Company as on the Cut-off Date. The person who is not a member as on the Cut- off Date should treat this Notice for information purpose only.

c) Members are encouraged to join the AGM through Tablets/Laptops connected through broadband for better experience.

d) Members are required to use internet with a good speed (preferably 2 MBPS download stream) to avoid any disturbance during the AGM.

e) Please note that members connecting from mobile devices or tablets or through laptops connecting via mobile hotspot may experience audio/visual loss due to fluctuation in their network. It is therefore recommended to use stable Wi-Fi or LAN connection to mitigate any kind of aforesaid glitches.

f) For a smooth experience of viewing the AGM proceedings on InstaMeet, members who are registered as speakers for the event are requested to download and install the Webex application.

g) Any person, who acquire shares of the Company and become member after dispatch of the Notice of the AGM and holding shares as on the Cut-off Date i.e., **Friday, September 20, 2023,** may obtain the user ID and password by sending a request at rajiv.ranjan@linkintime.co.in or delhi@linkintime.co.in. However, if you are already registered with LIIPL for remote E-voting, then you can use your existing user ID and password for casting your vote.

h) Only those persons whose name is recorded in the register of members or register of beneficial owners maintained by the depositories as on the Cut-off Date, shall be entitled to avail the facility of remote E-voting as well as E-voting at the AGM.

i) To prevent fraudulent transactions, members are advised to exercise due diligence and notify the Company/RTA of any change in address or demise of any member as soon as possible. Members are also advised to not leave their demat account(s) dormant for long. Periodic statement of holdings should be obtained from concerned DPs and holdings should be verified from time to time.

17. Inspection of Documents

a. All documents referred to in the Notice, will be available electronically for inspection, without any fee, by the members from the date of circulation of the Notice up to the date of AGM i.e., **Wednesday, September 27 2023.**

b. The Register of Directors & Key Managerial Personnel and their shareholding, Register of Contracts or Arrangements in which Directors are interested and certificate from the Secretarial Auditors of the Company under regulation 13 of SEBI (Share Based Employee Benefits) Regulations, 2021, will be available for electronic inspection by the members during the AGM.

c. Members seeking to inspect such documents may send a request on the e-mail address at investors@maxhealthcare.com

18. Dividend related Information

a. Members may note that the Board, in its meeting held on May 16, 2023 has recommended a final maiden dividend of ₹ 1.00/- per equity share having face value of ₹ 10/- each for the financial year ended March 31, 2023. The record date for the purpose of final dividend is **Friday, September 8, 2023**. The final dividend, once approved by the members in the 22nd AGM will be paid within 30 days of AGM electronically, through various online transfer modes to those members who have updated their bank account details or through any other permissible mode.

b. SEBI has made it mandatory for all companies to use the bank account details furnished by the depositories and the bank account details maintained by the RTA for payment of dividend to its members electronically. Accordingly, the Company has extended the facility of electronic credit of dividend directly to the respective bank accounts of member(s) through Electronic Clearing Service (ECS)/National Electronic Clearing Service (NECS)/ Automated Clearing House (ACH)/ Real Time Gross Settlement (RTGS)/ Direct Credit/ IMPS/ NEFT etc. In order to receive the dividend without any delay directly into their bank account on the payout date, the members holding shares in demat mode are requested to update with their respective DPs and with the Company's RTA (where the shares are held in physical mode) their correct Bank Account Number, including 9 Digit MICR Code and 11-digit IFSC Code, e-mail ID and mobile no(s).

c. In case the Company is unable to process the final dividend to any member by electronic mode, due to non-availability of the bank account details or for any other valid reason whatsoever, the Company shall dispatch the demand drafts/ warrants etc. to such members.

19. Deduction of Tax at Source ("TDS") on Dividend

a. Pursuant to the Income Tax Act, 1961, ("IT Act"), as amended by the Finance Act, 2020, dividend income is taxable in the hands of the members w.e.f. April 1, 2020 and the Company is required to deduct tax at source from dividend paid to the members at prescribed rates. For the prescribed rates for various categories, please refer to the Finance Act, 2020 and the amendments thereof. TDS/withholding tax rate would vary depending on the residential status of members and documents submitted by them with the Company/RTA/DP and accepted thereof. Members are therefore requested to complete and/ or update their residential status, PAN, category as per the IT Act with the Company/ RTA (in case of shares held in physical mode) by furnishing **Form ISR-1** and with the DPs (if shares are held in electronic form) **on or before Tuesday, September 12, 2023,** to enable the Company to determine the appropriate TDS/withholding tax rate applicable, verify the documents and provide exemption.

b. The Company has sent detailed communication in this regard to all members on **Saturday, August 26, 2023,** informing the relevant procedure to be adopted by them and documents to be submitted for availing exemption/ applicable tax rate. For more details, members are advised to visit the website of the Company viz. https://www.maxhealthcare.in/investors/investor-resources under the 'Investor Downloads' section.

c. In the event the benefit of lower tax on dividend cannot be provided by the Company due to non-receipt / late receipt of the tax exemption forms or the forms & documents, members will still have an option to claim appropriate refund, if eligible, at the time of filing their income tax returns. No claim shall lie against the Company for taxes once deducted.

20. Issue of Securities in Dematerialised Form

a. SEBI has mandated that all requests for transfer of securities including transmission and transposition requests shall be processed only in dematerialised form. In view of the same and to eliminate all risks associated with physical shares and avail various benefits of dematerialisation, the members are advised to dematerialise their holdings, if any; and

b. Further, SEBI has also mandated listed companies to issue securities only in dematerialised form while processing service requests viz, issue of duplicate securities certificate, claim from unclaimed suspense account, renewal/ exchange of securities certificate, endorsement, sub-division/ splitting of securities certificate, consolidation of securities certificates/ folios, transmission and transposition.

21. Updation of PAN, KYC and Nomination Details

a. SEBI has mandated the submission of PAN, KYC details and nomination by holders of physical securities by **October 31, 2023,** vide its circular dated March 16, 2023. Members holding securities in physical mode, if any, are requested to submit their PAN, KYC and nomination details to the Company's RTA at i.e., rnt.helpdesk@linkintime.com. The forms for updating the same are available at https://web.linkintime.co.in/client-downloads.html.

b. Members holding shares in electronic form are requested to submit their PAN and other details to their DPs. In case a holder of physical securities fails to furnish PAN and KYC details or link their PAN with Aadhaar before due date, in accordance with the SEBI circular dated March 16, 2023, RTA is obligated to freeze such folios. The securities in the frozen folios shall be eligible to receive payments (including dividend) and lodge grievances only after furnishing the complete documents. If the securities continue to remain frozen as on **December 31, 2025,** the RTA / the Company shall refer such securities to the administering authority under the Benami Transactions (Prohibitions) Act, 1988, and / or the Prevention of Money Laundering Act, 2002.

c. As per the provisions of section 72 of the Act, the facility for registration of nomination is available for the members in respect of the shares held by them.

d. Members holding shares in physical form and who have not yet registered their nomination are requested to register the same by submitting **Form No. SH-13.** If a member holding shares in physical form desires to opt out or cancel the earlier nomination and record a fresh nomination, he/she may submit the same in **Form ISR-3** or **SH-14** as the case may be.

e. The said forms can be downloaded at https://web.linkintime.co.in/client-downloads.html. Members are requested to submit the said details to their DP in case the shares are held by them in dematerialized form and to RTA in case the shares are held in physical form.

f. Members holding shares in demat form who have not furnished nomination nor have submitted declaration for opting out of nomination, are required to register or opt out from nomination, as the case may be, **on or before October 31, 2023,** failing which their trading accounts shall be frozen for trading and demat account shall be frozen for debits.

22. Voting Results:

a. The Company has appointed Mr. Devesh Kumar Vasisht, (ICSI Membership No. F8488) or failing him, Mr. Parveen Kumar (ICSI Membership No. F10315), Partners of DPV & Associates LLP, Practicing Company Secretaries, Delhi, as the Scrutinizer to scrutinize the remote E-voting process and E-voting during the AGM, in a fair and transparent manner, who has communicated willingness to be appointed for the said purpose.

b. The Scrutinizer, immediately after the conclusion of voting at the AGM, will first download the votes cast at the AGM and thereafter unblock the votes cast through remote E-voting in the presence of at least two (2) witnesses not in the employment of the Company and shall, within two working days from conclusion of the AGM , submit a consolidated scrutinizer's report of the total votes cast in favor or against, if any, to the Chairman or a person authorized by him in writing, who shall countersign the same and declare the result of the voting.

c. The results of the AGM shall be declared by the Chairman and Managing Director or any person duly authorized by him on this behalf, after the AGM within the prescribed time limits. The resolutions shall be deemed to be passed on the AGM date i.e., **Wednesday, September 27, 2023,** subject to receipt of the requisite number of votes in favor of the resolutions.

d. The results declared along with the scrutinizer's report shall be placed on the Company's website www.maxhealthcare.in and on the website of LIIPL besides communicated to BSE and NSE accordingly.

23. In case the members have any queries or issues regarding remote E-voting, they may refer the (i) frequently asked questions ("FAQs") or (ii) Instavote E-voting manual available at https://instavote.linkintime.co.in, under Help section or write an e-mail to enotices@linkintime.co.in or Call at Tel: 011 –49411000 or connect with Mr. Swapan Naskar, Link Intime India Private Limited, Nobal Heights, New Delhi.

24. **Important instruction for members whose shares lying with the Company in "Max Healthcare Institute Ltd-Physical Share Holders Demat Account"**

Pursuant to the Composite Scheme of Amalgamation and Arrangement amongst erstwhile Max India Limited, Max Healthcare Institute Limited ("Max Healthcare"/ "the Company"), Radiant Life Care Private Limited and Advaita Allied Health Services Limited and their respective shareholders and Creditors ("Scheme"), on June 19, 2022, the Company issued and allotted equity shares to all the eligible shareholders (holding shares both in physical and Demat form) of Erstwhile Max India on the Record Date in Demat form. Further, in respect of those shareholders who were holding shares in Erstwhile Max India in physical form as on Record Date, the Company has credited these shares in the Max Healthcare Institute Limited- Physical Shareholders' Demat Account of the Company.

SEBI vide its circular no. SEBI/HO/MIRSD/MIRSD_ RTAMB/P/CIR/2021/655, dated November 3, 2021, clarification vide circular no. SEBI/HO/MIRSD/ MIRSD_RTAMB/P/CIR/2021/687, dated December 14, 2021 and circular no. SEBI/HO/MIRSD/ MIRSD_ RTAMB/P/CIR/2022/8 dated January 25, 2022 has simplified the process for investor service requests. Accordingly, the companies shall process the following service requests viz. issue of duplicate securities certificate, renewal/exchange of securities certificate, endorsement, sub- division / splitting of securities certificate, consolidation of securities certificates/ folios, transmission and transposition in dematerialized form only.

The members of the Company who have not opened their Demat account and whose shares are lying in "Max Healthcare Institute Ltd-Physical Share Holders Demat Account" are advised to open their Demat Account to claim their shares lying in the aforesaid Demat Account of the Company. The members are requested to follow the process as intimated by the Company/ RTA from time to time and can contact the Company or RTA, for any assistance in this regard.

Explanatory Statement

The following explanatory statement in terms of section 102 of the Companies Act, 2013 is annexed to and forms part of the Notice convening the 22nd Annual General Meeting.

Though not mandated by statutory regulations, we have voluntarily elected to furnish details regarding items 1 to 4 in the explanatory statement for the benefit of members.

Item No. 1 & 2

In terms of the provisions of section 129 of the Companies Act, 2013, the Company submits its standalone and consolidated financial statements for the financial year 2022-23 together with the reports of board of directors and auditor's thereon for adoption by members at the Annual General Meeting ("AGM").

The board of directors ("Board") in its meeting held on May 16, 2023, on recommendation of the audit & risk management committee, have approved the standalone and consolidated financial statements for the financial year ended March 31, 2023 ("Financial Statements").

The Financial Statements of the Company along with the reports of the Board and Auditor thereon have been:

a) sent to the members on their registered e-mail address.

b) uploaded on the website of the Company, viz www.maxhealthcare.in/investors/corporate-governance.

The statutory auditors have issued unmodified reports on the Financial Statements and has confirmed that same represent a true and fair view of the state of affairs of the Company. The auditor's reports to the Financial Statements do not contain qualification, reservation or adverse remark.

The Board has selected such accounting policies and applied them consistently and made judgements and estimates that are reasonable and prudent so as to give a true and fair view of the state of affairs of the Company as of March 31, 2023.

In case members have any query or question on the Financial Statements, they are requested to send their queries/questions to the chief financial officer at cfo@maxhealthcare.com by Saturday, September 23, 2023 to enable the management to respond to these queries objectively at the AGM.

The Board recommends the resolutions as set out in item nos. 1 and 2 for approval of the members as ordinary resolutions.

None of the directors and key managerial personnel and/or their relatives are in any way, financially or otherwise, interested or concerned in these resolutions except as a member to the extent of their shareholding in the Company.

Item No. 3

In terms of the applicable provisions of the Companies Act, 2013, the members of the company approve and declare final dividend as recommended by the board of directors ("Board").

Pursuant to the dividend distribution policy of the Company, the Board has recommended a final dividend of ₹ 1 (i.e., 10% of the face value) per equity share for the financial year ended March 31, 2023. Dividend, if approved, will be paid to those members whose name will appear in the register of members/beneficial owners as on record date i.e., Friday, September 8, 2023.

The Board recommends the resolution as set out in item no. 3 for approval of the members as an ordinary resolution.

None of the directors and key managerial personnel and/or their relatives are in any way, financially or otherwise, interested or concerned in this resolution except to the extent of dividend amount payable to them by virtue of their shareholding in the Company, if any.

Item No. 4 & 5

The board of directors of the Company ("Board"), on the recommendation of the nomination and remuneration committee, had appointed Mr. Anil Kumar Bhatnagar (DIN: 09716726) as additional non-executive director of the Company with effect from August 31, 2022. Subsequently, the members at the 21st annual general meeting of the Company held on September 26, 2022 approved the appointment of Mr. Bhatnagar as non-executive director of the Company with effect from August 31, 2022. Mr. Bhatnagar is a director liable to retire by rotation.

In terms of the provisions of section 152 of the Companies Act, 2013, Mr. Anil Kumar Bhatnagar, non-executive director of the Company, would be retiring at the 22nd annual general meeting ("AGM") and being eligible, has offered himself for re-appointment.

Mr. Anil Kumar Bhatnagar is also a member of the nomination and remuneration committee ("NRC") and corporate social responsibility ("CSR") committee of the Company. The attendance of Mr. Bhatnagar at the Board and Committee meetings since his appointment, is as follows:

Financial Year	Board Meeting			NRC			CSR		
	Total Meeting held during his tenure	Meetings Attended	% of attendance	Total Meeting held during his tenure	Meetings Attended	% of attendance	Total Meeting held during his tenure	Meetings Attended	% of attendance
FY 2022-23[1]	4	4	100	4	4	100	1	1	100
FY 2023-24[2]	2	2	100	3	3	100	2	2	100
Total	6	6	100	7	7	100	3	3	100

1 Mr. Anil Kumar Bhatnagar was appointed as Non-Executive Director of the Company w.e.f. August 31, 2022 and was inducted as members in NRC and CSR Committee on September 30, 2022

2 Meetings held up to the date of this notice i.e. August 23, 2023

As evident from the information above, Mr. Anil Kumar Bhatnagar has maintained a 100% attendance record at Board and Committee meetings since his appointment as a non-executive director. His unwavering dedication is commendable, and it reflects his commitment to Company's mission.

Mr. Bhatnagar's active participation in all Board and Committee meetings is a testament to his deep involvement in the Company's affairs. Additionally, he consistently leverages his expertise, inter-alia, in corporate and commercial litigation, including international and domestic arbitrations for meaningful discussions and he offers valuable mentorship to Company's management team. His immediate attention to requests from Company's management underscores his devotion to the Company's long-term mission.

Further, to ensure uniformity with the tenure of other non-executive and non independent directors of the Company, the Board considered it prudent to fix the tenure of Mr. Anil Kumar Bhatnagar as non-executive director for a period of 3 (three) years.

Accordingly, the Board of the Company, on recommendation of the NRC in its meeting held on August 7, 2023, approved the fixation of tenure of Mr. Anil Kumar Bhatnagar as non-executive director for a period of 3 (three) years with effect from October 1, 2023, subject to the approval of members at the ensuing annual general meeting. Mr. Anil Kumar Bhatnagar continues to remain as a director liable to retire by rotation.

Brief profile of Mr. Anil Kumar Bhatnagar

Mr. Bhatnagar has rich experience in corporate and commercial litigation including international and domestic arbitrations. He is a former Senior Partner of the firm, Dua Associates. He has handled a large number of domestic arbitrations covering corporate and commercial disputes arising out of joint ventures, Government and private contracts, and civil construction and engineering contracts.

He has conducted International Arbitration in several countries including proceedings before Arbitral Tribunals constituted by the International Chamber of Commerce, Paris and London Court of International Arbitration, London.

As a litigator, he has regularly appeared as Counsel in a large number of matters before the Supreme Court of India, Delhi High Court, other state High Courts and Statutory Tribunals.

He holds a Bachelor's degree in Science from the University of Delhi and also a Bachelor of Laws degree from the Faculty of Law, University of Delhi. He is enrolled with the Delhi Bar Council.

The profile of Mr. Bhatnagar can also be accessed on the Company's website viz. www.maxhealthcare.in/investors.

The details as required under the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 and secretarial standard on general meetings issued by the Institute of Company Secretaries of India and all other applicable provisions are provided in Annexure - 1 to the explanatory statement.

The Board recommends the resolutions as set out in item no. 4 and 5 for approval of the members as ordinary resolutions.

Except Mr. Bhatnagar and his relatives including Mr. Abhay Soi (son-in-law of Mr. Bhatnagar), none of the other directors and key managerial personnel of the Company and/ or their relatives are concerned or interested, financially or otherwise in this resolution except to the extent of their shareholding in the Company.

Item No. 6 & 7

The board of directors of the Company ("Board"), on recommendation of the nomination and remuneration committee ("NRC") on August 23, 2023, approved the appointment of Ms. Amrita Gangotra (DIN: 08333492) as an additional director in the capacity of independent director of the Company with effect from August 23, 2023 in terms of section 161 of the Companies Act, 2013 ("Act") who shall hold office up to the date of the next general meeting of the Company or for a period of 3 (three) months from the date of her appointment, whichever is earlier, in terms of regulation 17(1C) of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 ("SEBI Listing Regulations").

Further, the Board, on recommendation of the NRC and subject to the approval of the members, appointed Ms. Gangotra as an independent director of the Company, for a term of 5 (five) years with effect from August 23, 2023 to August 22, 2028 (both days inclusive), not liable to retire by rotation. The appointment is in accordance with the nomination, remuneration and board diversity policy of the Company.

Skills and capabilities required for the role of Independent Director and the manner in which Ms. Amrita Gangotra meets such requirements

The Company follows a robust process for selecting Board members. NRC thoroughly assesses various factors while considering appointment of independent director including candidate's background, expertise, skill set, professional experience, educational & professional qualifications and personal achievements.

Further, the Board also deliberates on various factors including present composition of the Board to ensure optimum combination of executive and non-executive directors, tenure of the Board members, skill matrix, board diversity, time-commitment and statutory requirements.

During the process of evaluating the candidature of Ms. Gangotra as independent director on the Company's Board, NRC and Board noted the profile of Ms. Gangotra (as given below) and determined that skills, experience, expertise, and competencies possessed by her are a strong match for the Company's business requirements for the new initiatives taken by the Company in the field of Information Technology and for facilitating effective operations.

Brief Profile of Ms. Amrita Gangotra

"Ms. Amrita's career encompassing over 30 years, included key roles in many business-impacting transformation initiatives including revenue-share IT outsourcing deal with IBM, launch of new m-commerce products, creating the IT platform for global Enterprise business at Vodafone, introducing the tools and organization to

support the Digital Telco strategy of Vodafone, CWW M&A integration, 4G network roll out and preparing for 5G introduction.

Ms. Gangotra has extensive knowledge of IT transformation in the Telecom, FMCG and ITES sectors. She has held group CIO and opco CTIO positions in the Telcos. Ms. Gangotra has been a member of the executive management team at Bharti Airtel and Vodafone Hungary. Commercially focused and award-winning technology leader with experience gained in India, UK and Europe of using technology to drive business performance and deliver value in the telecommunications, IT services and FMCG sectors. She continues to provide advisory and consulting services in Digital and Technology domains across industries."

The profile of Ms. Gangotra can also be accessed on the Company's website at www.maxhealthcare.in/investors.

The Company has received a notice under section 160 of the Act from a member signifying candidature of Ms. Amrita Gangotra as an independent director of the Company.

The Company has also received the following documents from Ms. Gangotra:

a) consent in writing to act as director in Form DIR - 2.

b) intimation in form DIR - 8 to the effect that she is not disqualified under section 164(2) of the Act.

c) declaration to the effect that she meets the criteria of independence as specified in the Act and SEBI Listing Regulations;

d) confirmation that she is neither disqualified nor debarred from holding the office of director under the Act or pursuant to any order issued by SEBI or any such other authority.

e) confirmation that she is not aware of any circumstance or situation which exists or may be reasonably anticipated that could impair or impact her ability to discharge her duties as an Independent Director of the Company;

f) confirmation that she has registered herself with the Independent Directors' databank and satisfied the requirement regarding the online proficiency self-assessment test in terms of the Companies (Appointment and Qualifications of Directors) Rules, 2014.

The Board is satisfied that appointment of Ms. Gangotra's is justified due to her global career spanning multiple geographies in digital transformation, her diverse experience in telecommunications, IT services, and FMCG, and her expertise in Information Technology, Corporate Governance, and ESG. She has a successful track record guiding multinational companies through digital transformations.

The NRC and the Board is of the opinion that, Ms. Amrita Gangotra is a person of integrity and possesses relevant expertise and experience and is independent of management which duly fulfils the conditions specified in the Act, rules made there under and SEBI Listing Regulations for appointment as an independent director.

In view of the above, the Board strongly believes that Ms. Gangotra will bring immense value on account of her stature, professional competence and diversified experience, and accordingly, recommends her appointment, as an independent director for a term of 5 (five) years with effect from August 23, 2023 to August 22, 2028, not liable to retire by rotation.

In terms of regulation 17 of the SEBI Listing Regulations, approval of members in general meeting is required for payment of all compensation to Non-Executive Directors. Further, pursuant to the provisions of section 197 and all other applicable provisions of the Act and applicable provisions of the SEBI Listing Regulations, a Company may pay remuneration to all its non-executive director not exceeding 1% of the net profits of the company calculated in accordance with the provisions of section 198 of the Act, subject to approval of its members by way of an ordinary resolution.

The Board on August 23, 2023, based on the recommendation of the NRC and subject to the approval of members at the ensuing annual general meeting, and considering Ms. Amrita Gangotra's background, balance of skills, knowledge, experience and expertise at board positions, approved and recommended to pay remuneration upto ₹ 26,00,000/- (Rupees Twenty Six Lakhs Only) per annum (payable on monthly basis) in the capacity as independent director of the Company with effect from August 23, 2023 until September 30, 2023 in line with the existing remuneration of all non-executive directors (including independent directors) and upto ₹ 35,00,000/- (Rupees Thirty five Lakhs Only) per annum (payable on monthly basis) for a period of (3) three years commencing from October 1, 2023 to September 30, 2026, in line with the proposed increase in remuneration of all non-executive directors (including independent directors) as placed before the members of the Company for their approval in item no. 8 of the Notice read with relevant explanatory statement.

The details as required under the SEBI Listing Regulations and secretarial standard on general meetings issued by the Institute of Company Secretaries of India and all other applicable provisions are provided in Annexure - 1 to the explanatory statement.

A copy of draft letter for the appointment of Ms. Amrita Gangotra as an independent director setting out the terms and conditions is available for electronic inspection to the members. The members may follow the process for inspection of document as mentioned in 'Notes' section forming part of the Notice.

The Board recommends the resolutions as set out in item nos. 6 and 7 for approval of the members as special resolution and ordinary resolution, respectively.

Except Ms. Amrita Gangotra and/ or her relatives, to the extent of their shareholding in the Company, if any, none of the directors or key managerial personnel or their relatives are in any way concerned or interested, financially or otherwise, in the said resolution.

Item No. 8

At present, non-executive directors (including independent directors) are being paid remuneration of ₹ 26,00,000 (Rupees Twenty-Six Lakh Only) per annum.

The role and responsibilities assigned to directors have undergone a substantial transformation in recent times due to various factors. The Company's operations have expanded significantly, necessitating a higher level of oversight and strategic inputs from directors. This expansion in activities is further complicated by the rapid evolution of legal and regulatory provisions and requirements, which have placed additional demands on the directors to ensure compliance and ethical governance.

The competitive business environment in which the Company operates has grown more demanding. Stringent and rigorous corporate governance norms have become the norm, adding to the complexity of the directors' roles. This complexity is coupled with an increased focus on risk management and the need for robust oversight.

Recognizing these evolving dynamics and the resultant responsibilities placed on directors, the Board in its meeting held on August 7, 2023, on the recommendation of nomination & remuneration committee, has proposed to increase in the remuneration of non-executive directors (including independent directors) from ₹ 26,00,000/- (Rupees Twenty-Six Lakh Only) per annum each director to ₹ 35,00,000/- (Rupees Thirty-Five Lakh Only) per annum each director with effect from October 1, 2023 to September 30, 2026.

This remuneration increase is essential to attract and retain high-caliber directors who can navigate the complexities of the modern business landscape, ensure effective governance, and safeguard the interests of the Company and its stakeholders.

In addition to the aforesaid remuneration, all non-executive directors (including independent directors) of the Company shall also be entitled to sitting fees for attending meeting(s) of the Board or any committee, and reimbursement of the expenses for attending meetings of the Board and its committee thereof, as permissible under the Companies Act, 2013 and/or the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 ("SEBI Listing Regulations").

In terms of regulation 17 of the SEBI Listing Regulations, approval of members in general meeting is required for payment of all compensation to non-executive directors. Further, pursuant to the provisions of section 197 and other applicable provisions of the Act, a company may pay remuneration to all its non-executive directors upto 1% of the net profits of the company calculated in accordance with the provisions of section 198 of the Act, subject to approval of its members by way of an ordinary resolution.

The aforesaid proposed remuneration to non-executive directors (including independent directors) shall remain within the limit of 1% of the net profits of the Company calculated in accordance with the provisions of the section 198 of the Act.

Accordingly, the Board recommends the resolution as set out at item no. 8 for the approval of the members of the Company as an ordinary resolution.

All Directors of the Company (including Mr. Abhay Soi, Chairman and Managing Director being son in law of Mr.Bhatnagar, non-executive director), to the extent of remuneration proposed to be paid to the non-executive directors and/or their relatives to the extent their shareholding in the Company, are interested in this item and no other key managerial personnel or their relatives are in any way concerned or interested, financially or otherwise, in the said resolution.

Item No. 9

Mr. Abhay Soi was appointed as Chairman and Managing Director ("CMD") of the Company for a period of 3 (three) years with effect from June 19, 2020 with an annual remuneration of ₹ 14,00,00,000 (Rupees Fourteen Crore Only) and the same was subsequently approved by the members of the Company on July 30, 2020. There was no increase in the remuneration payable to Mr. Soi during his above-mentioned tenure of 3 (three) years.

During the before nomination and remuneration committee ("NRC") meeting held on August 7, 2023, the NRC acknowledged Mr. Soi's outstanding contribution towards Company's growth over the past 3 financial years. With his strategic guidance the Company achieved its highest-ever growth in terms of both revenue and profitability. Mr. Soi's commitment and strategic acumen have spearheaded a remarkable transformation in the Company's operational and financial metrics resulting in the significant growth in market capitalization.

In a brief span of just three years, Mr. Soi's strategic guidance has turned the Company and its extensive network of managed and partner healthcare facilities, collectively known as the "Max Healthcare Network," into an industry leader with best-in-class operating and financial metrics. Notably, even during the turbulent times of the COVID-19 pandemic, the Max Healthcare Network demonstrated resilience and financial strength. This transformation has been underpinned by several key factors:

i) **Strong Revenue Growth:** Max Healthcare Network demonstrated a substantial revenue growth trajectory, achieving a compound annual growth rate (CAGR) of 13% over the past three years. This translated into the gross revenue increasing from ₹ 4,356 Crore in FY20 to ₹ 6,236 Crore in FY23.

ii) **Earnings Excellence:** Earnings before interest, taxes, depreciation, and amortization ("EBITDA") outpaced revenue growth, boasting a CAGR of 41% over the last three years. This resulted in EBITDA figures and margins expanding from ₹ 590 Crore and 14.7% in FY20 to ₹ 1,636 Crore and 27.7%, respectively in FY23. Notably, the EBITDA translated into free cash flows of ₹ 1,281 Crore in FY23. Moreover, Profit After Tax (PAT) witnessed a tenfold growth from ₹ 129 Crore in FY20 to ₹ 1,328 Crore in FY23.

iii) **Operational Efficiency:** The Company continued to report industry-leading occupancy levels and Average Revenue Per Occupied Bed (ARPOB).

iv) **Robust Return on Capital:** The pre-tax Return on Capital Employed (ROCE) considerably improved from 11.1% in FY20 to 33.1% in FY23, illustrating the Company's judicious capital allocation and resource management under Mr. Soi's leadership.

v) **Successful Deleveraging:** Mr. Soi's strategic acumen was further evident in the Company's successful raising of ₹ 1,200

Crore through a Qualified Institutional Placement (QIP) in March 2021, and effectively deleveraging its balance sheet. From a net debt position of ₹ 2,102 Crore as of March 31, 2020, the Company reported a net cash surplus of ₹ 733 Crore as of March 31, 2023. Notably, the QIP issue was oversubscribed by 6x, attracting a cadre of esteemed domestic and international investors to the Company's capital table.

Consequently, the Company's market capitalization has witnessed a significant rise. At its initial listing in August 2020, the Company's market capitalization stood at approximately ₹ 10,000 Crore. As a result of the Company's remarkable performance under Mr. Soi's leadership, it has grown to approximately ₹ 57,000 Crore at present. This has established the Company as the second-largest listed healthcare Company in terms of market capitalization, trading at a premium valuation compared to its peers. The Company has also recently become a part of the MSCI Index and S&P BSE 100 Index.

Brief profile of Mr. Abhay Soi

Mr. Abhay Soi is the Promoter, Chairman and Managing Director of Max Healthcare Institute Limited ("MHIL"). Prior to the acquisition and merger with MHIL, Mr. Abhay was the Promoter, Chairman and Managing Director of Radiant Life Care Private Limited ("Radiant"). Both Radiant and MHIL merged on 1st June 2020, resulting in the 2nd largest hospital company in India in terms of revenue. The combined entity has over 3,500 beds at 17 locations including 12 hospitals and 5 day care centres.

Radiant has been the fastest growing hospital chain in India and had created its business at a scorching pace over the past decade. Commencing it's journey in 2010 with 10 employees, today the group, after merger with Max Healthcare, employs over 15,000 people including 4,800+ doctors and 6,000+ Nurses with a combined turnover in excess of Rs. 4,000 Crores.

Prior to Radiant, Mr. Abhay co-founded USD 350 Mn Special Situations Private Equity Fund, where he made investments across sectors such as Mining, Financial Services, Agri-processing, Retail, Paper & Paperboards manufacturing, Textiles and Specialty Chemicals.

Mr. Abhay started his career as a restructuring professional with Arthur Andersen where he led their financial restructuring business and was subsequently part of the restructuring practice of E&Y and KPMG.

Mr. Abhay has an MBA degree from European University, Belgium and a Bachelor in Arts degree from St. Stephen's College, Delhi University.

The profile of Mr. Abhay Soi can also be accessed on the Company's website viz. www.maxhealthcare.in/investors.

In view of the above, NRC proposed a one time performance bonus of ₹ 3,50,00,000 (Rupees Three Crore and Fifty Lakhs Only) to Mr. Abhay Soi as a token of appreciation.

In accordance with the provisions of section 197, 198 and other applicable provisions of the Companies Act, 2013 ("Act") and the SEBI (Listing Obligations and Disclosures Requirements) Regulations, 2015 ("SEBI Listing Regulations"), all the members of the Board, based on the recommendation of NRC and subject to approval of members, umanimously approved the payment of a one-time performance bonus of ₹ 3,50,00,000 (Rupees Three Crore and Fifty Lakhs Only) to Mr. Abhay Soi as a token of appreciation for remarkable performance of the Company during above-mentioned tenure of 3 (three) years.

As the aforesaid 3 (three) years were expiring on June 18, 2023, Mr. Soi was re-appointed as the CMD at the 21st annual general meeting ("AGM") of the Company held on September 26, 2022 for further period of 5 (five) years with effect from June 19, 2023 with such revised remuneration payable upon his re-appointment for further period of 3 (three) years with effect from June 19, 2023, as set out in the explanatory statement to the Notice of 21st AGM.

As per section 197 and other applicable provisions of the Act, the remuneration payable to any one managing director in excess of 5% of the net profits of the Company shall require approval of the members by way of a special resolution.

The proposed one-time performance bonus to Mr. Soi, along with his remuneration for the current financial year 2023-24 (as approved in the past at the 21st Annual General Meeting of the Company held on September 26, 2022), may exceed the prescribed limit of 5% of the net profits of the Company.

The Board recommends the resolution as set out at item no. 9 for the approval of the members of the Company as a special resolution.

It may be noted that the Company has not defaulted in payment of dues to any bank or public financial institution or non-convertible debenture holders or other secured creditor, if any.

The details as required under the SEBI Listing Regulations and secretarial standard on general meetings issued by the Institute of Company Secretaries of India and all other applicable provisions are provided in Annexure - 1 to the explanatory statement.

Except Mr. Soi and his relatives including Mr. Anil Kumar Bhatnagar (father in law of Mr. Soi), none of the other directors and key managerial personnel of the Company and/ or their relatives are concerned or interested, financially or otherwise in this resolution except to the extent of their shareholding in the Company.

Item No. 10

In accordance with the approval granted by members of the Company in their 21st Annual General Meeting held on September 26, 2022 and within the overall limits of borrowings prescribed by the members, the board of directors ("Board") at its meeting held on February 2, 2023, approved in-principle proposal to raise funds by way of issuance of listed/ unlisted, secured/ unsecured, redeemable non-convertible debentures ("NCDs") or such other debt securities, in one or more tranches/ series, on a private placement basis, for an aggregate amount of ₹ 4,200 crores (Rupees Four Thousand Two Hundred Crores Only).

Subsequently , SEBI vide its notification no. SEBI/LAD-NRO/GN/2023/119 dated February 2, 2023 has amended the SEBI (Issue and Listing of Non-Convertible Securities) Regulations, 2021 ("SEBI NCS Regulations") wherein it requires that the articles of association of the Company shall include an article whereby Board is required to appoint a person as director nominated by debenture trustee(s) in terms of clause (e) of regulation 15(1) of the SEBI (Debenture Trustees) Regulations, 1993 ("SEBI Debenture Trustee Regulations"), for and on behalf of debenture holders.

The appointment of such director nominated by the debenture trustee(s) on the Board of the Company shall be exercised only in the event of default as per Regulation 15(1)(e) of the SEBI Debenture Trustee Regulations as provided below:

- two consecutive defaults in payment of interest to the debenture holders; or
- default in creation of security for debentures; or
- default in redemption of debentures.

In compliance with the requirements of the SEBI NCS Regulations, the Board at its meeting held on August 7, 2023 approved the proposal to alter the articles of association of the Company, subject to approval of members of the Company, to incorporate new 'Article 92A' after an existing 'Article 92' to empower debenture trustees, to nominate appointment of a director, on the Board of the Company, in case of events of default mentioned above.

A draft copy of the amended articles of association is available for electronic inspection to the members. The members may follow the process for inspection of document as mentioned in 'Notes' section forming part of the Notice.

The Board recommends the resolution at item No. 10 for approval of the members of the Company as a special resolution.

None of the directors and key managerial personnel of the Company or their respective relatives are in any way, concerned or interested, financially or otherwise, in the said resolution.

Item No. 11

Pursuant to section 148 of the Companies Act, 2013 ("Act") read with the Companies (Cost Records & Audit) Rules, 2014 ("Rules"), the Company is required to have its cost records audited by a cost accountant in practice.

Accordingly, the board of directors ("Board") of the Company, on the recommendation of audit & risk management committee, at its meeting held on August 7, 2023, approved the appointment of M/s. Chandra Wadhwa & Co. (Firm Registration Number – 000239), as the cost auditors to conduct the audit of cost records maintained by the Company for the financial year ending March 31, 2024 at a remuneration of ₹ 9,00,000 (Rupees Nine Lakh Only) plus applicable taxes, if any. The proposed remuneration of cost auditors for the financial year 2023-24 is in line with the guidelines issued by the Institute of Cost Accountants of India on remuneration of Cost Auditors.

Further, in accordance with the provisions of section 148(3) of the Act read with Rules, the remuneration payable to the cost auditor needs to be ratified by the members of the Company at a general meeting. Accordingly, consent of the members is being sought for ratification of the remuneration payable to the Cost Auditors for the financial year ending March 31, 2024.

The Board recommends the resolution as set out at Item no. 11 for ratification by the members of the Company by way of an ordinary resolution.

None of the directors and key managerial personnel of the Company and/or their respective relatives are in any way, concerned or interested, financially or otherwise, in the said resolution.

Annexure 1

Details of Director seeking Appointment, Re-appointment or payment of Remuneration

[Pursuant to Regulation 36 of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 and Secretarial Standard on General Meetings]

Name of Director	Mr. Anil Kumar Bhatnagar	Ms. Amrita Gangotra	Mr. Abhay Soi
Directors Identification Number (DIN)	09716726	08333492	00203597
Age (years)	73	58	50
Nationality	Indian	Indian	Indian
Date of first appointment on the Board of the Company	August 31, 2022	August 23, 2023	June 21, 2019
Expertise in specific functional areas/experience	Litigation, Arbitration and Contracts	IT Industry, Telecom and FMCG Sectors Experience, Technology Leader, International exposure and expertise in path-breaking technologies	Strategic Management in Healthcare Sector, Financial Restructuring and Business Transformation
Brief Resume	Refer to the explanatory statement of item no. 4 and 5	Refer to the explanatory statement of item no. 6 and 7	Refer to the explanatory statement of item no. 9
Qualification	Bachelor's degree in Science from the University of Delhi and Bachelor of Laws degree from the Faculty of Law, University of Delhi	Master of Science, Operational Research and Bachelor of Science, Mathematics from University of Delhi	Bachelor's degree in Arts from the University of Delhi and Master's degree in business administration from European University
No. of Board Meetings attended during FY-2022-23 and upto the date of Notice	6 of 6	N.A.	10 of 10
List of Directorship of other Board	NIL	**Listed Companies** • Tanla Platforms Limited **Unlisted Companies** • Tanla Digital (India) Private Limited • Tanla Digital Labs Private Limited • India1 Payments Limited • Karix Mobile Private Limited	**Unlisted Companies** • Neo Legno Products Private Limited • Halcyon Enterprises Private Limited • Radiant Life Care Private Limited • Radiant Life Care Lucknow Private Limited • Neo Legno Consultants Private Limited • Radiant Life Care Foundation • Soi Foundation • Infrahealth Pte. Ltd

Name of Director	Mr. Anil Kumar Bhatnagar	Ms. Amrita Gangotra	Mr. Abhay Soi
List of Membership / Chairmanship of Committees of other Board Membership is held	None	**Tanla Platforms Limited** • Audit Committee - Member • Nomination and Remuneration Committee - Member • Stakeholders Relationship Committee - Member • Risk Management Committee – Chairperson **India1 Payments Limited** • Audit Committee - Member • Nomination and Remuneration Committee – Chairperson • Corporate Social Responsibility Committee – Member **Karix Mobile Private Limited** • Nomination and Remuneration Committee – Member • Corporate Social Responsibility Committee – Member **Tanla Digital Labs Private Limited** • Nomination and Remuneration Committee – Member • Corporate Social Responsibility Committee – Member	None
Listed entities from which the person has resigned in the past 3 years	None	None	None
No. of shares held in the Company including shareholding as beneficial owner	NIL	NIL	23,08,07,699 equity shares
Relationship with other Directors managers and Key Managerial Personnel	Mr. Anil Kumar Bhatnagar is father-in-law of Mr. Abhay Soi, Chairman and Managing Director	None	Mr. Abhay Soi is son-in-law of Mr. Anil Kumar Bhatnagar, Non-Executive Director
Terms and conditions of Appointment	Refer to the Explanatory Statement of item no. 5	Refer to the Explanatory Statement of item no. 6	Not applicable
Details of last remuneration drawn	₹ 13,00,000 (Rupees Thirteen Lakh Only) in FY 2022-23	No remuneration was drawn during the FY 2022-23 as she was not a Director of the Company	₹ 14,00, 00,000 (Rupees Fourteen Crores Only) in FY 2022-23
Details of remuneration sought to be paid	Refer to the explanatory statement of item no. 8	Refer to the explanatory statement of Item no. 7 & 8	Refer to the explanatory statement of item no. 9

MAX Healthcare

Healthier communities.
Sustainable future.

Annual Report 2022-23

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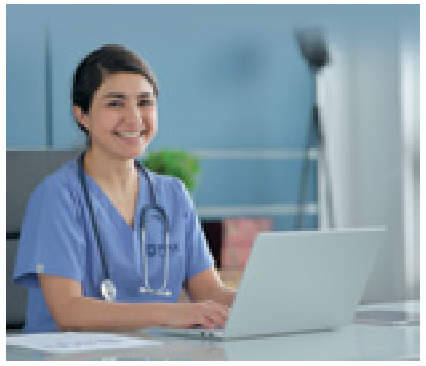

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Safe Harbour Statement

Some information in this Annual Report may contain forward-looking statements which include statements regarding the Company's expected financial position and results of operations, business plans and prospects etc. and are generally identified by forward-looking words such as 'believe,' 'plan,' 'anticipate,' 'continue,' 'estimate,' 'expect,' 'may,' 'will' or other similar words. Forward-looking statements are dependent on assumptions or basis underlying such statements. We have chosen these assumptions or basis in good faith, and we believe that they are reasonable in all material respects. However, we caution that actual results, performances expressed or implied in such forward-looking statements may differ from those projected. We undertake no obligation to update or revise any forward-looking statement, whether as a result of new information, future events, or otherwise. Further, the information presented in this report includes details from Partner Healthcare Facilities, with the exception of the audited financials.

FY23 Network Highlights

27+ Lakh
Unique Patients Treated

3.63 Lakh
Underprivileged Patients Treated for Free

INR 202.9 Crore
Free Medical Treatment to the Underprivileged

100+
Ongoing Clinical Research Projects

350+
High Index Journal Research Publication

10,000
Students Enrolled in Various Courses

INR 6,236 Crore
Gross Revenue

INR 1,636 Crore
Operating EBITDA

27.7%
Operating EBITDA Margin

Healthier Communities. Sustainable Future.

Our business sustainability initiatives endeavour to build healthier communities. With a focus on education, water rejuvenation, community initiatives and sustainability, we are making a difference in lives every day.

We proactively engage with the communities around us to improve their well-being and place utmost importance to healthcare, nutrition support, and education. We are constantly working towards the physical and mental well-being of a variety of stakeholders, including students and communities from underserved areas.

We firmly believe that our community's health is influenced by the health of our environment and we must all contribute to safeguard the ecosystem. We strive to minimise our environmental impact and promote responsible practices within our organisation and the communities we serve. Our initiatives put emphasis on reducing pollution, conserving energy and promoting sustainable practices in our daily lives.

Our holistic approach to nurturing health continues to set a benchmark. At Max Healthcare, we remain dedicated and committed to clinical quality, deployment of innovative medical technologies and cutting-edge treatment techniques, enabling us to help thousands of patients get world-class medical care.

Our advancement in digital technologies, early detection and diagnosis, data-driven healthcare, clinical trials and advanced research enable patients access to world-class medical healthcare closer to their homes.

In the coming years, we intend to further leverage best-in-class technologies to augment our reach, enhance our portfolio of hospitals and services and deliver personalised care to our patients. Staying true to our commitment to create long-term stakeholder value, we will also continue to empower communities and adopt responsible business practices to contribute to a sustainable future.

Chairman and Managing Director's Message

"All through the year, we also maintained a focus on improving our environmental footprint and to build a stronger foundation for healthier communities."

Abhay Soi,
Chairman and Managing Director

Dear Members,

It is with pleasure and a measure of pride that we present to you the annual report showcasing our journey over the year. This year, we focused on exceptional value creation through new expansion projects, going digital through a newly created innovative app and driving clinical excellence through significant investments in cutting-edge medical technology. We continued to deliver the highest levels of care and improve clinical outcomes through numerous new initiatives. We also made significant progress in forging stronger relationships with the local communities around us and in implementing our ESG agenda designed for sustainable growth.

We commissioned a new onco-tower in Shalimar Bagh in North-West Delhi in Q-4 FY23. Construction commenced in our expansion project in Gurgaon, Mumbai and in Mohali. As I write this, our new hospital in Dwarka, South West Delhi, is approaching completion and will start operations in the next few months.

In the areas of clinical excellence, we continued to showcase our commitment to enhancing patient safety as well as driving positive health outcomes. Our multidisciplinary teams of highly skilled and compassionate clinicians worked tirelessly to deliver the highest standards of care. With the adoption of advanced medical technologies, our teams made cutting-edge healthcare a reality for thousands of our patients. A new genomics and molecular lab became functional, adding greatly to our abilities to conduct molecular testing. We also managed to digitise our clinical processes to improve medical services, reduce wait times and enhance the overall patient experience.

All this was driven keeping in mind one simple goal that the patient should remain at the very centre of everything we do. Every project, every change and every investment is made to enhance patient outcomes, convenience and experience at all our touch points.

All through the year, we also maintained a focus on improving our environmental footprint and to build a stronger foundation for healthier communities. To ensure sustainable growth, we adopted an eco-conscious approach, making our business practices greener and environment-friendly. We remain irrevocably committed to this path, which will lead to a brighter future for our future generations.

Sustainable growth

It is imperative that we drive growth that is environmentally sustainable. As a responsible healthcare organisation, we continue to limit our environmental footprint and contribute towards the betterment of society. We have been working towards achieving the environmental goals that we had set for ourselves last year. We are proactively working towards reducing our water consumption and also attaining water neutrality by the end of FY25, significantly increasing the use of renewable energy, managing emissions from our facilities and minimising waste generation.

With our commitment to facilitate a smoother transition to green energy, we have achieved a 33.3% renewable energy share in the total energy mix in FY23, and we plan to increase it to 60% by FY25. We also recycled 39% of the total water consumed during the fiscal year. In order to fulfil our sustainability goal of being water-neutral in FY25, we have put together a roadmap for recharging and developing water bodies in rural communities around our hospitals. This year, we rejuvenated a pond in a village in Ghaziabad district by implementing an integrated natural wastewater treatment system that has made water available for agriculture to the local community, mitigated waterlogging and also recharged groundwater.

"This year, we introduced 'Max My Health', an app designed to offer our services to patients from the convenience of their mobile phones."

Our environmental goals are sacred to us, and I am happy to report to you that we have made excellent progress in achieving those.

Supporting local communities

We have always been deeply involved with communities around our healthcare facilities. This year was no different, and we could make a big difference in the lives of people living in marginalised communities around our hospitals. We offered free treatment to approximately 3.63 lakh patients (valued at approx. INR 202.9 Crores) to citizens hailing from the economically weaker sections of society. We organised 6,000+ community activities including health camps and awareness sessions to educate people about the importance of prevention, hygiene, communicable diseases and timely treatment. These included regular screening programmes for cervical, breast and oral cancers conducted both within and outside our premises to promote early detection and prevention. Outreach programmes were also organised to provide free examinations to those with limited healthcare access. We provided nutritional support to 2,300 TB patients under the Government of India's Ni-kshay Mitra programme. Our dedicated campaigns have transformed lives, provided timely access to good quality healthcare and improved patient outcomes.

Driving digitisation to empower patients

In an evolving healthcare landscape, digital innovations are playing an important role in transforming access to healthcare. Our ability to harness technology and data have enabled our patients, as well as our clinicians, to immensely benefit from new-age digital solutions. This year, we introduced 'Max My Health', an app designed to offer our services to patients from the convenience of their mobile phones. The app allows them to book appointments, pathology tests, review reports and order our home care services in a seamless manner. In the future, more services will be added to the app, making the entire patient journey across all our touchpoints smooth.

We have also created a repository of patient and clinical information through the implementation of a Data Lake. The data lake will help generate critical insights about patient cohorts and help us customise treatment plans.

The new website of Max@Home, with e-commerce-like features, makes booking appointments to online payments simpler and hassle-free. Our immigration portal assists people going abroad to book services related to their immigration health checks, thus eliminating the need for manual intervention ensuring a more efficient and error-free experience.

On the clinical side, we have automated our processes for gathering and analysing clinical data. More than 57 clinical parameters are now monitored through a digitised system called the Clinical Outcomes Measurement System. The system allows us to standardise these parameters, establish benchmarks and measure outcomes against these benchmarks. The dashboards generated are available to the clinical teams to help them improve their clinical outcomes over a period of time. This has a significant impact on improving patient safety and outcomes across the organisation and will play a pivotal role in the future.

Adding capacity to serve more patients

Our hospitals have been operating at high occupancy. Thus, one of our imperatives is to create additional capacity. The expansion plans for the Shalimar Bagh Hospital have been executed as planned, and we have added 92 beds in a new oncology block. A new 300-bed hospital in Dwarka will commence operations later this financial year. Construction work is in full swing for the expansion of Nanavati Max Hospital, Mumbai, as well as at Max Hospital, Mohali. A new hospital in Gurugram is also under construction. Our plan to add ~2,800 beds in the next five years is underway.

We also continue to evaluate inorganic growth opportunities in various cities across the country and we will make significant investments to further augment our capacities.

Redefining treatment with advanced medical technology

We have been making significant investments in medical technologies that help us offer the most advanced healthcare solutions to our patients. The advancements in medical technology will revolutionise healthcare delivery in the near future. From the implementation of electronic medical records and telemedicine solutions to leveraging artificial intelligence and data analytics, we have embraced digital advancements to streamline processes, enhance diagnostics, and empower our healthcare professionals to make informed decisions.

The use of robotics in almost all our hospitals has enabled us to conduct minimally invasive surgeries across multiple specialities like Oncology, Urology, GI Surgeries, Obstetrics and Gynaecology, Transplants, Spine Surgeries and Orthopaedics. Providing high levels of precision and accuracy. Our advanced Cath Labs, S8 Navigation and TomoTherapy Systems have enabled us to introduce novel methods of treatment and patient care. We believe investments in state-of-the-art infrastructure, technology and equipment will empower us to provide better clinical outcomes, minimise hospital stays for patients and would be beneficial for us in the long run. Investing and leveraging the world's leading medical technologies will remain a cornerstone of our business strategy.

> "Through a mixture of brownfield and greenfield expansion, we intend to add over 2,800 beds. In addition, we are exploring opportunities for expansion in different parts of the country through M&A and built-to-suit asset light model."

Clinical research and academics

In addition to patient care, we remain at the forefront of medical research and innovation. Our dedicated research centres have actively pursued breakthrough studies in areas such as metabolic diseases, oncology, cardiology, neurology, public health and more. Over the last seven years, we have produced approximately 2,000 research papers, published in reputed medical journals across the globe. Our researchers have also received grants from both nationally and globally renowned organisations and we have formed strategic alliances with IIT Bombay, Ashoka University, Sonepat and IIIT Delhi in addition to our ongoing partnership with Imperial College London, Royal Melbourne Institute of Technology, Australia and several others to facilitate ongoing clinical research in diverse areas. We are presently pursuing over 100 clinical research projects.

In the area of Academics, we have recently started a two-year Masters of Public Health Programme through a collaboration with AcSIR. A PhD programme in various scientific disciplines has also been initiated in collaboration with AcSIR. We have also established an Advanced Trauma Life Support (ATLS) programme with the prestigious American College of Surgeons. In the last fiscal year, over 10,000 students enrolled in various academic programmes and over 500 DNB students are pursuing training in 35+ specialities.

Looking ahead

The year gone by has further cemented our position in the healthcare industry. Our consistent focus on improving healthcare paradigms and patient outcomes continue to keep us well on track for sustained growth. Leveraging our exceptional financial performance, we intend to significantly increase our bed capacity over the next five years. Through brownfield expansions, we intend to add over 2,800 beds. Besides, we are also eyeing opportunities for greenfield expansion in different parts of the country.

Driven by strong free cash flow, we also plan to expand our operations through mergers and acquisitions. With our capital-light adjacencies in the form of Max Lab and the homecare vertical, Max@Home, we seek to reach more patients and conveniently deliver exceptional services. Max Lab, for instance, is helping drive greater visibility and recall for the brand Max through its expanded network that has close to 1,000 collection points across 35 cities in India.

The Max Myhealth App is expected to provide convenient access to all our services through a single window. It has had 2.95 lakh downloads and is growing at a fast pace. User adoption by both patients and doctors has been rapid. The app does 100 video consults daily, with 40% of users viewing their electronic medical records. 80% of our doctors who do OPDs' have signed up on the app. Alongside this, digital initiatives to support automated clinical outcomes and employee benefits continue to make a positive impact.

Moreover, our focus on sustainability and ESG parameters is expected to deepen in the course of the next few years. It will empower us to be a genuinely sustainable entity-focused on the well-being of people, the planet and communities.

Regards,

Abhay Soi,
Chairman and Managing Director

Who We Are

Ensuring Excellence in Care

Max Healthcare Institute Limited (Max Healthcare) is one of the leading integrated healthcare providers in the country. With an expansive presence across Delhi NCR, Maharashtra, Punjab, Uttar Pradesh and Uttarakhand, we are continuously setting new benchmarks of clinical and service excellence. Our pathology division, Max Lab, offers accurate testing and diagnostic services. Besides, we continue to revolutionise the care-continuum through Max@Home, by bringing healthcare to our patients in the comfort of their homes.

Vision

We seek to be the most well-regarded healthcare provider in India committed to the highest standards of clinical excellence and patient care supported by latest technology and cutting-edge research.

Values

Compassion

We have a deeper level of patient understanding and are always empathetic to their needs. This encourages a culture of providing a higher standard of patient-centred care. We respect each other and our patients and ensure that their needs are met with dignity. We rise to the occasion each time, for we recognise the positive social impact we can create.

Excellence

We ask more of ourselves and are always passionate about achieving the highest standards of medical expertise and patient care. We understand that being the best is a continuous journey of becoming better versions of ourselves every day.

Efficiency

We create a responsive healing environment, by being alert to the needs of our patients and delivering what they really need with precision and timing. We are focused yet fast, personal yet practical, advanced yet seamless in delivering the exact care our patients need.

Consistency

We always deliver on our commitment and ensure the highest level of patient care is met at every stage, every time. We believe that only through consistency can we achieve our patients' trust and fulfil our goals.

Being well regarded

Patients

- Quaternary care facilities
- Best-in-class clinical outcomes
- Patient-centric approach
- Global best practices

Clinicians

- Modern infrastructure
- State-of-the-art technology
- Well-defined clinical protocols
- Focus on research and academics

Employees

- Rewarded by growth
- Constant pursuit to strengthen management
- Collaborative approach

Investors

- Strong governance
- Profitable growth
- Healthy balance sheet
- Efficient operations

Key highlights

17 Facilities

3,550+ Bed Capacity

4,800+ Clinicians

15,000+ Employees

03 Hospitals JCI Accredited

02 Hospitals AACI Accredited

10 Labs NABL Accredited

14 NABH Accredited Hospitals

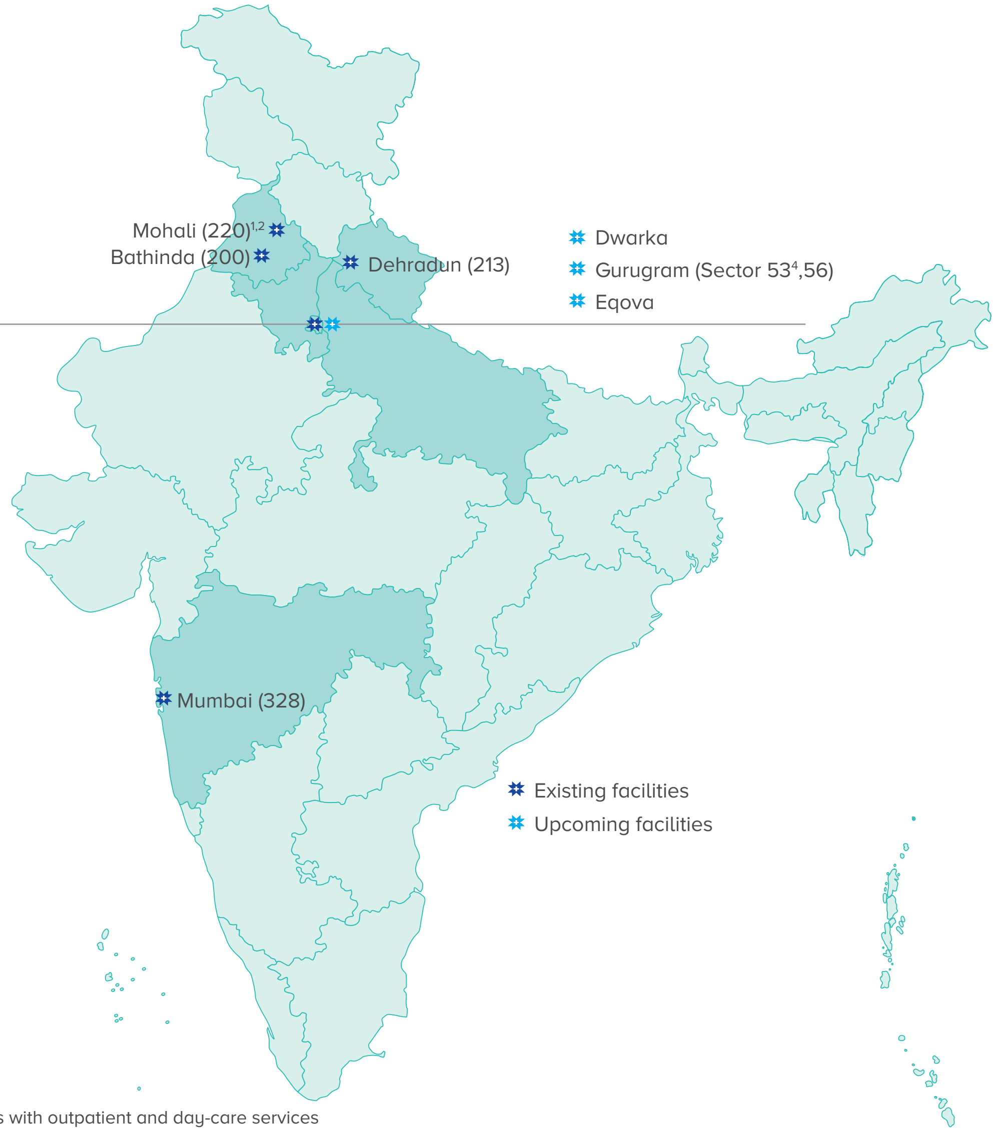
07 Blood Banks NABH Accredited

05 Hospitals NABH Nursing Excellence Certified

Making Our Presence Felt

We own and operate state-of-the-art hospitals and medical care facilities in the Delhi NCR region, Punjab, Haryana, Uttar Pradesh, Uttarakhand and Maharashtra. In our quest to deliver exceptional patient care, we provided top-notch medical care to individuals from over 550 cities in India and 180 countries across the world in the past year.

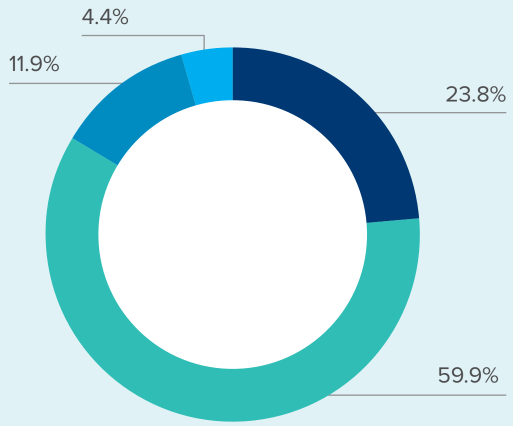
Locations



(1) Standalone speciality clinics with outpatient and day-care services
(2) 2 facilities each at these locations
(3) 320 beds in East Block and 201 in West Block
(4) Currently, the land parcel at Sector-53 is under litigation with HSVP

Note: Map not to scale. Only for representation purpose

Shareholding structure (As on June 30, 2023)



Top public investors:

- Capital Group (All funds)
- Government of Singapore / GIC
- GQG Partners
- HDFC Mutual Funds
- Blackrock/ iShares
- Vanguard (All funds)
- SBI Mutual Funds
- Canara Robeco Mutual Funds

Our Story of Progress

Paving the Way for New Milestones

Since setting up our first multi-speciality centre in New Delhi, we have come a long way in making our presence felt strongly in North and West India. Post announcing our expansion plans in FY22, we have made significant strides in the construction of these facilities in Delhi NCR, Mohali and Mumbai.

2000

2009
Dr. B L Kapur Memorial Hospital, Rajendra Place[1]

2014
Dr. Balabhai Nanavati Hospital, Mumbai[1]

2020
- Radiant-Max Healthcare merger and listing on BSE and NSE
- Discontinuation of Max Multi Speciality Centre, Pitampura

2021
- Raised INR 1,200 Crore equity through Qualified Institutional Plan (QIP)
- MedCentre, Mohali (Immigration Department)
- Acquired exclusive rights to aid development of a 500 bed hospital in South Delhi[1]
- Secured a prime land parcels in Gurugram to add 1,000 beds

2022
- Acquired stake in Eqova Healthcare having potential to add 400+ beds in the East Delhi[1]
- Executed O&M agreement for first asset light model in Dwarka, Delhi for 300+ beds[1]

2023
- Commissioned and operationalised 92-bed oncology block at Max Super Speciality Hospital, Shalimar Bagh
- Launched our proprietary omnichannel app, 'Max MyHealth '

2000
Max Multi Speciality Centre, Panchsheel Park

2002
- Max Multi Speciality Centre, Pitampura
- Max Multi Speciality Centre, Noida

2004
Max Super Speciality Hospital, (East Block) Saket

2005
Max Super Speciality Hospital, Patparganj

2006
Max Super Speciality Hospital, (West Block) Saket

2007
Max Hospital, Gurugram

2010
- Max Super Speciality Hospital, Bathinda
- Max Super Speciality Hospital, Mohali
- Max Super Speciality Hospital, Shalimar Bagh

2012
Max Super Speciality Hospital, Dehradun

2014
Max Multi Speciality Hospital, Greater Noida

2015
- Max Super Speciality Hospital, Vaishali (Crosslay)[1]
- Max Smart Super Speciality Hospital, Saket (Saket City)[1]

2016
Max Institute of Cancer Care, Lajpat Nagar

2018
Max MedCentre, Lajpat Nagar (Immigration Department)

2019
Discontinuation of Max Multi Speciality Hospital, Greater Noida

○ Radiant Life Care
○ Max Healthcare

[1] Inorganic expansion

Board of Directors

Abhay Soi

Chairman & Managing Director

Abhay Soi is the Promoter, Chairman & Managing Director of Max Healthcare Institute Limited. He has been chief architect of Max Healthcare's amalgamation with Radiant Life Care in FY 2020. Since then, he is credited with the remarkable turnaround at Max Healthcare, resulting in the company achieving industry leading performance.

As one of the leading voices for private healthcare in India, he is regularly heard on national debates on issues facing private healthcare providers. Abhay is the Vice President of NATHEALTH, an apex body representing much of the ecosystem of Indian healthcare industry. He has been awarded the EY Entrepreneur of the Year for Business Transformation in 2021, Entrepreneur of the Year Award at the Forbes India Leadership Awards 2023 and the 'Hurun Industry Achievement Award 2022 - Healthcare' for significantly contributing to the development of healthcare infrastructure of the country.

Abhay started his career with Arthur Andersen where he was instrumental in setting up their financial restructuring business and subsequently led the financial restructuring services team at E&Y and KPMG where he established various new practices. Thereafter, Mr. Soi also co-founded a USD 350 million Special Situations Fund.

Beyond his professional achievements, Abhay is deeply committed to philanthropic activities and environmental sustainability. These include a commitment to providing access to free-of-cost treatment to economically weaker sections of society, supporting various environmental projects and promoting the use of renewable energy.

He is an MBA from European University, Belgium and a Bachelor in Arts from St. Stephen's College, Delhi University. Mr. Soi was conferred with an honorary doctoral degree (honoris causa) by Amity University for his contributions to transform and improve the healthcare system in India.

Kummamuri Narasimha Murthy

Independent Director

Mr. K. Narasimha Murthy is an Independent Director of our Company. He was appointed on the Board of our Company on August 26, 2009 and as Independent Director from September 26, 2014. He has been reappointed as Independent Director for a second term of five consecutive years with effect from September 26, 2019. Also, he is on the Board of National Stock Exchange of India Limited, NELCO (A TATA Enterprise), Max Life Insurance Company Ltd., Max Financial Services Ltd., Raymond Ltd., Axis Finance Limited and Shivalik Small Finance Bank Ltd. He is also a Member of the External Rating Supervision Committee of CARE Ratings Ltd.,

In the past, he was associated as a Director on the Board of ONGC, IDBI Bank Ltd., LIC Housing Finance Ltd., UTI Bank Ltd., (presently AXIS Bank), Member Board of Supervision NABARD, Unit Trust of India (UTI), Infiniti Retail Limited (TATA Croma), IFCI Ltd., STCI Finance Ltd., (formerly Securities Trading Corporation of India Ltd.), Max Speciality Films Ltd., Max Ventures Ltd., AP State Finance Corporation, APIDC Ltd., etc., He was also associated as a Member/Chairman of more than 50 High Level Government Committees both at the State and Central Level. He is associated with the development of Cost & Management Information Systems for more than 175 Companies covering more than 50 Industries. He is a qualified Chartered Accountant and Cost and Works Accountant. He is also a Member of the Management Accounting Committee of the Institute of Cost Accountants of India.

Mahendra Gumanmalji Lodha

Independent Director

Mr. Mahendra Gumanmalji Lodha is an Independent Director of our Company. He was appointed on the Board of our Company on June 21, 2019 and as a Independent Director from July 15, 2019. He is a qualified chartered accountant and a law graduate. He has over 39 years of experience in investment banking, corporate restructuring and corporate and project finance. He is on the board of directors of companies such as Radiant Life Care Private Limited and Nitrex Chemicals India Limited, and was earlier on the board of Arvind Products Limited and Shyam Cotsyn India Limited.

Michael Thomas Neeb

Independent Director

Mr. Michael Thomas Neeb is an Independent Director of our Company. He was appointed on the Board as Independent Director from June 21, 2019.

He is an American businessman and has over 30 years of experience in US and International healthcare markets. Mr. Neeb worked for the Hospital Corporation of America (HCA) for 28 years, where he served in various CFO roles and spent the final 12 years as CEO of HCA's International Operations. HCA's UK operations have been recognised for their outstanding quality and attract patients from around the globe.

He has also worked for accounting firms such as EY and Arthur Anderson LLP. He is on the Board of Directors of Evergreen Executive Advisors LLC, Telemetrix RPM, Inc. and several not-for-profit organisations. He has a Bachelor's degree in accounting from Baylor University and a Masters' degree in Business Administration from the University of Dallas.

Pranav Amin

Independent Director

Mr. Pranav Amin is a Independent Director of our Company. He was appointed on the Board of our Company on August 10, 2022.

Currently, Mr. Pranav Amin is the Managing Director of Alembic Pharmaceuticals Limited (Alembic Pharmaceuticals), part of the Alembic Group established in 1907 in Vadodara, India. He is also the Chairman of Rhizen Therapeutics S.A

Mr. Amin attended the Doon School, Dehradun, where he had his formative education. He graduated with a double major in Economics and Industrial Management from the Carnegie Mellon University in Pittsburgh, USA. He also holds an MBA degree in International Management from Thunderbird, The American Graduate School of International Management.

Mr. Amin is an active member of the Young Presidents Organisation, a worldwide organisation of chief executives. He is a keen cricketer and President of Baroda Cricket Association, which is an affiliate member of the Board of Control for Cricket in India.

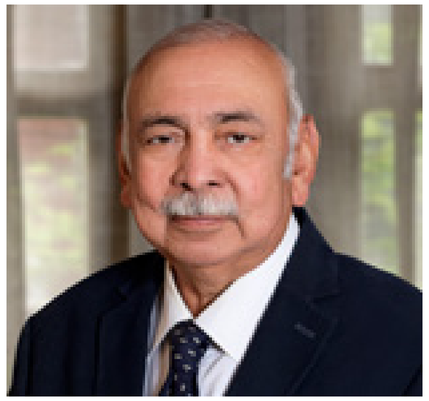
He is also closely involved in charitable activities of Alembic Group as a way to give back to the society. He is a trustee of Uday Education Society, which runs four schools in Vadodara and also a trustee of Bhailal Amin General Hospital.

Narayan K. Seshadri

Non-Executive Director

Mr. Narayan K. Seshadri is a Non-Executive Director of our Company. He was appointed on the Board of our Company on May 16, 2023.
Mr. Narayan K. Seshadri focuses on business transformation, enabling companies to continually address challenges arising from economic, regulatory and technological changes. With experience across different sectors and countries, many enterprises he has counselled are now multi-billion dollar businesses which continue to grow. With over 40 years of experience Mr. Seshadri is a transformative leader, with a wide understanding of emerging technologies, regulations and preferences.

He founded Tranzmute, a Management and Business Transformation Services to transform high potential businesses into robust, rapidly growing and valuable enterprises. Mr. Seshadri has helped transform Industrial, Retail, Technology and Financial Services businesses.
Mr. Seshadri is non-executive Chairman of AstraZeneca Pharmaceuticals India Ltd and PI Industries Ltd, Independent Director of SBI Life Insurance Co. Ltd, Kalpataru Projects International Limited, Clearcorp Dealing Systems (India) Ltd, Re Sustainability Limited, India Debt Resolution Company Limited, amongst others. He chairs or is a member of Audit Committees, Nomination and Remuneration Committees, Risk Management Committees, CSR Committees of some of these companies.
Mr. Seshadri is a Chartered Accountant by profession and resides in Mumbai, India.



Anil Kumar Bhatnagar

Non-Executive Director

Mr. Anil Kumar Bhatnagar is a Non-Executive Director of our Company. He was appointed on the Board of our Company on August 31st 2022.

Mr. Bhatnagar has rich experience in corporate and commercial litigation including international and domestic arbitrations. He is a former Senior Partner of the firm, Dua Associates. He has handled a large number of domestic arbitrations covering corporate and commercial disputes arising out of joint ventures, government and private contracts, and civil construction and engineering contracts.

He has conducted International Arbitration in several countries including proceedings before Arbitral Tribunals constituted by the International Chamber of Commerce, Paris and London Court of International Arbitration, London. As a litigator, he has regularly appeared as Counsel in a large number of matters before the Supreme Court of India, Delhi High Court, other state High Courts and Statutory Tribunals.

He holds a Bachelor's degree in Science from the University of Delhi and also a Bachelor of Laws degree from the Faculty of Law, University of Delhi. He is enrolled with the Delhi Bar Council.

Amrita Gangotra#

Independent Woman Director

Ms. Amrita Gangotra's career encompassing over 30 years, included key roles in many business-impacting transformation initiatives including revenue-share IT outsourcing deal with IBM, launch of new m-commerce products, creating the IT platform for global enterprise business at Vodafone, introducing the tools and organisation to support the digital telco strategy of Vodafone, CWW M&A integration, 4G network rollout and preparing for 5G introduction. Ms. Gangotra has extensive knowledge of IT transformation in the Telecom, FMCG and ITES sectors. She has held group CIO and opco CTIO positions in the Telcos. Ms. Gangotra has been a member of the executive management team at Bharti Airtel and Vodafone Hungary. Commercially focused and award-winning technology leader with experience gained in India, UK and Europe of using technology to drive business performance and deliver value in the telecommunications, IT services and FMCG sectors. She continues to provide advisory and consulting services in digital and technology domains across industries.

#Appointed as an Additional Director w.e.f. August 23, 2023, to hold office as an Independent Director, subject to the approval of members

Management Team

Abhay Soi
Chairman & Managing Director

Col. Harinder Singh Chehal
Senior Director and
Chief Operating Officer-Cluster 2

Dr. Mradul Kaushik
Senior Director – Operations and Planning
& Chief Operating Officer - Cluster 1

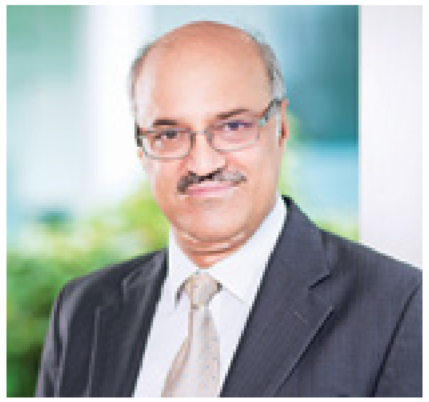
Anas Abdul Wajid
Senior Director - Chief Sales and
Marketing Officer

Keshav Gupta
Senior Director – Growth,
M&A and Business Planning

Dr. Sandeep Budhiraja
Group Medical Director

Umesh Gupta
Senior Director - HR & Chief People Officer

Vandana Pakle
Senior Director – Corporate Affairs



Yogesh Kumar Sareen
Senior Director and Chief Financial Officer

Col. Binu Sharma
Senior Director - Nursing

Arjun Sharma
Director & Chief Digital Officer

N. Venkatesan
Director & Chief Procurement Officer

Prashant Singh
Director- IT & Chief Information Officer

Rakesh Kaushik
Director - Legal & Regulatory Affairs

Dhiraj Aroraa
Senior Vice President – Company
Secretary and Compliance Officer

D.N. Suresh Kumar
Senior Vice President - Infrastructure

Sachin Kumar
Senior Vice President, Internal Audit

Group Medical Advisory Council

Dr. Ajay Kumar
Chairman - Pan Max and HOD - BLK-Max Institute for Digestive & Liver Diseases Gastroenterology & Hepatology

Dr. Ambrish Mithal
Chairman and Head - Pan Max - Endocrinology and Diabetes

Dr. Anant Kumar
Chairman - Urology Renal Transplant and Robotics of Max Saket Complex and Uro-Oncology of Max Saket

Dr. Anurag Krishna
Chairman – Paediatrics & Paediatrics Surgery

Dr. Balbir Singh Makkar
Chairman & Head - Pan Max - Cardiology

Dr. Dinesh Khullar
Chairman - Nephrology & Renal Transplant Medicine, Max Saket Complex

Dr. Harit Kumar Chaturvedi
Chairman - Max Institute of Cancer Care

Dr. Mradul Kaushik
Senior Director – Operations and Planning & Chief Operating Officer - Cluster 1

Dr. Pradeep Chowbey
Chairman - Max Institute of Laparoscopic, Endoscopic, Bariatric and Gastrointestinal Surgery

Dr. Sandeep Budhiraja
Group Medical Director

Dr. Sanjiv K S Marya
Chairman & Chief Surgeon - Orthopedics and Joint Replacement

Prof (Dr). Subhash Gupta
Chairman - Max Centre for Liver Biliary Sciences

Umesh Gupta
Senior Director - HR & Chief People Officer

Dr. Vinita Jha
Executive Vice President - Clinical Directorate

ESG Philosophy

Building the Foundation of a Sustainable Tomorrow

Our unwavering commitment lies in fostering a sustainable future, integrating fundamental environmental, social, and governance (ESG) principles seamlessly into our core operations. Our ethos of sustainability originates from a profound recognition of our pivotal role in protecting the environment, uplifting the communities, and upholding principles of ethical corporate governance.

Environmental stewardship

Recognising the impact of our operations on the environment, we focus on sustainable practices and responsible resource management to minimise our ecological footprint. Our comprehensive sustainability roadmap includes critical components such as energy management, GHG emissions management, water management, and waste management. A primary focus lies in mitigating climate change through various strategies.

We are committed to enhance energy efficiency through reduction of per capita energy consumption, largely through operational improvements and technological upgrades. Shifting from diesel to gas-based equipment and implementing electric vehicles for intra-hospital transport signifies our commitment towards this end. We achieved a 33.3% of renewable energy in total energy mix and plan to increase it to 60% by FY25, aided by measures like rooftop solar installations at Max Vaishali and Max Gurugram. We have also signed an MoU with Avaada Energy for providing solar power to Max Vaishali. To further offset our carbon footprint, we are increasing the green cover around our facilities. We have adopted ISO 14001 (Environment Management System) and Environmental policy.

Social commitments

We tirelessly strive to serve society, making healthcare accessible to all. Our dedication to patient-centric care, underpinned by a pursuit of service excellence, drives us to not only provide top-notch medical care but also to engage in endeavours that empower marginalised communities, enhance healthcare awareness, and promote community welfare. We conducted over 6,000 diverse community engagement activities in the communities around our hospitals. Ranging from large-scale sanitation campaigns to informative discussions, we collaborated with local bodies, NGOs, and government agencies, all aimed at improving the health and well-being of community members. Through comprehensive media outreach, we ensure that health-related information reaches far and wide, underscoring our dedication to creating a healthier, more vibrant community. We also focus on fostering empowerment through education initiatives, including hygiene, sanitation, nutrition and preventive health.

Governance framework

We have implemented a robust corporate governance framework that prioritises ethical business conduct and transparent disclosures.

Our governance efforts align with key Sustainable Development Goals (SDGs), including SDG 9 (Industry, Innovation, and Infrastructure), SDG 10 (Reduced Inequalities), and SDG 16 (Peace, Justice, and Strong Institutions). It also enables us to uphold ethical business practices and build trustworthy relationships with stakeholders.

Environment

Environmental Sustainability

At Max Healthcare, we define environmental conservation as a core priority. As part of our commitment to environmental, social, and governance (ESG) principles, we have a comprehensive Environmental Policy. We also follow ISO-14001:2015 standards to adhere to the Environment Management System (EMS), underscoring our commitment to responsible business development.

Environment highlights

Renewable Energy
33.3% Share of Total Energy Mix

Water Consumption
9% Reduction in Fresh Water Consumption

ISO Certification
ISO 14001 Certification for Eight Hospitals

Water Recycled
39% of Total Water Consumption

Waste Recycled
Waste-Composter Machine Donated to Nagar Nigam, SAS Nagar

Air Quality
Deployment of Anti-Smog Guns at BLK-Max, Max Shalimar Bagh and Max Patparganj

Water conservation

At Max Healthcare, we prioritise sustainable water management practices and follow the Reduce, Reuse, and Recycle (3R) principle. Our dedicated efforts have resulted in 0.98 kilolitre freshwater consumption per bed in FY23 as compared to 1.08 kilolitre per occupied bed in FY22. This aligns with our aim of sustainable water usage and keeps us well on track to accomplish the objective of curtailing freshwater consumption by 45% by 2025.

In our endeavour to optimise water recycling, we have established membrane bioreactor (MBR) based sewage treatment plants (STPs) at Max Vaishali, Max Shalimar Bagh and Max Mohali. Ultrafiltration (UF) and other advanced tertiary treatment techniques have been implemented within Sewage Treatment Plants (STPs) to render water suitable for non-potable reuse. To ensure compliance with the required standards, an online monitoring system and skilled personnel have been deployed. These sophisticated STPs generate high-grade treated water, which is repurposed for flushing, cooling towers, and gardening. We have installed online monitoring systems at various STP outlets to provide continuous oversight of the quality of treated wastewater, ensuring compliance with requisite standards.

Waste management

Our effective waste management practices ensure the safety and well-being of patients, our people and the community. We have implemented comprehensive waste management plans, to facilitate waste segregation at source, for treatment and disposal. We have also donated waste-composter machines to the Nagar Nigam in Mohali, to convert organic waste into compost.

Implementation of waste segregation practices at the source has enabled better waste management and recycling within our facilities.

Energy efficiency

We continue to encourage the use of renewable energy across our operations. To ensure energy efficiency, we have aligned our new facilities with the Indian Green Building Council (IGBC) norms, with over half of our total built-up area adhering to these standards.

Besides, we have integrated various measures to enhance energy efficiency across our facilities, including the implementation of LED lighting, HVAC temperature control systems, day-night sensors, and the optimal utilisation of natural daylight. All our hospitals observe Earth Hour, a practice which results in substantial energy savings and significantly reduces carbon emissions.

Air pollution control

To reduce air pollution, we use air filtration systems, exhaust fans, and scrubbers to remove harmful pollutants. We have planted trees in and around our hospitals and deployed anti-smog guns at all construction sites and some active hospitals. We have donated six super seeder machines to co-operative societies in Mohali to tackle the issue of stubble burning. We have also planted more than 2,500 saplings and are in the process of creating 'Nanak Bagichi' and have been maintaining government parks near Max Vaishali, Max Saket and Max Shalimar Bagh.

Future plans

- Internet of Things (IoT) based Building Management System (BMS) Upgrades: Intended for effective operation and monitoring of HVAC and plumbing systems, to ensure energy efficiency.
- Energy Saving Measures: Installation of heat recovery pumps and Electronically Commutated (EC) fans for HVAC systems to achieve energy savings.
- Target for Reduction in Freshwater Consumption: The aim is to reduce freshwater consumption by 45% by 2025 through continued application of the Reduce, Reuse, and Recycle (3R) principle and by maximisation of recycled and treated waste water.
- Detailed Study for Net-Zero Targets: In FY24, we have planned a detailed study to explore the possibilities to achieve net-zero targets for carbon emissions, water, and waste.
- Continued Focus on Renewable Energy: We continue to explore avenues for rooftop solar power generation across our facilities.
- Sewage Treatment Plant (STP) Installations and Upgrades: Deployment of membrane bioreactor (MBR) based STPs across various sites to increase the recycling of treated wastewater for non-potable purposes.
- Develop Sustainability and Climate Change Policy: This policy outlines our commitment to sustainability, identifies key focus areas, and establishes a framework for continuous improvement.
- QR code-based app for real time maintenance management at BLK-Max, Max Shalimar Bagh, Max Vaishali and Max Dehradun.
- Observing Earth Hour Every Year: Across all hospitals by switching off energy without compromising the safety and comforts of occupants.
- Implementation and Maintain ISO-14001 (EMS): An international accreditation for environmental management system. In first phase, we completed it in eight hospitals and need to maintain it through various internal audits and awareness. In phase-2, we are exploring to get certification for Nanavati Max, Max Gurugram and Max Bathinda.
- Net zero road map for next 15 years.
- Long term power purchase agreements with renewable power providers.

Social

Prioritising Social Well-Being

At Max Healthcare, our philosophy of prioritising social well-being of communities near our hospitals is deeply ingrained in our organisational values. We constantly strive to create access to healthcare for all and support local communities. We seek to maintain a strong focus on empowering communities through initiatives in the areas of education, awareness about community health, hygiene, and clinical support. We believe that by addressing the broader needs of society, we can create a positive impact beyond the confines of our healthcare facilities.

Social highlights

~1,500
Students Screened for Visual Acuity, Oral Health and Mental Well-Being

~3,000
Students and Teachers Trained in Identifying and Managing First Aid and Conducted BLS Both in Schools and the Community

~1,250
People Screened from Underprivileged Community

~2,300
Provided Nutritional Support to TB Patients

Mental and physical well-being check-up camps

Regular screening programmes for cervical, breast, and oral cancers are conducted both within and outside our premises to promote early detection and prevention. Outreach programmes are also organised to provide free examinations to those with limited healthcare access. We prioritise holistic health, providing comprehensive assessments for school students covering physical fitness, dental and eye health, and mental well-being. Our overarching goal is to facilitate early disease detection, increase awareness of preventive measures, and enhance the overall health of our community.

High quality medical care at Swami Vivekanand Mission Society in Uttrakhand

In alignment with our commitment to Corporate Social Responsibility (CSR), we enable high-quality healthcare services to deprived and tribal communities, as well as to pilgrims in need. This is evident in our support to charitable hospitals managed by the Swami Vivekanand Mission Society, strategically situated along the revered Chardham pilgrimage route in Uttarakhand. These hospitals play a crucial role in providing essential medical care to individuals visiting spiritual destinations like Jageshwar Dham and Haridwar. Moreover, we contributed towards extension of Swami Vivekanand Charitable hospital at Dharmawala, Dehradun, ensuring the local community has access to necessary healthcare services. Our CSR efforts aim to address healthcare needs of underserved populations, making a significant impact on the lives of people in Uttarakhand.

Rejuvenation of village pond

We are actively promoting water recycling and conservation by focusing on two key areas: the rejuvenation of village ponds and the adoption of villages for rainwater harvesting. Through our efforts, we are committed to adopting villages and constructing ponds that are designed with three chambers, ensuring effective water treatment and conservation. The treated water from these ponds can then be utilised for irrigation purposes, supporting the agricultural needs of the communities. One notable project under this initiative is the adoption and rejuvenation of the Badka village pond in Ghaziabad, UP. The rejuvenated pond has a capacity upto 3,600,000 litres and effectively treats wastewater for approximately 3,500 persons. By revitalising this pond, we aim to contribute to the sustainable management of water resources, thereby improving the overall water security and livelihoods of the local population. We plan to take more such initiatives in the coming years. This will help us achieve water neutrality by the end of FY25.

Nutritional support to TB patients

We recognise the critical role that proper nutrition plays in the recovery and well-being of TB patients, and our initiative aims to address this aspect of their care. Through our involvement in the Ni-kshay Mitra scheme of the Government of India, we have extended nutritional support to 2,300 individuals undergoing treatment for TB in the public healthcare system. By offering nutritional support, we strive to enhance the effectiveness of their treatment and contribute to their overall health and recovery.

School bus donation

We have extended support to the Police Foundation for Education by donating a school bus. This contribution aims to facilitate safe and reliable transportation for students, ensuring they have access to quality education. By supporting the Police Foundation for Education in this manner, Max Healthcare demonstrates its commitment to empowering the youth and investing in their educational opportunities. We are proud to be able to make a meaningful difference in the lives of the students and contribute to their overall development.

Community Outreach

Committed to Inclusive Development

In response to the heightened global awareness about health and hygiene following the pandemic, we at Max Healthcare executed over 6,000 diverse community engagement activities in FY23. From large-scale sanitisation drives and community-wide cleanliness efforts to specific interventions like fogging and cleaning the banks of river Yamuna in Delhi, our focus remained on enhancing the general health and well-being of community members.

Collaborating with community offices, Resident Welfare Associations (RWAs), local administrations, NGOs, and government departments, we organised health checkup camps, informative talks, exercises for morning walkers, interactive Rubaroo sessions, and RWA branding projects. To amplify our outreach, we communicated health-related information through various media outlets, ensuring comprehensive coverage of our initiatives both online and offline. This multi-faceted approach exemplifies our commitment towards fostering a healthier community.

Community outreach highlights

6,000+
Total Community Activities

1,900+
Community Engagement Activities in 75 Cities (Upcountry)

Community engagement

Over the past year, we at Max Healthcare have seen significant growth in our community programmes. Participation in initiatives like Citizen Plus for seniors, Healthy Family for nearby neighbourhoods, and Community First for a broader audience has risen consistently.

We employed diverse media channels, direct interactions, and social media to maintain regular contact with patient groups, promoting these programmes effectively. In residential areas, clubs, and community offices, branding strategies like Resident Welfare Association (RWA) boards and no parking boards were put in place.

Our programmes catered to all age groups and social strata. We also launched the Swasth card initiative in selected hospitals to facilitate patient enrolment in places like Meerut, Moradabad, Gwalior, Bathinda, Aligarh, and Sonipat.

Upcountry outreach

We at Max Healthcare successfully organised over 3,600 physical outreach Outpatient Department (OPD) sessions across various medical specialities. Covering 75 cities like Guwahati, Srinagar, Meerut, Rohtak, and Lucknow, the main aim was to provide medical services and specialised consultations to residents in these areas.

Efforts were also made to increase awareness and build direct engagement with the communities. Visibility campaigns were held to disseminate health-related information and highlight available medical services, aimed at reaching a wide audience and educating them about the importance of accessing healthcare in a timely manner. Direct interaction initiatives were launched to foster connections and address any concerns or queries.

Alongside ground activities, impactful media campaigns were initiated. Strategically located outdoor hoardings in cities like Agra, Meerut, Moradabad, Gwalior, Sonipat, and Panipat acted as visual reminders, reinforcing health messages. Collaborations with local chemists further extended branding efforts to enhance visibility and accessibility of healthcare services. The overall goal of the Upcountry Outreach was to provide inclusive healthcare services, increase health-related awareness, and establish direct community engagement in the targeted cities.

Community awareness initiatives

Cancer Awareness Programme: On World Cancer Day in February 2023, Max Hospital, Gurugram organised a full-day programme to spread awareness about cancer detection and prevention. The event brought together cancer survivors who shared inspiring stories of courage and resilience throughout their fight with cancer. Our hospital buildings were illuminated in purple, bike rallies were conducted, health screenings were done, engagement activities with cancer survivors and their families were organised at multiple locations by Max Hospitals.

Emergency Awareness: Max Healthcare placed special emphasis on medical emergencies and first aid through 24x7 Emergency campaigns. We distributed first aid kits, conducted Basic Life Support (BLS) sessions, organised health trivia and talks with community members, engaged with chemists, and conducted traffic light activities for motorists. These initiatives aimed to enhance awareness and preparedness while fostering engagement with the Emergency Room (ER) personnel.

Diabetes Day Collaboration: Max Hospital, Saket collaborated with the Archaeological Society of India (ASI) to commemorate Diabetes Day in November. The iconic Qutub Minar was lit up in blue, and health camp was set up at the location by the hospital. Our team of endocrinologists created interactive reels and videos to educate the public about diabetes, spread awareness and empower individuals to manage the condition effectively.

Breast Cancer Awareness: We at Max Hospitals organised on-ground events throughout October, commemorated as breast cancer awareness month, with a specific focus on creating awareness amongst the public as well as educating them on new technologies and treatment options for breast cancer. The 'Spirit of Pink' campaign witnessed the active participation of a large number of cancer survivors. Experiential art installations in Gurugram showcased the resilience of cancer patients, conveying powerful messages of hope and strength. Extensive social and digital content was also created and shared across all patient touchpoints to reach a wider audience.

Heart Health Awareness: To promote heart health among youth, 'Dil ki Baat' Cyclothon was organised and witnessed over 1,000 cyclists covering a staggering distance of 13,000 kms combined. This initiative aimed to raise awareness about cardiac health and encourage young individuals to prioritise their heart health. The event received support from the Rahagiri Foundation, with an event in central Delhi and a month-long awareness campaign targeting both patients and the general public on various aspects of cardiac health.

Leading with Good Governance

As a leading healthcare organisation, we strive to comply with a governance philosophy that is deeply rooted in ethical conduct, transparency, and accountability. It guides our business responsibility initiatives, and helps us to meet the expectations of our stakeholders including patients, clinicians, employees, business partners, investors and society at large.

Board composition and independence#

Our Board of Directors lend independent oversight and diversity in our decision-making process. We have 5 (five) independent directors in our Board, further reiterating our commitment to inclusive leadership. We also have a Woman Director on the Board, enhancing the board's gender diversity and broadening its scope and expertise.

~63%

Independent Directors

Ensuring compliance and effective governance

We place great importance on compliance and governance as key components in maintaining our stakeholders' trust. We utilise an advanced compliance tracking and reporting software which allows us to monitor adherence to regulations and swiftly address deviations.

Robust risk management

Risk management is a critical component of our strategic operations. Our Audit & Risk Management Committee is tasked with identifying, analysing, and mitigating various risks, including regulatory and compliance risk, medical and legal risk, cyber security threats, dependence on healthcare professionals etc. This comprehensive approach to risk management empowers us to proactively address potential challenges and seize opportunities for sustainable growth.

Business responsibility and sustainability committee

Business Responsibility and Sustainability Committee plays a central role in our governance structure. Composed of experienced and respected members, this committee leads the way in implementing our commitment to responsible business practices, while upholding our principles of ethics, transparency, and accountability.

Ethics: The bedrock of our operations

We uphold the highest standards of compliance and governance across all levels of the organisation. To achieve this, a comprehensive set of policies have been implemented to guide employees, stakeholders, and subsidiaries in their conduct. These policies cover a wide range of critical areas, including ethical practices, anti-corruption measures, prevention of insider trading, workplace safety, and more. Each policy is designed to foster transparency, fairness, and accountability, reinforcing our dedication to responsible corporate behaviour.

Transparency and responsible decision-making

Transparency and responsible decision-making are core principles that govern our operations. These principles not only guide our day-to-day activities but also help us build and maintain robust relationships with our stakeholders.

Continuous learning for informed senior leadership

We emphasise the importance of continuous learning for our senior management members. Through targeted training programmes, we equip them with the necessary knowledge and skills to make informed decisions that uphold our standards of Corporate Governance.

#including Ms. Amrita Gangotra, who was appointed w.e.f. August 23, 2023 and holds office as an Independent Director subject to approval of members.

Our governance policies

Code of Conduct Policy

Sets out principles and values governing behaviour for employees, directors, and stakeholders.

Nomination, Remuneration, and Board Diversity Policy

Focuses on transparent board nominations, remuneration, and promoting diversity within the leadership team.

Whistle-Blower Policy

Provides a confidential platform for reporting unethical practices and ensures protection against retaliation.

Code of Conduct to Regulate, Monitor and Report Trading by Designated Persons

Prevents misuse of confidential information for personal gain and complies with insider trading regulations.

Prevention of Sexual Harassment at Workplace Policy

Ensures a safe and respectful work environment, free from any form of sexual harassment.

Corporate Social Responsibility Policy

Guides the organisation's contributions to society through various Corporate Social Responsibility initiatives.

Risk Management Policy

Identifies, assesses, and mitigates risks that may impact the Company's operations.

Policy for Determining Material Subsidiary

Establishes criteria to identify subsidiaries with significant impact on the Company's performance.

Related Party Transactions Policy

Governs transactions with related parties to prevent conflicts of interest and ensure transparency.

Code of Practices and Procedures for Fair Disclosure of Unpublished Price Sensitive Information

Ensures timely and accurate communication of material information to stakeholders and regulators.

Dividend Distribution Policy

Sets criteria for the fair distribution of dividends to shareholders based on financial performance and factors.

Policy on Independence of Statutory Auditors

Ensures independence of Statutory Auditors, objectivity, effectiveness and criteria for selecting an Audit firm

Read more in Corporate Governance Report Section

Digitisation and Automation

Digitally Driving a Healthier Future

At Max Healthcare, our efforts towards digital innovation are transforming the healthcare experience of our patients. We continue to harness technology & data and remain steadfast in our mission to deliver exceptional experiences using digital technologies.

Digital

Doctor and patient app launch

The successful launch of our cutting-edge Doctor and Patient App, seamlessly consolidating virtual and physical consultation platforms, is redefining how patients access our services. With over 295K downloads, the app accounts for nearly 10% of all appointment bookings. The app's user-friendly interface has empowered patients to connect with our doctors anytime, besides providing them access to their health records digitally and allowing them to book Max@Home services as well.

Immigration portal digitisation

Our new immigration portal aims to facilitate seamless health check-ups for individuals travelling to several countries such as Australia, Canada, the United States of America (USA), the United Kingdom (UK), New Zealand for completing the visa process. Previously, applicants were required to visit our centre in person for necessary procedures. However, with our new online platform, individuals can now conveniently complete these procedures from the comfort of their own homes and simply visit the centre for the required health check-up. This eliminates the need for manual intervention, ensuring a more efficient and error-free experience.

Data lake implementation

At Max Healthcare, we understand the potential of data-driven decision-making, and have successfully established a comprehensive data lake to harness information from various sources. Data lake comprises data from all the source systems to arrive at clinical decisions and research outcomes. Our next step involves deploying advanced data analytics solutions to perform predictive analytics, which will enable us to extract valuable insights into patient behaviour, facilitate the personalisation of care plans, and optimise healthcare delivery.

Self-patient registration

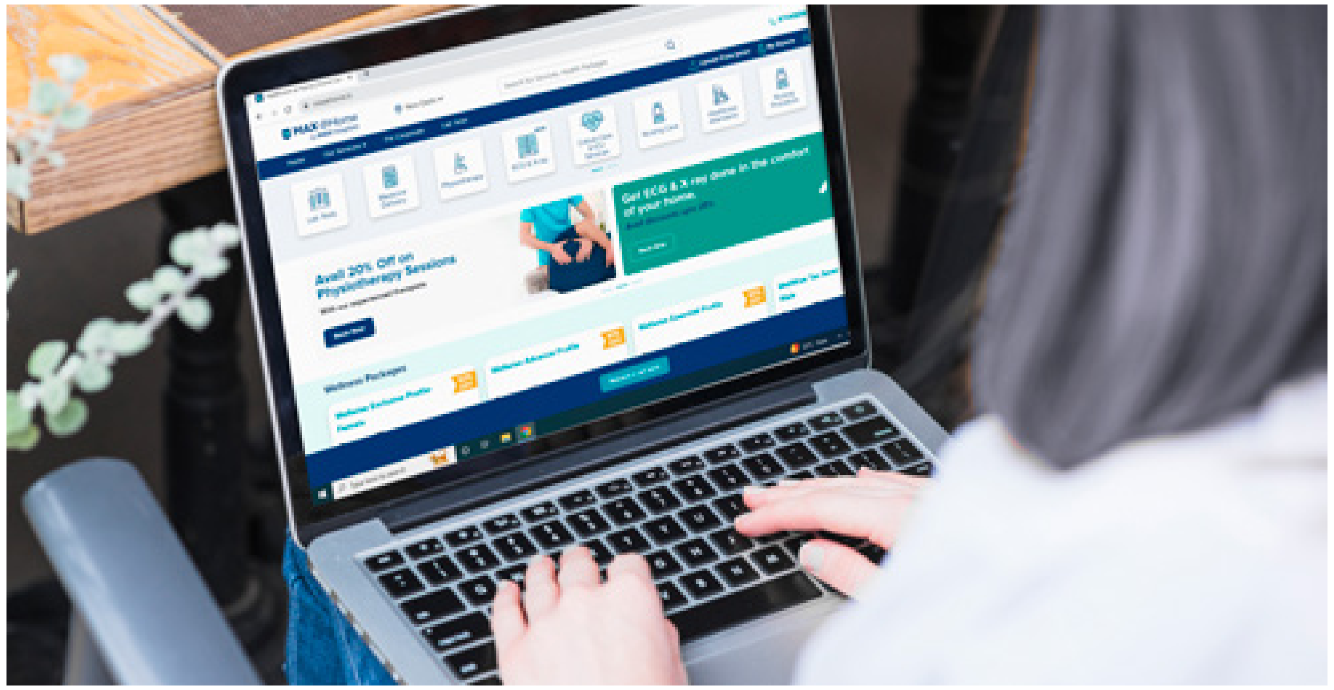
Self-patient registration has brought about a significant change in the patient registration process. Patients can now directly enter their details, thus minimising the chances of human errors by the Front Office Staff. This approach not only saves time but also enhances accuracy in recording crucial patient information.

New Max@Home website launch

We launched a new website for Max@Home, with a comprehensive range of features. The e-commerce-enabled Max@Home website allows patients to conveniently book appointments, order lab tests, request medications, and schedule physiotherapy sessions. This significant upgrade aims to provide our valued patients with a seamless and efficient healthcare experience, catering to their needs and preferences.

Virtual Consult (VC) back-office solution

This solution empowers the team of agents to quality check and index the clinical documents uploaded by patients for video consultation with a doctor. Case summary preparation by junior doctors for consulting doctors prior to consultation enable agents to view the payment and appointment drops from Patient App, which helps patients book the appointment and improve conversion. Agents can view the prescription and generate leads for the Max@Home team for pharmacy and home services.



In-Patient Department (IPD) launch

We believe in improving patient experience, and have launched Phase 1 of our In-Patient Programme on the App. This feature allows patients to track their admission progress, access in-patient reports, and make payments directly through the app. By streamlining the in-hospital experience, we aim to enhance patient comfort and reduce administrative burdens.

Max@Home services on the app

In line with our commitment to providing comprehensive healthcare services via digital channels, we have enabled @Home services on the Patient App. Patients can now access and book all Max@Home services through the App.

Online international payment

We have started online payments from anywhere in the world, enabling our international patients to be able to pay for services in advance. They can now safely transfer funds even before arriving in India for their treatments. The funds transfer process is easy and through a secure payment gateway.

Virtual and instantaneous consults

New mobile apps offer users the convenience of booking a video consultation with a specialist or conducting an instant video consultation with a general practitioner. Instant video consultation is available exclusively through our App.

Ordering pathology tests and receiving reports

We are committed to providing a seamless healthcare experience through our new Apps. Besides booking consultations, Apps also allow users to book Max@Home services like blood tets, X-ray at home, physiotherapy at home and so on. All health reports and records can also be accessed through the health records section in the app, eliminating the need to keep physical copies.

Harnessing digital media for health awareness

In the digital age, the approach to health awareness has been revolutionised. We provide credible content on critical and common health-related problems. The prime objective is to engage and educate audiences so they can make informed health decisions.

Utilising social media channels

Different social media platforms serve varied purposes. Long-format videos featuring health professionals and patient experiences find a home on YouTube, allowing for in-depth discussions. Instagram caters to the audience's preference for short, visually captivating content. For staying informed about the latest health and wellness stories, Twitter takes the lead. A podcast series has been launched to share in-depth patient stories using the audio medium.

Partnership with YouTube

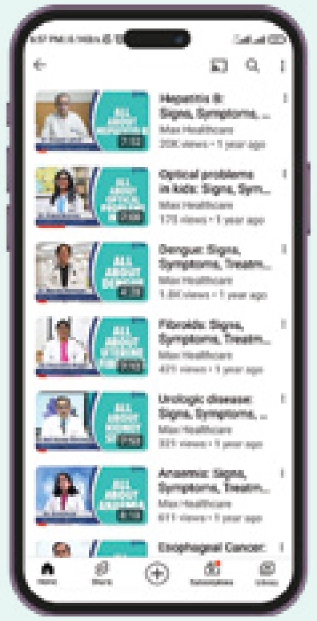
In a significant initiative, YouTube partnered with Max Healthcare to produce a series of expert-led videos to debunk misleading and inaccurate information. These video content delve into a range of medical topics, handpicked based on online search trends. This ensures the creation of relevant content, with experts lending credibility to the information.

Inclusion through language

With the intention of catering to diverse audiences, videos created as a part of YouTube partnership are produced in four languages: English, Hindi, Marathi, and Punjabi. This multilingual approach aims to break language barriers, making reliable health information accessible to more people.

Promoting health literacy

By utilising the vast reach of YouTube, the partnership intends to disseminate credible health content far and wide. The easy-to-use platform enables viewers to find the information they need quickly, leading to better health literacy and a deeper understanding of various medical topics.



460

Videos Produced in Partnership with YouTube (115 videos*4 languages)

5,500+

Content Pieces Posted on Social Media

Modernisation

HIS modernisation – web HIS

We are committed to improve patient experience and operational efficiency through the adoption of technology. The HIS platform modernisation project kicked off this year, resulted in OPD billing module enablement. Key features include an improved user experience for OPD billing, integrations with all major digital payment tools to reduce the billing time period, enable online billing methods, and improve the patient experience. This is a next generation modernisation project to improve the entire outpatient and inpatient experience, including pharmacy.

Electronic health record

Max Hospitals — Patparganj, Shalimar Bagh and Bathinda - Extension implemented Web EHR, offering clinicians a prime purpose to provide an optimised user interface, an enhanced product, and a better user experience. Significant efforts were put in for EHR change management by clinicians in terms of conducting end-to-end trainings, adoption sessions, or workshops for clinicians, sensitising them on new application features, improvising workflows or enhancements, and reporting.

The emergency department module is implemented at all Max Hospitals; it helps locate the patient in the emergency area and shows the patient list according to triage colours. This enhances efficiency in the emergency department.

Digitisation and automation

E- prescription integration with Advanced speech to text solution (Augnito)

Implemented at Max Hospitals - Saket, Gurugram and BLK-Max, offers optimised outpatient EMR speech-to-text entry capability to doctors for improving efficiency and reducing time to write prescriptions. Oncology specific tumour board sections were introduced in E-prescription to allow data flow to Tumour board (Harmony application). Ophthalmology specific templates were introduced for Ophthalmologists to maintain digitised records.

Nursing duty roster software

Launched at BLK-Max and Nanavati Max, it provides integrated features for the management of nursing staff duties. It helps to schedule the working hours of nursing employees in different departments. It also helps to maintain and manage shift rotation and deliver reports about the workload of an individual.

The key features of this software include:

- Creation of Nursing Duty Roster
- Patient Management
- Auto Roster Publishing to HR Payroll
- Nursing Administration
- User-based real time Master Data Configuration

IOT bluetooth low energy digitisation through porter management tool

It allows real time tracking of Porters and GDAs along with their overall utilisation during the day with the help of bluetooth based location beacons and coasters. The App is integrated with HIS and has been launched at BLK-Max, Max Hospitals — Vaishali and Shalimar Bagh. It helps them to plan shifts and identify the actual productivity of each individual. Automatic real-time assignment of tasks to porters reduce dependence on a centralised physical hub or control desk, thereby improving patient experiences. It has also reduced TAT for porter movements and availability.

AI projects

Chest X-ray: AI solutions mark images as normal/abnormal in lieu of sharing data (X rays)/COVID-19 algorithm with a WhatsApp alert of AI-processed results for radiologist reviews/references. A cloud deployment was undertaken for two key locations, including Max Lajpat Nagar and Max Panchsheel.

Radiology Modalities Digital Health Platform: Teamplay solution has been implemented at Max Saket. Teamplay performance management applications enable reliable and structured analyses of imaging data and secure collaboration. They do this by clearly presenting clinical and operational performance data.

- **Teamplay Dose** provides different evaluations of the specified radiation dose.
- **Teamplay Usage** supports workflow optimisations through statistics on system utilisation.
- **Teamplay Protocols** gives a clear picture of all scan protocols used with their details and enables remote protocol management.
- **Teamplay Insights** provides flexible, customisable data visualisation boards based on data collected by teamplay Dose, teamplay Usage, and teamplay Protocols.
- **Teamplay Reports** creates country-specific reports for Teamplay to report their dose outliers to quality bodies.
- **Teamplay Fleet** offers a holistic fleet overview and specific equipment information.

Robotic process automation (RPA)

RPA has been an integral part of automation initiatives over the last few years. With the advancement of RPA technology, further adoption of RPA automation is related to various financial processes with respect to GST and PAN compliances introduced in the ecosystem.

Implementation of compliance software litigation module (Phase II)

Litigation Management tool helps in assembling and automation of work related to different ongoing legal cases. Its main functions include managing of notices, litigations, court dates, calendaring and arrangement of documents. It also helps to manage lawyer fees, a central repository of case files, real time dashboards and MIS. It acts as a central repository for storing all legal cases and notices.

Low code/No code - automations:

- **Patient Safety Culture Survey -** As a mandate from NABH and JCI, survey conducted to access feedback submitted by users exclusively for Physicians, Nurses, Paramedical staff, and Medical Administrators for submitting various parameters as designed by using a low-code-based platform. The survey identifies the strengths and opportunities for improvement across units and various processes. Allows central team to administer the data filled out by various levels of users with the help of automated real time dashboards from both the web and mobile apps.
- **Automation of Washroom Cleaning Checklist (Housekeeping) -** QR code based low code mobile application for improving technology based operational efficiency that allows the housekeeping team to scan the QR code assigned to each washroom, allowing technicians to fill in various parameters online and reducing redundant handwritten data entry of cleaning checklist manually and forcing the supervisor to physically visit the restroom after a regular interval of time and meet compliances. It also provides a real time dashboard and compliance data ensuring maximum hygiene is maintained at all times.
- **QR Based Reusable Consumables Tracking (SUD and CSSD) -** QR code-based application that helps in tracking the devices/instruments that are in use, multiple times on different patients after CSSD sterilisation. Allows CSSD and stores to track the count of usage before issuing any new items and patient details where the instrument was used along with various timestamps.
- **4DX Tracker -** A calendar-based app allowing doctors to capture their planned activities and events on day-to-day basis, enabling the central Oncology team and department heads to track doctors activity across the month in a single calendar view.

Omni-channel digital patient experience

- **Digital Payments:** Seamless digital payment integrations with PayU, Pine Lab, PayTM, UPI and Online payment links were introduced in this year to enhance the overall patient experience. Omni-channel integration of digital payment gateways with touch points like SMS, websites, core systems, and mobile apps
- **Digital Servicing:** WhatsApp-based servicing for sharing lab test reports and appointment booking through chatbots.
- **Digitisation of Patient Feedback Management:** The feedback management platform has been enhanced further to provide a seamless experience to patients for sharing feedback for different departments through the Nanavati Max and BLK-Max websites.

Clinical Excellence

Improved Treatment Results with Data-Driven Methods

At Max Healthcare, our pursuit of clinical excellence backed by state-of-the-art medical technologies, expertise of multidisciplinary medical teams, data and digital - driven quality and monitoring platforms to improve patient outcomes, sets us apart. It underscores our commitment to adhere to global healthcare standards and encourages us to adopt best practices within our operations.

MaxCel

Advancing clinical outcomes comparison

We have recently introduced a novel digital platform that enables monitoring and comparison of clinical outcomes. The platform offers a standardised method of reviewing patient outcomes for significant procedures and medical conditions. It also allows benchmarking with global and national publications based on scientific evidence.

It is an integrated clinical dashboard to strengthen the delivery of quality care and safety of our patients.

MaxCel is a combination of six metrics, which are a composition of individual parameters of performance that are measured against respective benchmarks. Each metric carries different weightage. Such an approach helps assign a score to every metric, which leads to an overall score for a network hospital.

Expanding the scope of MHC Clinical Dashboard

57	Department Specific Measures	**30%**
9	Patient Safety Measures	**20%**
5	Nursing Safety Indicators	**10%**
3	Medical Documentation Measures	**10%**
1	Research Publication Volume	**10%**
57	Statutory Compliances	**20%**

Clinical outcome index

We have overcome the challenge of quantifying clinical outcomes in healthcare, implementing system-driven measures for major procedures, conditions, and diseases.

Methodology

The approach utilises specialised algorithms to capture 57 unique clinical outcomes across 18 medical specialities, such as Cardiology, General Surgery, Neurology, Oncology, and more. The algorithms are synchronised with Electronic Health Records for optimal data collection.

Comparative framework

The system facilitates a comparative framework, enabling benchmarking against international standards to encourage continuous improvement.

Supporting tools

A comprehensive directory provides key details on outcome definitions, rate calculation formulae, data sourcing, and reference benchmarks.

Physician tracking and benchmarks

The Clinical Outcome Index allows tracking of individual physician performance.

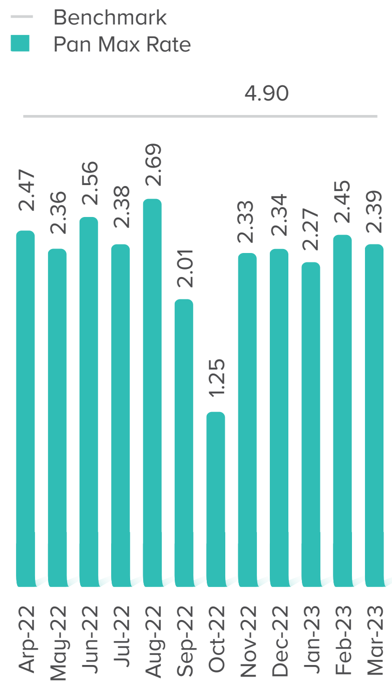
Monthly scores provide internal benchmarks, while international benchmarks aid in quality improvement initiatives.

Data accessibility

Online tracking is enabled to provide physicians with easy access to data, enabling them to identify and address outliers swiftly.

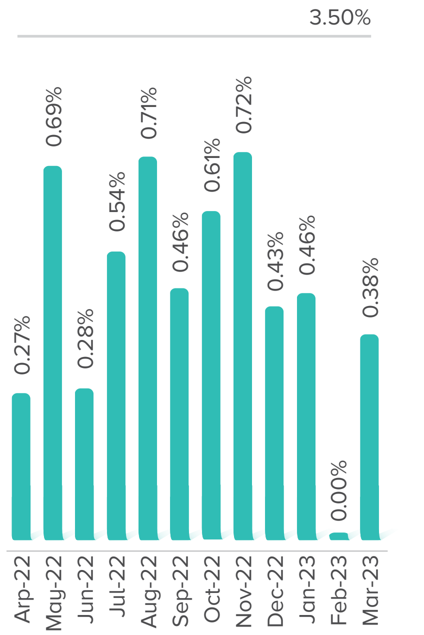
Example of trends for some metrics captured

Critical Care – ALOS (days) in Acute Myocardial Infarction



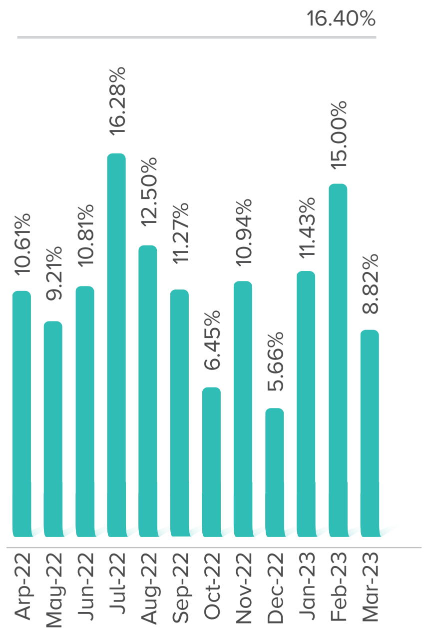
General Surgery – 7 days OT return rate

Benchmark
GS-7d OT return rate



Internal Medicine – UTI readmission rate within 30 days

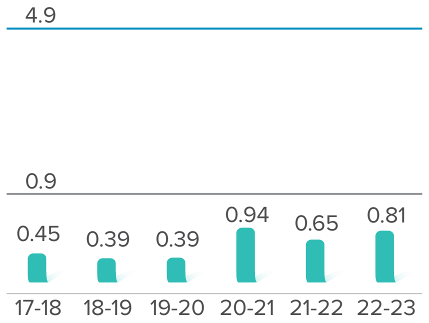
Benchmark
IM-UTI readmission rate



Hospital Acquired Infections (HAI)

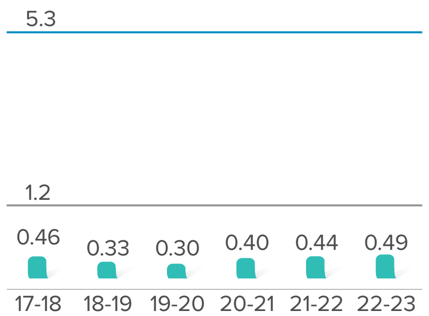
To prevent HAIs, we have implemented rigorous infrastructure, processes, and training programmes. We closely monitor and review infections to continually improve our practices. Our HAI rates are in line with benchmarks set by developed countries.

CLABSI Rate per 1000 Central Line Days



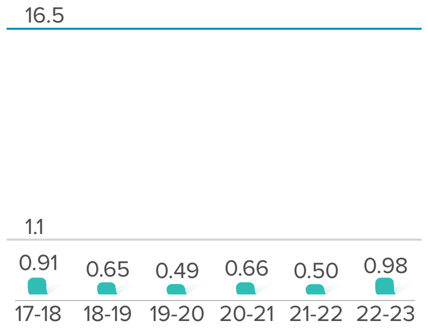
MHC Rate
Developed Countries Benchmark (NHSN)
Developing Countries Benchmark (INICC)

CAUTI Rate per 1000 Catheter Days



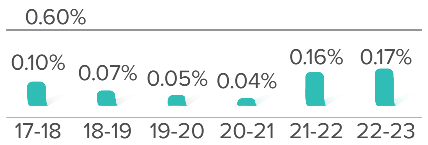
MHC Rate
Developing Countries Benchmark (INICC)
Developed Countries Benchmark (NHSN)

VAP Rate per 1000 Ventilator Days



MHC Rate
Developing Countries Benchmark (INICC)
Developed Countries Benchmark (NHSN)

SSI Rate per 100 Surgeries

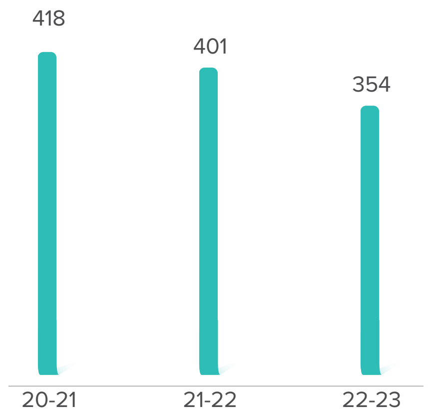


SSI Rate
Target

Publications

Our commitment to knowledge dissemination is reflected in our Publications Index, a volume-based metric showcasing publications in peer-reviewed indexed international journals over the last three years.

Year wise Publications in Peer Reviewed International Journals by Max Healthcare



We strictly adhere to regulatory requirements at the local, state, and central government levels, maintaining a steadfast 100% compliance rate.

Our MaxCel system has been integrated into our overall organisational metrics and is examined monthly at all leadership levels. This exhaustive review results in trend analyses, comparisons among hospitals, and external benchmarking.

Our data analysis is thorough, encompassing hospital-wide, department-specific, and individual clinician performance. This information creates clinician scorecards and is shared with various hospital committees during monthly HOD meetings. In future, we plan to link these metrics to the annual goals of senior and middle leadership team members, to tie progress with rewards and recognition.

MaxCel has played a pivotal role in addressing challenges concerning data reliability, accuracy, and frontline and managerial training. This initiative has had a profound impact on improving clinical processes, reducing risks, and enhancing clinical outcomes, further contributing to improving quality and safety standards across the board.

Complex Procedures

Towards Superior Clinical Outcomes

With a proven track record of successfully performing specialised procedures - ranging from complex transplants and robotic surgeries, to intricate cardiac, neuro, orthopaedic and oncology surgeries - our medical teams have demonstrated their commitment to clinical excellence and patient well-being.

Complex procedures highlights*

~1,380
Transplants[1]

~3,300
Robotic Surgeries

~42,780
Cardiac Procedures[2]

~9,280
Neuro Surgeries[3]

~30,150
Orthopaedic Surgeries[4]

~13,420
Oncology Surgeries[5]

Special surgeries

We strive for excellence in every aspect of complex surgeries, from diagnosis to treatment, and post-operative care, complementing our dedication to achieving the best possible outcomes for our patients

Following are examples of some complex cases that helped us improve the quality of life of patients.

Max Hospital, Saket became one of the first hospitals in India to successfully perform a dual-split liver transplant from a domino donor, benefitting two young girls aged 12 and 14 years.

Swap renal transplant was carried out in an 11-year-old boy suffering from thrombotic microangiopathy, with his grandmother donating her kidney to another patient in exchange for a kidney for the boy at Nanavati Max.

Doctors at Max Hospital, Mohali conducted a total aortic root reconstruction, known as the BENTALL Operation, on a 32-year-old Marfanoid male.

Doctors at Max Hospital, Shalimar Bagh successfully performed TAVI with SENTINEL Cerebral Protection System (CPS) in a 56-year-old male with severe calcified aortic stenosis with LV dysfunction.

Max Hospital, Vaishali achieved the remarkable feat by performing an Orthotropic Renal Transplant on a 43-year-old patient with blocked abdominal arteries.

At BLK-Max, a 15-year-old patient was promptly and successfully treated through emergency surgery for the rare condition of pyogenic meningitis.

Doctors at Max Hospital, Patparganj successfully performed robotic surgery on a patient who underwent four surgeries in other healthcare facilities for treating upper ureteric stone.

The Urology team conducted a complex robotic surgery involving the Right Renal Mass excision with IVC thrombectomy at Max Hospital, Saket.

Max Extended Care Programme (MECP)

Through Max Extended Care Programme, we maintained our association with the external clinician community. We engaged with over 17,000 external doctors throughout the year. Over 378 CMEs and 462 RTMS were organized across specialties.

Engagement with MECP doctors continued through over 18 publications of various kinds

- A monthly 'MECP Maxscene' that captures the latest happenings in the hospitals, new technologies, innovative procedures, bi-monthly 'Doc Journals'.
- A compilation of new innovative medical cases and treatments from across the network and fortnightly 'Medinsiders' capturing medical cases in the hospitals. In terms of events, the MECP Champions League IV.
- A cricket tournament saw participation from clinicians across hospitals who played in over 16 teams over a period of 30 days. Sporting events such as these helped in building bonds in the clinician community.

[1] Transplants include kidney, heart, liver, lung, etc.
[2] Includes Cardiac Surgery, Cardiac Paed. Surgery, Vascular Surgery, Angioplasty, Angiography and Other Cardiac Procedures
[3] Includes Surgical and Spinal Surgeries
[4] Includes Joints and Other surgeries
[5] Includes Onco Surgical and bone marrow transplant (BMT)
*Q1 FY24 Annualized numbers

Clinical Research

Innovation Driven Medical Advancements

Our clinical excellence is underpinned by evidence-based research. To find innovative solutions that mitigate the threat of novel diseases and improve the quality of healthcare, we conduct drug and device trials, public health studies, investigator-initiated projects and data research. It enables us to explore new pathways to overcome medical challenges and improve the care continuum.

Research output from major therapeutic areas forms the foundation of our care delivery. In a fast-evolving healthcare industry, digital technology is playing a major role in finding novel healthcare solutions, bringing artificial intelligence and machine learning at the forefront. These solutions facilitate predictive modelling, process optimisation, reduction in inter observer variances and the real world evidence generation.

In FY23, we successfully conducted over 100 sponsored clinical trials, 22 grant studies/projects funded through national and global funding agencies, added three new collaborations and produced over 350 publications.

Clinical trials

During the reporting year, we successfully conducted over 100 clinical trials and initiated 44 new projects across our network facilities.

Throughout the year, we engaged in clinical trials at different phases, with a sharp focus on Phase 2 and Phase 4 trials. We made notable strides in clinical research by conducting a substantial number of clinical trials across cardiology, oncology, nephrology, neurology among others. To maintain transparency and compliance with regulatory standards, Max Healthcare conducts clinical trials that are registered with the Clinical Trials Registry of India (CTRI). It ensures adherence to national guidelines, ethical practices, and data transparency in clinical research.

Grants

We attracted grants worth INR 4.8 Crore to undertake three international and 19 national research projects from various national and global funding agencies including NIHR UK, ICMR, DBT, INSA, BIRAC, Pfizer and Ashoka University. Our grants enable evidence-based advancements in communicable and non-communicable diseases, capacity building programmes to strengthen healthcare data, generate real world evidence and develop patient awareness programmes.

Publications

Max Healthcare prioritises excellence in healthcare, not only through patient care but also through the generation and dissemination of knowledge. In the year under review, our clinicians produced over 350 publications in indexed journals.

The top three publications with highest impact factors were:

- Filarial Dance Sign in Lymphatic Filariasis of the Scrotum by Dr. Amit K. Sahu and Dr. Bharat Aggarwal (IF:24.91)
- Bridging the gender gap in childhood cancer: A call to action by Dr. Maya Prasad and Dr. Ramandeep Singh (IF:11.71)
- TCTAP C-130 Contained Rupture of Thoracic Aneurysm Treated by TEVAR With Double-Chimney for Preserving Arch Branches by Dr Rohit Mody (IF:9.76)

Collaborations

At Max Healthcare, we are committed to deliver quality healthcare services and fostering collaboration with leading organisations in the field of medical research, academics and innovation. In FY23, we collaborated with Ashoka University, Academy of Scientific & Innovative Research (AcSIR) and Pfizer to drive medical advancements, improve patient care and contribute to scientific knowledge.

Collaboration with Ashoka University

Our partnership has paved the way for joint initiatives in medical research and education and we have initiated three funded projects on medical anti-microbial resistance:

- To improve surveillance efforts by considering various factors and using advanced technologies to predict resistance patterns and assist doctors in making informed treatment decisions
- Understanding the cardio metabolic disease burden through Preventive Health Programme across the seven sites of Max Healthcare
- To sub classify and prognosticate to predict better outcomes in Triple Negative Breast Cancers (TNBC) patients

Collaboration with Academy of Scientific & Innovative Research (AcSIR)

Max Healthcare and the Max Society of Medical Academics Innovation and Research (MSMAIR) have entered into an agreement with the Academy of Scientific and Innovative Research (AcSIR) in New Delhi, India. The purpose of this agreement is to collaborate on running the Masters of Public Health (MPH) and PhD in Public Health Programmes at Max Healthcare. Our MPH course began with a batch of 12 students who were instructed by eminent faculty.

Collaboration with Pfizer

We have partnered with the global pharmaceutical company. Pfizer to advance research and academia through funded projects, with a focus on generating real-world evidence to enhance understanding of medication effectiveness, safety, and cost, empowering clinicians with evidence-based treatment decisions. The collaboration includes fellowships in key areas, such as rheumatology, data science, and infectious diseases, along with Pfizer's awards for researchers to foster a research culture. Additionally, Pfizer's funding has helped conduct patient awareness sessions in rheumatology, educating patients and caregivers about symptoms, treatment, and advancements, in line with our shared commitment to improving health literacy and informed medical care.

Educational Initiatives

Max Institute of Medical Excellence (MIME)

Max Institute of Medical Excellence (MIME), is the educational division of Max Healthcare, and is a dedicated centre for education and training of medical and non-medical professionals, allied healthcare staff, corporates, embassies, multinational companies and other medical institutions across India.

Diplomate of national board courses

Total DNB residents across Max network are 483. The average pass percentage at MHC for the last year was 64%.

Location	DNB Residents Each Hospital	Number of DNB Specialities	New Specialities started this year	
Max Saket	148	30	• DNB Endocrinology • FNB Onco Anaesthesia	• FNB – Head and Neck Surgery • FNB – Renal Transplant
Max Vaishali	62	14	• Cardiology • Minimal Access Surgery	
Max Patparganj	29	11	• Nephrology • Paediatrics	• General Surgery
Max Shalimar Bagh	29	10	• DNB Surgical Oncology • DNB Medical Oncology	
Max Smart	12	5		
Max Dehradun	11	2	• DNB General Medicine	
Max Mohali	29	5	• DNB General Medicine	
Nanavati Max	57	9	• DNB General Medicine	
BLK-Max	106	25	• DNB General Medicine	

Max Hospitals at Saket, Vaishali, Smart, and Patparganj are recognised examination centres for DNB Practical and Theory examination for following specialities: General Medicine, Anesthesia, Rheumatology, Urology, CTVS, Medical Oncology, Obstetrics and Gynaecology. New specialities planned are: FNB Onco Anaesthesia, FNB Head and Neck Surgery, FNB Renal Transplant, DNB Endocrinology.

Internship/ Observership/ Fellowship

~1,328
Internship

~ 214
Observership

119
Fellows

New fellowship courses started this year are as follows:

- Fellowship in Haematology-Oncology
- Fellowship in Minimally Invasive GI Surgery
- Fellowship in Cardiology
- Fellowship in healthcare data science and deep learning
- Fellowship in knee and shoulder surgery
- Fellowship in Onco-Plastic Reconstruction
- Fellowship in Reproductive Medicine, Onco-fertility and Regenerative Therapies
- International Fellowship in Cardiac Critical Care
- Max Fellowship in Robotic Oncology Surgery
- Max Fellowship in Hand and Upper Extremity Surgery
- International Fellowship in Post MBBS Critical Care Medicine
- International Fellowship in Neuro Critical Care Medicine

Masters In Emergency Medicine – International (In Association with Ronald Raegan Institute of Emergency Medicine, George Washington University, USA)

This three-year skill building certificate course in Emergency Medicine completed its 15th year since it began in 2008. This programme is currently being offered at the following Max hospitals with a total of 84 trainee doctors.

Max Super Speciality Hospital, Patparganj, New Delhi	Max Smart Super Speciality Hospital, Saket, New Delhi	Max Super Speciality Hospital, Dehradun, Uttarakhand
Max Super Speciality Hospital, Mohali, Punjab	Max Hospital, Gurugram, Haryana	Max Multi Speciality Centre, Noida, UP
BLK-Max Super Speciality Hospital, Pusa Road, New Delhi	Nanavati-Max Super Speciality Hospital, Maharashtra	

The MEM Convocation took place on October 19, 2022, to honour the achievements of the graduating students who had successfully completed the course in June 2022. A total of 16 students were presented with their certificates during this ceremony. It is worth noting that all the students from this batch secured 100% placement, reflecting the remarkable success of the programme in connecting students with promising career opportunities.

Internal Medicine Training (IMT) (In Association with the Joint Royal College of Physicians Training Board)

We have become the third organization in the world to be recognised by the Joint Royal Colleges of Physicians Training Board to deliver IMT outside the UK. The programme is being offered across the tertiary hospitals of Max Healthcare since October 2019 and has 51 doctors currently enrolled in this programme.

The programme has been awarded the Level 3 Accreditation by JRCPTB-UK signifying the highest equivalence to UK standards.

3 IMT

Trainees Passed MRCP PACES Exam 2022-23

International Exams – MRCP-UK Paces Examination (in Collaboration with the Royal College of Physicians, UK)

It was a matter of great honour for us to host the President of the Federation of The Royal College of Physicians, Dr. Andrew Elders, for the exam in November 2022. He appreciated, acknowledged the exam centre, and recognised it as one of the best centers internationally.

We are the only centre in North India to host the prestigious MRCP-UK PACES Examination. This examination is designed to test the clinical knowledge and skill of doctors who aspire to receive higher specialist training in the United Kingdom. We successfully conducted two exams this year in November 2022 and March 2023

Life saver and other training programmes

1. We are happy to share that Max Healthcare was approved as a training centre for the prestigious Advanced Trauma Life Support Courses certified by the American College of Surgeons under the aegis of the Indian Society for Trauma and Acute Care (ISTAC), New Delhi, India. So far, 48 doctors have been trained asproviders and 12 as instructors.
2. We launched the Advanced Stroke Life Support Course certified by the American Heart Association and Gordon Medical Centre, USA for the first time in India in May 2023.
3. We hosted the American Heart Association Training Centre Faculty course for the first time in North India in May 2023, which was attended by participants from all over India and Nepal.
4. We conducted AHA - certified BLS, ACLS and PALS provider and instructor courses the at United Hospital, Dhaka, Bangladesh.
5. We conducted the American Heart Association - certified BLS, ACLS and PALS courses, where 2,315 participants were trained .
6. A total of 3,242 participants were trained in necessary resuscitation skill through Max Emergency Life Support. courses
7. Bespoke courses conducted
    a. Emergency Nursing Training
    b. Basic ECG Interpretation
    c. Basic Trauma Management
    d. Airway Management
    e. CPR and AED course
    f. Masterclass in Liver Emergencies
    g. FCCS –Fundamental Critical Care Support Course
    h. Interstitial Lung Disease
    i. Congestive Cardiac Failure: Recent Advances and Strategies to improve diagnosis and treatment
    j. Emergency Surgical Airway Management
    k. Max Radiology Masterclass
    l. Simulation sessions for IMT, MEM, LAU and DNB.

Clinical rotation for undergraduate doctors

At Max Healthcare, we have an affiliation with the Lincoln American University, Guyana, for the clinical rotation of MBBS students at Max Hospitals -125 students are currently undergoing clinical rotation at Max Saket and Vaishali.

A new affiliation with the Bridgetown International University, Barbados, was finalised and five students started their clinical rotation at Max Saket in June 2023.

Partnerships

Following new National and International partnerships have been added in FY23:

National

- Ashoka University
- Academy of Scientific and Innovative Research
- Santosh Medical University
- Sardar Bhagwan University
- Advanced Trauma Life Support India
- BMJ Learning
- Omnicuris (OC Academy), Bangalore, India
- Medigrad
- Delhi Medical Healthcare Academy
- Expert Education Consultancy

International

- Bridgetown International University, Barbados
- Semey Medical University, Kazakhstan
- Irish George Consulting, Nigeria

Clients

Max Institute of Medical Excellence has been successful in earning accolades for its quality training programmes and has gained marquee clients. The partial list is mentioned below which has been added this year:

- Pfizer Limited
- Google
- Fujifilm
- Sardar Bhagwan Singh University
- American Express, India
- Tata Steel Pvt. Ltd., Ghaziabad
- Samsung R&D, Sector 126, Noida
- Cosmique Clark Inn Suites Hotel, Goa
- Mohandai Oswal Hospital, Ludhiana

Our educational programmes

MPH - Masters in Public Health

The Max Society of Medical Academics Innovation and Research (MSMAIR) has entered into an agreement with the Academy of Scientific and Innovative Research (AcSIR), located in New Delhi, India. This partnership aims to administer the Masters of Public Health (MPH) programme at Max Healthcare. The primary objective of this course is to provide comprehensive training, encompassing both theoretical knowledge and practical skills, through workplace-based assessments. The MPH programme spans a duration of two years, divided into four semesters, with the final semester dedicated to a mandatory dissertation project.

Max Healthcare, in collaboration with MSMAIR, is honoured to be recognized by the AcSIR as the second organization in Delhi authorized to offer the MPH course. Since October 2022, the programme has been successfully conducted at Max Hospital, Saket, with of 12 students currently enrolled. For the upcoming batch, scheduled to commence in August 2023, 23 students have been shortlisted, who will have the opportunity to participate in this programme.

Doctor of Philosophy (PhD –Sciences-Public Health (PHD)

The Doctor of Philosophy (PhD) programme in Public Health (PHD-Sciences) offered by the Max Society of Medical Academics Innovation and Research (MSMAIR) at Max Healthcare in partnership with the Academy of Scientific and Innovative Research (AcSIR) provides an excellent opportunity for students to pursue advanced research in the field of public health. The primary objective of this programme is to enhance students' knowledge and skills in public health, enabling them to drive sustainable and positive changes in healthcare.

This programme is designed to offer an exceptional combination of research, teaching, and services, equipping students with the necessary tools to become future leaders in public health. The focus is on empowering students to explore, evaluate, and disseminate effective solutions to health threats and challenges, while ensuring the translation of research into practical applications and sound policies. The duration of the PhD programme ranges from three to five years, providing students with ample time for comprehensive research and academic development.

Commencing in January 2023, the programme has already enrolled 4 students for the January intake, and an additional 7 students have been shortlisted for the upcoming August 2023 intake. These students will have the opportunity to engage in extensive research and contribute to the advancement of public health knowledge and practices.

MSC – Clinical research

Max Institute of Medical Excellence (MIME), in collaboration with the Datta Meghe Institute of Higher Education & Research (DMIHER), Wardha, Maharashtra, is offering a two-year full-time Master of Science in Clinical Research degree programme at the Office of Research at Max Healthcare Institute Limited.

This MSc programme is a post-graduate-level degree that helps students acquire clinical research knowledge and skills. In addition, the course will prepare the candidates to work on clinical trials available across the country both within the Max Healthcare Network hospitals and other organisations as well.

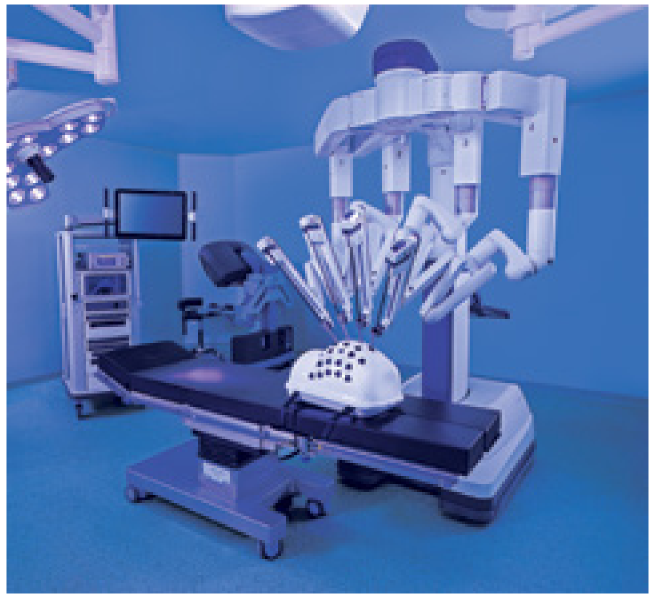
MSc in healthcare quality management

We have partnered with the Santosh University ((Deemed-to-be-University), Ghaziabad, Uttar Pradesh, to introduce a comprehensive MSc programme in Healthcare Quality Management. This is a two-year regular full-time degree programme that enables students to acquire operational skills and leadership qualities to carry out effective changes in patient safety and quality standards of healthcare organizations. This course will prepare the candidates to join and lead the Quality Assurance Team of Hospitals across the country both within the Max Healthcare Network hospitals and other organizations as well.

Healthcare Technology

Creating a Lasting Difference to Patient Care

Our facilities are equipped with best-in-class technologies, new age diagnostics, and surgical devices that assist our clinicians in specialised therapeutic segments such as oncology, neurosciences, cardiac sciences, orthopaedics, renal, liver and minimal invasive surgeries.



Da Vinci Surgical Robot

The Da Vinci Surgical Robot enables surgeons to perform robotic-assisted minimally invasive surgery. It mirrors the surgeon's hand movements at the console in real time, manipulating the surgical instruments with extraordinary precision. This technology allows for a greater range of motion compared to a human hand. Additionally, the Da Vinci Vision System offers highly magnified, high-definition 3D views of the surgical area. We have 12 Da Vinci robots in our facilities.

The Surgical Robot – Versius

The Versius Surgical Robot assists surgeons in performing minimal access surgery. This technology includes 3D, HD vision and ergonomic instrument control, reducing stress and fatigue among surgeons.

The Mako Total Knee Application

The Mako Total Knee Application combined with Stryker's clinically proven Triathlon Total Knee System offers a comprehensive solution for robotic-arm assisted joint replacement. This technology leads to precise surgery, minimal blood loss, smaller scars, and faster, pain-free recovery.

AI-Enabled Robotic System for Joint Replacement Surgeries

AI-enabled robotic system for joint replacement enhances surgical precision and accuracy, preserving more natural bone and minimising blood loss, thereby ensuring a well-balanced joint. This technology combines human insight with advanced technology to accurately replicate a patient's individual joint structure, relieving pain and addressing failed replacements.

Excelsius GPS for Spine Surgery

Excelsius GPS is a pioneering robotic navigation platform that amalgamates a rigid robotic arm and full navigation capabilities for an accurate trajectory alignment in spine surgery. The technique enables the surgeon to perform the procedure with heightened safety and efficiency, leading to shorter hospital stays and quicker recovery paths.

S8 Navigation with O-Arm

The StealthStation™ S8 navigation system, when integrated with the O-arm imaging system replaces intraoperative fluoroscopy, providing a seamless 3D-navigated surgical experience. The StealthStation System is indicated for any medical conditions in which the use of Stereotactic surgery may be appropriate, and where reference to a rigid anatomical structure, such as the skull, a long bone, or vertebra can be identified relative to a CT or MR-based model, fluoroscopy images, or digitized landmarks of the anatomy.

Radixact X9 TomoTherapy System

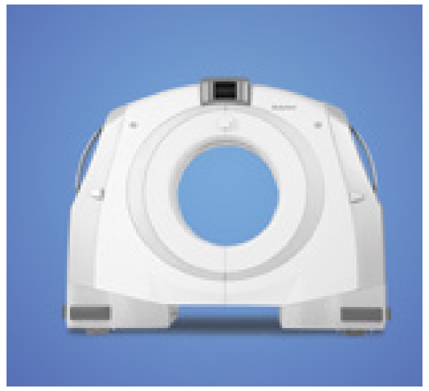
The Radixact TomoTherapy system is the next-generation solution for cancer treatment. It effectively eliminates tumours by combining the precision of intensity modulated radiation therapy with an image-guided scan. This technology also assists in tracking changes in the tumour daily.

TruBeam Stx LINAC

The TruBeam Stx LINAC system provides a range of treatment techniques, such as HyperArch and RapidArch, addressing a broad spectrum of cancer cases.

High-End Cath Lab

The floor-mounted Artis Zee system with a large detector offers excellent performance, improving clinical workflow with a larger field of view.



Intra OP Portable CT

A portable, intraoperative, multi-slice, full-body 32 Slice CT scanner allows neurosurgeons to perform accurate, precise and real-time image-guided surgical procedures. The equipment allows intra-operative imaging of the brain and spine to perform image-guided surgery, hence increasing the accuracy to perform neurological and spinal procedures.

Bi-Plane Digital Cath Lab

Bi-Plane technology assists in diagnosing and treating disorders related to the heart, brain, spinal cord, neck, and face using minimally invasive techniques, eliminating the need for open surgery. This ensures that neurologists, cardiologists and vascular interventionists perform high-end medical procedures with ease. The system provides them with clear-cut 3D visualization of target organs and vessels, so that any pinhole procedure is done accurately, safely and more quickly than ever before.

Hyperthermic Intraperitoneal Chemotherapy (HIPEC)

HIPEC is a treatment for advanced stages of abdominal cancers. It uses a highly concentrated, heated chemotherapy treatment delivered directly to the abdomen during surgery. This technology minimises the rest of the body's exposure to chemotherapy and reduces some side effects.

SPECT-CT Hybrid Imaging System

The SPECT-CT system offers invaluable information on both anatomy and function, making it an essential tool for clearly demonstrating ischemia in the heart.

Network Financial Performance

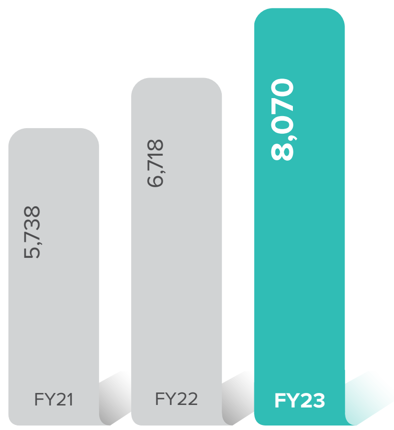
Our Performance at a Glance

Gross Revenue
(INR in Crore)

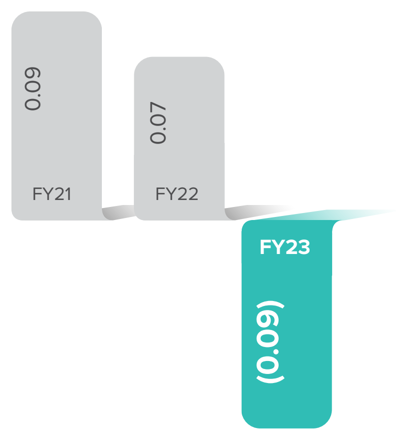
13% Y-o-Y

Net Worth
(INR in Crore)

20% Y-o-Y

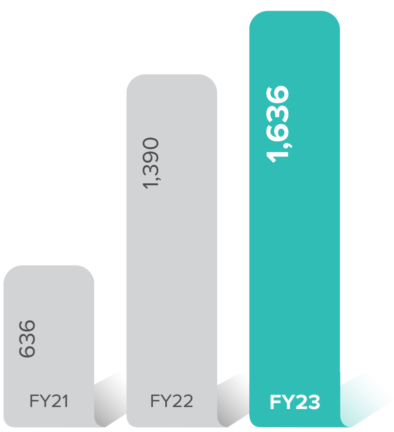


Net Debt : Equity Ratio
(%)



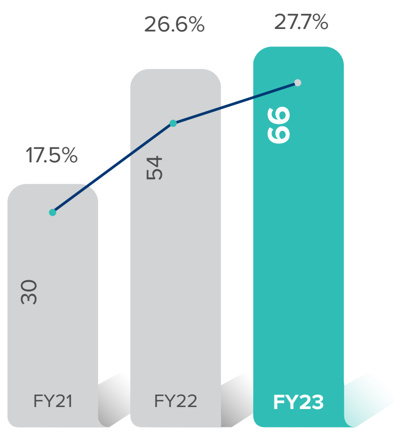
Operating EBITDA
(INR in Crore)

18% Y-o-Y

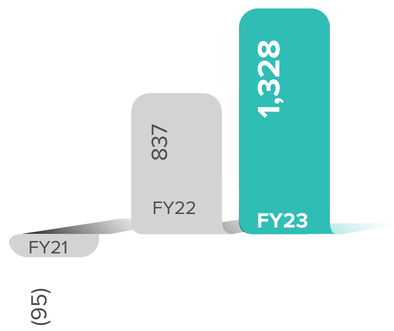


Operating EBITDA per bed*
(INR in Lakhs)

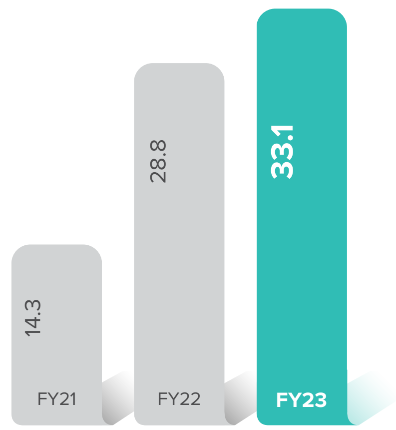
Operating EBITDA Margin
(%)



Profit After Tax
(INR in Crore)



Pre-Tax Return On Capital Employed**
(%)



*Operating EBITDA per bed is annualised and excludes EBITDA from Max Lab operations

**Based on EBIT annualised; capital employed excludes (a) impact of Purchase price allocation at the time of merger with Radiant, (b) acquisition of ET Planner in Q2 FY22 and (c) short term FDRs. Depreciation for EBIT has been considered based on normalised replacement capex

Capacity Expansion

Embarking on a New Era of Healthcare Excellence

Our existing land bank support the addition of 4,000 beds, with 2,600 beds added over the next four years.

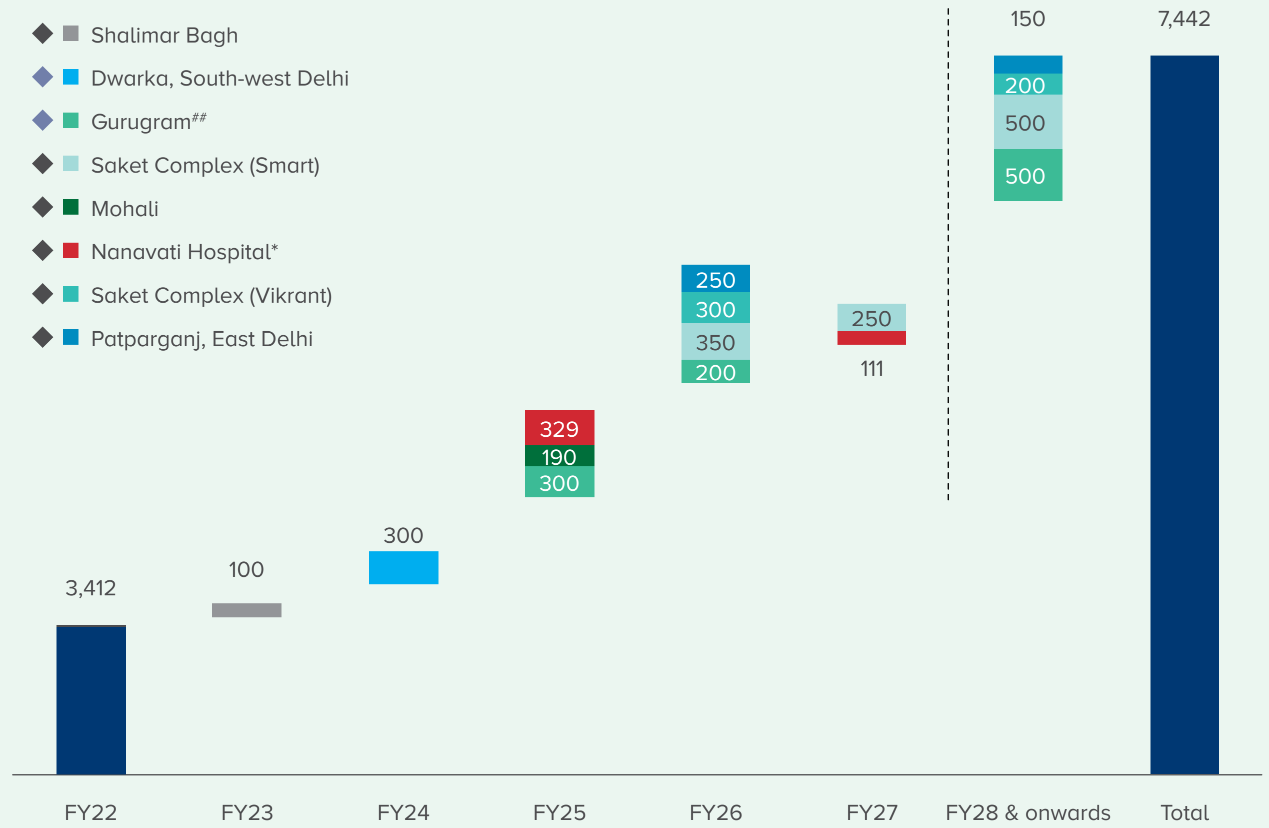
Capacity Addition

Brownfield Expansion
- Max Smart Hospital
- Nanavati Max Hospital
- Max Hospital, Shalimar Bagh
- Max Hospital, Mohali
- Vikrant Foundation

Greenfield Expansion
- Max Hospital, Sector 56, Gurugram

O&M/MSA Partnerships
- Eqova Healthcare
- Max Hospital, Dwarka

Indicative commissioning timelines for new beds



	FY22	FY23	FY24	FY25	FY26	FY27	FY28 & onwards
Bed Additions**		**122**	**300**	**819**	**1,100**	**521***	**1,350##**
Estimated Capex# (INR Cr)		**208**	**918**	**1,592**	**1,377**	**552**	**To be firmed up**

◆ Brownfield [1] ◆ Greenfield [1]

- Clear visibility on new bed additions for the next few years based on land banks and O&M agreements in place
- Actively looking to deploy cash generated from existing operations to meaningfully enhance bed capacity
  - Potential to add nearly 600 to 800 beds every year through internal accruals itself
  - Robust pipeline of potential opportunities to further scale growth

* 160 beds need to be demolished before commencement of Phase 2
** No. of beds may vary slightly subject to configuration of ward beds
# Values are estimated based on EPC model of contracting and will be firmed as each project's execution gains momentum
Currently, the land parcel at Sector-53 is under litigation with HSVP. This may impact 500 beds potential assumed FY28 onwards
[1] Greenfield expansion denotes capacity addition at a new hospital in a new location; Brownfield expansion implies bed addition at or within 1 km of existing, operational Max hospital

Capacity Expansion

Max Hospital, Dwarka
300 Beds

- The majority of the MEP and interior work has been completed. Applications for power, water and sewage connections are in progress
- The developer is expected to apply for occupancy certificate (OC) in the latter half of Q2 FY24
- Commissioning in Q3 FY24, subject to developer obtaining the OC

Max Hospital, Mohali
190 Beds

- Demolition of existing building and shifting of services for existing hospital, completed
- The D-wall is finished and excavation work is underway
- The EPC contract is in the final stages of negotiation. The project is mostly following schedule.

Nanavati Max Hospital
329 Beds in Phase I

- Excavation and raft work are nearly complete
- Steel fabrication and wall casting for LINAC and Brachytherapy are in progress
- The project is mostly adhering to schedule and we expect to cast the Ground Floor slab by early Q3 FY24

Max Smart Hospital, Saket
350 Beds in Phase I

- This project has been facing delays due to forest approval for tree transplantation
- The final forest approval has now been received and the process of transplanting the trees has been initiated

Note: All images are artist's impression.

Max Hospital, Gurugram, Sector 56
300 Beds in Phase I

- All statutory approvals have been received
- Almost 50% of site excavation is completed and the EPC contract is in the final stage of execution

Max Hospital, Saket
(A Unit of Vikrant Children Foundation and Research Centre)
300 Beds in Phase I

- Environmental Clearance has been received from SEAC (State Expert Appraisal Committee) and is under processing with the SEIAA (State Level Environment Impact Assessment Authority)
- Drawings are in the final stage and will be filed for approval once EC is received

Max@Home

New Dimension in Home Healthcare

Established in 2016, Max@Home is reshaping the landscape of the home healthcare through its broad scope of services with comprehensive, multi-disciplinary care and robust service delivery. We go beyond conventional assistance-based care, offering a full range of out-of-hospital services, which makes us a differentiated player in the home healthcare industry.

Max@Home highlights

139.4 Crore
Top-line Revenue

26%
YoY Growth

1+ Million
Billed Transactions

24%
YoY Transaction Growth

2,700+
Daily Unique Transactions

~50%
Home Sample Collection - Annual Repeat Share of Business

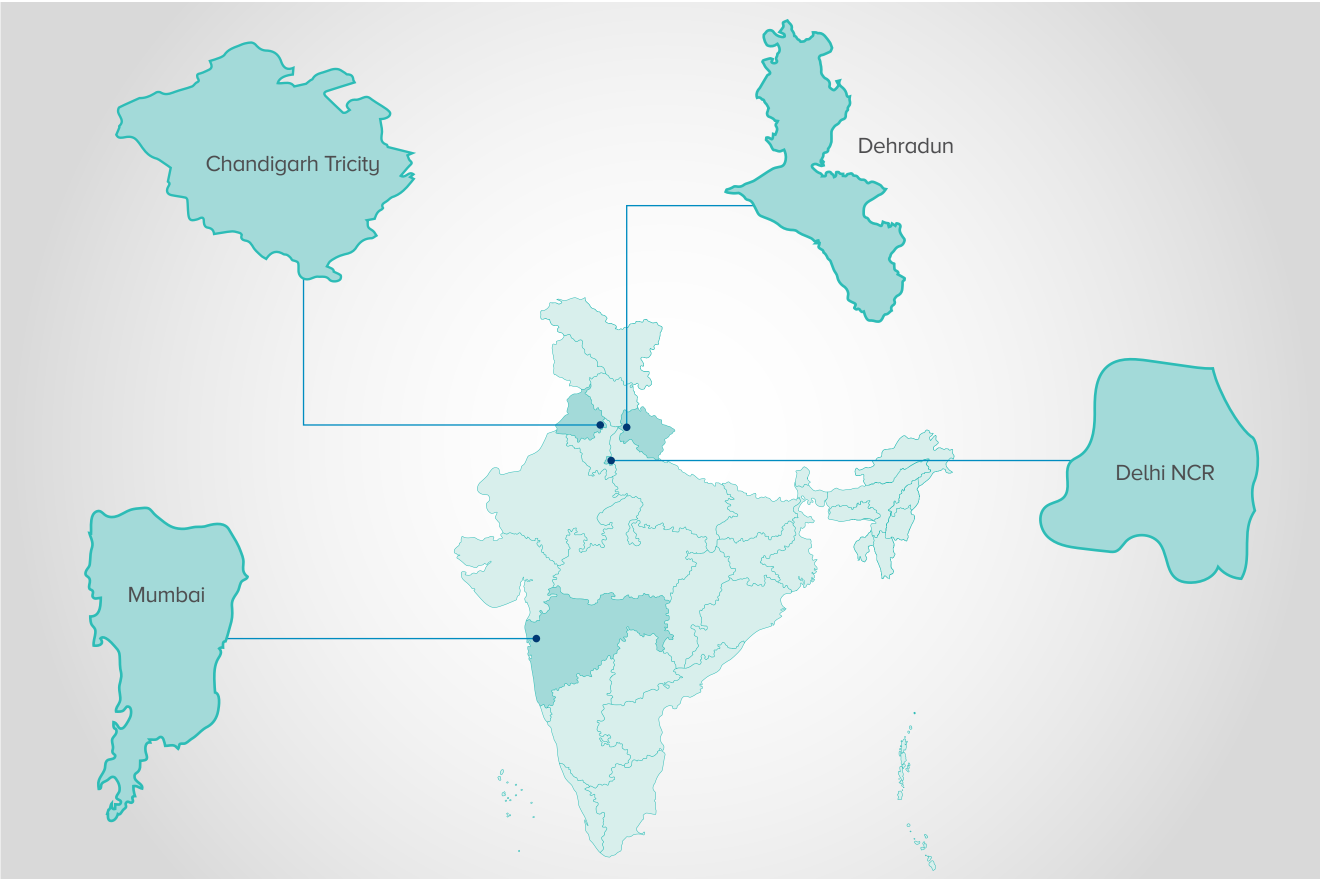
~63%
Medicine Delivery - Annual Repeat Share of Business

~ 90+ Medical Outposts
Medical Rooms Presence in 14 Cities across India

Robust service delivery and reach

Our workforce comprising over 1,220 medical personnel and support staff, powered by our proprietary technology platform, ensures efficient service delivery. Patients can reach us via multiple channels – our 24x7 helpline, Max MyHealth App, website, community or workplace outposts, and in-hospital kiosks.

Our specialised services serve patients across all Max network cities.



Comprehensive service suite

Our diverse range of offerings spans from pre-to post-hospitalisation care across patient need clusters, namely long-term assistance, specialised clinical care, in and out services and medical coverage at workplace/schools and communities. Through Max@Home, we offer over 14 specialised services, which include:

Critical / Step down ICU Care | Specialised Nursing Care | Health Attendants | X-ray ECG | Holter Monitoring | Dialysis | Physiotherapy | Medical Rooms | Doctor Visits | Nursing Procedures | Sleep Study | Lab Sample Collection | Medicine Delivery Medical Equipment | Adult Vaccination and more.

Highest quality standards

We have pledged to provide the highest level of quality care, as an extension of our stated vision. Max@Home successfully received its reaccreditation from the Quality Accreditation Institute (QAI) - a member of the ISQua (International Society for Quality in Healthcare), which is an apex body for organisations, providing quality accreditations such as JCI (Joint Commission International). QAI's stringent audit process and tracking standards with a total of 9 detailed chapters and 69 wholesome standards have successfully validated our mission, which is 'To Serve. To Excel.'

Max@Home has set very high standards of clinical delivery with less than .001% reported clinical incidents annually. Further, enhancing the quality of delivery, has led to a significant reduction in re-admission rates for patients availing at-home services.

Evolving scope of services

As we progress into our seventh year of operations, we have recorded commendable progress across multiple dimensions of our business. We stayed persistent in introducing more services at home for the patients, while simultaneously expanding our outreach to the patients.

We, at Max@Home, continually introduce novel products and implement best practices. We have added new services, including Palliative Care, Holter, and Ambulatory BP monitoring to our comprehensive suite of home diagnostic services during the last year. In addition, we continued to deliver personalised care for the patients through customised Online Care Plans and setting up of centralised 24x7 Patient Remote Monitoring system.

During FY23 - Max@Home, with the vision of 'Digital First', launched Instant Doctor Consultation service. The service promises patients to connect with the General Physicians within 10 minutes for a tele-virtual consultation over Max MyHealth App.

Our outreach has expanded to standalone doctor clinics and corporate medical centres across seven new geographies. With over 150 such outposts, we are bringing our services closer to patients.

The road ahead

Max @Home is poised for consistent growth going forward driven by our robust product suite, tech-based service delivery platform, and a sizable, trained frontline. Our future endeavours focus on adding new products and service lines, governance structure with real-time tracking, remote monitoring, and wearable technology. We also intend to strengthen our position in digital healthcare, making quality care even more accessible for patients and caregivers.

Max Lab

Enhancing Diagnostic Excellence

Max Lab Limited, a subsidiary of Max Healthcare, is known for its expertise in the diagnostic industry. We offer a comprehensive suite of over 2,000 tests through a robust network of more than 950 partners. We focus on expanding our market presence, raising brand awareness, and elevating customer service standards.

Max Lab highlights

950+
Active Partner Network

2,000+
Tests Offered

112 Crore
Revenue Generated

35+
Operational Cities

40+
Third Party Hospital Lab Management

650+
Seasoned Professionals, Lab Technicians and Phlebos

Recognising Max Lab's tremendous growth potential and the positive response it received, the Management prudently decided to establish Max Lab Limited as a wholly owned subsidiary. This move enabled Max Lab to focus solely on nurturing and expanding this vertical.

Enhancing service quality and patient experiences

Over the past year, we have concentrated on improving our services and launching market activation programmes to provide enhanced patient experiences. Our initiatives include the creation of new Company Owned Company Operated Centres (COCOs) and collection centres. Additionally, we have launched compelling marketing campaigns targeting patients and channel partners. Notably, we organised over 4,000 Free Sugar and Cholesterol check camps at various locations such as residential welfare associations (RWAs), societies, parks, corporations, markets, collection centers, and doctor clinics.

Expanding our reach

We are striving to strengthen our market presence by expanding our network of Patient Collection Centres (PCCs), Pick-Up Points (PUPs) in doctor clinics, and Hospital Lab Management (HLM) services. This will lead to better access and convenience for our valued patients. In the upcoming year, we will primarily focus on expanding our network in regions such as Uttar Pradesh, Punjab, Haryana, and Uttarakhand.

Emphasising precision and specialised testing

Max Lab offers precise, high-quality diagnostic tests, which are vital for accurate diagnosis. Our extensive network positions us as a preferred choice for clinicians and patients. We offer a comprehensive array of tests, including Esoteric Genomics, Molecular Testing, Transplant Immunology, Neuro Immunology, and Infectious Multiplex PCRs. Our automated reference lab, staffed with trained professionals, consistently produce reliable reports.

Embracing digital transformation

Understanding the growing importance of digital platforms, we have launched a new website to meet the increasing demand for online services. This digital channel aims to attract more users and provide an easy avenue for customers to access and experience our services. We are firmly committed to leveraging technology to enhance the overall patient journey.

Our digital business has achieved remarkable milestones in the past year, increasing its revenue contribution from 9% to 11% year on year (YoY). Looking ahead, we have ambitious plans for significant growth, aiming for an impressive 25% increase in the coming year. We, at Max Lab, are excited about the journey ahead and remain committed to serving our patients with excellence.

Fostering scientific collaboration and knowledge sharing

Max Lab bridges the gap between science and service by providing specialised test baskets and enhancing relationships with clinicians. We also empower the medical community through scientifically-driven continuing medical education (CME) programmes, roundtable discussions, and other scholarly dialogues. We prioritise advancement of scientific collaboration and foster knowledge sharing to improve patient care.

Awards and Accolades

Celebrating Momentous Achievements

Recognising the contribution of our caregivers, doctors, nurses, paramedics and the organisation as a whole towards clinical excellence, we have been honoured by various national and international platforms.

Abhay Soi

- Entrepreneur of the Year Award at the Forbes India Leadership Awards 2023
- 'Hurun Industry Achievement Award 2022 – Healthcare' – for significantly contributing to the development of healthcare infrastructure in the country
- EY Entrepreneur of the Year in the Business Transformation category for 2021

Max Super Speciality Hospital, Saket

- Max Saket won the Association of Healthcare Providers India (AHPI) Healthcare Excellence Award 2022 in the category of 'Digital/ Smart Hospital'
- Max Saket was ranked 1st in Delhi, in the Best Multi Specialty Hospital category, by Outlook Health 2022

BLK-Max Super Speciality Hospital, Pusa Road

- Won the Association of Healthcare Providers India (AHPI) Healthcare Award under Patient-friendly Hospital category in March 2022
- BLK-Max Hospital has been awarded Association of Healthcare Providers India (AHPI) Healthcare Excellence Award in the category of 'Best Hospital to work for' in January 2023
- Best Hospital Clinical Services - Financial Express Healthcare Awards in September 2022
- Best Hospital Patient Care - Financial Express Healthcare Awards in September 2022
- Best CSR Practice Hospital - Financial Express Healthcare Awards in September 2022
- Best Sustainable Green Hospital - Financial Express Healthcare Awards in September 2022

Max Super Speciality Hospital, Vaishali

- Received the Best Hospital-North India in Economics Times Healthcare Awards 2021
- Received Best Hospital Oncology-North India in Economics Times Healthcare Awards 2021
- Max Super Speciality Hospital, Vaishali, honoured with the Association of Healthcare Providers India (AHPI) Digital/Smart Hospital Award in January 2023

Max Super Speciality Hospital, Patparganj

- GSL Achievement Award for work in the field of Robotic and Laparoscopic surgery 2022
- Received the Economic Times Best Multi Speciality Hospital- North Award and Economic Times Best Hospital-Orthopaedic Award 2022
- Max Super Speciality Hospital, Patparganj, has been awarded Association of Healthcare Providers India (AHPI) Digital/Smart Hospital in January 2023

Nanavati Max Super Speciality Hospital, Mumbai

- Best Intelligent Hospital Award at Association of Healthcare Providers India Awards in March 2022
- Nanavati Max Super Speciality Hospital, Mumbai, has won the Association of Healthcare Providers India (AHPI) Healthcare Excellence Award in the category of 'Digital/ Smart Hospital' in January 2023
- Indian Chamber of Commerce (ICC) Healthcare Excellence Award 2022: Hospital of the year
- Financial Express Award 2022: Best Hospital in Clinical Services (West)
- Confederation of Indian Industry (CII) Healthcare Awards: Best Healthcare Delivery Initiatives (1st Runner-up)

Max Super Speciality Hospital, Shalimar Bagh

- Financial Express Healthcare Awards-Best Hospital, Nephrology
- Financial Express Healthcare Awards-Best Hospital, Diabetology
- Financial Express Healthcare Awards-Best Hospital, Neurology
- Financial Express Healthcare Awards-Best Hospital, Cardiology
- Financial Express Healthcare Awards-Best Hospital, Urology
- Financial Express Healthcare Awards-Best Hospital, Mother and Child Care
- Financial Express Healthcare Awards-Best Hospital, Gastroenterology and Hepatology

Max Smart Super Speciality Hospital, Saket

- 1st Prize ET Healthcare Awards 2023 in the Best Multispecialty Hospital (North India)
- 1st Prize ET Healthcare Awards 2023 in the Best Orthopaedics Hospital (North India)
- 1st Prize ET Healthcare Awards 2023 in the Best Paediatrics Hospital (North India)
- 1st Prize ET Healthcare Awards 2023 in the Best Obs and Gynae Hospital (North India)

Max Super Speciality Hospital, Mohali

- Max Super Specialty Hospital, Mohali, has been Awarded for 'Excellence in Hospital Management during Covid-19, North India' in the Economic Times Awards
- Max Super Specialty Hospital, Mohali, has been awarded by the Association of Healthcare Providers India (AHPI) Green Hospital Award in January 2023

Max Hospital, Gurugram

- Won the Association of Healthcare Providers India (AHPI) Healthcare Award under Excellence in Community Engagement category in March 2022

Max Super Speciality Hospital, Dehradun

- Won the Association of Healthcare Providers India (AHPI) Healthcare Award under Patient-friendly Hospital category in March 2022

Key Financial Highlights

(INR in Lakhs)

	Consolidated			Standalone		
Operating performance	**Year ended March 31, 2023**	**Year ended March 31, 2022**	**Year ended March 31, 2021**	**Year ended March 31, 2023**	**Year ended March 31, 2022**	**Year ended March 31, 2021**
Total income	4,70,184	4,05,882	2,61,941	2,04,883	1,90,348	1,13,729
Consumption of drugs, consumables and implants	92,201	92,290	59,441	34,914	44,299	24,505
Employee benefits expense	80,935	75,992	58,878	37,225	37,143	26,547
Other expenses including professional and consultancy fee	1,59,071	1,30,608	91,762	59,918	51,768	35,936
Operating profit	1,37,977	1,06,992	51,860	72,826	57,138	26,741
Finance cost	8,386	10,087	17,946	5,191	5,893	11,245
Depreciation and amortization	23,219	22,112	17,409	11,321	11,196	9,075
Profit/(loss) before tax	1,06,372	73,890	(6,865)	56,314	40,049	(14,646)
Profit/(loss) after tax	1,10,351	60,505	(13,755)	69,431	33,152	(16,445)
Earning per share - Basic (INR)	11.38	6.25	(1.59)	7.16	3.43	(1.91)
Earning per share - Diluted (INR)	11.36	6.24	(1.59)	7.15	3.42	(1.91)
Financial position	**As at March 31, 2023**	**As at March 31, 2022**	**As at March 31, 2021**	**As at March 31, 2023**	**As at March 31, 2022**	**As at March 31, 2021**
Equity and liabilities						
Total equity	7,40,959	6,28,247	5,63,868	7,04,211	6,31,138	5,93,943
Total debt (current and non-current)	56,482	72,665	92,035	45,242	41,007	33,493
Total lease liabilities (current and non-current)	12,414	18,673	18,106	8,110	14,545	14,464
Total other liabilities (current and non-current)	2,00,330	1,99,328	180,435	84,470	94,486	72,395
Total equity and Liabilities	**10,10,185**	**9,18,913**	**8,54,444**	**8,42,033**	**7,81,176**	**7,14,295**
Assets						
Property, plant and equipment including CWIP	2,03,577	1,83,730	1,54,943	94,335	84,037	62,332
Goodwill, other intangibles including under development and right-of-use assets	5,25,536	5,33,140	5,01,388	3,64,414	3,71,290	2,37,398
Cash and cash equivalents including bank balances	1,46,807	49,931	65,292	1,23,146	38,651	61,099
Total financial and other assets (current and non-current)	1,34,265	1,52,112	1,32,821	2,60,138	2,87,198	3,53,466
Total assets	**10,10,185**	**9,18,913**	**8,54,444**	**8,42,033**	**7,81,176**	**7,14,295**
Dividend	**Year ended March 31, 2023**	**Year ended March 31, 2022**	**Year ended March 31, 2021**	**Year ended March 31, 2023**	**Year ended March 31, 2022**	**Year ended March 31, 2021**
Proposed dividend	INR 1 per share			INR 1 per share		

Corporate Information

Board of Directors

Mr. Abhay Soi
Chairman & Managing Director

Mr. K Narasimha Murthy
Independent Director

Mr. Mahendra Gumanmalji Lodha
Independent Director

Mr. Michael Thomas Neeb
Independent Director

Mr. Pranav Amin
Independent Director

Mr. Anil Kumar Bhatnagar
Non-Executive Director

Mr. Narayan K. Seshadri
Non-Executive Director

Ms. Amrita Gangotra#
Independent Woman Director

Chief Financial Officer

Mr. Yogesh Kumar Sareen

Company Secretary & Compliance Officer

Mr. Dhiraj Aroraa

Registered Office

401, 4th Floor, Man Excellenza, S. V. Road, Vile Parle (West), Mumbai, Maharashtra- 400056

Corporate Office

2nd Floor, Capital Cyberscape, Sector-59, Gurugram, Haryana - 122011

Statutory Auditors

Deloitte Haskins & Sells
Chartered Accountants

Secretarial Auditors

Sanjay Grover & Associates
Company Secretaries

Cost Auditors

Chandra Wadhwa & Co.
Cost Accountants

Registrar & Share Transfer Agent

Link Intime India Private Limited
Noble Heights, 1st Floor, C-1 Block, Near Savitri Market, Janak Puri, New Delhi -110058

Bankers

Axis Bank Limited (India)
Bank of Baroda (India)
Central Bank of India (India)
Commercial bank of Ethiopia (Ethiopia)
HDFC Bank Limited (India)
ICICI Bank Limited (India)
IDFC First Bank Limited (India)
Indusind Bank Limited (India)
Kapital Bank (Uzbekistan)
KBZ Bank (Myanmar)
Punjab National Bank (India)
RBL Bank Limited (India)
Standard Chartered Bank Kenya Ltd (Kenya)
Standard Chartered Bank Nigeria Ltd (Nigeria)
Standard Chartered Bank UAE (United Arab Emirates)
State Bank of India (India)
Yes Bank Limited (India)

#Appointed as an Additional Director w.e.f. August 23, 2023, to hold office as an Independent Director, subject to the approval of members

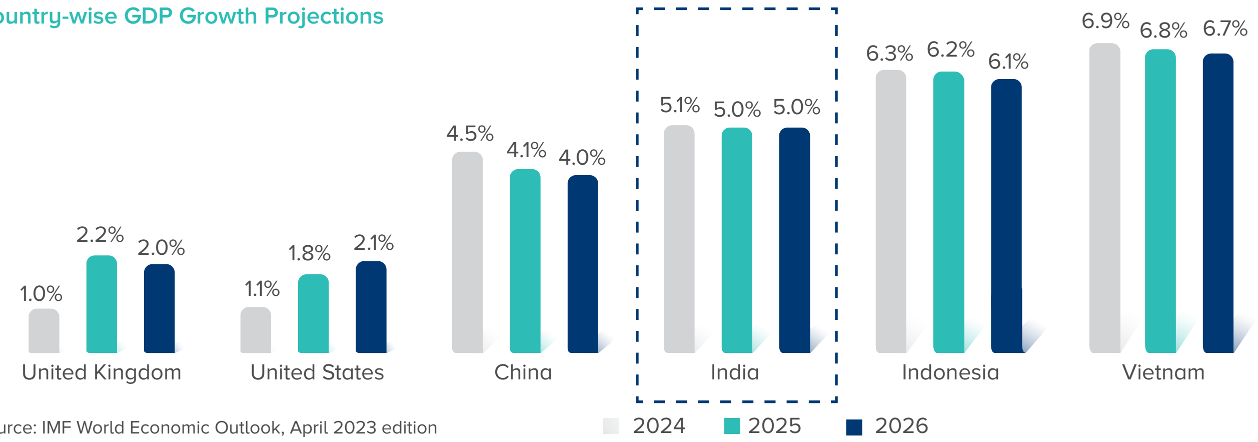
Management Discussion and Analysis Report

Industry structure and developments

India's economic growth and its tremendous potential have been making headlines in recent years. Despite significant challenges in the macroeconomic environment, India continues to remain one of the fastest growing economies in the world. Moreover, India's recent presidency of the G20 Summit in 2023 has significantly boosted its international standing. A recent bulletin by the Reserve Bank of India suggests that India will continue to maintain its position as the fifth largest economy in the world.

While the COVID-19 pandemic stalled economic growth across the world in 2021, creating a temporary dip in India's growth story as well, India's economy displayed great resilience and clocked a growth of 9.1% in FY22 and 7.2% in FY23.

Country-wise GDP Growth Projections

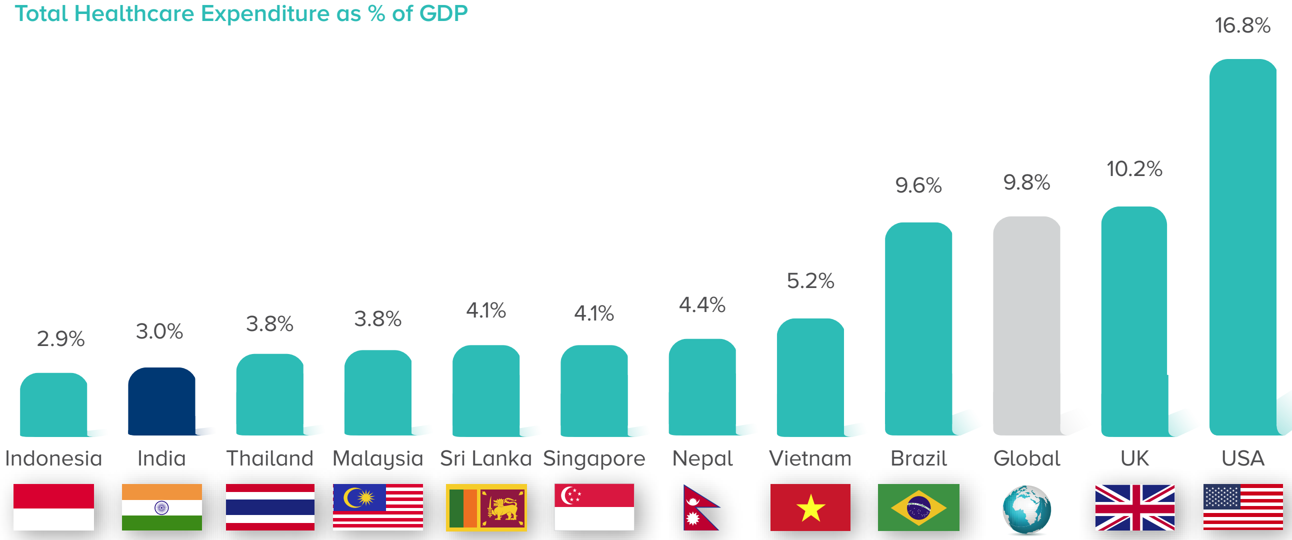


Source: IMF World Economic Outlook, April 2023 edition

However, despite being one of the fastest growing economies, and surpassing China to become the most populous country, the performance of India's healthcare sector continues to be a cause for concern. Healthcare delivery in India remains largely underdeveloped with shortage of beds, doctors and nurses as well as uneven access to healthcare services.

India's healthcare spend remains low, compared to the global average

Total Healthcare Expenditure as % of GDP



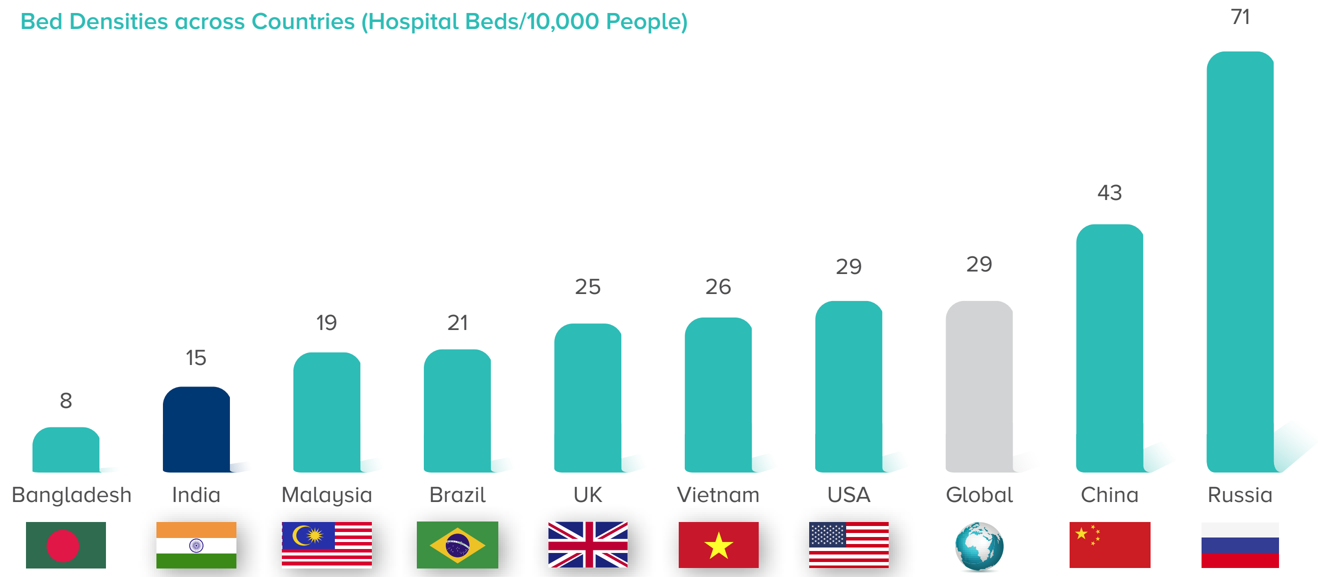
Source: Global Health Expenditure Database - World Health Organisation, CRISIL Research (2019) data

According to the Global Health Expenditure Database compiled by the World Health Organisation (WHO), India's current expenditure on healthcare was 3.0% of gross domestic product (GDP) in 2019, while India's real GDP was INR 139.9 trillion (constant FY12 prices). Accordingly, India's healthcare expenditure during 2019 was approximately INR 4.2 trillion. India trails behind not just developed countries, such as the United States (the US) and the United Kingdom (the UK), but also developing countries, such as Brazil, Nepal, Vietnam, Singapore, Sri Lanka, Malaysia and Thailand in healthcare spending, as a percentage of GDP.

Structural supply side deficiencies; lags peers in key parameters

The quality of healthcare in a country can be measured based on the adequacy of its healthcare infrastructure and personnel. Similar to most other developing nations, India's healthcare infrastructure is currently inadequate to serve its growing population base. The country comprises nearly a fifth of the world's population, but has an overall bed density of merely 15 hospital beds per 10,000 people, with the situation being far worse in rural India. India's bed density is much lower than the global median of 29 beds, and also lags behind developing nations, such as Malaysia (19 beds), Brazil (21 beds) and Vietnam (26 beds).

Bed Densities across Countries (Hospital Beds/10,000 People)

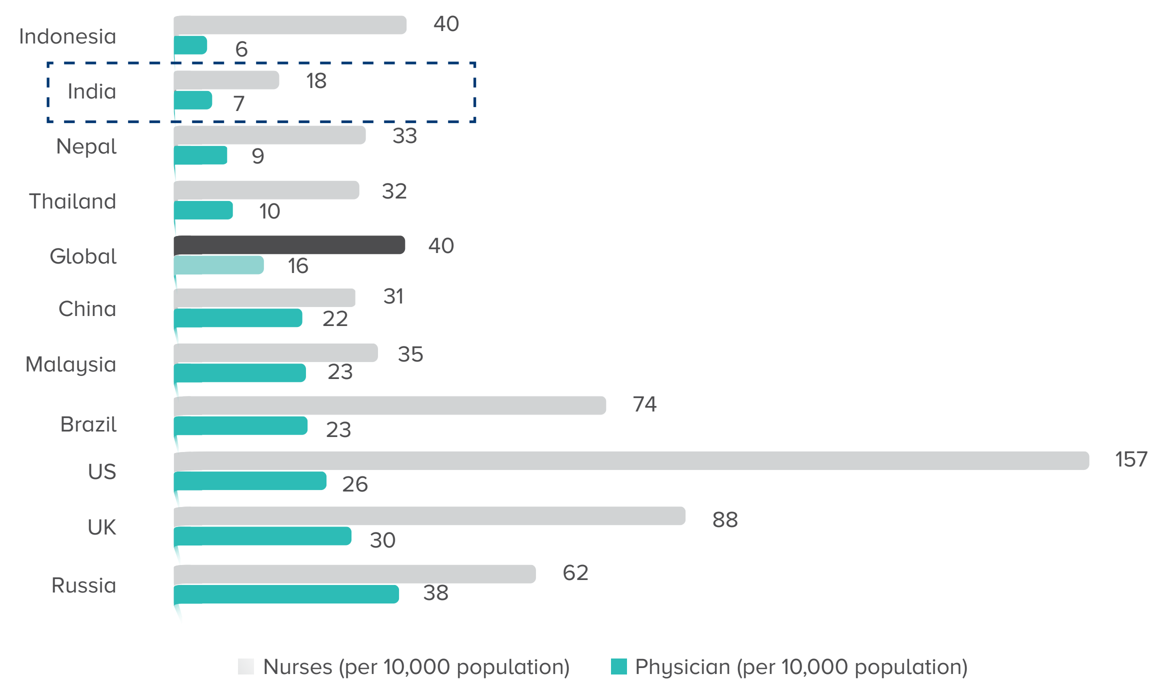


Note: India bed density is estimated by CRISIL Research for FY22. CY16 figure for Bangladesh, CY17 figures for Brazil, China, Malaysia and United States, CY18 figures for Russian Federation, CY19 figure for UK

Source: World Health Organisation Database, CRISIL Research

In addition to bed capacity, there is acute shortage of healthcare personnel, which compounds the problem. As per WHO's World Health Statistics 2022, at 7 physicians and 18 nursing personnel per 10,000 population, India trails the global median of 16 physicians and 40 nursing personnel, while also lagging behind Brazil (23 physicians, 74 nurses), Malaysia (23 physicians, 35 nurses) and most other developing countries.

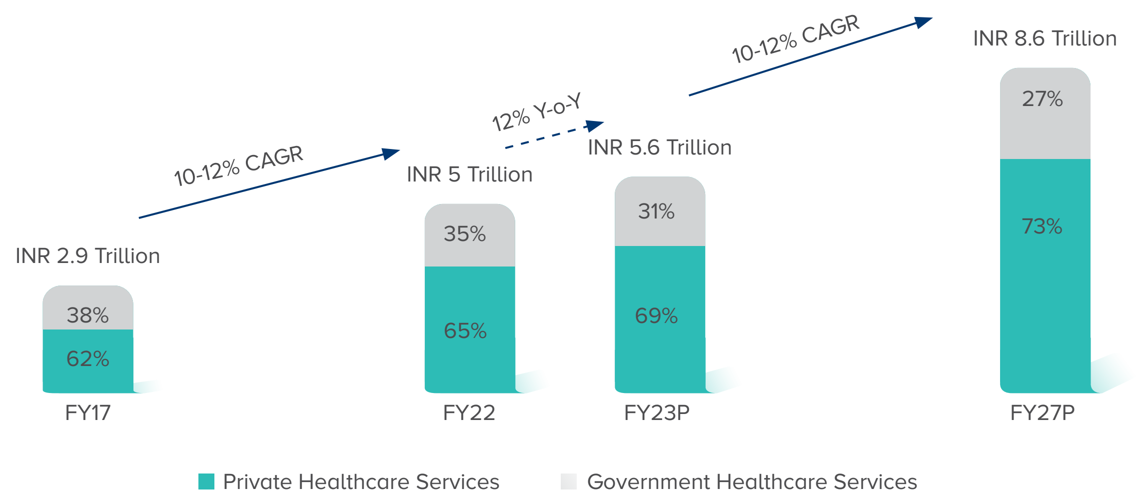
Healthcare Personnel: India vs Other Countries



Source: WHO World Health Statistics 2022

Healthcare delivery industry to grow at 10-12% cagr over next four years to inr 8.6 Trillion by 2027

Overall Healthcare Delivery Market



Source: CRISIL Research

With renewed government focus on the healthcare sector after the pandemic and impetus from recent government initiatives, such as Pradhan Mantri Jan Arogya Yojana (PMJAY) and National Health Mission, the healthcare delivery market is expected to grow at 10% to 12% compounded annual growth rate (CAGR) and reach INR 8.6 trillion by FY27. As per CRISIL, major hospital chains added a large part of their incremental capacity over the last five years. Further, many large hospitals have been expanding into tier 2 and 3 locations, with ~67% aggregate bed additions in these areas over the past four years. The other contributors to the demand are more structural in nature, such as increase in lifestyle-related ailments, improvement in prospects for medical tourism, rising incomes, increasing penetration of insurance and changing demographics.

In India, both government as well as private healthcare providers offer IPD and OPD services. However, patients generally tend to rely on private players for these services. The lack of healthcare spending by the government adds a heavy burden to the existing healthcare infrastructure and the quality of services offered by the state. As a result, the share of treatment (in value terms) by private players is expected to increase from 62% in FY17 to nearly 73% in FY27. Moreover, the emphasis on delivering quality healthcare services through advanced infrastructure and a special focus on clinical excellence makes private players a preferred choice for most patients. Furthermore, government facilities continue to be over-burdened and the additional demand created by PMJAY and other government initiatives have further strained the system. Therefore, the increased demand can only be met with private participation.

Key drivers of healthcare delivery industry

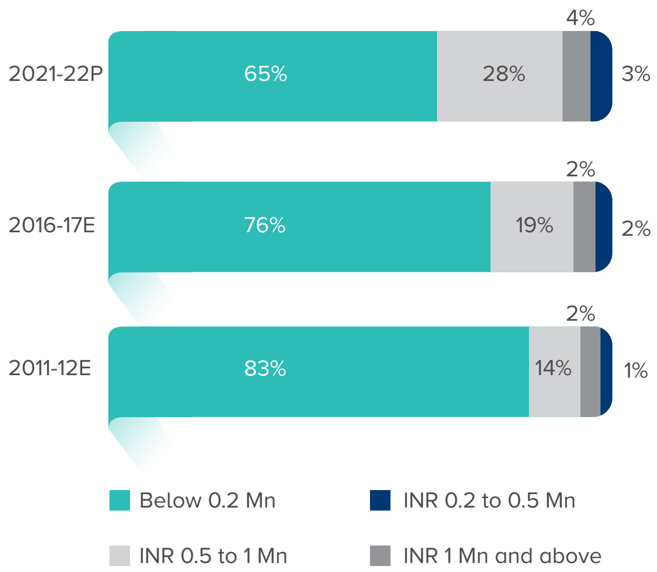
The healthcare delivery industry in India is witnessing significant opportunities due to a combination of economic and demographic structural factors, such as increasing burden of lifestyle diseases, rising insurance penetration, growing affordability and awareness, improvement in prospects for medical tourism and inadequate infrastructure. These demand factors are augmented by conducive government policies and healthcare schemes.

Source: CRISIL Research

1. **Rising income levels and urbanisation enhancing healthcare affordability**

India has witnessed increase in per capita income levels and a rising middle class over the last few decades. Though healthcare is considered a non-discretionary expense, considering that ~65% of households in India still had an annual income of less than INR 0.2 million in 2022 as per estimates by CRISIL, affordability of quality healthcare facilities continues to be a major constraint. Therefore, growth in household income and, consequently, disposable income is critical to the overall demand growth for healthcare delivery services in India. Households with an income of more than INR 0.2 million were estimated to be 35% in 2022, up from 23% in 2017. It indicates a growing propensity for availing affordable, yet superior quality healthcare services from private healthcare players.

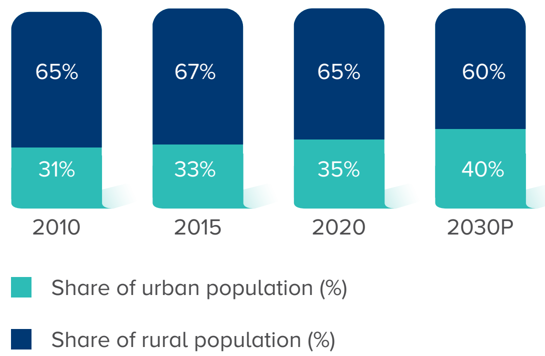
Income Demographics



Source: CRISIL Research

Over the years, India's urban population has been rising and it is projected to increase to 40% by 2030, from ~35% in 2020. This, coupled with increasing literacy rates and awareness among the general populace regarding importance of both preventive and curative care is expected to increase the demand for quality healthcare services.

India's urban Vs rural population

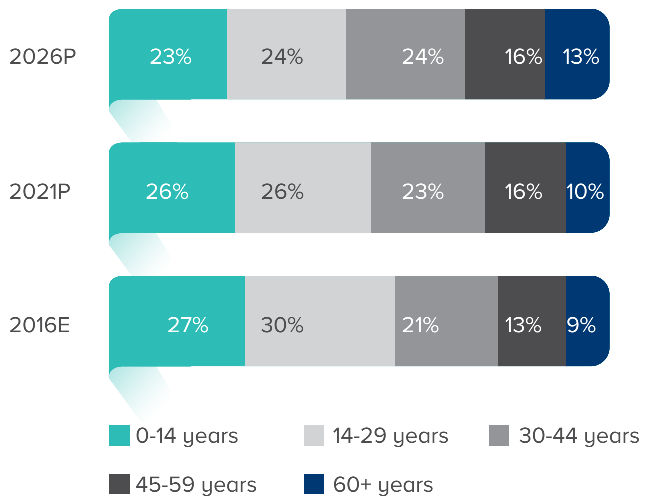


Source: CRISIL Research

2. **Improving life expectancy and changing demographics**

In the last few years, healthcare services have significantly improved in India, which has resulted in better clinical outcomes. During the last two decades, India has added more than five years to the average life expectancy at birth of its population, from 63.4 years in 1999-2003 to 69.4 years in 2014-18. In addition, the Indian population in the age bracket of 60 years or more is expected to surge to ~13% by 2026, from ~9% in 2016. Even a gradual increase in the age bracket of 60 years or more, on such a large population base, would require a considerable improvement in the existing healthcare infrastructure.

Population in 60+ Age Group to Grow Faster



Source: Census, CRISIL Research

However, the availability of a documented knowledge base concerning the healthcare needs of the elderly (aged 60 years or more) remains a challenge. Nevertheless, the higher vulnerability of this age group to health-related issues is an accepted fact. According to the Report on Status of Elderly in Select States of India, 2011, published by the United Nations Population Fund (UNFPA), chronic ailments, such as arthritis, hypertension, diabetes, asthma, and heart diseases, were commonplace among the elderly, with ~66% of the respective population reporting at least one of these. In terms of gender-based tendencies, while men are more likely to suffer from heart, renal and skin diseases, women are more prone to contract arthritis, hypertension, and osteoporosis.

With India's population expected to grow to ~1.5 billion by 2030 and considering the above-mentioned factors, the need to ensure provision of healthcare services to this vast populace is imperative. This further provides an opportunity to expand into emerging medical specialities, driven by changing demographics such as geriatric-based care and orthopaedics.

3. **Rising incidence of Non-Communicable Diseases (NCDs)**

While the rate of communicable diseases has been declining, lifestyle-related illnesses or non-communicable diseases (NCDs), on the other hand, have increased dramatically in India in the last decade. There has been a 12-percentage point increase in the share of Disability

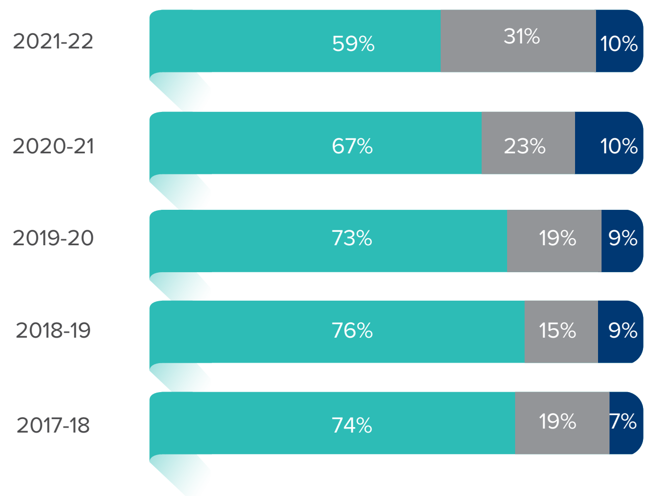
Adjusted Life Years (DALY), from 46% in 2010 to 58% in 2019. The contribution of NCDs to the disease profile has risen from 30% in 1990 to 46% in 2019, and their incidence could increase further since India trails the world average of 64% on the DALY metric. As per WHO Global Health Observatory estimates, these chronic illnesses accounted for nearly 65% of all deaths in India in 2019.

As per CRISIL, NCDs exhibit a tendency to increase in tandem with rising income levels. WHO projects an upward trend in NCDs by 2030, following which demand for healthcare services associated with lifestyle-related diseases such as cardiac ailments, cancer and diabetes, is forecasted to rise. As per the World Economic Forum, the world needs to expend nearly USD 30 trillion by 2030 for NCD treatments and India's burden from this will be USD 5.4 trillion.

4. **Increasing Health Insurance penetration**

Increasing incidence of NCDs and need for superior healthcare services, healthcare costs have surged over the years. In India, low health-insurance penetration is one of the major impediments to the growth of the healthcare delivery industry, as affordability of quality healthcare facilities by the lower-income groups remains an area of concern. In 2020, out-of-pocket (OOP) expenditure on health accounted for nearly 51% of total health expenditure. As per the Insurance Regulatory and Development Authority of India (IRDAI), more than 520 million people have health insurance coverage in India as of FY22 as against 288 million in FY15. Despite this robust growth, the penetration in FY22 stood at only 38%. This presents a huge opportunity for the growth of healthcare delivery industry in India. The recent pandemic has acted as a catalyst to expedite the uptake of health insurance policies, with the private health insurance segment reporting a robust 20% CAGR in premiums over the last two years. With the PMJAY scheme and other growth drivers, insurance coverage in the country is expected to increase to nearly 47-50% by FY27.

Percentage Share of Health Insurance Schemes



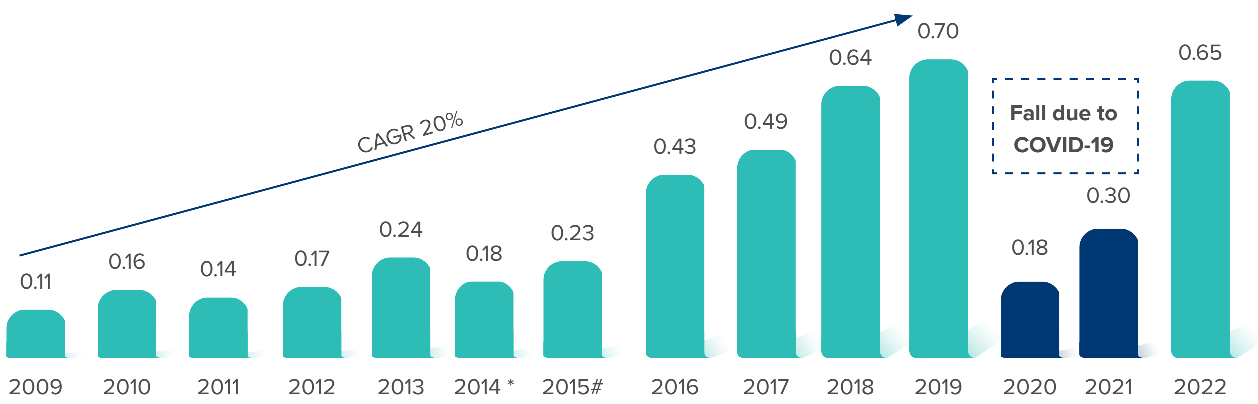
Source: IRDAI Annual Report 2021-22

With health insurance coverage in India on an upward trajectory, hospitalisation rates are likely to go up. In addition, health check-ups, which form a mandatory part of health insurance coverage, are also expected to increase. This is set to boost the demand for a robust healthcare delivery platform.

5. **Medical tourism presents a big opportunity**

Higher complexity procedures at relatively lower treatment costs, coupled with clinical outcomes comparable to the best in the world, have resulted in medical value travel gaining a lot of momentum in recent years, and the country is now fast emerging as a major medical tourist destination. Some of the factors that make India an attractive destination for quality treatments are the presence of technologically advanced hospitals with highly experienced and specialised doctors, ease of travel and other facilities such as e-medical visa.

The most sought-after treatments in India are heart surgery, knee implant, cosmetic surgery and dental care, due to their relatively low costs. Medical tourism is primarily driven by the private sector, with Delhi-NCR being one of the major hubs, due to its connectivity by air with all major international destinations, complemented with the presence of modern medical facilities and technologies in the region.



Note: * Includes all types of medical and medical attendant visa; # Includes medical visa and medical attendant visa

Source: Ministry of Tourism, FICCI

Compared to countries such as Singapore, Malaysia and Thailand, who offer medical care facilities to foreigners, India, besides the state-of-the-art infrastructure and the expertise of reputed healthcare professionals, also offers traditional healthcare therapies such as Ayurveda and Yoga, complemented with allopathic treatments. More than 94% of the medical tourists are from countries in Africa, West and South Asia. Medical tourists from countries like United Kingdom and Canada are also increasing, especially given the long waiting periods for availing treatments in their homelands.

According to the Ministry of Tourism, of the total foreign tourist arrivals in India, the proportion of medical tourists has grown from 2.2% (0.11 million tourists) in 2009 to 6.4% (0.70 million tourists) in 2019. Due to the pandemic, the number of medical tourists fell sharply in 2020 to 0.18 million tourists because of travel restrictions. However, the number of medical tourists has considerably recovered since, with arrivals in 2022 (~0.65 million tourists) estimated to be almost back to pre-COVID levels.

The Indian government is targeting USD 12 billion of medical tourism revenues by 2026 and has launched many initiatives under the 'Heal in India' programme to position India as a global hub for medical tourism. These initiatives include constitution of National Medical and Wellness Tourism Board, coupled with introduction of a new category of medical visa (made available in 165 countries) and provision of financial assistance to the tune of INR 0.6 million to medical tourism service providers under market development assistance (MDA).

6. **Better Healthcare accessibility – geographically and digitally**

With 65% of India's population living in rural areas, the government is incentivising private investments in these regions. However, private players find it difficult to replicate the tier 1 model due to the relatively lower revenue per bed and inability to attract highly skilled clinical talent in these regions. Despite these challenges, major hospital chains have started to expand into tier 2 and 3 cities, with close to 67% aggregate bed additions in these cities contributed by at least 10 large hospitals in the past 4 years.

The general lack of quality clinicians for high-end procedures and specialities outside of the metros or tier 1 cities deprives patients in tier 2 and 3 cities of quality medical care. However, a marked increase in internet penetration and digitalisation of service offerings have helped healthcare become accessible in the otherwise remote corners of the country. With the advent of video consultations and telemedicine, doctor consultations can be availed irrespective of patient's physical location. Similarly, the provision of electronic health records (EHRs) assists both clinicians and patients to readily access their medical records virtually. Further, many e-healthcare players offer doorstep diagnostic services and delivery of pharmacy products, thereby improving accessibility.

7. **Government policies to improve healthcare coverage and creation of capacity**

Under the Union Budget 2023-24, the Ministry of Health and Family Welfare (MoHFW) has been allocated INR 89,155 crore, an increase of 3.4% compared to Rs. 86,201 crore in 2022-23. National Health Mission has been allocated INR 29,085 crore, while Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) has been allocated INR 3,365 crore. INR 5,170 crore has also been allocated to the newly announced Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) with an aim to strengthen India's health infrastructure and improve the country's primary, secondary and tertiary care services.

According to the government, inpatient hospitalisation costs have risen by 300% over the past 10 years and nearly six million families had to sell assets or borrow money for treatment, thereby causing considerable financial hardships that affected their socioeconomic standing. With the aim of providing affordable healthcare, the government launched the PMJAY scheme in 2018. The objectives of the scheme primarily include strengthening of physical health infrastructure through sub-centres and government hospitals, and expansion of health insurance coverage through Ayushman Bharat. As per the 2022 annual report of National Health Authority, PMJAY has empanelled more than 28,300 hospitals, issued more than 19 crore e-cards, and provided over 3.9 crore treatments, as of August 31, 2022. More than 1.5 lakh Ayushman Bharat-Health and Wellness Centres (AB-HWCs) are operational pan India, as of December 31, 2022. Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), six All India Institute of Medical Sciences (AIIMS) campuses, one each at Patna (Bihar), Raipur (Chhattisgarh), Bhopal (Madhya Pradesh), Bhubaneshwar (Odisha), Jodhpur (Rajasthan), and Rishikesh (Uttarakhand), have been set up. Another AIIMS campus is under construction at Rae Bareli and 13 new campuses have been announced.

Emerging trends in healthcare

While the healthcare delivery sector in India faces several teething issues currently, it also presents immense opportunities for the incumbent as well as new players. Factors such as inadequate bed density and dearth of healthcare personnel highlight India's poor healthcare infrastructure versus global levels, reflecting the immense potential for healthcare delivery players in the country. For instance, the shift in demographics, towards a higher percentage of population falling in the age bracket of 60 years or more, provides the healthcare players a chance to expand into geriatric and palliative care.

With the internet and mobile subscriber base expected to reach ~235 crore by FY25, the new generation of customers will drive the adoption of digital technologies as healthcare moves away from the confines of a hospital. Remote care and telemedicine are ever-evolving approaches of diagnosis and treatments done remotely, using telecommunication technologies. With the recent pandemic acting as a stimulus, the market size for telemedicine in India (USD 830 million, as of 2019) is projected to increase to USD 5.5 billion by 2025, growing at a CAGR of 31% during 2020-25.

Hospitals are adopting artificial intelligence (AI)-based systems for screening, monitoring, and diagnostic assistance. AI applications include algorithms that analyse chest X-rays and other radiology images, read ECGs and spot abnormal patterns, automatically scan pathology slides and even assess fundus images for signs of retinopathy. This is expected to help the hospitals tide over shortage of skilled manpower as well as manage their cost of delivery. We are also expecting robotics to play a key role in the global as well as Indian healthcare market going forward. While we are witnessing increased instances of robots being used for laparoscopic surgery, automated pharma, and so on, robot nurses as a concept are slowly set to emerge due to the aging population and medical staffing issues. 3D printing is another technological aspect that has the potential to revolutionise healthcare in the future. Medical uses for 3D printing can be organised into several broad categories, including tissue and organ fabrication, creation of customised prosthetics, implants, and anatomical models, and pharmaceutical research regarding drug dosage forms, delivery, and discovery. This will revolutionise not only cardiac and orthopaedic interventions, but also those relating to organ transplants.

These emerging business models and technologies are set to broaden the reach of healthcare facilities as well as help players achieve better efficiencies, improve their predictive capabilities and enable greater personalisation.

Company overview

Currently, MHIL, its subsidiaries and silos, comprise 13 healthcare facilities, including five hospitals and three medical centres in Delhi and the NCR region, with the others located in Mumbai, Maharashtra; Mohali and Bathinda in Punjab; and Dehradun in Uttarakhand. The super speciality hospitals in Mohali and Bathinda are under PPP arrangement with the Government of Punjab. Across all our 13 healthcare facilities, we had an average of 2,285 operating beds.

In addition to the above, Max Healthcare Network has the following 4 partner healthcare facilities (PHFs), wherein the Company and its subsidiaries provide healthcare services across key specialities for a fee and/or a share of revenue:

- Max Super Speciality Hospital (East Block), Saket (a unit of Devki Devi Foundation)
- Max Institute of Cancer Care, Lajpat Nagar (a unit of Devki Devi Foundation)
- Max Super Speciality Hospital, Patparganj (a unit of Balaji Medical & Diagnostic Research Center)
- Max Smart Super Speciality Hospital, Saket (a unit of Gujarmal Modi Hospital & Research Centre)

Our service profile

We provide a wide array of services ranging from primary to quaternary care, including advanced cardiac care, orthopaedics, oncology, renal sciences, neuro-sciences, transplants (liver, heart, kidney, lung, bone marrow, etc.), minimal access metabolic and bariatric surgery, and other services, including obstetrics and gynaecology, paediatrics, nephrology and general surgery. We also provide outpatient services, including consultations for a range of ailments, preventive health screenings, and laboratory services as well as radiology, imaging and emergency services.

In addition to our core hospital business, we have two strategic business units (SBUs), Max Lab and Max@Home. Max Lab offers diagnostic services to patients outside our hospitals, directly as well as through a network of partners, such as clinicians, hospitals, nursing homes and pathology collection centres. It also offers pathology services to patients outside our hospitals through a variety of other channels, including third-party hospital laboratory management, pick-up points and phlebotomists-at-site (PAS). At the end of FY23, Max Lab had operations in 34 cities, including NCR region, Chandigarh, Panchkula, Mohali and other key cities in Punjab, Haryana and Uttarakhand.

Launched in FY17, Max@Home leverages our clinical expertise to redefine homecare from traditional assistance-based services to more comprehensive, out-of-hospital-based services. It offers a wide-ranging suite of over 14 specialised services, thereby becoming a one-stop solution provider. These services include critical care or ICU at home, assistance-based services (nursing and health attendants), physiotherapy and advanced rehabilitation care, pathology testing, X-rays, ECG, medicine delivery, nursing procedures, immunization, medical equipment, doctor visits and on-site medical rooms, among others. In FY23, Max@Home services were also made available to our customers through our new Max MyHealth App, offering added convenience to book and track services, such as instant video consults with general physicians, lab tests at home and other homecare services.

Medical technology

The speed and accuracy of diagnosis is key to successful treatment and better outcomes. Hence, we continue to invest in medical technology and equipment as well as modernisation of our hospital facilities to offer quality healthcare services to our patients and expand our range of healthcare services. Our facilities are equipped with contemporary medical technology and equipment, including new generation surgical devices to conduct minimally invasive surgeries, and we focus on obtaining advanced technologies for providing such healthcare services. We believe that investment in technology and equipment is critical to our operations as it leads to better clinical outcomes, lowers ALOS and attracts reputed clinical talent. During the year, we introduced

(i) Ortho Robot at BLK-Max Super Speciality Hospital, which helps to cut bone, position implants, and guide surgeons in positioning instruments more precisely.

(ii) Spine Robot at BLK-Max Super Speciality Hospital, which allows surgeons to perform precise spinal fusion and provide improved screw placement accuracy, decrease surgery time, and reduce exposure to radiation.

(iii) 128 Slice CT scan at Max Super Speciality Hospital, Shalimar Bagh and Max Super Speciality Hospital, Dehradun. This advanced imaging modality has revolutionised the field of diagnostic imaging.

(iv) Digital Mammography at BLK-Max Super Speciality Hospital and Nanavati-Max Super Speciality Hospital, Mumbai, which is a highly advanced mammography system that offers an extremely fast image interval of just 15 seconds and produces high-resolution images with low X-ray dose, dual mode tomosynthesis and comfort functions.

(v) Da Vinci Xi Surgical robot, which is one of the most advanced technologies available in India, at Max Super Speciality Hospital, Mohali and Max Super Speciality Hospital, Dehradun. These robotic surgeries are the safest and most effective across specialties as they are minimally invasive, resulting in minimal blood loss and faster recovery. We also have the same technology installed at our facilities in Saket, Shalimar Bagh, Rajendra Place, Vaishali and Mumbai.

(vi) Digital PET CT scanner at Max Super Speciality Hospital (West Block), Saket redefines precision with advanced sensitivity and detectability parameters compared to analogue PET-CT scanners. This aids in efficient dose management, reduced scan times, devising effective treatment plans and eventually helps in enhancing the patient experience. Diagnosis with digital PET-CT provides a better understanding of the disease progression including the detection of smaller lesions at lower PET isotope doses

Even our PHFs invested heavily in medical technology during the year, adding:

(i) 3.0 Tesla MRI Machine, which is the most advanced radiology technology that gives superior high-resolution images for accurate diagnosis, at Max Super Speciality Hospital, Patparganj

(ii) Da Vinci Xi Surgical robot at Max Super Speciality Hospital, Patparganj

(iii) Ortho Robot at Max Smart Super Speciality Hospital

(iv) Replacement of PET CT scanner at Max Super Speciality Hospital (East Block), Saket

Max Institute of Medical Excellence

Max Institute of Medical Excellence (MIME) is the educational arm of our Company, and is a dedicated centre for education and training of medical and non-medical professionals, allied healthcare staff, corporates, embassies, multinational companies and other medical institutions across India. In FY23, we registered over 9,500 students across various academic programmes and launched new master and PhD courses in the fields of public health, clinical research and healthcare quality management. We also started the prestigious Advanced Trauma Life Support course recognised by the American College of Surgeons, USA. Another feather in our cap was the pan India launch of Advanced Stroke Life Support in association with American Heart association and Gordon Centre, USA.

We continue to be one of the centres recognised by the Joint Royal Colleges of Physicians Training Board (JRCPTB) to deliver post-graduate internal medicine training outside of the UK, and the programme has been awarded Level 3 Accreditation by JRCPTB-UK, signifying standards equivalent to those in the UK. During FY23, we had 51 trainees enrolled under this programme. We also registered 78 trainees under Masters in Emergency Medicine, recognised by the George Washington University, USA. Further, we had over 480 post-graduate trainees enrolled in various programmes accredited by the National Board of Examinations during the year. In a collaboration with United Hospitals in Bangladesh, our team conducted Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) courses in their country.

Clinical research

Our clinical excellence is underpinned by evidence-based research through drug and device trials, public health studies, investigator-initiated projects and data research across all major therapeutic areas. This includes endocrinology, public health, NCD epidemiology, cardiology, oncology, neurology, internal medicine, critical care medicine, pulmonology, psychiatry, anaesthesia, minimal access metabolic and bariatric surgery (MAMBS), radiology, nephrology and kidney transplant, obstetrics and gynaecology, IVF, urology, physiotherapy and rehabilitation, ophthalmology, gastroenterology, paediatrics, neonatology, urology, liver and biliary Sciences, rheumatology, emergency medicine, molecular diagnostics and genomics. Moreover, digital technology has come to play a major role in finding novel healthcare solutions, bringing artificial intelligence and machine learning at the forefront, thereby enabling predictive modelling, process optimisation, reducing inter-observer variances and real-world evidence generation. We conduct all our clinical trials under the strict supervision of Clinical Trial Registry of India (CTRI), and these trials are designed to be transparent and compliant with the regulatory standards. During FY23, we successfully conducted over 100 clinical trials and initiated 44 new projects across our Network facilities.

We are dedicated to the pursuit of excellence in healthcare, not only through patient care but also through the generation and dissemination of knowledge. During this fiscal, our clinicians and academicians across our Network facilities, produced over 350 publications in high-indexed, peer-reviewed journals. We also attracted 3 international and 19 national grants, worth INR 4.8 crore, from various national and global funding agencies including NIHR UK, ICMR, DBT, INSA, BIRAC, Pfizer and Ashoka University.

Fostering a culture of collaboration, we also partner with leading organisations in the field of medical research, academics and innovation to deliver exceptional healthcare services. During FY23, we collaborated with Ashoka University, Institute of Genomics and Integrated Biology, IIIT delhi, IIT Mumbai and Pfizer with an aim to drive medical advancements, enhance patient care and contribute to scientific knowledge.

Nursing initiatives

Our nursing staff consists of dedicated and skilled professionals who play a vital role in delivering high-quality patient care. They are distributed across various units and departments, ensuring that our patients receive comprehensive and specialised attention. Our Company follows clinical acuity-driven staffing to optimise nurse patient ratios to improve outcomes and promote clinical and organisational excellence.

During FY23, our nursing staff showed tremendous resilience and dedication to providing exceptional patient care, which reflected in the patient satisfaction scores obtained from patient feedbacks. Patient satisfaction showed continuous uptrend during the fiscal year, with an overall nursing patient satisfaction rate of 95%.

During the year, we initiated several nursing initiatives to help our nurses excel at their work as well as enhance their skills and performance undertakings.

- **Quality Improvement Initiatives**

  Successful implementation of the 'One admission, one patient, one cannula' project aimed to increase nurse efficiency, decrease phlebitis cases, and enhance the overall patient experience, led to a decrease in the incidence of phlebitis in comparison to the previous year. Reduction in hospital-acquired pressure injuries was also evident due to the implementation of improved nursing processes. Furthermore, in order to reduce the number of needle stick injuries, 5, 10, and 25 litres of puncture-proof containers were made mandatory in areas that use staples, stylets, or guidewires, with an emphasis on no recapping of needles.

- **Education and Professional Development**

  The significance of ongoing learning, skill development, and career advancement in nursing practice is a continuous endeavour at Max Healthcare. By investing in educational initiatives and professional development activities, we aim to enhance the knowledge, competence, and satisfaction of our nursing staff while promoting the delivery of high-quality patient care. Some of the key nursing training and development strategies adopted during the fiscal year to enhance the professional development of nurses include:

  (i) A 6-month long internal Critical Care Nursing Certification course at our hospitals in Dehradun, Shalimar Bagh, Gurgaon and Mumbai.

  (ii) Nursing induction schedule as well as the content were revamped and implemented across Network hospitals. Over 3,900 nurses underwent centrally driven nursing induction in FY23.

  (iii) 14 nurses across Network hospitals completed the American Heart Association Certified Basic Life Support & Advanced Cardiac Life Support instructor development course, 35 nurses completed the Harvard e-certification programme on Advanced Wound management, 55 nurses completed the BMJ clinical research development programme, and over 35 nurses completed Fundamentals in Critical Care Support.

  (iv) Operational and functional excellence training programmes were executed for the development of future leaders.

- **Revision of Nursing Policies and Strengthening of Nursing Audit**

  In FY23, recognising the importance of aligning our practices with latest guidelines and best practices, we undertook a comprehensive revision of our nursing policies. Through a diligent and collaborative effort, we carefully reviewed each policy, ensuring that it reflects the most current standards and recommendations in the field of nursing. Our team of experts meticulously analysed existing policies, identified areas of improvement, and incorporated the latest research findings and regulatory updates into the revised versions.

  In view of continuous quality improvement, we initiated and successfully completed the first cycle of an inter-hospital nursing comprehensive audit in FY23. The audit process involved several stages, starting with the identification of the audit objectives, preparation of the audit tool, and selection of the audit team, which comprised of chief nursing officers, nursing superintendents, nurse educators, infection control nurses, and senior members from the corporate office. It involved reviewing various aspects of nursing care, including patient assessment, documentation, medication management, infection control, etc. It helped us to identify areas of improvement and implement corrective measures to enhance the quality of care provided to patients.

- **Future Goals and Initiatives**

  Our strategic goals and initiatives planned for the FY24 include plans for staff development, enhancing patient care delivery and fostering innovation through the initiation of College of Nursing and School of Nursing in Delhi NCR and Mumbai, initiation of simulation-based training laboratory, launch and initiation of the Indian Nursing Council approved nurse-practitioner programme in critical care nursing certified by Indraprashtha University, among others.

Digital transformation

In a rapidly evolving healthcare landscape, our commitment to digital innovation has been unwavering. We continue to harness technology and remain steadfast in our mission to deliver exceptional healthcare. In FY23, our digital revenue through web-based marketing activities and online appointments across the Network stood at INR 1,037 Cr, i.e., ~17% of overall revenue.

The highlight for the year, however, was the successful launch of our state-of-the-art doctor and patient app, 'Max MyHealth'. This app already accounts for nearly 10% of all appointment bookings across the Network, demonstrating its swift adoption. With over 200,000 downloads, the app's user-friendly interface has empowered patients to connect with our doctors anytime, besides providing access to their health records digitally and enabling them to book Max@Home services. We have also initiated Phase 1 of our in-patient programme on the app, which will allow patients to track their admission progress, access in-patient reports, and make payments directly through the app. This will help us streamline the in-hospital experience, enhance patient comfort and reduce administrative burdens.

From constructively managing nursing staff duties through implementation of the 'Nursing Duty Roster' software to improving doctor efficiency by integrating e-prescriptions with 'Advanced Speech to Text Solution (Augnito)', we have always endeavoured to be at the forefront in adoption of digital solutions to improve our patient and community experience. We have also introduced several AI-led projects, which include Qure AI solutions that mark images as normal/abnormal with a WhatsApp alert of AI-processed results for a radiologist's review. Cloud deployment of this solution has already been undertaken at Max Institute of Cancer Care, Lajpat Nagar, Lajpat Nagar and Max Multi Speciality Centre, Panchsheel Park. Siemen's Teamplay Digital Health Platform is another innovative solution implemented at Max Super Speciality Hospital, Saket, which is essentially a performance management application that enables reliable and structured analysis of imaging data and secured collaboration. These initiatives, coupled with several others, enable our Company to stand strong in the rapidly changing environment and unlock new opportunities for growth and innovation.

Corporate Social Responsibility (CSR)

Giving back to the society is one of our core beliefs and we have always strived to improve access to high-quality healthcare to the underserved segments of the society. During the year, we touched lives of over 3.63 lakh indigent patients across our Network and provided them free medical services worth over INR 202.9 crore. We provided free medical services across most of our medical specialities, including advanced lifesaving surgeries such as cardiac sciences, neuro sciences, orthopaedics and surgical oncology.

Opportunities and threats

Opportunities

- **Expansion in existing facilities and build out of newly acquired land parcels**

  We have a total bed build-out potential of ~1,100 beds at our existing facilities, through brownfield expansion. Additionally, there is a potential of 2,300 brownfield beds at our PHFs as well. Given the minimal increase in fixed costs associated with such beds and faster occupancy ramp up, this model of expansion offers significant operating leverage and is accretive to our ROCE. Hence, this model continues to be our most preferred manner of expansion.

  During this fiscal, we added 92 beds at our existing hospital in Shalimar Bagh, New Delhi through brownfield expansion. Going forward, we have a well-defined plan to further expand our Network bed capacity by FY27, including some of our PHFs:

  (i) 190 brownfield beds at Max Super Speciality Hospital, Mohali

  (ii) 440 brownfield beds at Nanavati Max Super Speciality Hospital, Mumbai

  (iii) 600 brownfield beds at Max Smart Super Speciality Hospital, Saket (PHF), with a further build out potential of 500 beds beyond FY27

  (iv) 500 beds at our acquired plot of land in Sector-56, Gurugram

  (v) 300 beds in Saket through a medical service agreement with Vikrant Children's Foundation and Research Centre (PHF), with a further build out potential of 200 beds beyond FY27

  (vi) 250 beds in Patparganj, East Delhi through a medical service agreement with Nirogi Charitable and Medical Research Trust (PHF), with a further build out potential of 150 beds beyond FY27

- **Asset-light models with real estate investment trusts (reits) and developers for future expansion**

  We believe that our core competence lies in providing healthcare services ranging from primary care to quaternary care. The healthcare sector is capital intensive and requires continuous investment of capital for operations as well as expansion. In addition to building our brownfield capacity, we have been evaluating several opportunities to set up 'asset light' healthcare facilities across various cities where we currently do not have our own facilities. This 'asset light' model offers an attractive ROCE and minimal development risk, with our investment restricted to ~30-35% of the project costs. In order to implement this strategy, we are actively engaging with real estate developers who can build the hospital facilities as per our specifications, and in turn, we can partner with them to operate and manage these facilities by leveraging our brand and expertise in the healthcare industry.

Along the above lines, in the latter half of FY22, we consummated a 60-year exclusive operations and management agreement for a 300-bed hospital in the attractive micro market of Dwarka in South-west Delhi, where we did not have any existing footprint. The structural work of this hospital is nearing completion and we expect to commission it in the latter half of FY24.

- **Inorganic growth opportunities**

The shortage of healthcare infrastructure in the country presents a multi-decadal opportunity for investment in the hospital sector. In addition to our brownfield expansions, we continue to actively, but prudently, evaluate inorganic growth opportunities to expand our footprint geographically, serve a larger number of patients as well as deploy our cash surplus from operations strategically.

During FY23, we announced the execution of an 'Agreement to Sell' to purchase a piece of land admeasuring 4,000 square meters in Ghaziabad, adjacent to the hospital owned and operated by one of our wholly owned subsidiaries, Crosslay Remedies Limited. This land acquisition, when fully consummated, has the potential to add ~100 brownfield beds to our capacity in the attractive geography of Ghaziabad.

- **Invest in and grow retail pathology and home care services**

In addition to the core hospital business, we plan to further scale up Max Lab and Max@Home operations to provide access to quality healthcare services outside of our facilities as well.

The Indian diagnostics industry, valued at ~INR 730 billion, is projected to grow at a healthy CAGR of 10-12% by FY25. For Max Lab, our initial focus is to deepen and widen our presence in the cities wherein Max Healthcare already has a presence through Network facilities. To fortify our market presence and extend our reach, Max Lab is actively expanding its network of third-party managed patient collection centres (PCCs), pick-up points (PUPs) in doctor clinics, and hospital lab management (HLM) services. This discerning investment endeavours to enhance accessibility and convenience for our esteemed customers. In the upcoming year, our primary focus will be on expanding our network in Uttar Pradesh, Punjab, Haryana, and Uttarakhand. In FY22, we established Max Lab Limited as a wholly owned subsidiary to incubate and further drive its growth independently. During FY23, Max Lab has placed significant emphasis on enhancing services and implementing market activation programmes to deliver an exceptional customer experience. Our endeavours encompass the establishment of new company-owned, company-operated centres (COCOs) and collection centres. Furthermore, we have implemented robust marketing initiatives targeting patients as well as channel partners.

The Indian home healthcare market is expected to more than double by 2025, from ~INR 430 billion in 2020 to ~INR 1.6 trillion in 2025. According to estimates, 70% of regular hospital needs today can be serviced at home, and this is only poised to increase, as the Indian home healthcare market remains largely underpenetrated (~3.6% of total health spending in India against ~8.3% in the US). Through Max@Home, our foray into out-of-hospital services has provided credible play in this nascent, highly unorganised yet fast growing segment. The home healthcare opportunity is significant as it sets to benefit all the stakeholders, be it by way of increasing access and affordability for patients, helping hospitals manage bed burden of low complexity cases, or growing advocacy for timely medical intervention post pandemic. We plan to capitalise on three potential growth levers for this SBU – offering end-to-end clinical solutions instead of occasional interventions, leveraging digitalisation and going deep across our existing geographies.

- **Improve case mix and channel mix**

We continue to focus on investing in state-of-the-art medical technology, attracting skilled clinical talent, and enhancing our expertise in tertiary and quaternary care areas. This will help us add procedures that are more sophisticated and thereby improve our case mix. Further, we intend to optimise our channel mix by improving the share of international, cash walk-in and insured patients. In addition, we intend to build on our upcountry markets to improve the share of high-end tertiary care procedures as patients travel from far-flung areas to metro cities, such as Delhi-NCR and Mumbai, to avail complex and superior quality treatment. Our Company attracts patients from all of North India, including Uttar Pradesh, Bihar, Jharkhand, Punjab, Haryana, Rajasthan and other key states. We intend to deepen our reach in the country by penetrating new cities or regions, and establishing a greater number of sales offices or OPD centres to cater to the local population and divert relevant cases to our tertiary care facilities for high-end procedures.

- **Medical tourism**

India is quickly emerging as a major medical tourism destination, ranking 10th in the Medical Tourism Index (MTI) for 2020-21 out of 46 destinations of the world by Medical Tourism Association, USA. We believe that India is highly competitive in terms of healthcare costs at equivalent clinical outcomes compared to developed countries such as the United States, the United Kingdom and Singapore.

Country-Wise Cost of Key Treatment Procedures (In Usd)

Ailments (In USD)	US	Korea	Singapore	Thailand	India
Hip replacement	50,000	14,120	12,000	7,879	7,000
Knee replacement	50,000	19,800	13,000	12,297	6,200
Heart Bypass	1,44,000	28,900	18,500	15,121	5,200
Angioplasty	57,000	15,200	13,000	3,788	3,300
Heart valve replacement	1,70,000	43,500	12,500	21,212	5,500
Dental implants	2,800	4,200	1,500	3,636	1,000

Source: CRISIL Research

We continue to be amongst the leading providers of care to international medical value travellers in Delhi-NCR region, and we intend to build up this segment. We treat international patients from multiple countries, with key inflows from Iraq, Uzbekistan, Yemen, Kenya, Bangladesh, Ethiopia, etc. We intend to focus on attracting more medical value travellers from select markets, including those in the Middle East, Africa, Southeast Asia and CIS countries, by increasing our marketing efforts in these regions. We intend to leverage our brand recognition, and our direct and indirect presence, to attract medical tourists through owned or partner representative offices, clinician visits to these countries for OPD consultations, health camps as well as capitalise our existing patient base.

In furtherance of this strategy, we decided to establish company- and partner-owned Patient Assistance Centres (PACs) across key markets. We had existing PACs in Kenya and Nigeria, and we further expanded into UAE in FY23. During FY23, we established four more company-owned PACs, one each in Oman, Ethiopia, Myanmar and Uzbekistan. These PACs guide patients in their journeys, connect them with clinicians of repute over VCs, help them procure and understand treatment plans, advise them in their decision making, help arrange travel documents and assist them in seamless transfer to our hospitals. We are also focusing our efforts on contracting institutional patient referrals from government and public sector organisations abroad. We executed a contract with MOH Iraq in December 2022 and similar arrangements were signed with state owned medical institutions in Mongolia in June 2022. We have initiated registration of PACs in Bangladesh and Nepal as well, which will become operational in the current fiscal.

Threats

- **Increasing competition and shortage of skilled clinical talent**

Healthcare being a high growth sector is attracting many new entrants, including established business houses and entrepreneurs. Most of these players are focused on metros and Tier 1 cities. Thus, there is increased competition in these markets that adversely affects the profitability and growth potential of existing players. New players might offer lower rates, adopt unfair practices and compete with us for doctors and other medical professionals. In such a situation, we may have to reduce the price of services or run the risk of not being able to attract patients, doctors and other healthcare professionals to our healthcare facilities, leading to an adverse impact on our business operations. If we are unable to maintain a competitive edge, our market share, business, financial condition and results of operations could be adversely affected.

Furthermore, the skills and experience of our healthcare professionals, including doctors and nurses are paramount for ensuring clinical excellence at our hospitals. As a result, we need to continuously attract, engage, train and retain competent doctors as well as other healthcare professionals to maintain our competitive edge in the industry. However, high demand and supply gap for skilled talent may pose difficulties in recruiting or retaining top talent. Besides, we compete with other healthcare services providers for recruitment and retention of healthcare professionals, including doctors. Additionally, in case of reputational damage to the brand or negative publicity and increase in attrition rates, there may be delays in sourcing skilled manpower, given the significant shortage of professionals in the Indian market.

- **Regulatory risks faced by the healthcare industry**

In India, healthcare is regulated by different laws and regulations in various states. Further, healthcare costs in India have increased significantly over the past decade. Consequently, there have been and may continue to be proposals by legislators and regulators to limit tariff increases, cap margins and fix the price of procedures and diagnostics. The central government has the power to regulate prices for essential medicines. Till date, the government has capped prices for four devices – cardiac stents, drug-eluting stents, knee implants, and intra-uterine devices. In addition, The National Pharmaceutical Pricing Authority (NPPA) is tasked with periodically reviewing and regulating the prices of pharmaceutical formulations and drugs to curb overcharging and supply shortage. For instance, in June 2023, NPPA made downward revisions to the ceiling prices of 18 formulations and retail prices of 23 new drugs by bringing them under price control. Such regulatory actions may have a transitory impact on our Company's operating margins since we may have to renegotiate with vendors and may face delays in sourcing these regulated formulations / drugs due to temporary supply chain disruptions caused by such pricing regulations.

Likewise, the qualifications and practice of our healthcare professionals are also strictly regulated and any non-compliance can lead to penalties including fines, loss of license or restrictions on healthcare facilities and operations, which could materially or adversely affect our business and reputation.

These current or future laws, rules and regulations may also impede our operations and affect our continued growth.

- **Technology disruption**

The market for healthcare equipment and products is characterised by periodic technological changes, frequent new equipment and service introductions, changes in patients' needs and ever-evolving industry standards. New equipment and tools based on advanced technology or revised industry standards can render our existing equipment and tools obsolete. To provide services effectively at our facilities, we continually aim to enhance our equipment and develop our facilities, as well as provide sufficient training to our staff to satisfy the sophisticated treatment requirements at our hospitals.

However, procuring and integrating new services and tools at commercially suitable terms and in a cost-effective manner may be difficult, particularly as market preferences can change rapidly. Significant investment is required on an ongoing basis to prevent obsolescence of equipment. Besides, hospitals may not always have sufficient funds to continually invest in such equipment and facilities or access latest technology routinely. Inability to remain up to date with current trends and needs of the healthcare industry may result in loss of market share, which may adversely affect our business.

Financial performance

FY23 was a momentous year for our Company as it delivered a robust financial and operational performance, initiated execution of projects for greenfield and brownfield bed expansions, and exhibited the results of commendable execution of our operational strategy. Our Company's Board recommended a maiden dividend of 10% for approval of the shareholders at the ensuing Annual General Meeting. In addition, we successfully commissioned and operationalised a newly constructed 92-bed oncology block at Max Super Speciality Hospital, Shalimar Bagh, taking its total bed capacity to 372 beds.

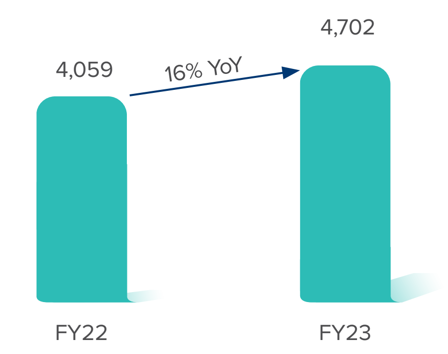
Audited Financial Results of MHIL (Consolidated)

₹ in crore

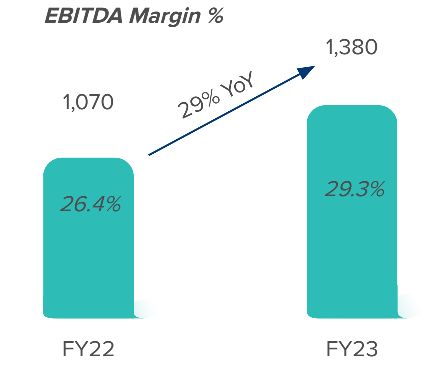
	For the year ended 31 Mar-23 (Audited)	For the year ended 31 Mar-22 (Audited)*
Income		
Revenue from operations	4,563	3,937
Other income	139	122
Total income	**4,702**	**4,059**
Expenses		
Purchase of drugs, consumables and implants	937	930
Increase in inventories of drugs, consumables and implants	(15)	(8)
Employee benefits expense	809	760
Professional and consultancy fee	986	809
Other expenses	604	497
Finance costs	84	101
Depreciation and amortization expense	232	221
Total expenses	**3,638**	**3,311**
Net profit before exceptional items and tax	**1,064**	**748**
Net profit after tax	**1,103**	**608**
EBITDA	**1,380**	**1,070**
EBITDA Margin %	29.3%	26.4%

* Figures for the previous periods have been regrouped and reclassified to conform to the classification of the current period, wherever necessary.

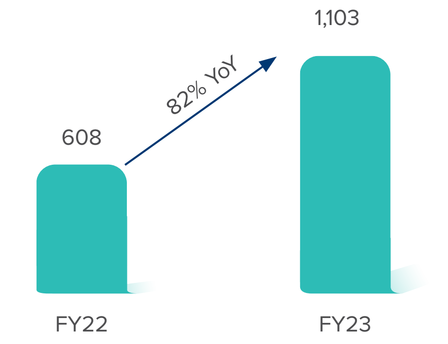
Net Revenue[1] (₹ in crore)



EBITDA[2] (₹ in crore)



Profit After Tax [3] (₹ in crore)



1. Net revenue represents Total Income as per financial statement, excluding PHFs
2. EBITDA before exceptional items and share of profit/(loss) in associates excluding PHFs
3. Total comprehensive income for the year

FY23 vs. FY22 results

Total income: Total income increased by INR 643 Crore or 16% to INR 4,702 Crore for FY23, from INR 4,059 Crore for FY22, primarily due to increase in revenue from operations by INR 626 Crore.

Revenue from operations: Revenue from operations increased by INR 626 Crore or 16% to INR 4,563 Crore for FY23 from INR 3,937 Crore for FY22. The increase was primarily driven by higher occupancies and OPD footfalls, improved revenues from medical tourism and increasing penetration of insurance. There was a significant drop in revenue from COVID-19 vaccination and related tests from INR 221 Cr in FY22 to INR 2 Cr in FY23.

Purchase of pharmacy, drugs, consumables and implants: Purchase of pharmacy, drugs, consumables and implants remained flat with no increase at INR 922 Crore for FY23 from INR 923 Crore for FY22. Decline in ratio from 23.4% in FY22 to 20.2% in FY23 was attributed to change in mix, tariff increase, procurement efficiencies and drop in share of revenue from vaccination.

Employee benefits expense: Employee benefits expense increased by INR 49 Crore or 6.5% to INR 809 Crore for FY23 from INR 760 Crore for FY22. The increase was primarily due to annual merit increase and new hiring. There was a reduction in ESOP related costs during FY23.

Other expenses: Other expenses increased by INR 108 Crore by 21.7% to INR 604 Crore for FY23 from INR 497 Crore for FY22. The increase was primarily due to (i) increase in legal and professional fees, mainly due to significant growth (+24%) in revenues from international patients and other growth-related initiatives undertaken during the fiscal (ii) lab investigation and patient catering expense due to increased footfalls; (iii) increase in power & utility due to higher consumption; (iv) and increase in equipment hiring charges (mainly due to robotics).

Professional and consultancy fees: Professional and consultancy fees increased by INR 177 Crore or 22% to INR 986 Crore for FY23 from INR 809 Crore for FY22. The increase was in line with the increase in the revenue from operations, adjusted for drop in revenue from COVID-19 vaccination in FY23 compared to the previous year.

Finance costs: Finance costs decreased by INR 17 Crore or (17%) to INR 84 Crore for FY23 from INR 101 Crore for FY22. The decrease was primarily due to pre-payment of debt and increased cash flow from operations.

Depreciation and amortisation expense: Depreciation and amortisation expense increased by INR 11 Crore or 5% to INR 232 Crore for FY23 from INR 221 Crore for FY22. This includes the impact of capitalization of 92-bedded oncology block at Max Shalimar Bagh and change in estimated useful life of hand instruments.

Profit before exceptional items and tax: Due to the reasons mentioned above, profit before exceptional items and increased by INR 316 Crore or 42% to INR 1064 Crore for FY23 from INR 748 Crore for FY22.

Key Financial Ratios

In accordance with the SEBI (Listing Obligations and Disclosure Requirements) (Amendment) Regulations, 2018, the Company is required to give details of significant changes (change of 25% or more as compared to the immediately previous financial year) in key sector-specific financial ratios.

Our Company has identified the following ratios as key financial ratios:

Particulars	FY23	FY22	% Change
Current Ratio (times) (1)	1.86	1.32	40.69
Debt Equity (times) (2)	0.09	0.15	-36.04
Debt Service Coverage Ratio (times) (3)	8.19	5.11	60.34
Return on Equity (%) (4)	16.12	10.15	58.79

(1) Current Ratio: Improved primarily on account of cash from operations during the year.

(2) Debt Equity Ratio: Improved primarily on account of repayment / prepayment of term loan and increase in 'other equity' due to net profit for the year.

(3) Debt Service Coverage Ratio: Improved due to reduction in debt, coupled with increase in earnings.

(4) Return on Equity: Improved primarily on account of improved profitability.

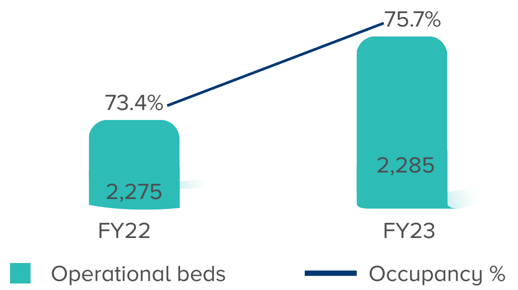
Improvement in net debt position

During the year, our net debt position (excluding lease liability) improved from INR 291 Crore as on March 31, 2022 to a Net cash surplus of INR 758 Crore as on March 31, 2023. Improvement is primarily driven by improved cash from operations and lower spend on capital expenditure and growth initiatives during FY23.

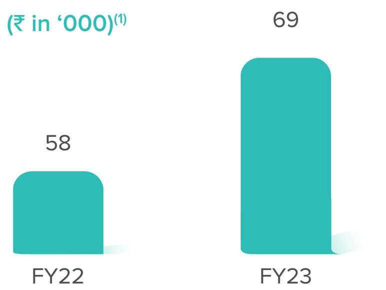
Particulars	March 31, 2023	March 31, 2022
Gross debt	565	727
Put option liability	150	139
Gross debt, including put option liability	715	865
Cash and bank balance	1,472	575
Net debt (excluding lease liability)	-758	291
Amount invested in Capex and growth initiatives	336	660

Operational metrics

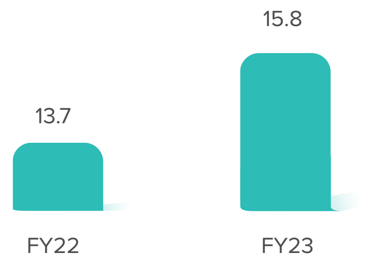
Occupancy



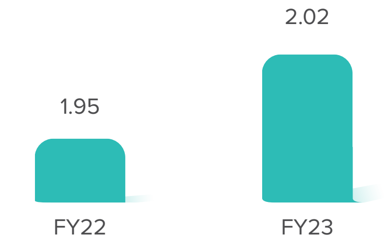
ARPOB (₹ in '000)(1)



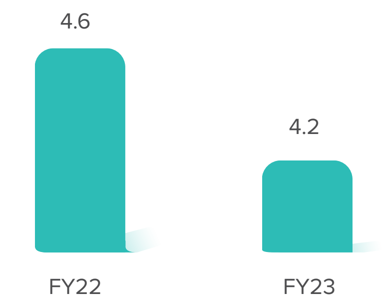
OP Consults (in lakhs)



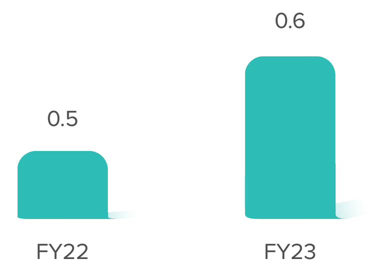
IP Procedures (in lakhs)



ALOS (Days)(2)



Day Care Procedures (in lakhs)



1. ARPOB calculated as Gross revenue/ Total OBD. Gross Revenue excludes revenue from Max Lab operations
2. ALOS calculated for discharged IP patients only

Human resources

At Max Healthcare, we are dedicated to fostering a professional culture that nurtures our people and empowers them to thrive in their careers, while contributing to the success of the Company. In line with our business requirements, we consistently work towards strengthening our team, while actively engaging with them through a range of initiatives including learning and development opportunities, HRIS / HRMS enhancements, recognition of their achievements, and providing avenues for career growth.

Learning & Development: We believe that motivated and enthused teams build great organisations, and hence our aim is to create platforms that enable our teams to thrive and reach their full potential. Employees underwent 995,000 hours of upskilling programmes in FY23.

- The Max Talent Development Programme, the first-of-its-kind in healthcare, was launched in November 2022 with the intent of creating a platform for high-potential transitioning leaders who have displayed strong commitment towards Max Healthcare through their exemplary performance and competent behaviour. Under this programme, nearly 200 eligible employees underwent rigorous transparent evaluation processes, which included psychometric assessments and multiple assessments on organisational competencies and role criticality.

  Customised learning paths for leaders were curated based on the learning preferences and career aspirations of high potential candidates. Hospital Operations Programme for Excellence (HOPE), an immersive and experiential programme was launched for employees seeking to grow in Operations, while the Functional Upskilling Programme for Excellence (FUPE) was launched for employees aspiring for leadership roles in their existing functions.

  Additionally, we launched new Capability Development initiatives targeted at employees of every cadre:

  (i) Service Excellence Programme for Frontline patient-facing teams

  (ii) Management Development Programme for all People Managers

  (iii) HR Capability Development Programme for eligible employees from Human Resources

  (iv) Neev for our outsourced teams

We also launched the Front Office Transformation Programme, which was designed to strengthen the functional competencies and capabilities of the Front Office teams through well-defined functional learning paths.

Compensation and Benefits: We have defined an employee ownership programme which allows employees to receive equity ownership. Presently, ESOP Scheme 2022 has been extended to our clinicians and non-medical employees. The organisation has a well-defined compensation structure to ensure equal pay for all employees. Both men and women who are hired for entry-level positions at the same level receive identical compensation. We also have a smooth transition programme for new parents, offering them leave benefits that comply with the appropriate regulations.

Employee Engagement: Max Healthcare received the prestigious certification from Great Place to Work® Institute. The GPTW certification is a measure of employees' sense of pride in their work and trust towards their team as well as the organisation.

By participating in an anonymous online survey, our employees shared their opinions, reflecting their sense of pride in their work and trust in their team and organisation. The Culture Brief© and Culture Audit© helped capture the unique aspects of our organisation's culture that set us apart.

Our overall Trust Index Score* at Max Healthcare was 76% and we scored exceedingly well on all dimensions of survey – pride, the credibility of management, respect for people, fairness at the workplace and camaraderie among people. It reinforces our belief that we are on the right track to building a coveted organisation with a team of enthused people, driven by our purpose – 'To serve. To excel.'

**Trust Index Score is the percentage of employees that shared a positive response (rated 4 or 5 on a 5-point scale) to the 59 statements of the survey.*

Digital HR: Adhering to our philosophy 'To Serve. To Excel', we continue to enhance employee experience, improve efficiency and ensure better process controls through technology advancements in the HR domain. During the year, the following initiatives were rolled out in this regard:

- Launch of improved onboarding experience with data completion and accuracy
- Implementation of 'ONExp' for ease of navigation through single window access across all modules of HRIS
- Strengthened Performance Management module by introducing metric-based goal setting and 'Check in' to drive real-time tracking of goals
- Rolled out 'Rehiring Module' for effortless data migration during internal transfers and re-hiring
- Implementation of 'web view' in HRIS Mobile Application, through which the users who do not have access to a computer will also be able to operate all modules of HRIS
- Tracking of Individual Development Plans for the participants of capability building programmes
- Rolled-out 'Directory' on HRIS with features like call, message, chat on workgroup to enable better connect among employees.

Environment, energy and fire safety matters

The conservation of environment and energy is central to our operations as our hospitals operate 24/7 and consume huge amounts of energy and water as well as generates substantial amounts of medical and non-medical waste. At Max Healthcare, we have invested in technologies, processes and people to ensure optimum consumption of energy and water in our hospitals and improvement of ecological parameters, year after year. We monitor our emissions, energy, and water consumption per bed through a dedicated environment management department. We optimise the usage of medical equipment, enhance adoption of energy efficient and environment-friendly technologies and strive to improve operational efficacy. This year, we have also started recognising and awarding hospitals for their efforts to conserve energy and water. We undertake several initiatives, such as maximum recycling of treated wastewater, optimising water consumption in general and patient areas, re-using of dialysis RO reject water in cooling towers, organic waste convertors, installation of rainwater harvesting systems and other environment-friendly initiatives.

ISO 14001 is an internationally recognised standard for environmental management and helps organisations improve their environmental performance through efficient use of resources and reduction of waste. It helps them to gain a competitive advantage and earn the trust of stakeholders. This year, six of our facilities have received ISO 14001 (EMS) certification, in addition to two of our PHFs. Green power constituted 33% of our total energy consumption across our Network facilities. Through a sustained implementation of Reduce, Reuse and Recycle (3R) principle for water management, we were able to achieve a reduction in freshwater consumption of 0.98 kiloliters per bed in FY23, from 1.07 kiloliters per bed in FY22. We recycle organic waste as compost on site through use of Organic Waste Converters (OWCs), and more than 50% of the waste generated is being recycled through authorised recyclers.

Given the use of certain chemicals such as alcohol, sanitisers, gases, fuel and other inflammable materials at our facilities, we are exposed to the risk of fire accidents. In FY23, we undertook several initiatives to ensure fire safety at our hospitals, including conducting ~68 mock drills and 2,014 fire safety trainings to increase awareness and train our workforce in case of any fire related accidents.

Risks and concerns

Our Company is exposed to a number of strategic and operational risks. The Board of Directors (the Board) of the Company has put in place an elaborate risk management system for identifying, analysing, assessing, mitigating, monitoring risk or potential threat to achievement of our strategic and business objectives covering various aspects of our business i.e., operations, regulatory, medical, strategic, people and financial. The Audit and Risk Management Committee (A&RMC) has reviewed and approved appropriate risk management guidelines including risk appetite policy, risk categorisation, etc. The risks are categorised into Medical and Non-Medical risks, and two distinct senior management personnel act as Risk Officer for these categories. A&RMC periodically reviews the risk register, risk heat map and the mitigation plan for all high and critical risks or potential events that may have an adverse impact on the reputation, operations, and financials of our Company. The reviews also entail discussion on measures the Company is taking to avoid, transfer, control and mitigate such risks.

The risk management policies and systems are reviewed periodically to reflect changes in market conditions, business activities and risk appetite levels. In the opinion of the Board, none of the risks faced by our Company threatens its existence. However, keeping in view the areas in which our Company operates, risks with respect to litigation by or against our Company, risk of fire and regulatory changes may have a material impact on the Company's financial performance and repute.

Internal financial control systems and their adequacy

Our Company has a robust and well-established system of internal controls, which is modulated from time to time to keep it contemporary and relevant to the current realties. IT system and workflows, schedule of delegation of authority, segregation of duties, budgetary controls, exception reporting, analytics, checklists, self-certification mechanism and periodical risk control testing are the key pillars of the internal control systems. Extensive policies, guidelines and procedures are laid down for all business processes and these are accessible to the concerned employees through the designated web page. The internal control system facilitates adherence to the Company's policies, safeguarding of its assets, prevention and detection of fraud, error-reporting mechanisms, accuracy and completeness of the accounting records. The internal control system has also been designed to ensure timely and accurate compilation of financial statements and management reports and for maintaining accountability of assets. Additionally, it also ensures compliance with statutory laws, regulations and company policies.

An extensive risk-based programme of concurrent audits, internal audits, budgetary controls, exceptional reporting and IT based transaction controls, coupled with constant management reviews and dash boarding of data provide assurance to the Board regarding the adequacy and efficacy of internal controls. The annual internal audit plan is dynamic, aligned to the business objectives of the Company, and reviewed by the A&RMC periodically, including the high and medium risk observations emanating from such audits. Further, A&RMC also monitors the status of management actions emanating from such internal audit reviews. The Internal Audit function and its processes are also subjected to periodic quality assurance reviews by third party experts.

During FY23, these controls were assessed and no reportable material weaknesses in their design or operation were observed. The statutory auditors, during the course of their audit, also did not find any material weakness in controls and / or misstatement resulting from lack of internal controls.

Outlook

Our Company's management continues to strive to build on performance of fiscal 2023 as well as expand the width and depth of our services to serve increasing number of patients, while also improving the quality of care. Our Company has an aggressive plan to expand its bed capacity through various means, including brownfield, greenfield and asset-light models. During the year, we commissioned a 92-bedded oncology block at Max Super Speciality Hospital, Shalimar Bagh. We also announced execution of an 'Agreement to Sell' to purchase a piece of land in Ghaziabad, adjacent to the hospital owned and operated by one of our wholly owned subsidiaries, Crosslay Remedies Limited. Further, we expect to commission the 300-bedded, built-to-suit facility at Dwarka in latter half of FY24, an agreement for which was executed last fiscal in January 2022.

As we step into the new fiscal year, we will continue to pursue our brownfield and other capacity expansion projects, improve operational metrics in the current facilities and businesses, and at the same time, prudently evaluate inorganic acquisition opportunities. We will also focus on strengthening our digital capabilities to ensure maximum reach, efficacy and convenience. Overall, we are confident of continuing our robust performance and fortifying our presence as one of the most well-regarded healthcare providers in India, committed to the highest standards of clinical excellence and patient care.

Board's Report

Dear Members,

Your directors have immense pleasure in presenting the 22nd Board's report on the business and operations of Max Healthcare Institute Limited ("Company" or "MHIL") along with the audited financial statements for the financial year ended March 31, 2023.

Overview of Financial Performance and State of Company's Affairs

Financial Highlights

The standalone and consolidated financial highlights of the Company's operations are summarized below:

₹ in Crore

Particulars	Standalone financial year ended		Consolidated financial year ended	
	March 31, 2023	March 31, 2022*	March 31, 2023	March 31, 2022*
Revenue from operations	1,905	1,775	4,563	3,937
Other Income	144	128	139	122
Total Income	**2,049**	**1,903**	**4,702**	**4,059**
Total expenditure	1,321	1,332	3,322	2,989
Operating profit	**728**	**571**	**1,380**	**1,070**
Less: Finance cost	52	59	84	101
Profit before depreciation, exceptional items and tax	**676**	**512**	**1,296**	**969**
Less: Depreciation/impairment and amortization	113	112	232	221
Profit before exceptional items and tax	**563**	**400**	**1,064**	**748**
Less: Exceptional items				9
Less: Tax expenses	(131)	69	(40)	134
Profit for the year	**694**	**332**	**1,104**	**605**
Total comprehensive income for the year	**695**	**332**	**1,103**	**608**
Earnings per equity share				
Basic (₹)	7.16	3.43	11.38	6.25
Diluted (₹)	7.15	3.42	11.36	6.24

*Figures for the previous periods have been regrouped and reclassified to conform to the classification of the current period, where necessary.

The standalone, as well as the consolidated financial statements, have been prepared in accordance with the Indian Accounting Standards ("Ind AS") as applicable.

Performance Highlights

The Company's standalone revenue from operations improved to ₹ 1,905 Crore in the financial year ("FY") 2022-23 compared to ₹ 1,775 Crore in FY 2021-22. Revenue from operations comprises of ₹ 1,809 Crore of revenue from healthcare services and ₹ 50 Crore revenue from sale of pharmaceutical supplies.

Also, the Company commissioned 92 bedded Oncology Block at Max Shalimar Bagh in March 2023 which contributed positively to earnings before interest depreciation and amortisation ("EBITDA") in the first month of launch due to operating leverage.

During the FY 2022-23, the material costs stood at 18.3% of operating revenue as compared to 25.0% in FY 2021-22. During FY 2021-22, material cost was higher due to covid vaccination and related costs.

Other costs to operating revenue (including employees, doctors, hospital services, sales and marketing, power and fuel etc.) ratio stood at 51% that is levels similar to FY 2021-22.

EBITDA stood at ₹ 728 Crore (35.5%) during the FY 2022-23 and reflects a marked improvement compared to ₹ 571 Crore (30.0%) in the FY 2021-22.

Net Profit before tax for the FY 2022-23 stood at ₹ 563 Crore and the Net Profit after tax was ₹ 694 Crore. This represents a significant increase of ₹ 363 Crore in Net profit after tax against FY 2021-22. It may be mentioned that Net profit after tax for the current year includes one time reversal of deferred tax liability (net) of ₹ 244 Crore pursuant to voluntary liquidation of Saket City Hospitals Limited, a wholly owned subsidiary company on a going concern basis and distribution of its business undertaking to its holding Company i.e. MHIL.

State of Company's Affairs

The Company continued to scale new heights and has also been successful in laying sound foundation for all round growth in future. The Network presently consists of 17 (Seventeen) Healthcare Facilities, including 8 (Eight) hospitals and 4 (Four) medical centres in Delhi and NCR region, with the remaining 5 located at Mumbai in Maharashtra, Mohali and Bathinda in Punjab and Dehradun in Uttarakhand. In addition to its core hospital business, the Network also has two strategic business units ("SBUs") - Max@Home and MaxLab. Max@Home is a platform that provides health and wellness services at home and Max Lab offers diagnostic services to patients outside its network hospitals.

Furthermore, there are 3 (three) new upcoming Network facilities – one each in East Delhi (Patparganj), North West Delhi (Dwarka) and Sector 56, Gurugram, Haryana.

The Company has expanded its network of offices in overseas countries and now has direct presence in 8 countries namely: Kenya (Nairobi), Nigeria (Lagos), United Arab Emirates (Dubai), Oman (Muscat), Myanmar, Ethiopia (Addis Ababa), Uzbekistan (Tashkent), Nepal (Kathmandu). This is in addition to the indirect presence in 6 (six) countries through 9 (nine) partner offices viz. 3 in Iraq, 2 in Yemen and 1 each in Fiji, Cameroon, Mongolia & Georgia. Nairobi office continued its focus on promoting tertiary care highly complex procedures of Bone Marrow Transplants, Liver Transplants and Paediatric Cardiac Surgeries and Oncology treatments. Dubai office has completed one year and has been able to make a mark for itself in the UAE. Dubai office has been focusing on the large Indian diaspora based in UAE as the initial set of patients through tie-ups with local insurance companies to provide cashless services, while being treated at Max Hospitals. The other international offices are similarly focused in working with local insurance companies, institutional payors such as local governments, hospitals and individual clinicians in referring patients to Max Hospitals. Further, the Company is maintaining focus on organ transplants and other high end surgical procedures across all its Network Hospitals. The Company provides medical and operation & management services across secondary and tertiary care specialities, with a focus on oncology, neurosciences, cardiac sciences, orthopaedics, renal sciences, liver and biliary sciences and minimal access metabolic and bariatric surgery ("MAMBS"). During the current financial year, the Company expanded its robotic surgical programs at its various hospitals and successfully conducted ~ 2000 robotic surgeries during the year.

The Company's revenue includes earnings from pathology, radiology, radiation oncology and clinical services, under fee for service and/ or revenue-sharing arrangements in select specialties or departments with third parties including Partner Healthcare facilities.

The Company has also taken various measures to capture and improve patient satisfaction, quality of care and medical outcomes in line with its objective of becoming most well-regarded healthcare provider in India. The Company also procured high-end equipment including Digital PET CT, Robotic instruments for orthopedics, spine & general surgery, MRI, CT etc. in its Network Hospitals during the year to further improve the level of available technology in its hospitals to diagnose & treat patients and to ensure best-in-class medical outcomes. All facilities owned and operated by the Company follow globally accepted medical protocols and are accredited by National Accreditation Board for Hospitals (NABH) and Joint Commission International (JCI). The Company is focused on delivering the best medical care at affordable costs. The Company is investing in people, processes and technology to ensure sustainability of its operations, while ensuring safety of its people and communities, protecting the environment from any impact of its operations and conduct business ethically.

The Company's business activity primarily falls within a single reportable business segment namely 'Medical and Healthcare Services' as it deals mainly in providing healthcare facilities comprising of primary care clinics, secondary care hospitals/ medical centres and tertiary care facilities. Further, the Company operates only in one geographical segment - India.

A detailed discussion on operations of the Company (on consolidated basis) for the FY 2022-23, is given in the Management Discussion and Analysis Report which forms part of the Annual Report.

Dividend

Board of directors ("Board") have recommended a maiden final dividend of ₹ 1 (i.e. 10%) per equity share of the face value of ₹ 10 each for the FY 2022-23. Dividend is subject to approval of members at the 22nd annual general meeting ("AGM") of the Company. The record date for the purpose of payment of final dividend for FY 2022-23, has been fixed on Friday, September 8, 2023.

The dividend if approved by the members in the 22nd AGM will be paid/ dispatched within 30 days from the conclusion of the 22nd AGM to members whose names appear in the register of members/ beneficial owners, as on the record date. In view of the changes made under the Income-Tax Act, 1961, by the Finance Act, 2020, dividends paid or distributed by the Company shall be taxable in the hands of members. Accordingly, dividend shall be paid after deduction of tax at source, as applicable.

On August 7, 2023, the Dividend Distribution Policy was amended to update it in line with the leading industry practices and to provide more clarity on Company's dividend philosophy. As per the amended policy, the Board may declare dividend upto a payout ratio of 40% of profits after tax of the Company, as a guiding principle and subject to provisions contained in the Policy. The Board may, in case of extraordinarily circumstances, declare a higher rate of dividend. The Board shall consider financial parameters and internal factors while declaring or recommending dividend payable to the members. The said policy formulated in terms of the provisions of regulation 43A of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 ("SEBI Listing Regulations") is available on the Company's website and can be accessed at www.maxhealthcare.in/investors/corporate-governance.

Particulars of Loans, Guarantees and Investments

In compliance with the provisions of the Companies Act, 2013 ("Act") and SEBI Listing Regulations, the Company extends financial assistance to its subsidiaries, silos and partner healthcare facilities in the form of investment, loan, deposits, guarantee etc., from time to time in order to meet their business requirements. Further, the Company or any of its subsidiary has not extended any financial assistance to promoter or promoter group entities which has been written off during last 3 years.

Particulars of loans, guarantees and investments etc., as required under section 186 of the Act and schedule V of the SEBI Listing Regulations, are provided in Note 31.20 to the standalone financial statements of the Company.

Significant Events

Application of Merger of two wholly-owned subsidiaries

Alps Hospital Limited ("ALPS") and Max Hospitals and Allied Services Limited, formerly known as Radiant Life Care Mumbai Private Limited ("MHASL"), are wholly owned subsidiaries of the Company. On May 16, 2022, board of directors of ALPS ("Transferor") and MHASL ("Transferee") approved the scheme of amalgamation ("Scheme") under the provisions of section 230 to 232 of the Act and relevant rules made thereunder, for the merger of ALPS with MHASL with the rationale of further leveraging & utilizing the strengths of both the entities, accelerating the realization of identified synergies, bringing in integrated and coordinated business approach and improving organizational capability.

On June 16, 2023 Hon'ble National Company Law Tribunal ("NCLT"), Mumbai Bench, has passed an order and directed the Transferor and Transferee companies to serve notices to statutory authorities viz. Regional Director, Registrar of Companies, Income Tax authorities, GST authorities and Official liquidator. In compliance with said NCLT order, Transferor and Transferee have duly served notices to statutory authorities and filed an affidavit of service with the NCLT.

Re-classification of kayak from 'Promoter' to 'Public' Category

On September 30, 2022, the Company had received a request letter from Kayak Investments Holding Pte. Ltd. ("Kayak") seeking re-classification from 'Promoter' to 'Public' category in accordance with the SEBI Listing Regulations since Kayak had divested its entire stake held in the Company and exercising no control over the Company whatsoever.

The Board in its meeting held on November 1, 2022, noted the request submitted by Kayak and in view of the rationale submitted by Kayak, accepted and approved the said reclassification request, subject to the approval of stock exchanges i.e. National Stock Exchange of India Limited ("NSE") and BSE Limited ("BSE") and such other approvals/confirmation, if any, as may be necessary and required for said purpose.

The Company has filed application with stock exchanges i.e. NSE and BSE seeking their approval for re-classification of Kayak from 'Promoter' to 'Public' category and the same is pending for approval as on date of this report.

Voluntary Liquidation of Saket City Hospitals Limited

The Board of Saket City Hospitals Limited ("SCHL") in its meeting held on June 16, 2022, and shareholders in their meeting held on June 20, 2022, have approved voluntary liquidation of SCHL under the provisions of Insolvency and Bankruptcy Code, 2016, wherein the business undertaking of SCHL was sought to be distributed to its shareholder i.e., the Company, on a going concern basis.

Thereafter, Liquidator of SCHL, had distributed the entire business undertaking of SCHL to the Company on a going concern basis with effect from close of business hours on August 31, 2022 and has issued a Letter of Distribution dated August 31, 2022 in this regard. Accordingly, the business operations of SCHL have been consolidated with the Company with effect from close of business hours on August 31, 2022.

Post voluntary liquidation and distribution of business undertaking on ongoing basis, the petition for dissolution has been filed with Hon'ble NCLT, Mumbai Bench on March 22, 2023 which is pending final approval from Hon'ble NCLT as on date of this report.

Land Acquisition

Pursuant to approval of the Board accorded on October 4, 2021, the Company purchased two parcels of land admeasuring ~ 5.26 acres and ~ 6.11 acres, located in Gurugram at Sector 56 and 53 respectively, which were offered to the Company for allotment on freehold basis for setting up two hospitals, following acceptance of its bids made under e-auction of institutional properties arranged by Haryana Shehri Vikas Pradhikaran ("HSVP"). Subsequently, vacant physical possession of land was given to the Company on February 23, 2022.

Thereafter, the allotment ~ 6.11 acres of land at sector 53 was unilaterally cancelled by HSVP, on the grounds that a part of the land (measuring 2.58 acre) could not be transferred by the previous developer/ land owner ("party") to HSVP as stipulated in the license granted by HSVP to such party earlier. The above cancellation of the allotment of the land by HSVP was followed by a refund towards cost of land earlier paid by the Company and interest accrued thereon upto the date of cancellation.

The Company has challenged the unilateral and arbitrary cancellation of allotment of the land by HSVP in the Hon'ble Punjab and Haryana High Court since it is in violation of allotment letter. The Hon'ble High Court has admitted the petition and directed all parties to maintain status quo. The Company is seeking appropriate legal recourse for revocation of cancellation notice and restoration of the allotment of said land by HSVP.

Expansion of bed capacity at Dr. Balabhai Nanavati Hospital

The Board in its meeting held on December 15, 2022 had accorded approval for funding (in one or more tranches) of wholly owned subsidiary i.e. MHASL, by way of loan or deposit or investment in its securities etc. up to ₹ 300 Crore to partly finance the cost

of Phase-1 expansion of bed capacity from existing 367 to 602 beds (census and non-census) at Dr. Balabhai Nanavati Hospital, a managed healthcare facility ("BNH"). Phase-1 expansion of BNH is expected to be completed in the year of 2025.

Land Purchase by wholly-owned subsidiary (Post FY 2022-23)

On May 12, 2023, Crosslay Remedies Limited ("CRL"), has entered into an 'agreement to sell' for acquisition of land and building admeasuring 4,000 square meters situated in Uttar Pradesh subject to fulfilment of certain conditions precedents post which CRL shall enter into definitive agreements.

Acquisition of Equity stake in Eqova Healthcare Private Limited (Post FY 2022-23)

At the beginning of the FY 2022-23, the Company held 26% equity stake in Eqova Healthcare Private Limited ("Eqova") with right to appoint majority of directors on the Board of Eqova. The Company had entered into an escrow arrangement for acquisition of additional 34% stake by way of a put & call option linked to achievement of certain milestones. In April 2023, put option was exercised by a shareholder of Eqova and consequently, additional 34% stake was acquired on April 13, 2023 on remittance of funds held in escrow towards consideration for the put option exercised by such shareholder. The Company has right to appoint majority of directors on the Board of Eqova and holds 60% of the paid up equity share capital of Eqova post acquisition on April 13, 2023.

Share Capital

Authorised Capital

During FY 2022-23, there was no change in the authorised share capital of the Company. As on March 31, 2023, authorised share capital of the Company stood at ₹ 1385,00,00,000 divided into 126,00,00,000 ordinary equity shares having a nominal value of ₹ 10 each and 12,50,00,000 cumulative preference shares having a nominal value of ₹ 10 each.

Issued, Subscribed and Paid-up Capital

During the FY 2022-23, 13,09,370 equity shares were allotted to 61 eligible employees upon exercise of options granted to them under Max Healthcare Institute Limited- Employee Stock Option Plan 2020.

Consequent to the aforesaid allotment, the issued, subscribed and paid-up share capital of the Company as on March 31, 2023 was ₹ 970,92,28,250 comprising of 97,09,22,825 equity shares of face value of ₹ 10/- each fully paid-up.

Employees Stock Option Schemes

The Company grants share-based benefits to eligible employees with a view to attract and retain talent, align individual performance with the Company's objectives, and promote increased participation by them in the growth of the Company. The Company has two active Employee Stock Option Schemes viz. Employee Stock Option Scheme - 2020 ("ESOP Scheme - 2020") and Employee Stock Option Scheme - 2022 ("ESOP Scheme - 2022").

- **ESOP scheme - 2020**

  Pursuant to approval accorded by the Board and members of the Company on September 1, 2020 and September 29, 2020 respectively, ESOP Scheme - 2020 was introduced to issue and allot equity shares to the eligible employees.

  The total number of stock options that can be granted pursuant to ESOP Scheme - 2020 is 66,45,150 options in respect of 66,45,150 equity shares. The Company has received approvals from time to time from stock exchanges i.e. BSE and NSE under SEBI Listing Regulations for the listing of the equity shares allotted pursuant to ESOP Scheme - 2020.

  As on March 31, 2023, 49,77,819 equity shares have been allotted to eligible grantees on exercise of the options granted to them pursuant to ESOP Scheme 2020. Further, 5,06,771 equity shares have been allotted after the close of FY 2022-23 till the date of this report to eligible grantees on exercise of the options.

- **ESOP Scheme - 2022**

  Pursuant to approval accorded by the Board and members of the Company on August 31, 2022 and September 26, 2022 respectively, ESOP Scheme - 2022 was introduced to issue and allot equity shares to the eligible employees.

  The total number of stock options that can be granted pursuant to ESOP Scheme - 2022 is 1,06,65,978 options in respect of 1,06,65,978 equity shares.

  As on March 31, 2023, no options have been vested under ESOP Scheme - 2022 and consequently, no allotment of shares was done under the ESOP Scheme - 2022.

  ESOP Scheme - 2020 and ESOP Scheme - 2022 is in compliance with the SEBI (Share Based Employee Benefits and Sweat Equity) Regulations, 2021 ("SEBI SBEB Regulations 2021"), as amended from time to time and earlier SEBI regulations, if applicable and related resolutions passed by the members of the Company on September 29, 2020 and September 26, 2022, respectively. During the FY 2022-23, no changes have been made in ESOP Scheme - 2020 and ESOP Scheme - 2022.

  The Company has obtained certificate(s) from Secretarial Auditors confirming that ESOP Scheme - 2020 and ESOP Scheme - 2022 have been implemented in accordance with the SEBI SBEB Regulations 2021 and resolution(s) passed by the members of the Company. The said certificates will be made available for inspection by the members of the Company at the registered office and through electronic mode during business hours of the Company.

  A statement containing relevant disclosures for ESOP Scheme - 2020 and ESOP Scheme - 2022 pursuant to rule 12(9) of the Companies (Share Capital and Debentures) Rules, 2014 and regulation 14 of the SEBI SBEB Regulations 2021 is available on the website of the Company at www.maxhealthcare.in/investors/corporate-governance.

- **Phantom Stock Plan - 2017**

  Prior to listing of securities of the Company on stock exchanges i.e. NSE and BSE, pursuant to a resolution dated August 4, 2017 passed by the Board and resolution dated September 29, 2017 passed by the members, approval was accorded to Phantom Stock Plan - 2017 ("MHILPSP") to offer, issue and allot phantom stock options to eligible employees of the Company and its subsidiaries. MHILPSP included cash settled rights wherein the employees of the Company were entitled to cash compensation based on the Company's fair value. MHILPSP does not entail issuance of any form of stocks or securities and is designed to draw benefits from the positive growth and appreciation in the enterprise value of the Company which means the grantee shall benefit by way of settlement of appreciation through cash outlays.

  The total number of options granted pursuant to MHILPSP is 59,34,298. Out of the granted options, an aggregate of 26,00,460 options have been vested, 18,80,244 options have been exercised, 40,54,054 options have been lapsed / Forfeited / Surrendered. The more details are mentioned in Note No. 31.04 to Standalone Financial Statements forms part of the Annual Report.

Subsidiaries, Joint ventures and Associates

Subsidiaries

As at March 31, 2023, the Company has 9 (nine) subsidiaries including one step down subsidiary. During the year under review, the Board regularly reviewed the affairs of the subsidiaries.

In accordance with section 129(3) of the Act, the Company has prepared the consolidated financial statements, which form part of the Annual Report. Further, a statement containing the salient features of the financial statements of subsidiaries in the prescribed format AOC-1 forms part of the Annual Report and therefore, not repeated in this report to avoid duplication. The contribution of subsidiaries to the overall performance of the Company is outlined in Note No. 35.17 of the consolidated financial statements form part of the Annual Report.

In accordance with section 136 of the Act, the audited financial statements, including the consolidated financial statements and related information of the Company and audited financial statements of its subsidiaries, are available on Company's website at https://www.maxhealthcare.in/investors/financial-reports and are available for inspection at the Company's registered office or through electronic mode. Further, the same will also be available electronically for inspection by the members during the AGM and the physical copies of the same will also be made available to the members of the Company upon request.

In terms of SEBI Listing Regulations, the Company has a policy in place for determining "material subsidiary". The said policy is available on the website viz. www.maxhealthcare.in/investors/corporate-governance. In terms of regulation 16(1)(c) of the SEBI Listing Regulations, Material Subsidiary shall mean a subsidiary, whose income or net worth exceeds 10% (ten percent) of the consolidated income or net worth, respectively, of the company and its subsidiaries in the immediately preceding accounting year. Further, in terms of Regulation 24(1) of the SEBI Listing Regulations, at least one independent director on the Board of the company shall be a director on the Board of an unlisted material subsidiary, i.e. a subsidiary, whose income or net worth exceeds 20% (twenty percent) of the consolidated income or net worth respectively, of the company and its subsidiaries in the immediately preceding accounting year.

Based on the audited financials of the Company for FY 2022-23, Hometrail Buildtech Private Limited and Crosslay Remedies Limited, wholly-owned subsidiaries, have been identified as material subsidiaries of the Company for FY 2023-24 in terms of regulation 16(1)(c) of SEBI Listing Regulations. Further, no subsidiary of the Company fulfills the criteria prescribed under regulation 24(1) of SEBI Listing Regulations.

Brief description about subsidiaries of the Company as on March 31, 2023 is given below:

- **Hometrail Buildtech Private Limited**

  Hometrail Buildtech Private Limited ("HBPL") was incorporated on April 21, 2008 and having its registered office at N-110, Panchsheel Park, New Delhi – 110 017. HBPL is a wholly owned subsidiary of the Company.

  Pursuant to the concession agreement(s) executed with the government of Punjab, HBPL is currently running and operating two hospitals viz. Max Super Speciality Hospital, Bhatinda ("Max Bhatinda") and Max Super Speciality Hospital, Mohali ("Max Mohali") under the public private partnership and provides high end medical care to residents of Tricity of Chandigarh, Mohali, Panchkula and in the industrial town of Bathinda, Punjab. Both the hospitals also provide cancer care to the community and contribute a share of their revenues to Govt. of Punjab under the Concession Agreement.

  Max Bhatinda is a 200 bedded hospital offering key specialties such as Cardiac Sciences, Critical Care, Oncology, Nephrology, Pulmonology, Urology, General Surgery, Gastroenterology, Ophthalmology and Orthopaedics. It is equipped with catheterisation laboratory, Operating Theatres, oncology equipment like LINAC for radiotherapy, MRI and CT scan machines.

  Max Mohali is a 220 bedded hospital offering key specialties such as cardiac sciences, critical care, oncology, kidney transplants, nephrology, pulmonology, urology, general surgery, gastroenterology and orthopaedics. It is equipped with catheterisation laboratory, operating theatres with High Efficiency Particulate Air, Electronic Health Record, oncology equipment like linear accelerator for radiotherapy, 3 Tesla MRI, CT scan machines and PET CT Scanner. The board of directors of HBPL had earlier in January 14, 2022 approved an expansion plan by way of construction of a new tower for ramping up the bed strength of Mohali Hospital from 220 to ~390 beds pursuant to allotment of additional land by note Govt of Punjab.

  During the year ended March 31, 2023, HBPL made a profit after tax ("PAT") of ₹ 87.63 Crore and a total comprehensive income of ₹ 87.67 Crore.

- **Alps Hospital Limited**

  Alps Hospital Limited ("Alps") was incorporated on May 26, 1989 and having its registered office at 401, 4th Floor, Man Excellenza, S. V. Road, Vile Parle (West), Mumbai – 400 056. ALPS is a wholly owned subsidiary of the Company.

  Alps focuses on establishing, maintaining and running a 94 bedded hospital in Gurugram, Haryana ("Max Gurugram"). It is a community hospital offering high end care in maternity and family welfare centres, general surgery, ENT, internal medicine, neuro sciences, orthopedics, medical oncology, in addition to diagnostic and emergency care. Also, in order to effectively manage radiology services and to provide the services round the clock cover, during the FY 2022-23, Alps has outsourced its radiology and related services to SCHL.

  Alps, consequent to approval of its Board in August, 2021, raised funds from the existing shareholders by way of issue of 6,83,990 equity shares of ₹ 10 each at a premium of ₹ 721, for an aggregate amount of ~ ₹ 50 Crore for general corporate purpose. Alps later acquired 100% stake in ET Planners Private Limited – a company having exclusive right to aid development of and provide medical services in a 500 bedded hospital in South Delhi to be built on 3.5 acres of land situated between two of Max network facilities at Saket and owned by Vikrant Children Foundation and Research Centre. The acquisition was completed on August 27, 2021 for an aggregate consideration of ~₹ 61 Crore and accordingly, ET Planners has become step down wholly-owned subsidiary of the Company.

  During the year ended March 31, 2023, ALPS made a PAT of ₹ 35.69 Crore and a total comprehensive income of ₹ 35.74 Crore.

- **ET Planners Private Limited**

  ET Planners Private Limited ("ET Planners") was incorporated on September 26, 2017 and having its registered office at N-110, Panchsheel Park, New Delhi – 110 017. Alps owns 100% equity shares (i.e. 10,000 equity shares of face value of ₹ 10 each) of ET Planners and accordingly, it is a step down wholly owned subsidiary of the Company w.e.f. August 27, 2021. The details relating to arrangement between ET Planners and Vikrant Children Foundation and Research Centre have been provided in the above para under ALPS.

  During the year ended March 31, 2023, ET Planners reported a net loss of ₹ 2.57 Crore and a total comprehensive loss of ₹ 2.57 Crore.

- **Crosslay Remedies Limited**

  Crosslay Remedies Limited ("CRL") was incorporated on January 8, 2002 and having its registered office at N - 110, Panchsheel Park, New Delhi-110017. CRL is a wholly owned subsidiary of the Company. CRL owns and currently operates Max Super Speciality Hospital, Vaishali ("Max Vaishali") and Max Multi Speciality Centre, Noida.

  CRL provides care in all medical facilities under one umbrella including oncology, neurology, orthopaedics and joint replacement, general surgery, pediatric, OBS and gynaecology, cardiology & cardiothoracic surgery, emergency & critical care, gastroenterology etc.

  At the beginning of FY 2022-23, the Company held 99.90% equity stake in CRL and subsequently, on June 3, 2022, after completion of the acquisition of balance equity shares from remaining shareholders of CRL pursuant to the share purchase agreement dated January 15, 2020, the holding of the Company increased to 100% equity stake in CRL to make it wholly-owned subsidiary of the Company.

  During the year under review, CRL recorded a total operational income of ₹ 654.01 Crore registering a growth of 14.2% over the previous year and recorded a PAT of ₹ 149.93 Crore.

- **Max Hospitals and Allied Services Limited**

  Max Hospitals and Allied Services Limited ("MHASL") (formerly known as Radiant Life Care Mumbai Private Limited) was incorporated on May 21, 2014 and having its registered office at 401, 4th Floor, Man Excellenza, S. V. Road, Vile Parle (West), Mumbai – 400 056. MHASL is a wholly owned subsidiary of the Company.

  MHASL is engaged in the business of setting up, maintaining and operating hospitals, nursing institutes and homes, clinics and medical centres, offering medical facilities and speciality medical units in existing hospitals, nursing homes and medical centres and operate or manage them and also to provide education in the medical and pharmaceutical fields.

  MHASL is having a long-term operations and management agreement dated July 16, 2014, with Dr. Balabhai Nanavati Hospital (a society registered under the Societies Registration Act, 1860 and a public charitable trust registered under the Maharashtra Public Trusts Act, 1950) for operating and managing a 328 bedded super speciality hospital i.e. Nanavati Max Super Speciality Hospital, situated at Vile Parle (West), Mumbai, Maharashtra. The agreement is valid for a period of 29 years and MHASL is entitled to fair value of the hospital at the end of tenure in case it is not able to match the bids by other player under the Right to First refusal.

  The Company purchased remaining 100 equity shares of MHASL from other shareholder in January 2022 and accordingly, MHASL is a wholly owned subsidiary of the Company w.e.f. January 28, 2022.

  The Company has incurred loss before tax of ₹ 7.72 Crore during the year compared to previous year losses before tax of ₹ 3.99 Crore.

- **Max Lab Limited**

  Max Lab Limited ("Max Lab") was incorporated on June 2, 2021 and having its registered office at N - 110, Panchsheel

Park, New Delhi-110017. Max Lab is a wholly owned subsidiary of the Company. On September 21, 2022, the Company has made investment of ₹ 15 Crore in Max Lab by subscribing 1,50,00,000 equity shares of ₹ 10 each of Max Lab under rights issue. Max Lab has a paid-up share capital of ₹ 20 Crore as on March 31, 2023. Max Lab was incorporated, inter-alia, to provide range of diagnostic services including pathology lab services to retail and non-captive customers and manage Pathology Laboratories of third-party hospitals.

Max Lab experienced gradual recovery of non-covid business and simultaneously rising trend of RT-PCR volumes and decline in price for tests as notified by the Government from time to time. As on March 31, 2023, Max Lab engaged 966 active clients including 23 at owned collection centres, 300+ from partner run collection centres, 155+ Phlebotomist at Site (PAS), 200+ Pick-up Points (PUP) supported by 28 third party Hospital Lab Management (HLM). Also, footprints of Max Lab have been expanded to 25+ cities with strong team of 650+ seasoned professionals and trained lab technicians and phlebotomologist.

During the year ended March 31, 2023, Max Lab has reported loss of ₹ 31.30 Crore. The total comprehensive loss is ₹ 31.23 Crore.

- **Max Healthcare FZ - LLC, Dubai**

Max Healthcare FZ - LLC ("Max Dubai") was incorporated in Dubai, United Arab Emirates ("UAE") on July 12, 2021 as a wholly owned subsidiary, in order to provide business support and marketing services to its business partners and associates located in the Gulf Co-operation Council region, West Asia, Commonwealth of Independent States, part of Africa and Eastern Europe. As on the date of this Board's Report, the Company has invested 27,50,000 UAE Dirham ("AED") (in aggregate) in Max, Dubai towards capital contribution.

The subsidiary is engaged mainly in intermediary services and helping the network hospitals source international patients through various healthcare facilitators located outside of India.

During the year ended March 31, 2023, Max Dubai reported a revenue of 18,15,679 AED.

- **MHC Global Healthcare (Nigeria) Limited, Nigeria**

MHC Global Healthcare (Nigeria) Limited ("MGHL") was incorporated on May 20, 2019 under the Companies and Allied Matters Act, 1990 of Nigeria, as a wholly owned subsidiary of the Company and having its registered office at Kresta Laurel Complex, 4th Floor, 376, Ikorodu Road, Maryland, Ikeja, Lagos, Nigeria.

MGHL was incorporated in Lagos, Nigeria in line with Company's international strategy to serve an increasing number of patients from abroad through which we aim to provide consultation services to patients and assess whether the patient needs to be brought to India for surgery or operations. MGHL has not commenced its operations as at March 31, 2023.

MGHL was incorporated with authorised share capital of 100 Million Naira consisting of 100,00,000 ordinary shares of 10 Naira each. MHIL has made an investment for an amount upto ₹ 1.93 Crore in MGHL, by way of subscription towards fresh issue of 1,00,00,000 equity shares of MGHL.

- **Eqova Healthcare Private Limited**

Eqova Healthcare Private Limited ("Eqova") was incorporated on February 24, 2021 having its registered office at N-110, Panchsheel Park New Delhi - 110017. Eqova is subsidiary of the Company.

Eqova has an agreement with Nirogi Charitable and Medical Research Trust – a society registered under the Societies Registration Act 1860, in the form of an exclusive and long-term Medical Services Agreement under which it has exclusive rights to aid development of and provide medical services to a ~400 bed hospital to be built on a parcel of 2.1 acres of land located at Patparganj, New Delhi & owned by the Society. Under phase-1, 250 beds will be commissioned in FY 2025-26 and this hospital will have high end medical program such as oncology, organ transplant and other multi-disciplinary care in the area of cardiac sciences, neurosciences, renal sciences, etc. This hospital, once fully operational, shall directly employ ~2,000 people and provide free treatment to ~60,000 patients belonging to the economically weaker section annually in its in-patient and outpatient departments.

During the year ended March 31, 2023, Eqova has reported a net loss of ₹ 2.47 Crore.

Entity ceased to be a subsidiary

- **Saket City Hospitals Limited**

SCHL was incorporated on January 8, 1991. SCHL was wholly owned subsidiary of the Company. During the FY 2022-23, the Board of SCHL and its shareholder had approved voluntary liquidation of SCHL under section 59 of Insolvency and Bankruptcy Code, 2016 in order to consolidate the operations of SCHL with the Company to unleash operational efficiencies and other synergies. On August 31, 2022, the liquidator of SCHL distributed the entire business undertaking of SCHL to the Company on a going concern basis, with effect from close of business hours on August 31, 2022.

Post voluntary liquidation and distribution of business undertaking on ongoing basis, the petition for dissolution has been filed with Hon'ble NCLT, Mumbai Bench on March 22, 2023 which is pending final approval from Hon'ble NCLT as on date of this report.

Joint Ventures and Associates

The Company does not have any Joint Venture and/or Associate company.

International presence

Kenya

The Nairobi branch office continued to play a stellar role in representing the Company as a provider of high-end medical care to medical value travelers from Kenya. The Nairobi office has been focusing on promoting high-end tertiary and quaternary care services including Bone Marrow Transplants, Liver Transplants and Pediatric Cardiac Surgeries. The Company has been able to add more partners and also expand its footprint in cities like Mombasa, Kisi, Kisumu and El-Doret. We are now able to reach patients in these cities and facilitate their travel to India for treatment of complex medical conditions.

United Arab Emirates

The office in Dubai, UAE has been able to make a mark for itself in the UAE. The Dubai office has been focusing on the large Indian diaspora based in UAE as the initial set of patients who might travel to India. The UAE office has entered into tie-ups with local insurance companies to provide cashless services to their beneficiaries, while being treated at Max Hospitals in India. They have also reached out to local corporates, healthcare facilitators, charitable organisations funding treatment of indigent patients and the government departments facilitating treatment abroad.

The Dubai office is now engaging with other expat communities based in Dubai, particularly the African diaspora.

It is also actively exploring tie-ups with local hospitals in Dubai for patient referrals.

Nigeria

MHIL's office in Lagos, Nigeria helps patients seek medical treatments in India. The office has been able to build trust and confidence amongst the local Nigerians in assisting them access world-class healthcare in India. The office assists the patients with medical opinions from Max clinicians, video-consults, visa assistance and connecting them with the hospital teams in India. The office has been able to build excellent relationships with various healthcare facilitators, government institutions and PSU's, as well as large hospitals for patient referrals to various Max Hospitals. The office in Lagos is now exploring patient referral opportunities in other regions of Nigeria as well.

Ethiopia

With a focus on Neurology, Oncology, Transplant surgeries (including bone and kidney transplants), and Orthopaedics, the Ethiopia office in Addis Ababa provides assistance to patients seeking medical treatment in India. The client base includes corporate organisations, local hospitals, and direct patients, reflecting the broad reach and diverse partnerships established by the Company in Ethiopia. By collaborating with corporate entities and hospitals, the office is able to extend its services to a wider population, ensuring access to high-quality healthcare to those in need.

Oman

MHIL's Oman office in Muscat works closely with the Treatment Abroad department of the Ministry of Health, Government of Oman. The office assists residents of Oman in seeking medical care in Neurology, Orthopaedics, Liver Transplants (Adult & Paediatrics), Bone Marrow Transplants, and Neuro Rehabilitation in India. This diverse range of specialities ensures that patients with complex medical conditions receive comprehensive and holistic treatment in India. The office caters to a wide range of clients including insurance companies, charities and NGOs, local hospitals, and local medical travel companies. By collaborating with these entities and through its very active presence in Oman, the Compny has been able to establish itself as a preferred destination for Omanis wishing to travel abroad for medical travel.

Nepal

Patients from Nepal can avail exceptional medical care at MHIL in India. The Nepal office based in Kathmandu helps patients in seeking information regarding treatments in various specialities including Oncology, Orthopaedics, Liver Transplants, Kidney Transplants, Urology, and Neurology. Patients from Nepal are now able to easily access comprehensive and cutting-edge treatments for a wide range of medical conditions at MHIL in India. The client base of the Nepal office includes corporates, local medical tourism companies and numerous small and large hospitals.

Uzbekistan

The office located in Tashkent, Uzbekistan works closely with numerous healthcare facilitators located not only in Tashkent but also in different regions of the country. The Company has been able to reach disparate regions of the country and help to patients access high-end healthcare services. With a focus on Oncology, Liver Transplants, and Neurology, the office assists patients in Uzbekistan for advanced treatments and interventions for complex medical conditions in India.

Myanmar

The Myanmar office located in Yangoon, assists in providing information on advanced treatment interventions in Oncology, Paediatric Cardiac Care, Liver Transplantation, and Kidney Transplantation in India. The clientele of the Myanmar office primarily consists of local medical tourism companies and domestic hospitals. The office has been steadily building the reputation of the Company as one of the finest healthcare destination in South East Asia. The office plans to extend its operations in Mandalay and other parts of Myanmar later in the year.

Board and its Committees

Meetings of the Board

Regular meetings of the Board and its Committees are held to discuss and decide on various business policies, strategies, financial matters and other businesses. The schedule of the Board/ Committee Meetings to be held in the forthcoming financial year is circulated to the directors in advance to enable them to plan their schedule for effective participation in the meetings. Due to business exigencies, the Board has also been approving several proposals through resolution by circulation from time to time.

During the FY 2022-23, the Board met 8 (eight) times on April 11, 2022, May 25, 2022, August 10, 2022, August 31, 2022, November 1, 2022, December 15, 2022, February 2, 2023 and March 16, 2023. The intervening gap between the two consecutive Board meetings was within the period prescribed under the provisions of section 173 of the Act and regulation 17 of the SEBI Listing Regulations. The details of the meetings and the attendance of the directors are mentioned in the report on Corporate Governance which forms part of this Annual Report.

Committees of the Board

The Company has the following 7 (Seven) Board-level Committees, which have been established in compliance with the requirements of the business and relevant provisions of applicable laws and statutes:

1. Audit and Risk Management Committee, which also acts as Risk Management Committee
2. Nomination and Remuneration Committee
3. Stakeholders Relationship Committee
4. Corporate Social Responsibility Committee
5. Business Responsibility and Sustainability Committee
6. Restructuring Committee
7. Debenture Committee

The composition, terms of reference and number of meetings held by the Committees are mentioned in the Report on Corporate Governance which forms part of the Annual Report.

During the FY 2022-23, all the recommendations made by Board committees, including the Audit and Risk Management Committee, were accepted by the Board.

Directors & Key Managerial Personnel

Directors

Appointments

- **Mr. Pranav Amin**

  The Board of the Company at its meeting held on August 10, 2022, based on the recommendation of NRC approved the appointment of Mr. Pranav Amin (DIN: 00245099), as an additional director in the category of independent director, subject to approval of members of the Company. Subsequently, members of the Company at the 21st AGM held on September 26, 2022, approved the appointment of Mr. Amin as an independent Director for a term of 5 (five) years from August 10, 2022 to August 9, 2027.

- **Mr. Abhay Soi**

  The Board of the Company at its meeting held on August 31, 2022, based on the recommendation of the NRC approved the re-appointment of Mr. Abhay Soi (DIN-00203597), as Chairman and Managing Director of the Company for a term of 5 (five) years with effect from June 19, 2023, subject to approval of members of the Company. Subsequently, members of the Company at the 21st AGM held on September 26, 2022, approved the re-appointment of Mr. Soi as Chairman and Managing Director, not liable to retire by rotation.

- **Mr. Anil Kumar Bhatnagar**

  The Board of the Company at its meeting held on August 31, 2022, based on the recommendation of the nomination and remuneration committee ("NRC") approved the appointment of Mr. Anil Kumar Bhatnagar (DIN: 09716726), as an additional director in the category of non-executive director, subject to approval of members of the Company. Subsequently, members of the Company at the 21st AGM held on September 26, 2022, approved the appointment of Mr. Bhatnagar as a non-executive director, liable to retire by rotation.

- **Mr. Narayan K. Seshadri (Post FY 2022-23)**

  The Board of the Company at its meeting held on May 16, 2023, based on the recommendation of the NRC approved the appointment of Mr. Narayan K. Seshadri (DIN: 00053563), as an additional director in the category of non-executive director for a term of 3 (three) consecutive years with effect from May 16, 2023, subject to approval of members of the Company. Subsequently, the Company initiated the postal ballot for seeking approval of the members of the Company for appointment and remuneration payable to Mr. Seshadri. The results of the postal ballot will be announced on or before August 17, 2023.

Cessations

- **Mr. Gaurav Trehan**

  Mr. Gaurav Trehan (DIN: 03467781) resigned from the position of Non-Executive Director of the Company with effect from close of business hours on August 24, 2022. Mr. Trehan was appointed on the Board as a nominee of Kayak. Since, Kayak had divested its entire stake held in the Company by August 25, 2022, Mr. Trehan resigned from office of director of the Company. The Board placed on record its appreciation for the invaluable contribution made by Mr. Trehan during the course of his tenure as director.

- **Mr. Prashant Kumar**

  Mr. Prashant Kumar (DIN: 08342577), nominated by Kayak, liable to retire by rotation at last AGM held on September 26, 2022, did not seek re-appointment as Kayak had divested its entire stake held in the Company by August 25, 2022. Consequently, Mr. Kumar ceased to be a Non-Executive Director with effect from September 26, 2022. The Board placed on record its appreciation for the invaluable contribution made by Mr. Kumar during the course of his tenure as director.

- **Ms. Harmeen Mehta (Post FY 2022-23)**

  Ms. Harmeen Mehta (DIN: 02274379) ceased to be Independent Director of the Company with effect from April 14, 2023 consequent to her resignation due to personal reasons. The Board placed on record its appreciation for the invaluable contribution made by Ms. Mehta during the course of her tenure as Director.

Director liable to retire by rotation

- **Mr. Anil Kumar Bhatnagar**

  As per the provisions of the Act, Mr. Anil Kumar Bhatnagar (DIN: 09716726), Non-Executive director of the Company is liable to retire by rotation at the ensuing 22nd AGM and being eligible, seeks re-appointment. Based on performance evaluation and the recommendation of NRC, the Board recommends his re-appointment. Brief profile of Mr. Bhatnagar is provided in the Notice of ensuing 22nd AGM. Appropriate resolution for his re-appointment is being placed for the approval of the members of the Company at the ensuing 22nd AGM. Further, a proposal to fix tenure of Mr. Anil Kumar Bhatnagar for a period of 3 (three) years with effect from October 1, 2023 is being placed before the members at the ensuing 22nd AGM for their approval.

  In the opinion of the Board, all the directors, including the directors appointed during the FY 2022-23, possess the requisite qualifications, experience, expertise, proficiency and hold high standards of integrity.

  Brief resume, nature of expertise, disclosure of relationship between directors, inter-se, details of directorships and committee memberships held in other companies of the directors proposed to be appointed/ re-appointed, along with their shareholding in the Company, as stipulated under Secretarial Standard - 2 and regulation 36 of the SEBI Listing Regulations, forms part of notice of the 22nd AGM.

Key Managerial Personnel

Appointment

- **Mr. Dhiraj Aroraa**

  The Board, on the recommendation of NRC, has appointed Mr. Dhiraj Aroraa as SVP - Company Secretary & Compliance Officer of the Company with effect from February 3, 2023.

Cessation

- **Ms. Ruchi Mahajan**

  Ms. Ruchi Mahajan resigned as the SVP - Company Secretary & Compliance Officer of the Company with effect from close of business hours on November 1, 2022, on account of personal reasons. The Board placed on record its appreciation for the invaluable contribution made by Ms. Ruchi during the course of her service.

  Consequent to the resignation of Ms. Ruchi Mahajan, the Board had designated Mr. Rakesh Kumar Kaushik, Director-Legal and Corporate Affairs as an interim compliance officer of the Company with effect from November 2, 2022. Mr. Kaushik ceased to be interim compliance officer with effect from close of business hours on February 2, 2023.

Pursuant to the provisions of section 203 of the Act, Mr. Abhay Soi, Chairman and Managing Director, Mr. Yogesh Kumar Sareen, Senior Director & Chief Financial Officer, Mr. Dhiraj Aroraa, SVP-Company Secretary & Compliance Officer are the Key Managerial Personnel of the Company as on March 31, 2023.

Declaration by Independent Directors

Independent Directors have submitted their declaration of independence, stating that:

(i) they continue to fulfil the criteria of independence as required pursuant to section 149(6) read with schedule IV of the Act and regulation 16 of the SEBI Listing Regulations;

(ii) they have confirmed that they are not aware of any circumstances or situation which exist or may be anticipated, that could impair or impact their ability to discharge their duties in terms of regulation 25(8) of the SEBI Listing Regulations;

(iii) they are not debarred from holding the office of Director pursuant to any SEBI order or order of any such authority; and

(iv) there has been no change in the circumstances affecting their status as Independent Director of the Company.

All Independent Directors have affirmed compliance to the code of conduct for independent directors as prescribed in schedule IV to the Act. In the Board's opinion, the Independent Directors are persons of high repute, integrity and possess the relevant expertise and experience in their respective fields. The Independent Directors have also confirmed that they have complied with the Company's code of conduct. Independent Directors have also confirmed that they have registered their names in the independent directors' databank with the Indian Institute of Corporate Affairs.

Directors' Responsibility Statement

Pursuant to clause (c) of sub-section (3) of section 134 of the Act, it is confirmed that:

(a) in the preparation of the Annual Accounts for the period under review, the applicable accounting standards have been followed along with proper explanations relating to material departures therefrom, if any;

(b) the selection and application of accounting policies were assessed for their consistent application and judgements and estimates were made that are reasonable and prudent so as to give a true and fair view of the state of the affairs of your Company at the end of the financial year and of the profit of your Company for the financial year ended March 31, 2023;

(c) proper and sufficient care has been taken for the maintenance of adequate accounting records in accordance with the provisions of the Act for safeguarding the assets of your Company and for preventing and detecting fraud and other irregularities;

(d) the annual accounts of the Company have been prepared on a going concern basis;

(e) proper internal financial controls have been laid down to be followed by the Company and that such internal financial controls are adequate and are operating effectively; and

(f) proper systems have been devised to ensure compliance with the provisions of all applicable laws and that such systems were adequate and operating effectively.

Policy on Appointment and Remuneration

The Board has framed and adopted a Nomination, Remuneration and Board Diversity policy in terms of the section 178 of the Act. The policy, inter-alia, lays down the principles relating to appointment, cessation, remuneration and evaluation of directors, key managerial personnel ("KMP") and senior management personnel of the Company. The policy also provides guidance on diversity at Board level. The Nomination, Remuneration and Board Diversity Policy of the Company is available on the website of the Company at www.maxhealthcare.in/investors/corporate-governance. No changes were carried out in aforesaid policy during FY 2022-23.

The NRC has also developed the criteria for, inter-alia, determining the qualifications, positive attributes and independence of Directors. It takes into consideration the best remuneration practices in the industry while fixing appropriate remuneration packages.

The Board members affirm that the remuneration paid to the directors, KMPs, Senior Management is as per the Nomination, Remuneration and Board Diversity Policy of the Company.

The salient features of the Nomination, Remuneration and Board Diversity Policy are as under:

- Represents the approach of the Company for remuneration of Directors, Senior Management and other employees;
- Sets out the approach to have a diversity on the Board of the Company in terms of gender, age, cultural, educational background, profession, experience, skills, knowledge etc.;
- Compensation of Directors, KMPs, Senior Management and other employees is based on the following principles;
  (a) Aligning key executive and Board remuneration with the long-term interests of the Company and its shareholders;
  (b) Linked to long-term strategy as well as annual business performance of the Company;
  (c) Minimising complexity and ensuring transparency;
  (d) Promoting a culture of meritocracy and linked to key performance and business drivers; and
  (e) Reflective of line expertise and market competitiveness so as to attract the best talent.

Board Evaluation

One of the key functions of the Board is to monitor and review the Board evaluation framework. Pursuant to applicable provisions of the Act and SEBI Listing Regulations, the Board, in consultation with NRC, has formulated a framework containing, inter-alia, the criteria for performance evaluation of the entire Board, its Committees, Chairperson and Individual Directors, including Independent Directors.

Overview of evaluation framework and criteria:

S. No	Category	Criteria
1	Board of Directors	Board structure, composition, diversity, experience, competencies, performance of specific duties and obligations, quality of decision making, board practices, regular meetings, healthy discussions, active participation, risk management, open for new ideas and practices, appropriate succession planning and overall effectiveness of Board as a whole.
2	Board Committees	Optimum composition, effectiveness of Committee in terms of well-defined charters & powers, regular meetings, healthy discussions, information-flow with the Board in terms of reporting and due consideration of Committees' decisions, findings after seeking input from the Committee members and recommendations at the Board level, effective and efficient discharge of duties.
3	Individual Directors	Requisite qualification, skills and experience, understanding of the Company's business, its market and its goals along with roles and responsibilities, ability to express disagreement & divergent views and independent judgement, open to new ideas and views from other members, confidentiality and adherence to legal obligations and Company's code of conduct.
4	Chairman and Managing Director	Leadership development, Board management, developing and delivering the Company's strategy and business plans, encouragement to effective and open communication and active engagement.
5	Independent Directors	Besides the criteria mentioned in point no. 3 above, the following are additional criteria: • Independence criteria and conflict of interest; • Providing external expertise and independent judgement that contributes to Board's deliberations, strategy and performance.

Evaluation Process

- Structured questionnaire covering aforementioned aspects were shared with the Directors;
- Directors submitted their response in questionnaire shared on a scale of 1 (strongly disagree) to 5 (strongly agree) and evaluated performance of Board, its committees and individual directors, including Chairman of the Board;
- The independent directors met separately on May 16, 2023, without the presence of non-independent directors and discussed, inter-alia, the performance of non-independent directors and Board as a whole and the performance of the Chairman of the Company. They have also assessed the quality, quantity and timeliness of flow of information between the management of the Company and the Board that is necessary for the Board to effectively and reasonably perform their duties; and
- The NRC has also carried out evaluation of each Director's performance. The performance evaluation of Independent Directors has been done by the entire Board, excluding concerned Director being evaluated and decision has been taken/ recommended accordingly;

Outcome of Evaluation

All Directors participated and completed the performance evaluation process for FY 2022-23. Following is summary of outcome of evaluation:

- The results of evaluation were shared with the Board, Chairman of respective Committees;
- The directors expressed their satisfaction with the evaluation process;
- The results of evaluation showed high level of commitment and engagement of Board, its various committees and management; and
- The evaluation process has reaffirmed the Board members' trust in the Company's ethical standards, the Board and management's ability to steer the Company during the FY 2022-23, the positive rapport between the Board and management, and the management's transparency in providing essential strategic information well in time to facilitate the Board's fulfillment of their responsibilities and fiduciary duties;

Internal Financial Controls

The Company has a robust and well embedded system of internal controls facilitated through appropriate IT system and workflows, which are reviewed and upgraded based on risk control testing performed from time to time. Comprehensive policies, guidelines and procedures are laid down for all business processes and these are accessible to the concerned employees through the designated web page. The internal control system has been designed to ensure that financial and other records are reliable for preparing financial and other statements, management reporting for business performance management and for maintaining accountability of assets.

An extensive risk-based programme of concurrent audits, internal audits, theme-based audits, exceptional reporting and IT based transaction controls, coupled with constant management reviews and dash boarding of data, provide assurance to the Board regarding the adequacy and efficacy of internal controls. The internal audit plan is dynamic and aligned to the business objectives of the Company and is reviewed by the Audit and Risk Management Committee ("A&RMC") periodically, including the high and medium risk observations emanating from such audits. Further, A&RMC also monitors the status of management actions emanating from internal audit reviews. Even the Internal Audit function and its processes are subjected to audit by third party experts, on periodical basis.

During the year under review, above controls were assessed and no reportable material weaknesses in the design or operation were observed. The Statutory Auditor of the Company during the course of their audit did not find any material weakness in controls and / or misstatement resulting from lack of internal controls.

Particulars of Employees and Related Disclosures

As required under section 197(12) of the Act, read with rule 5(1) of the Companies (Appointment and Remuneration of Managerial Personnel) Rules, 2014, percentage increase in remuneration, ratio of remuneration of each Director and Key Managerial Personnel to the median of employees' remuneration along with other detail is enclosed as **Annexure - I** to this report.

The information required under section 197(12) of the Act read with rule 5(2) and 5(3) of the Companies (Appointment and Remuneration of Managerial Personnel) Rules, 2014 forming part of this Report is open for inspection by the members at the registered office of the Company or through electronic mode during business hours of the Company up to the date of the ensuing AGM. Further, pursuant to first proviso to section 136(1) of the Act, this report is being sent to the members excluding the said annexure. Any member interested in obtaining a copy of the same may write to the Company Secretary and Compliance Officer at investors@maxhealthcare.com.

Prevention, Prohibition and Redressal of Sexual Harassment of Women at Workplace

The Company strongly believes in providing a safe and harassment free workplace for every individual working here through various interventions, policies and practices. The Company has in place a robust policy on prevention of sexual harassment at workplace in compliance with the requirements of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 ("POSH"). The policy aims at prevention of harassment of all employees of the Company, network hospitals and visitors at these hospitals including off site locations (as defined in the policy) and lays down the guidelines for identification, reporting and prevention of sexual harassment. The Company has complied with the provisions relating to constitution of Internal Complaints Committee ("ICC") as specified under POSH. There is an ICC at every work locations/hospitals, which is responsible for redressal of complaints related to sexual harassment in accordance with the guidelines provided in the policy.

No. of cases reported	No. of cases disposed	No. of cases pending	No. of workshops conducted	No of participants in the workshops
4	4	0	600	3808

Corporate Social Responsibility

In terms of the provisions of section 135 of the Act, read with Companies (Corporate Social Responsibility Policy) Rules, 2014, (as amended) the Board has constituted a Corporate Social Responsibility ("CSR") Committee. The composition and terms of reference of the CSR Committee is provided in the Corporate Governance Report, which forms part of the Annual Report.

The Company has adopted a CSR Policy in accordance with the provisions of the Act and rules made thereunder. During FY 2022-23, CSR Policy was amended to align the CSR Policy with Company's enduring commitment to initiatives in the fields of education, water recharge & rejuvenation and certain other incidental changes. The CSR Policy of the Company outlines its CSR focus areas, guiding principles for CSR activities, identified sectors, reporting mechanism etc.

Updated CSR Policy is available on the website of the Company at https://www.maxhealthcare.in/investors/corporate-governance

As per the CSR Policy, the Company continues its endeavors to improve the lives of people and provide opportunities for their holistic development through its different initiatives in the areas of Education and Water recharge & rejuvenation for achieving water neutrality. The Company believes in leaving no one behind as it moves forward. It has been consistent in its efforts towards striving to serve the communities in and around its operations and creating access for healthcare. These have been focused around work in the area of community outreach, energy & emissions and water sustainability.

Annual Report on CSR activities, in the prescribed format, for FY 2022-23 as required under sections 134 and 135 of the Act read with rule 8 of the Companies (Corporate Social Responsibility Policy) Rules, 2014 and rule 9 of the Companies (Accounts) Rules, 2014, is enclosed as **Annexure - II** to this report.

Transactions with Related Parties

All contracts, arrangements and transactions entered into by the Company with related parties during FY 2022-23 were in the ordinary course of business and on an arm's length basis. The Company did not enter into any transaction, contract or arrangement with related parties that could be considered material in accordance with the Company's policy on dealing with related party transactions. Further, during the year under review, there was no related party transaction entered by the Company which might have potential conflict with the interest of the Company at large.

Accordingly, the disclosure of related party transactions in Form AOC-2 is not applicable. However, detailed disclosure on related party transactions as per IND AS- 24 containing name of related parties and details of the transactions entered into with them have been provided under Note No. 31.10 of Standalone Financial Statements and Note No. 35.10 of Consolidated Financial Statements of the Company.

In line with the requirements of the Act and SEBI Listing Regulations, the Company has formulated a Policy on Related Party Transactions, which is available on the website of the Company at www.maxhealthcare.in/investors/corporate-governance.

Auditors and Auditor's Report

Statutory Auditors

Deloitte Haskins & Sells, Chartered Accountants ("Deloitte"), having Firm Registration No. 015125N, are statutory auditor of the Company who were appointed at 19th AGM of the Company held on September 29, 2020 for a term of 5 consecutive years until the conclusion of the AGM of the Company to be held in the year 2025. Deloitte has confirmed that it satisfies the independence criteria required under the Act and the code of ethics issued by the Institute of Chartered Accountants of India.

Deloitte has given unmodified opinion on the Company's standalone and consolidated financial statements for FY 2022-23. The Company continues to adopt best practices to ensure the regime of unmodified Financial Statements.

Auditor's Report on the standalone and consolidated financial statements of the Company for FY 2022-23 forms part of the Annual Report. The auditor's report does not contain qualification, reservation or adverse remark which requires explanation.

During the year under review, Deloitte has not reported any fraud committed against the Company by its officers or employees, as required to reported in terms of section 143(12) of the Act read with rules made there under.

The A&RMC of the Company has adopted a Policy on Independence of Statutory Auditors/ Provision of Non-audit Services by Statutory Audit Firm & related matters, in order to ensure the statutory auditor's independence, objectivity, effectiveness along with criteria for selecting an audit firm which would ordinarily be one of the big four in India. The said policy entails rotation of the audit partner every 5 years while the audit firm may be appointed as the statutory auditor for two terms of 5 years each. The said Policy is hosted on the website of the Company at www.maxhealthcare.in/investors/corporate-governance.

Further, the Company has made downstream investments as per Foreign Exchange Management (Non-Debt Instruments) Rules, 2019 and accordingly, the Company has obtained a certificate from Deloitte as required under the Foreign Exchange Management (Non-debt Instruments) Rules, 2019.

Cost Auditor

In terms of section 148(1) of the Act read with Companies (Cost Records and Audit) Rules, 2014, the Company is required to make and maintain the cost accounting records and have them audited every year by a qualified Cost Accountant. The Company has made and maintained the cost accounts and records as required.

The Company has appointed M/s. Chandra Wadhwa & Co., Cost Accountants, as the Cost Auditor of the Company for FY 2022-23. The Cost Auditor has submitted their report for the FY 2022-23. The Cost Auditor's report does not contain qualification, reservation or adverse remark.

Further, upon receipt of certificate confirming their eligibility and willingness for appointment as the Cost Auditor of the Company for FY 2023-24 and based on the recommendation of Audit & Risk Management Committee, M/s. Chandra Wadhwa & Co., has been appointed as Cost Auditor of the Company for FY 2023-24 and remuneration payable to the Cost Auditors will be ratified by the members. Accordingly, the Board recommends the same for approval by members at the forthcoming AGM.

Secretarial Auditor

Pursuant to the provisions of section 204 of the Act read with rule 9 of the Companies (Appointment and Remuneration of Managerial Personnel) Rules, 2014 and regulation 24A of the SEBI Listing Regulations, the Company has appointed M/s. Sanjay Grover & Associates, Company Secretaries, New Delhi (Firm Registration No. P2001DE052900) as the Secretarial Auditor for FY 2022-23. The Secretarial Audit Report for FY 2022-23 is enclosed as **Annexure - III** to this report. Secretarial Audit Report does not contain any qualification, reservation or adverse remarks.

The Company's unlisted material subsidiaries viz. HBPL and CRL have also undergone Secretarial Audit in terms of regulation 24A of SEBI Listing Regulations. The Secretarial Audit Reports of HBPL and CRL are also annexed herewith as **Annexure - IV** and **Annexure - V**, respectively to this report. The Secretarial Audit Reports of these subsidiaries do not contain any qualification, reservation or adverse remark.

Internal Auditor

The Company has in place a robust Internal Audit function and supported by various independent firms. The Internal Audit function also partners with professional firms in the area of fraud investigation, market intelligence, digital forensics, IT audits and with other firms having expertise in certain specific areas on need basis. The audit conducted by Internal Audit team is based on an internal audit plan aligned with risk profile of business operations, which is also reviewed by the A&RMC on annual basis. These audits are based on risk and control based methodology and, *inter alia*, involve the review of internal controls and governance processes, adherence to management policies and review of statutory compliances at all locations of the Company.

The Internal Auditor of the Company reports functionally to the A&RMC of the Company and administratively to Senior Director-Corporate Affairs. He also participates in the meetings of the A&RMC of the Company and shares exceptions report on financial, safety, information security, compliance and reporting risks etc. on a periodic basis with the A&RMC along with recommendations for mitigation plans provided by management.

The Internal Audit function is duly supported by the Internal Audit Charter which, inter-alia, provides for the scope of work of the internal audit function along with the independence, objectivity, reporting structure, authority and responsibilities of the Internal Audit function. The Company on a periodical basis get a third-party expert to carry out a quality assurance review of the Internal Audit processes. The report is discussed at the meeting of A&RMC in order to improve the effectiveness of Internal Audits.

Internal Audit Charter is hosted on the website of the Company at www.maxhealthcare.in/investors/corporate-governance.

Risk Management

The Company has risk management system aimed at identifying, analysing, assessing, mitigating, monitoring risk or potential threat to achievement of its strategic and business objectives covering various aspects of our business, including operations, legal, treasury, regulatory, strategic and financial. A&RMC reviews the mitigation plan for high and critical risks events that may adversely affect the operations and profitability of business and suggest suitable measures to mitigate such risks. The management provides an updated risk heat map to the A&RMC on a periodical basis in order to track the progress on various mitigation plans as well as impact of changes in the internal/ external environment.

The Company's risk management framework is a combination of formally documented policies in certain areas such as financial, legal and regulatory and an informal approach to risk management in others. The Risk management policy and systems are reviewed on a periodical basis to reflect changes in market conditions and business activities. Detailed disclosure regarding key aspects of risk management is provided in Corporate Governance Report forming part of the Annual Report.

Whistle Blower / Vigil Mechanism

The Company promotes integrity and ethical behaviour in its business activities and has a whistle blower policy in place to provide appropriate avenues to the stakeholders to raise bona-fide concerns relating to unethical and improper practices, irregularities, governance weakness, financial reporting issues or any other wrongful conduct and to prohibit the victimisation of the whistle blowers. Detailed disclosure regarding Whistle Blower Policy / Vigil Mechanism is provided in Corporate Governance Report forming part of the Annual Report.

Conservation of Energy, Technology Absorption & Foreign Exchange Earnings and Outgo

The information on conservation of energy, technology absorption and foreign exchange earnings and outgo as required under section 134(3)(m) of the Act read with rule 8 of the Companies (Accounts) Rules, 2014, is enclosed as **Annexure - VI** to this report.

Annual Return

The Annual Return of the Company in form MGT-7 as required under section 92 and section 134 of the Act read with rule 12 of the Companies (Management and Administration) Rules, 2014 is available on the website of the Company at www.maxhealthcare.in/investors/corporate-governance.

Corporate Governance

The Company has complied with the corporate governance requirements under the Act and SEBI Listing Regulations. A separate section on corporate governance, along with a certificate from the practicing company secretary confirming Corporate Governance compliance is provided as Annexure - D of the Corporate Governance Report forming part of the Annual Report.

Statement of Deviation or Variation in Utilisation of Proceeds

The Company had raised funds amounting ~ ₹ 1,200 Crore by issuing equity shares through qualified institutional placement (“QIP”) route on March 9, 2021. The details of utilisation of funds were submitted to stock exchanges in the prescribed format in accordance with SEBI notification dated December 24, 2019 read with regulation 32 of SEBI Listing Regulations, and no deviation/variation was reported during the FY 2022-23, in the utilisation of proceeds as stated under “Use of Proceeds” in the placement document of QIP.

In compliance with regulation 32(7A) of SEBI Listing Regulations, a status report as on March 31, 2023 on utilisation of funds raised through QIP is provided in and forms part of the Corporate Governance Report forming part of the Annual Report.

Environmental, Social and Governance

Our unwavering commitment lies in fostering a sustainable future, integrating fundamental environmental, social, and governance (ESG) principles seamlessly into our core operations. Our ethos of sustainability originates from a profound recognition of our pivotal role in protecting the environment, uplifting the communities, and upholding principles of ethical corporate governance.

Environmental Stewardship

Recognising the impact of our operations on the environment, we focus on sustainable practices and responsible resource management to minimise our ecological footprint. Our comprehensive sustainability roadmap includes critical components such as energy management, GHG emissions management, water management, and waste management. A primary focus lies in mitigating climate change through various strategies.

We are committed to enhance energy efficiency through reduction of per capita energy consumption, largely through operational improvements and technological upgrades. Shifting from diesel to gas-based equipment and implementing electric vehicles for intra-hospital transport signifies our commitment towards this end. We achieved a 33.3% of renewable energy in total energy mix and plan to increase it to 60% by FY 2025, aided by measures like rooftop solar installations at Max Vaishali and Max Gurugram. We have also signed an MoU with Avaada Energy for providing solar power to Max Vaishali. To further offset our carbon footprint, we are increasing the green cover around our facilities. We have adopted ISO 14001 (Environment Management System) and Environmental policy.

Social Commitments

We tirelessly strive to serve society, making healthcare accessible to all. Our dedication to patient-centric care, underpinned by a pursuit of service excellence, drives us to not only provide top-notch medical care but also to engage in endeavors that empower marginalised communities, enhance healthcare awareness, and promote community welfare. We conducted over 6,000 diverse community engagement activities in the communities around our hospitals. Ranging from large-scale sanitation campaigns to informative discussions, we collaborated with local bodies, NGOs, and government agencies all aimed at improving the health and wellbeing of community members. Through comprehensive media outreach, we ensure that health-related information reaches far and wide, underscoring our dedication to creating a healthier, more vibrant community. We also focus on fostering empowerment through education initiatives, including hygiene, sanitation, nutrition and preventive health.

Governance Framework

We have implemented a robust corporate governance framework that prioritises ethical business conduct and transparent disclosures. Our governance efforts align with key Sustainable Development Goals (SDGs), including SDG 9 (Industry, Innovation, and Infrastructure), SDG 10 (Reduced Inequalities), and SDG 16 (Peace, Justice, and Strong Institutions). It also enables us to uphold ethical business practices and build trustworthy relationships with stakeholders.

Business Responsibility and Sustainability Report

Business Responsibility and Sustainability Report for FY 2022-23, as stipulated under the SEBI Listing Regulations, forms part of the Annual Report.

Management Discussion and Analysis Report

Management Discussion and Analysis Report for FY 2022-23, as stipulated under the SEBI Listing Regulations, forms part of the Annual Report.

Secretarial Standards

The Company complies with all applicable secretarial standards issued by the Institute of Company Secretaries of India in terms of section 118(10) of the Act.

General

No disclosure or reporting is made in respect of following items, as there were no transactions during FY 2022-23:

- The issue of equity shares with differential rights as to dividend, voting or otherwise;
- Issue of shares (including sweat equity shares) to employees of the Company under any scheme except Employees' Stock Options Schemes referred to in this report;
- There were no amount proposed to be transferred to the general reserves;
- In terms of the provisions of section 73 of the Act read with the relevant rules made thereunder, the Company had no opening or closing balances and also has not accepted any deposits during the financial year under review and as such, no amount of principal or interest was outstanding as on March 31, 2023;
- There are no significant or material orders passed by the Regulators or Courts or Tribunals which impact the going concern status and Company's operations in future;
- The Company does not have any scheme or provision of money for the purchase of its own shares by employees or by trustees for the benefits of employees;
- There is no proceeding pending under the Insolvency and Bankruptcy Code, 2016;
- There was no instance of onetime settlement with any Bank or Financial Institution;
- There was no revision in the financial statements;
- There was no change in the nature of business;
- There were no material changes and commitments affecting financial position of the Company between the end of the financial year and the date of this report;
- There are no amounts due and outstanding to be credited to Investor Education and Protection Fund as on March 31, 2023;
- The Chairman & Managing Director of the Company has not received any remuneration or commission from any of its subsidiaries during FY 2022-23. During the FY 2022-23, there were no other whole-time director appointed/holding office in the Company; and
- There was no instance where the Company failed to implement any corporate action within the prescribed statutory timelines.

Acknowledgement

The Board wish to express their sincere appreciation for the assistance and co-operation received from the financial institutions, banks, government and regulatory authorities, stock exchanges, customers, vendors, members during FY 2022-23.

The Board also acknowledges and appreciates the exemplary efforts and hard work put in by all employees who are part of the Max Healthcare Network and look forward to their continued support and participation in sustaining the growth of the Company in the coming years.

For and on behalf of the Board

Abhay Soi
DIN: 00203597
Chairman & Managing Director

Place: New Delhi
Date: August 7, 2023

Annexure - I

Disclosure on Remuneration

(Pursuant to section 197(12) of the Companies Act, 2013 read with rule 5(1) of the Companies (Appointment and Remuneration of Managerial Personnel) Rules, 2014)

1. **The percentage increase in remuneration of each Director and ratio of their remuneration to the median remuneration of the employees of the Company during FY 2022-23 are as under:**

S. No.	Name of the Director	Ratio of Remuneration of each Director to Median Remuneration of employees	% Increase/(decrease) in remuneration
Executive Directors			
1.	Mr. Abhay Soi	378:1	(0.41)
Non-Executive Directors			
2.	Mr. Anil Kumar Bhatnagar[1]	6:1	NA[6]
3.	Mr. Gaurav Trehan[2]	-	-
4.	Mr. Prashant Kumar[3]	-	-
Independent Directors			
5.	Ms. Harmeen Mehta[4]	11:1	NA[6]
6.	Mr. K Narasimha Murthy	13:1	45.45
7.	Mr. Mahendra Gumanmalji Lodha	13:1	45.45
8.	Mr. Michael Thomas Neeb	12:1	43.33
9.	Mr. Pranav Amin[5]	6:1	NA[6]

[1]Appointed on the Board as non-executive director with effect from August 31, 2022.

[2]Ceased to be non-executive director with effect from August 24, 2022.

[3]Ceased to be non-executive director with effect from September 26, 2022.

[4]Ceased to be independent director with effect from April 14, 2023.

[5]Appointed on the Board as independent director with effect from August 10, 2022.

[6]The percentage increase in remuneration is only given for those Directors who have drawn remuneration from the Company for the full FY 2021-22 and FY 2022-23.

Notes:

a) There has been no change in the remuneration of Mr. Abhay Soi, Chairman and Managing Director of the Company from the last year. The in significant change reflecting above is due to change in the perquisite value which is within the limits approved by the members of the Company on July 30, 2020.

b) Mr. Gaurav Trehan and Mr. Prashant Kumar, appointed as nominees of Kayak, were not entitled to remuneration or sitting fees during their tenure as Director. The amount paid to other Non-executive Directors (including independent directors) includes remuneration at the rate of ₹ 26 Lakh per annum and also sitting fees amounting to ₹ 1 Lakh per Board/Committee meeting paid during FY 2022-23.

c) Change in remuneration of Non-Executive Directors (including independent directors) for current year vis-à-vis previous year is due to meetings attended and sitting fee paid.

2. **The percentage increase in remuneration of Chief Financial Officer and Company Secretary during FY 2022-23:**

S. No.	Name	Designation	% increase/(decrease) in Remuneration[1]
1.	Mr. Yogesh Kumar Sareen	Senior Director and Chief Financial Officer	12.85
2.	Mr. Dhiraj Aroraa[2]	Company Secretary & Compliance Officer	NA[4]
3.	Ms. Ruchi Mahajan[3]	Company Secretary & Compliance Officer	NA[4]

[1]Perquisite value of Rs. 4,26,22,000 arising out of exercise of stock options by Mr. Sareen, during FY 2022-23 has not been considered while calculating percentage increase in remuneration.

[2]Appointed with effect from February 3, 2023.

[3]Resigned with effect from November 1, 2022.

[4]The percentage increase in remuneration is given for CFO only as he has drawn remuneration from the Company for the full FY 2021-22 and FY 2022-23.

3. **The percentage increase in median remuneration of employees in the FY 2022-23:**

7.2%

4. **The number of permanent employees on the rolls of Company as on March 31, 2023:**

The Company had 3,730 (Three Thousand Seven Hundred and Thirty) permanent employees on the rolls as on March 31, 2023.

5. **Average percentile increase already made in the salaries of employees other than the managerial personnel in the last financial year and its comparison with the percentile increase in the managerial remuneration and justification thereof and point out if there are any exceptional circumstances for increase in the managerial remuneration:**

The average increase in the remuneration of employees, excluding remuneration of managerial personnel, during FY 2022-23 was 9.2%. Mr. Gaurav Trehan and Mr. Prashant Kumar, appointed as nominees of Kayak, were not entitled to remuneration during their tenure as Director. The remuneration paid to other Non-executive Directors (including independent directors) and Mr. Abhay Soi, Chairman and Managing Director during FY 2022-23, was within the limits approved by the members of the Company.

6. **Affirmation that the remuneration is as per the remuneration policy of the Company:**

It is hereby affirmed that remuneration is in line with the Nomination, Remuneration and Board Diversity Policy of the Company.

For and on behalf of the Board

Abhay Soi
DIN: 00203597
Chairman & Managing Director

Place: New Delhi
Date: August 7, 2023

Annexure - II

Annual Report on Corporate Social Responsibility (CSR) Activities

[Pursuant to section 135 of the Companies Act, 2013 read with the Companies (Corporate Social Responsibility Policy) Rules, 2014]

1. Brief outline on CSR Policy of the Company:

As per the CSR Policy, the Company shall undertake CSR activities in all or any of the CSR activities as prescribed under schedule VII to the Companies Act, 2013 ("Act"), however, it shall give primary importance to the identified sectors viz., Health & Hygiene, Education, nutrition for underprivileged women and children and livelihood by way of vocational training and creating and supporting self-help groups for women led households in villages identified for adoption by the Company.

2. Composition of CSR Committee as on March 31, 2023:

S. No.	Name of Director	Designation / Nature of Directorship	Number of meetings held during the year	Number of meetings entitled to attend during the year	Number of meetings of CSR Committee attended during the year
1.	Mr. Abhay Soi	Chairman *(Executive Director)*	2	2	2
2.	Mr. Anil Kumar Bhatnagar[1]	Member *(Non-Executive Director)*	2	1	1
3.	Mr. K Narasimha Murthy[1]	Member *(Independent Director)*	2	1	1
4.	Mr. Mahendra Gumanmalji Lodha[2]	Member *(Independent Director)*	2	1	1
5.	Mr. Prashant Kumar[3]	Member *(Non-Executive Director)*	2	1	1

[1]Mr. Anil Kumar Bhatnagar and Mr. K Narasimha Murthy inducted as members of the Committee with effect from September 30, 2022.

[2]Mr. Mahendra Gumanmalji Lodha ceased to be member of CSR Committee with effect from September 30, 2022.

[3]Mr. Prashant Kumar ceased to be members CSR Committee consequent to his cessation as Director of the Company with effect from September 26, 2022.

3. Provide the web-link(s) where composition of CSR Committee, CSR Policy and CSR projects approved by the Board are disclosed on the website of the Company:

Composition of CSR committee:
https://www.maxhealthcare.in/investors

CSR Policy:
https://www.maxhealthcare.in/investors/corporate-governance

CSR projects (Annual Action Plan) approved by the Board:
https://www.maxhealthcare.in/investors/corporate-governance

4. Provide the executive summary along with web-link(s) of impact assessment of CSR projects carried out in pursuance of sub-rule (3) of rule 8, if applicable:

Not Applicable

5. (a) Average net profit of the company as per sub-section (5) of section 135: ₹ **83.30 Crore**

(b) Two percent of average net profit of the company as per sub-section (5) of section 135: ₹ **1.67 Crore**

(c) Surplus arising out of the CSR Projects or programmes or activities of the previous financial years: **Nil**

(d) Amount required to be set-off for the financial year, if any: **Nil**

(e) Total CSR obligation for the financial year [(b)+(c)-(d)]: ₹ **1.67 Crore**

6. (a) Amount spent on CSR Projects (both Ongoing Project and other than Ongoing Project): ₹ **1.69 Crore**

(b) Amount spent in administrative overheads: **Nil**

(c) Amount spent on Impact Assessment, if applicable: **NA**

(d) Total amount spent for the Financial Year [(a)+(b)+(c)]: ₹ **1.69 Crore**

(e) CSR amount spent or unspent for the Financial Year:

Total Amount Spent for the Financial Year (in ₹)	Amount Unspent (in ₹)				
	Total Amount transferred to Unspent CSR Account as per sub-section (6) of section 135		Amount transferred to any fund specified under Schedule VII as per second proviso to sub-section (5) of section 135		
	Amount	Date of transfer	Name of the Fund	Amount	Date of transfer
1.69 Crore	Not Applicable				

(f) Excess amount for set-off, if any:

S. No.	Particular	Amount (in ₹)
(1)	(2)	(3)
(i)	Two percent of average net profit of the company as per sub-section (5) of section 135	1.67 Crore
(ii)	Total amount spent for the Financial Year	1.69 Crore
(iii)	Excess amount spent for the Financial Year [(ii)-(i)]	0.02 Crore
(iv)	Surplus arising out of the CSR projects or programmes or activities of the previous Financial Years, if any	-
(v)	Amount available for set off in succeeding Financial Years [(iii)-(iv)]	0.02 Crore

7. Details of Unspent Corporate Social Responsibility Amount for the Preceding 3 (three) Financial Years:

(1)	(2)	(3)	(4)	(5)	(6)		(7)	(8)
S. No.	Preceding Financial Year(s)	Amount transferred to Unspent CSR Account under sub-section (6) of section 135 (in ₹)	Balance Amount in Unspent CSR Account under sub-section (6) of section 135 (in ₹)	Amount Spent in the Financial Year (in ₹)	Amount transferred to a Fund as specified under Schedule VII as per second proviso to sub-section (5) of section 135, if any		Amount remaining to be spent in succeeding Financial Years (in ₹)	Deficiency, if any
					Amount (in ₹)	Date of Transfer		
1.	2021	Not Applicable						
2.	2020							
3.	2019							

8. Whether any capital assets have been created or acquired through Corporate Social Responsibility amount spent in the Financial Year: Yes

Details relating to such asset(s) so created or acquired through Corporate Social Responsibility amount spent in the Financial Year:

S. No.	Short particulars of the property or asset(s) [including complete address and location of the property]	Pin code of the property or asset(s)	Date of creation	Amount of CSR amount spent	Details of entity/ Authority/ beneficiary of the registered owner		
(1)	(2)	(3)	(4)	(5)	(6)		
					CSR Registration Number, if applicable	Name	Registered address
1.	Extension of Hospital building at Swami Vivekanand Charitable Hospital, Dharmawala, Dehradun Address: Shimla Bypass Road, Near Dharmawala Chowk, Dehradun Uttarakhand (India)	248 142	24-03-2023	0.21 Crore	CSR00013441	Swami Vivekanand Health Mission Society	B-207, Pacific Estate, Anurag Chock, Vasant Vihar, Uttarakhand - 248 001 (India)
2.	School Bus for Children Address: B-4, Delhi Police Public School, Safdarjung Enclave, New Delhi (India)	110 029	22-02-2023	0.25 Crore	CSR00015073	Police Foundation for Education Delhi	B-4, Safdarjung Enclave, New Delhi - 110 029 (India)

9. Specify the reason(s), if the company has failed to spend two per cent of the average net profit as per sub-section (5) of section 135: Not Applicable

For and on behalf of the Board

Abhay Soi
DIN: 00203597
Chairman & Managing Director
and Chairman of CSR Committee

Place: New Delhi
Date: August 7, 2023

Annexure - III

Secretarial Audit Report

FOR THE FINANCIAL YEAR ENDED MARCH 31, 2023

(Pursuant to Section 204(1) of the Companies Act, 2013 and Rule No. 9 of the Companies (Appointment and Remuneration of Managerial Personnel) Rules, 2014)

To,
The Members
Max Healthcare Institute Limited

We have conducted the secretarial audit of the compliance of applicable statutory provisions and the adherence to good corporate practices by **Max Healthcare Institute Limited** (hereinafter called "the Company"). Secretarial Audit was conducted in a manner that provided us a reasonable basis for evaluating the corporate conducts / statutory compliances and expressing our opinion thereon.

We report that-

a) Maintenance of secretarial records are the responsibility of the management of the Company. Our responsibility is to express an opinion on these secretarial records based on our audit.

b) We have followed the audit practices and processes as were appropriate to obtain reasonable assurance about the correctness of the contents of the secretarial records. The verification was done on test basis to ensure that correct facts are reflected in secretarial records. We believe that the processes and practices, we followed, provide a reasonable basis for our opinion.

c) We have not verified the correctness and appropriateness of the financial statements of the Company.

d) Wherever required, we have obtained the Management representation about the compliances of laws, rules and regulations and happening of events etc.

e) The compliance of the provisions of the corporate and other applicable laws, rules, regulation, standards is the responsibility of the management. Our examination was limited to the verification of procedures on test basis and we adhered to best professional standards and practices as could be possible while carrying out audit.

f) The Secretarial Audit Report is neither an assurance as to the future viability of the Company nor of the efficacy or effectiveness with which the management has conducted the affairs of the Company.

Based on our verification of the Company's books, papers, minute books, forms and returns filed and other records maintained by the Company and also the information provided by the Company, its officers, agents and authorized representatives during the conduct of Secretarial Audit, we hereby report that in our opinion, the Company has, during the audit period covering the financial year ended on 31st March, 2023 ("Audit Period") complied with the statutory provisions listed hereunder and also that the Company has proper Board processes and compliance mechanism in place to the extent, in the manner and subject to the reporting made hereinafter:

We have examined the books, papers, minute books, forms and returns filed and other records maintained by the Company for the financial year ended 31st March, 2023 according to the provisions of:

i. The Companies Act, 2013 ("the Act") and the rules made thereunder;

ii. The Securities Contracts (Regulation) Act, 1956 ('SCRA') and the rules made thereunder;

iii. The Depositories Act, 1996 and the Regulations and Bye-laws framed thereunder;

iv. Foreign Exchange Management Act, 1999 and the rules and regulations made thereunder to the extent of Foreign Direct Investment, Overseas Direct Investment and External Commercial Borrowings, where applicable;

v. The following Regulations prescribed under the Securities and Exchange Board of India Act, 1992 ('SEBI Act'): -

a) The Securities and Exchange Board of India (Substantial Acquisition of Shares and Takeovers) Regulations, 2011;

b) The Securities and Exchange Board of India (Prohibition of Insider Trading) Regulations, 2015;

c) The Securities and Exchange Board of India (Issue of Capital and Disclosure Requirements) Regulations, 2018 [Not applicable during the audit period];

d) The Securities and Exchange Board of India (Share Based Employee Benefits and Sweat Equity) Regulations, 2021;

e) The Securities and Exchange Board of India (Issue and Listing of Non-Convertible Securities) Regulations, 2021 [Not applicable during the audit period];

f) The Securities and Exchange Board of India (Registrars to an Issue and Share Transfer Agents) Regulations, 1993 regarding the Companies Act and dealing with client;

g) The Securities and Exchange Board of India (Delisting of Equity Shares) Regulations, 2021 (**Not applicable to the Company during the audit period);**

h) The Securities and Exchange Board of India (Buyback of Securities) Regulations, 2018 (**Not applicable to the Company during the audit period); and**

i) The Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 ("SEBI LODR Regulations").

We have also examined compliance with the applicable clauses of the Secretarial Standards on Meetings of the Board of Directors and on General Meetings issued by the Institute of Company Secretaries of India. Further, the Company was generally regular in filing with the Reserve Bank of India.

During the audit period under review, the Company has generally complied with the applicable provisions of the Act, Rules, Regulations, Guidelines and Standards, to the extent applicable as mentioned above.

vi. The Company is engaged in maintaining and running hospitals, clinics, nursing homes, health centers in primary/ secondary/ tertiary care, pharmacy/ chemist shops, diagnostic and pathology centres and other similar establishments and programmes for providing treatment and medical services in all its branches/ centres by all available means in all kinds of research including clinical research and development work required to promote, assist or engage in setting up hospitals and facilities including setting of laboratories, purchase, take on lease and acquire any facility, equipment, instrument, required for carrying out medical research, to educate and train medical students, nurses, midwives and hospital administrators and to grant such diploma and degrees as recognition as the Company may prescribe or deem fit from time to time and to provide healthcare, medical, incidental and related services. It is engaged in the healthcare delivery services and networks of multispecialty hospitals, homecare business and pathology business under brand names Max@Home and Max Labs respectively.

Based on nature of its business activities, following are some of the laws specifically applicable to the Company: -

- The Clinical Establishment (Registration and Regulation) Act, 2010 and Rules made thereunder;
- The Drugs Control Act, 1950 and Rules made thereunder;
- Drugs and Cosmetics Act, 1940 and Rules made thereunder;
- Delhi Nursing Homes Registration Act, 1953 and Rules made thereunder; and similar Registration Acts of other States, wherever applicable;
- The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 and Rules made thereunder;
- Medical Termination of Pregnancy Act, 1971 and Rules made thereunder;
- Narcotic Drugs and Psychotropic Substances Act, 1985 and Rules made there under and Narcotic Drugs and Psychotropic Substances (Regulation of Controlled Substances) Order, 2013;
- The Nursing Council Act, 1947;
- Indian Medical Council Act, 1956;
- The Transplantation of Human Organs Act, 1994 and bye laws made thereunder;
- Atomic Energy Act, 1962 ("Atomic Energy Act") and the rules thereunder and the Safety Code for Medical Diagnostic X-Ray Equipment and Installations, 2001;
- The Pharmacy Act, 1948;
- Water (Prevention and Control of Pollution) Act, 1974;
- Air (Prevention and Control of Pollution) Act, 1981;
- Environment Protection Act, 1986;
- Bio-Medical Waste Management Rules, 2016; and
- Hazardous and Other Wastes (Management and Transboundary Movement) Rules, 2016.

On the basis of management representation, recording in the minutes of Board of Directors and our check on test basis, we are on the view that the Company has ensured the substantial compliance of laws specifically applicable on it.

We further report that the Board of Directors of the Company is duly constituted with proper balance of Executive Directors, Non-Executive Directors and Independent Directors. The changes in the composition of the Board of Directors that took place during the period under review were carried out in compliance with the provisions of the Act.

Adequate notice was given to all directors to schedule the Board Meetings, agenda and detailed notes on agenda were sent in advance other than meeting held at a shorter notice and which were in due compliance of Act and Secretarial Standards-1 issued by ICSI and a system exists for seeking and obtaining further information and clarifications on the agenda items before the meeting and for meaningful participation at the meeting.

Board decisions are carried out with unanimous consent and therefore, no dissenting views were required to be captured and recorded as part of the minutes.

We further report that there are adequate systems and processes in the company commensurate with the size and operations of the company to monitor and ensure compliance with applicable laws, rules, regulations and guidelines.

We further report that during the audit period, the Company has received a request from Kayak Investments Holding Pte. Ltd. ("Kayak") for reclassification from 'Promoter' to 'Public' category in terms of Regulation 31A of SEBI LODR Regulations. Subsequently, the Board of Directors of the Company in its meeting held on 01st November, 2022 approved such request for reclassification and accordingly, the Company filed an application to stock exchanges on 29th November, 2022 for seeking approval for such re-classification of Kayak from "Promoter" to "Public" Category. As on 31st March, 2023, approval of stock exchanges is pending for such reclassification.

We further report that during the audit period, Members of the Company in their 21st Annual General Meeting held on 26th September, 2022 passed the following resolutions:

- special resolution for revision of borrowings limit under Section 180(1)(c) of the Companies Act, 2013 to borrow an amount not exceeding Rs. 1,000 Crores (Rupees One Thousand Crore only);
- special resolution for creation of charge under Section 180(1)(a) of the Companies Act, 2013 in respect of borrowings made by the Company upto an amount of Rs. 1,000 Crores (Indian Rupees One Thousand Crore only); and
- special resolution for revision in limit to make loan(s) or give guarantee(s) or provide security (ies) or make investment(s) in excess of the prescribed limit under Section 186 of the Companies Act, 2013 upto an amount of Rs. 1,000 Crores (Indian Rupees One Thousand Crore only).

For **Sanjay Grover & Associates**
Company Secretaries
Firm Registration No.: P2001DE052900

Kapil Dev Taneja
Partner
CP No.: 22944 / Mem. No. F4019
UDIN: F004019E000753086

Place: New Delhi
Date: August 7, 2023

Annexure - IV

Secretarial Audit Report

FOR THE FINANCIAL YEAR ENDED MARCH 31, 2023

To
The Members
HOMETRAIL BUILDTECH PRIVATE LIMITED

We report that

We have conducted the secretarial audit of the compliance of applicable statutory provisions and the adherence to good corporate practices by Hometrail Buildtech Private Limited (hereinafter called "the Company") for the financial year ended March 31, 2023. Secretarial Audit was conducted in a manner that provided us a reasonable basis for evaluating the corporate conducts/statutory compliances and expressing our opinion thereon.

We have followed the audit practices and processes as were appropriate to obtain reasonable assurance about the correctness of the contents of the Secretarial records. The verification was done on test basis to ensure that correct facts are reflected in secretarial records. We believe that the processes and practices, we followed provide a reasonable basis for our opinion. We have not verified the correctness and appropriateness of financial records and Books of Accounts of the Company. Where ever required, we have obtained the Management representation about the compliance of laws, rules and regulations and happening of events etc.

Due to the inherent limitations of an audit including internal, financial and operating controls, there is an unavoidable risk that some misstatements or material non-compliances may not be detected, even though the audit is properly planned and performed in accordance with the Secretarial Auditing Standards as prescribed by Institute of Company Secretaries of India (ICSI).

Based on our verification of the Company's books, papers, minute books, forms and returns filed and other records maintained by the Company and also the information provided by the Company, its officers, agents and authorized representatives during the conduct of secretarial audit, we hereby report that in our opinion, the Company has, during the audit period covering the financial year ended on March 31, 2023 complied with the statutory provisions listed hereunder and also that the Company has proper Board-processes and compliance-mechanism in place to the extent, in the manner and subject to the reporting made hereinafter:

We have examined the books, papers, minute books, forms and returns filed and other records maintained by the Company for the financial year ended on March 31, 2023 (hereinafter referred as "period under review") according to the provisions of:

i. The Companies Act, 2013 (the 'Act') and the rules made thereunder;

ii. The Securities Contracts (Regulation) Act, 1956 ('SCRA') and the rules made thereunder; (Not Applicable)

iii. The Depositories Act, 1996 and the Regulations and Bye-laws framed thereunder to the extent of Regulation 76 of Securities and Exchange Board of India (Depositories and Participants) Regulations, 2018; (Applicable to the extent of shares held in Dematerialized form)

iv. Foreign Exchange Management Act, 1999 and the rules and regulations made thereunder to the extent of Foreign Direct Investment, Overseas Direct Investment and External Commercial Borrowings to the extent applicable;

v. The following Regulations and Guidelines prescribed under the Securities and Exchange Board of India Act, 1992 ('SEBI Act'); **Not Applicable**

(a) The Securities and Exchange Board of India (Substantial Acquisition of Shares and Takeovers) Regulations, 2011;

(b) The Securities and Exchange Board of India (Prohibition of Insider Trading) Regulations, 2015;

(c) The Securities and Exchange Board of India (Issue of Capital and Disclosure Requirements) Regulations, 2018;

(d) The Securities and Exchange Board of India (Share Based Employee Benefits and Sweat Equity) Regulations, 2021 to the extent applicable and Securities and Exchange Board of India (Share Based employee Benefits) Regulations, 2014 to the extent applicable, prior to its repealment;

(e) The Securities and Exchange Board of India (Issue and Listing of Non-Convertible Securities) Regulations, 2021;

(f) The Securities and Exchange Board of India (Registrars to an Issue and Share Transfer Agents) Regulations, 1993 regarding the Companies Act and dealing with client to the extent of securities issued;

(g) The Securities and Exchange Board of India (Delisting of Equity Shares) Regulations, 2021;

(h) The Securities and Exchange Board of India (Buyback of Securities) Regulations, 2018;

vi. The other laws, as informed and certified by the management of the Company which are specifically applicable to the Company based on their sector/ industry are:

- Drugs and Cosmetics Act, 1940 and Drugs and Cosmetics Rules, 1945;
- Atomic Energy Act, 1962 and Atomic Energy (Radiation Protection) Rules, 2004 and Guidelines to set up Nuclear Medicine Facility;
- The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 and Rules made there under;
- Medical Termination of Pregnancy Act, 1971 and Rules made there under;
- Narcotic Drugs and Psychotropic Substances Act, 1985 and Rules made there under and Narcotic Drugs and Psychotropic Substances (Regulation of Controlled Substances) Order, 2013;
- The Transplantation of Human Organs Act, 1994 and Rules made there under;
- Food Safety and Standards Act, 2006 and Rules made there under;
- The Bio Medical Waste (Management & Handling Rules), 2016;
- Indian Explosives Act, 1884 and Rules made there under;
- Payment of Gratuity Act, 1972 and Rules made thereunder;
- Payment of Bonus Act, 1965 and Rules made thereunder;
- Employees Provident Fund Scheme, 1952 and Rules made thereunder;
- Employees State Insurance Corporation, 1952 and Rules made thereunder;
- Other Environment and Labour Laws Act, 2006 and Rules made thereunder.

We have also examined compliance with the applicable clauses/ Regulations of the following, to the extent applicable:

i. Secretarial Standards issued by The Institute of Company Secretaries of India and notified by Ministry of Corporate Affairs.

ii. Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015. **Not Applicable**

During the period under review, the Company has generally complied with the provisions of the Act, Rules, Regulations, Guidelines, Standards, etc. mentioned above.

Note: For clause (vi) above, the scope of our audit was limited to check the representation, requisite licenses, permissions and registration under the specified Acts as provided by the management of the Company. For the purpose of examining the adequacy of compliances with other applicable laws including industry/sector specific, under both Central and State legislations, reliance has been placed on the Compliance Certificate issued by the Management, on a quarterly basis, which were placed before the Board meeting, based on the reports received by the Company from various hospitals, along with action taken/ to be taken, wherever required, as part of the Company's Compliance Management and Reporting System.

We further report that:

The Board of Directors of the Company is duly constituted with proper balance of Executive Directors and Non-Executive Directors. The changes in the composition of the Board of Directors that took place during the period under review were carried out in compliance with the provisions of the Act.

Adequate notice is given to all directors to schedule the Board Meetings, agenda and detailed notes on agenda were sent in advance and in case of shorter notice, compliance as required under the Act has been made by the Company and a system exists for seeking and obtaining further information and clarifications on the agenda items before the meeting and for meaningful participation at the meeting.

All decisions at Board Meetings held during the period under review were carried out with requisite majority or unanimously, as recorded in the minutes of the meetings of the Board of Directors of the Board, as the case may be.

We further report that there are adequate systems and processes in the Company commensurate with the size and operations of the Company to monitor and ensure compliance with applicable laws, rules, regulations and guidelines.

We further report that during the audit period, no specific events took place having a major bearing on the Company's affairs in pursuance of the above referred laws, rules, regulations, guidelines, standards, etc. except as follows:

- *The Company has redeemed 20,00,000 Zero Percent Redeemable Non-Convertible Preference Shares on June 10, 2022 out of profits of the Company with the consent of the Board of Directors at their meeting held on June 8, 2022 pursuant to the provisions of Section 55 of the Companies Act, 2013.*

For **Varuna Mittal & Associates**
Company Secretaries
Firm Registration No. S2020DE762400
Peer Review Certificate No. 2745/2022

Varuna Mittal
Membership No.: 57727
Certificate of Practice No.: 23575
UDIN : A05772E000744028

Date: August 4, 2023
Place: New Delhi

Notes: This report is to be read with our letter of even date which is annexed as **Annexure - A** and forms an integral part of this report.

Annexure - A to the Secretarial Audit Report

To
The Members
HOMETRAIL BUILDTECH PRIVATE LIMITED

1. Maintenance of secretarial record is the responsibility of the management of the Company. Our responsibility is to express an opinion on these secretarial records based on our audit.
2. We have followed the audit practices and processes as were appropriate to obtain reasonable assurance about the correctness of the contents of the secretarial records. The verification was done on the random test basis to ensure that correct facts are reflected in secretarial records. We believe that the processes and practices, we followed provide a reasonable basis for our opinion.
3. We have not verified the correctness and appropriateness of financial records and Books of Accounts of the Company.
4. Where ever required, we have obtained the Management representation about the compliance of laws, rules and regulations and happening of events etc.
5. The compliance of the provisions of Corporate and other applicable laws, rules, regulations, standards is the responsibility of management. Our examination was limited to the verification of procedures on the random test basis.
6. The Secretarial Audit report is neither an assurance as to the future viability of the Company nor of the efficacy or effectiveness with which the management has conducted the affairs of the Company.

For **Varuna Mittal & Associates**
Company Secretaries
Firm Registration No. S2020DE762400
Peer Review Certificate No. 2745/2022

Varuna Mittal
Membership No.: 57727
Certificate of Practice No.: 23575
UDIN : A057727E000744028

Date: August 4, 2023
Place: New Delhi

Annexure - V

Secretarial Audit Report

FOR THE FINANCIAL YEAR ENDED MARCH 31, 2023

To
The Members
Crosslay Remedies Limited

We report that-

We have conducted the secretarial audit of the compliance of applicable statutory provisions and the adherence to good corporate practices by Crosslay Remedies Limited (hereinafter called "the Company"). Secretarial Audit was conducted in a manner that provided us a reasonable basis for evaluating the corporate conducts/statutory compliances and expressing our opinion thereon.

We have followed the audit practices and processes as were appropriate to obtain reasonable assurance about the correctness of the contents of the Secretarial records. The verification was done on test basis to ensure that correct facts are reflected in secretarial records. We believe that the processes and practices, we followed provide a reasonable basis for our opinion. We have not verified the correctness and appropriateness of financial records and Books of Accounts of the Company. Where ever required, we have obtained the Management representation about the compliance of laws, rules and regulations and happening of events etc.

Due to the inherent limitations of an audit including internal, financial and operating controls, there is an unavoidable risk that some misstatements or material non-compliances may not be detected, even though the audit is properly planned and performed in accordance with the Secretarial Auditing Standards as prescribed by Institute of Company Secretaries of India (ICSI).

Based on our verification of the Company's books, papers, minute books, forms and returns filed and other records maintained by the Company and also the information provided by the Company, its officers, agents and authorized representatives during the conduct of secretarial audit, we hereby report that in our opinion, the Company has, during the audit period covering the financial year ended on March 31, 2023 complied with the statutory provisions listed hereunder and also that the Company has proper Board-processes and compliance-mechanism in place to the extent, in the manner and subject to the reporting made hereinafter:

We have examined the books, papers, minute books, forms and returns filed and other records maintained by the Company for the financial year ended on March 31, 2023 (hereinafter referred as "period under review") according to the provisions of:

i. The Companies Act, 2013 (the 'Act') and the rules made thereunder;

ii. The Securities Contracts (Regulation) Act, 1956 ('SCRA') and the rules made thereunder; (Not Applicable)

iii. The Depositories Act, 1996 and the Regulations and Bye-laws framed thereunder to the extent of Regulation 76 of Securities and Exchange Board of India (Depositories and Participants) Regulations, 2018; (Applicable to the extent of shares in Dematerialized form)

iv. Foreign Exchange Management Act, 1999 and the rules and regulations made thereunder to the extent of Foreign Direct Investment, Overseas Direct Investment and External Commercial Borrowings to the extent applicable;

v. The following Regulations and Guidelines prescribed under the Securities and Exchange Board of India Act, 1992 ('SEBI Act'); **Not Applicable**

(a) The Securities and Exchange Board of India (Substantial Acquisition of Shares and Takeovers) Regulations, 2011;

(b) The Securities and Exchange Board of India (Prohibition of Insider Trading) Regulations, 2015;

(c) The Securities and Exchange Board of India (Issue of Capital and Disclosure Requirements) Regulations, 2018;

(d) The Securities and Exchange Board of India (Share Based Employee Benefits and Sweat Equity) Regulations, 2021 to the extent applicable and Securities and Exchange Board of India (Share Based employee Benefits) Regulations, 2014 to the extent applicable, prior to its repealment;

(e) The Securities and Exchange Board of India (Issue and Listing of Non-Convertible Securities) Regulations, 2021;

(f) The Securities and Exchange Board of India (Registrars to an Issue and Share Transfer Agents) Regulations, 1993 regarding the Companies Act and dealing with client to the extent of securities issued;

(g) The Securities and Exchange Board of India (Delisting of Equity Shares) Regulations, 2021;

(h) The Securities and Exchange Board of India (Buyback of Securities) Regulations, 2018;

vi. The other laws, as informed and certified by the management of the Company which are specifically applicable to the Company based on their sector/ industry are:

- Drugs and Cosmetics Act, 1940 and Drugs and Cosmetics Rules, 1945;
- Atomic Energy Act, 1962 and Atomic Energy (Radiation Protection) Rules, 2004 and Guidelines to set up Nuclear Medicine Facility;
- The Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 and Rules made there under;
- Medical Termination of Pregnancy Act, 1971 and Rules made there under;
- Narcotic Drugs and Psychotropic Substances Act, 1985 and Rules made there under and Narcotic Drugs and Psychotropic Substances (Regulation of Controlled Substances) Order, 2013;
- The Transplantation of Human Organs Act, 1994 and Rules made there under;
- Food Safety and Standards Act, 2006 and Rules made there under;
- The Bio Medical Waste (Management & Handling Rules), 2016;
- Indian Explosives Act, 1884 and Rules made there under;
- Payment of Gratuity Act, 1972 and rules made thereunder;
- Payment of Bonus Act, 1965 and rules made thereunder;
- Employees Provident Fund Scheme, 1952 and rules made thereunder;
- Employees State Insurance Corporation, 1952 and rules made thereunder;
- Other Environment and Labour Laws Act, 2006 and rules made thereunder.

We have also examined compliance with the applicable clauses/Regulations of the following, to the extent applicable:

i. Secretarial Standards issued by The Institute of Company Secretaries of India and notified by Ministry of Corporate Affairs.

ii. Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015: **Not Applicable**

During the period under review the Company has generally complied with the provisions of the Act, Rules, Regulations, Guidelines, Standards, etc. mentioned above.

Note: For clause (vi) above, the scope of our audit was limited to check the representation, requisite licenses, permissions and registration under the specified Acts as provided by the management of the Company. For the purpose of examining the adequacy of compliances with other applicable laws including industry/ sector specific, under both Central and State legislations, reliance has been placed on the Compliance Certificate issued by the Management, on a quarterly basis, which were placed before the Board meeting, based on the reports received by the Company from various hospitals, along with action taken/ to be taken, wherever required, as part of the Company's Compliance Management and Reporting System.

We further report that:

The Board of Directors of the Company is duly constituted with proper balance of Executive Directors, Non-Executive Directors and Independent Directors. The changes in the composition of the Board of Directors that took place during the period under review were carried out in compliance with the provisions of the Act.

Adequate notice is given to all directors to schedule the Board & Committee Meetings, agenda and detailed notes on agenda were sent in advance and in case of shorter notice, compliance as required under the Act has been made by the Company and a system exists for seeking and obtaining further information and clarifications on the agenda items before the meeting and for meaningful participation at the meeting.

All decisions at Board Meetings and Committee Meetings held during the period under review were carried out with requisite majority or unanimously, as recorded in the minutes of the meetings of the Board of Directors or Committee of the Board, as the case may be.

We further report that there are adequate systems and processes in the Company commensurate with the size and operations of the Company to monitor and ensure compliance with applicable laws, rules, regulations and guidelines.

We further report that during the audit period, no specific events took place having a major bearing on the Company's affairs in pursuance of the above referred laws, rules, regulations, guidelines, standards, etc. except as follows:

- *During the financial year ended March 31, 2023, Max Healthcare Institute Limited ('MHIL') (holding company) acquired 1,41,148 equity shares of the Company on June 3, 2022, consequently, post-acquisition, MHIL holds 100% equity stake in the Company and the Company has become wholly-owned subsidiary of MHIL on the date of acquisition.*

For Varuna Mittal & Associates
Company Secretaries
Firm Registration No. S2020DE762400
Peer Review Certificate No. 2745/2022

Varuna Mittal
Membership No.: 57727
Certificate of Practice No.: 23575
UDIN : A057727E000744072

Date: August 4, 2023
Place: New Delhi

Notes: This report is to be read with our letter of even date which is annexed as **Annexure - A** and forms an integral part of this report.

Annexure - A to the Secretarial Audit Report

To
The Members
CROSSLAY REMEDIES LIMITED

1. Maintenance of secretarial record is the responsibility of the management of the Company. Our responsibility is to express an opinion on these secretarial records based on our audit.
2. We have followed the audit practices and processes as were appropriate to obtain reasonable assurance about the correctness of the contents of the secretarial records. The verification was done on the random test basis to ensure that correct facts are reflected in secretarial records. We believe that the processes and practices, we followed provide a reasonable basis for our opinion.
3. We have not verified the correctness and appropriateness of financial records and Books of Accounts of the Company.
4. Where ever required, we have obtained the Management representation about the compliance of laws, rules and regulations and happening of events etc.
5. The compliance of the provisions of Corporate and other applicable laws, rules, regulations, standards is the responsibility of management. Our examination was limited to the verification of procedures on the random test basis.
6. The Secretarial Audit report is neither an assurance as to the future viability of the company nor of the efficacy or effectiveness with which the management has conducted the affairs of the Company.

For **Varuna Mittal & Associates**
Company Secretaries
Firm Registration No. S2020DE762400
Peer Review Certificate No. 2745/2022

Varuna Mittal
Membership No.: 57727
Certificate of Practice No.: 23575
UDIN : A057727E000744072

Date: August 4, 2023
Place: New Delhi

Annexure - VI

Conservation of Energy, Technology Absorption and Foreign Exchange Earnings and Outgo

[Pursuant to section 134(3)(m) of the Companies Act, 2013 read with rule 8 of the Companies (Accounts) Rules, 2014]

Conservation of Energy

(i) & (ii) Steps taken or impact on energy conservation / utilizing alternate source of energy:

We continuously monitor our energy performance across all units and adopted these measures to improve energy intensity:

- More than 50% of our built-up area designed as per Indian Green Building Council norms and various efforts are being taken to reduce the energy consumption of remaining area like as LED, Double glaze unit glass, high efficient equipment, robust PPM, analogue based sensors for external lights etc;
- 100% on LED instead of normal lights;
- Maintaining the power factors up-to 0.99;
- Variable frequency drives in high running HVAC equipment;
- Switching over to MBR based STP for improving the cooling water quality;
- Installation of Electronically commuted fan for energy efficiency in high running Air Handling Units (AHUs);
- QR code based app for real time maintenance management;
- Reduction in fresh water consumption through low flow fixtures and reuse the treated waste-water in premises;
- RO reject water of dialysis is being used for secondary purpose;
- Reducing the "Heat Island Effects" by providing efficient landscape;
- Using of solar energy for hot water requirements through solar water heating system;
- Registration of all new projects as per IGBC green building norms;
- 33.3% renewable power through open access and roof top solar, 400 kWP at Vaishali;
- Switch over to clean fuel based equipments;
- More than 99% uptime of all major engineering equipments;
- We are exploring for increasing renewable sources of energy by investing in-group captive, third party open access and increasing our solar energy footprint in existing hospitals;
- We are exploring for installation of heat recovery pumps to improve HVAC performance and I-O-T based building management system;
- Observing Earth Hour across all hospitals by switching off energy without compromising the safety and comforts of occupants;
- Monitoring and benchmarking of energy consumption Energy Performance Index (EPI), Per occupied bed, compare to YOY;
- Training on energy conservation and regular energy audits for seeking potential of energy saving;
- In process for comparing with peers and global benchmarking through a road map for next 15 years; and
- Award to hospitals which are best in EPI and per bed intensity.

Impact:

There is only 1% increase in per bed energy consumption in FY 2022-23 as compared to FY 2021-22 despite increase in the volume of patients and deployment of additional medical equipments accross the hospitals.

Investment:

We spent approx. ₹ 2.5 Crore for energy conservation activities in FY 2022-23.

Technology Absorption

(i) & (ii): Efforts in brief, made towards technology absorption and benefits derived as a result of these efforts, e.g. product improvement, cost reduction, product development, import substitution etc.

Digital PET-CT – GE Discovery MI GEN2

One of our network hospital has installed this premium PET/CT which brings clearer images with motionfree digital respiratory motion management solution and the accurate quantitative measurement of Q.Clear, designed for scalability from 15cm FOV up to 30cm FOV1. A 50 percent reduction in scan time, 50 percent reduction in injected dose etc. The digital PET-CT scanner redefines precision with advanced sensitivity and detectability parameters compared to analogue PET-CT scanners.

Spine Robotic System – Globus Excelsius GPS

One of the managed hospital has brought the Excelsius Ecosystem which is a robotic imaging and navigation platform that combines Globus Medical's Excelsius 3D imaging system and the Excelsius GPS robotic navigation platform. It allows surgeons to perform precise spinal fusion and provide improved screw placement accuracy, decrease surgery time, and reduce exposure to radiation.

Ortho Robotic System – Stryker MAKO

Robotic-assisted surgery for knee replacement incorporates the placement and alignment of a knee implant with the help of a robotic system. Mako enables a more predictable surgical experience when performing joint replacement surgery. The Mako's robotic arm can operate within a fraction of a millimetre. Its software provides a visual path for the surgeon as he makes the planned cuts and fixes the implant, while the arm uses tactile resistance to prevent him moving outside the planned boundaries. A few of the systems have been installed in managed and partner healthcare facilities.

(iii) In case of imported technology (imported during last 3 years reckoned from the beginning of the financial year), following information may be furnished: Not Applicable

(iv) The expenditure incurred on Research and Development for FY 2022-23: ₹ 0.36 Crore

Foreign Exchange Earning and Outgo

Particulars	Amount (in ₹)
Foreign Exchange Earnings	81,58,82,617
Foreign Exchange Outgo	6,43,09,487
Others	17,71,19,613

For and on behalf of the Board

Abhay Soi
DIN: 00203597
Chairman & Managing Director

Place: New Delhi
Date: August 7, 2023

Corporate Governance Report

Company's philosophy on corporate governance

At Max Healthcare Institute Limited ("MHIL" or "Company"), our approach to corporate governance mirrors our core values i.e. Compassion, Excellence, Efficiency and Consistency, encompassing our cultural ethos, policies, and relationships with our stakeholders. Embracing integrity and transparency lies at the heart of our corporate governance practices and performance. These principles form the bedrock of our approach, ensuring that we consistently earn and uphold the unwavering trust of our stakeholders.

Our governance rests on our core value system which encompasses on:

Fairness & Excellence

In our ethos at MHIL, fairness and excellence are guiding principles. Fairness underpins trust through just practices, while our pursuit of excellence sets high standards for quality and innovation. By embracing these values, we not only maintain stakeholder trust but also establish ourselves as industry leaders committed to exceptional outcomes.

Integrity & Transparency

Our approach to corporate governance is rooted in the principles of integrity and transparency, forming the foundation of a morally-guided business process that enhances our capacity to create value. Upheld through ethical decisions and a steadfast commitment to our core values, this approach is essential for meeting stakeholder expectations and gaining their trust.

Governance, Legal & Risk Management

At MHIL, our unwavering commitment to full regulatory and statutory compliance, both in substance and intent, is matched by our recognition of the inherent risks posed by our global operations. This awareness drives our proactive risk management approach, encompassing meticulous risk identification, vigilant monitoring, and effective mitigation strategies. The Company has put systems, procedures, policies, practices, standards in place to ensure effective strategic planning, optimum risk management, integrity of internal control and financial reporting.

Exemplary Leadership

We firmly believe that a dynamic and diverse board of directors ("Board"), dedicated to excellence, plays a central role in realizing the Company's corporate governance vision. To achieve this, we are committed to maintaining a well-balanced Board composition that encompasses a blend of skills, experience, independence, assurance, growth-oriented mindset, and in-depth sector knowledge.

Sustainability

For us, sustainability revolves around skilful management of the three key dimensions – financial, social, and environmental considerations – all while upholding seamless business continuity. Our commitment lies in advancing economic growth while vigilantly monitoring our ecological footprint and enhancing our positive social contributions.

Relationship with Stakeholders

We prioritize our relationship with stakeholders as the foundation of our approach. Through open communication and collaboration, we build trust, understand diverse perspectives, and address concerns effectively. This dialogue-driven approach ensures alignment with stakeholder expectations, driving our growth and positive impact.

Governance Structure

MHIL's strong governance philosophy is implemented through multi-level governance structure, meticulously outlining roles and responsibilities for each component within the governance framework.

Board of Directors

The board of directors is entrusted with the crucial task of strategically supervising and overseeing the Company's management performance and governance on behalf of all the stakeholders. Through exercising independent judgment, the Board plays a pivotal role in vigilantly monitoring the Company's operations. Moreover, it ensures that the Company upholds the principles of corporate governance and transparency.

Board Committees

In order to proficiently fulfill its responsibilities and adhere statutory requirements, the Board has established four statutory board committees and three non-statutory board committees. These committees are tasked with addressing designated areas, either making ultimate decisions or providing well-considered recommendations to the Board. Each committee operates with a well-defined charter and are responsible for discharging their respective roles and responsibilities in alignment with their charters.

Chairman and Managing Director

The Chairman and Managing Director ("CMD") acts as the leader of the Board and presides over the meetings of the Board and the members. This leadership is guided by the imperative principle of 'To serve. To excel' and underscored by our core values of Compassion, Excellence, Efficiency, and Consistency. The CMD also assumes responsibility for driving business performance, spearheading growth, and executing strategic decisions that align with the Company's purpose-driven mission and vision.

In addition to these responsibilities, the CMD takes charge of governance matters, encompassing aspects like board composition, meeting dynamics, and board effectiveness. Serving as a vital link between the Management and the Board, the CMD ensures cohesive governance.

The CMD's focal points include crafting and executing the Company's long-term strategy through a blend of organic and inorganic initiatives. This includes defining the innovation and business reimagining agenda, driving growth sustainably by leveraging digitalization and automation endeavors and cultivating a globally eminent, future-ready organization. Central to this mission is the cultivation of a dynamic and inclusive organizational culture that nurtures talent, fostering both personal and professional growth.

Management Committee

The Management Committee functions as the highest echelon of leadership, responsible for shaping and executing the Company's overarching long-term growth strategy. This is achieved through the creation and implementation of top-tier practices, processes, and products. The Management Committee plays a crucial role in propelling the Company's growth aspirations and championing sustainability initiatives throughout the entire organization.

Group Medical Advisory Council

Group Medical Advisory Council ("GMAC") is a panel of experienced medical professionals who provide invaluable guidance to the Company's management. Comprising physicians, specialists, and healthcare experts, this council ensures that the Company adheres to the latest medical standards and regulations. They contribute to policy development, research initiatives, and innovation, focusing on maintaining top-notch patient care and quality assurance while managing healthcare-related risks. Moreover, GMAC is committed to ensuring people development through competency building at all levels to maintain safe care. Overall, GMAC plays a crucial role in ensuring the company's healthcare services align with best practices and stay at the forefront of medical advancements.

Board of Directors

Composition, category & size of the Board

The Company acknowledges and embraces the paramount importance of fostering a diverse Board as a driving force behind its accomplishments. We firmly believe that a truly diverse Board will harness the wealth of varied thought, perspectives, regional and industry insights, cultural and geographical backgrounds, age, ethnicity, gender, knowledge, race, skills and expertise. This cohesive diversity is instrumental in securing and fortifying the Company's enduring competitive advantage.

The Company adheres to a policy that aims to establish a well-balanced composition of Directors, encompassing both Executive and Non-Executive Directors, including Independent Directors and Woman Director. This composition reflects a thoughtful combination of professionalism, knowledge and experience, aligning seamlessly with the management's dedication to the principles of integrity and transparency in business operations for the promotion of sound Corporate Governance.

As on March 31, 2023, the Board was comprised of 7 (seven) Directors, out of which 1 (one) was a Promoter and Executive Director (CMD), 1 (one) was Non-Executive Director and 5 (five) were Independent Directors (including one Independent Woman Director).

The composition of the Board is in conformity with the Section 149 of the Companies Act, 2013 ("Act") and the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 ("SEBI Listing Regulations"). During the year under review, none of the Directors is a Director in more than 10 (ten) public limited companies and director in more than 7 (seven) equity listed entities or acts as an Independent Director in more than 7 (seven) equity listed entities or 3 (three) equity listed entities in case he/ she serves as a Whole-time Director/ Managing Director in any listed entity (as specified in regulation 17A of the SEBI Listing Regulations). Furthermore, none of the Directors on the Board is a member of more than 10 (ten) Committees and Chairman of more than 5 (five) Committees (as specified in regulation 26 of the SEBI Listing Regulations), across all the Indian public limited companies in which he/ she is a Director.

Details of profile of our Directors

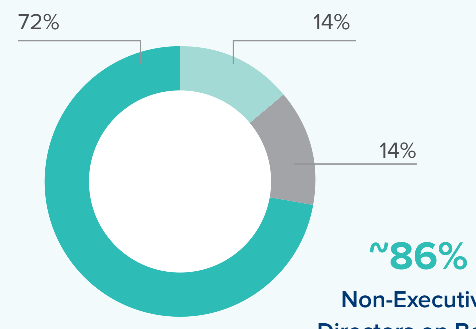
The comprehensive profiles of our Directors can be accessed on the Company's official website and are also provided in the annual report at www.maxhealthcare.in/investors.

The composition of our Board as on March 31, 2023

Chairman and Managing Director	Non-Executive and Independent Director	Non-Executive and Non-Independent Director
Abhay Soi	K Narasimha Murthy	Anil Kumar Bhatnagar
	Mahendra Gumanmalji Lodha	
	Harmeen Mehta*	
	Michael Thomas Neeb	
	Pranav Amin	

* Ms. Harmeen Mehta resigned as Independent Director with effect from April 14, 2023.

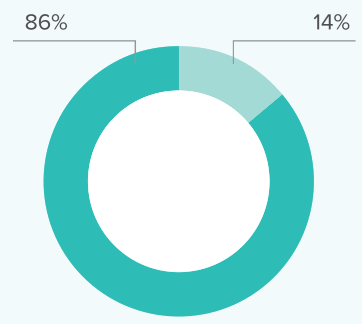
Category wise – Percentage of total number of Directors



~86%
Non-Executive Directors on Board

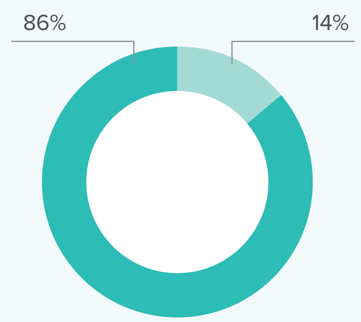
- Executive Director
- Non-Executive and Non-Independent Directors
- Non-Executive and Independent Directors

Board Diversity



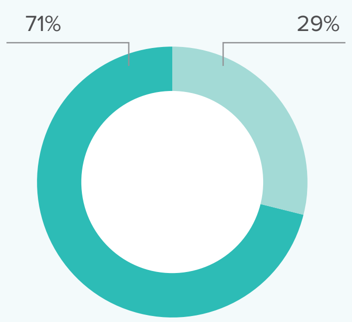
- Female
- Male

Nationality



- Foreign National
- Indian

Age of group of Directors



- 30-50 Years
- >50 Years

Changes in the Board during the FY 2022-23

1. Mr. Pranav Amin was appointed as Independent Director of the Company for term of 5 (five) consecutive year w.e.f. August 10, 2022;

2. Mr. Gaurav Trehan resigned from the position of Non-Executive Director of the Company with effect from close of business hours on August 24, 2022. Mr. Trehan was appointed on the Board as a nominee of Kayak Investment Holding Pte. Ltd. Since, Kayak had divested its entire stake held in the Company by August 25, 2022, Mr. Trehan resigned from office of Director of the Company;

3. Mr. Anil Kumar Bhatnagar was appointed as Non-Executive Director of the Company w.e.f. August 31, 2022;

4. Mr. Prashant Kumar, nominated by Kayak, liable to retire by rotation at last Annual General Meeting ("AGM") held on September 26, 2022, did not seek re-appointment as Kayak had divested its entire stake held in the Company by August 25, 2022. Consequently, Mr. Kumar ceased to be a Non-Executive Director with effect from September 26, 2022.

Changes in the Board subsequent to the FY 2022-23:

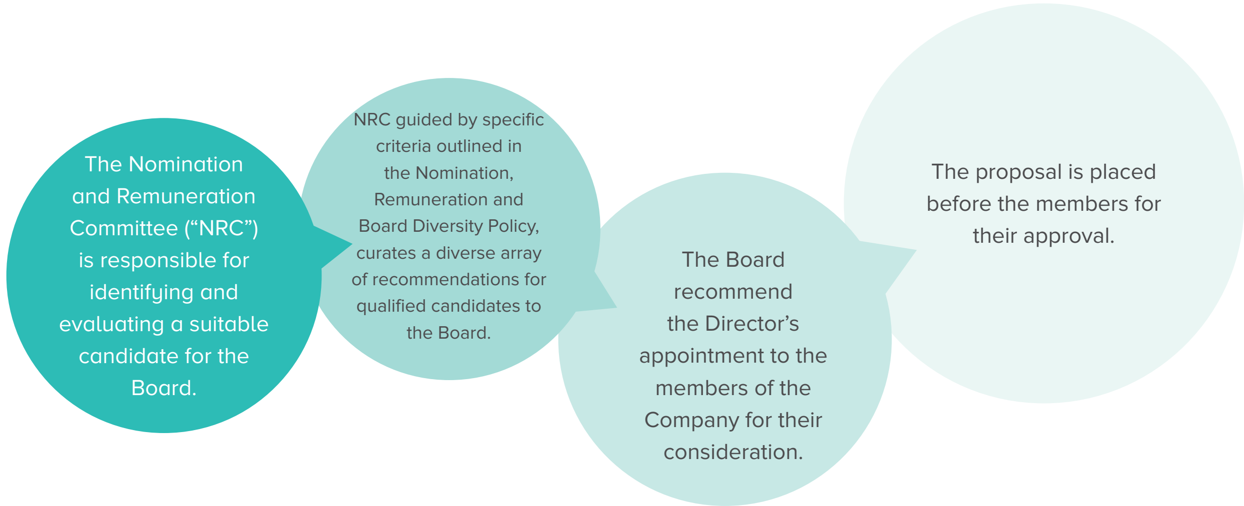
1. Ms. Harmeen Mehta resigned as Independent Director of the Company w.e.f. April 14, 2023 due to personal and unavoidable circumstances like other professional commitments etc. She further confirmed that there was no material reason for her resignation;

2. Mr. Abhay Soi was re-appointed as Chairman and Managing Director by the members of the Company in the 21st annual general meeting held on September 26, 2022 for a further period of 5 (five) years w.e.f. June 19, 2023;

3. Mr. Narayan K. Seshadri was appointed as Non-Executive Director of the Company for a period of 3 (three) consecutive years w.e.f. May 16, 2023.

The details of Director(s) seeking appointment/re-appointment at the 22nd AGM of the Company, have been provided in the Notice of 22nd AGM.

Board membership criteria and selection process



NRC holds the responsibility of identifying and assessing a fitting candidate for the Board. During the candidate selection process, NRC meticulously reviews and evaluates the composition and diversity of the Board, aiming to secure an appropriate mix of skills, experience, independence, knowledge and more across the Board and its Committees. This commitment to a balanced composition boosts the Board's continued effectiveness.

MHIL acknowledge the importance of diversity in the Boardroom as a driver of effectiveness. For the Board, diversity encompasses plurality in perspective, relevant experience, suitability and other personal attributes. To ensure a transparent selection process, the guidance on eligibility criteria and attributes for an individual's appointment on the Board, including Independent Directors, has been defined in the Nomination, Remuneration and Board Diversity Policy of the Company.

NRC inter-alia considers & evaluates various criteria and leverages difference in following factors while making recommendations to the Board:

a) Background including professional experience, education, culture & geography and accomplishments;

b) Skills, attributes, capabilities, knowledge, time commitment and thought to exercise sound judgement;

c) Understanding of the sector(s) & industry(ies) in which Company operates including healthcare sector; and

d) Expertise in finance, risk management, marketing, technology and other disciplines relevant to the Company's business

The NRC recommends the appointment of a candidate based on the defined criteria and attributes. The Board, on the recommendation of NRC and based on profile of the candidate etc., recommends the appointment of Directors to the members of the Company, wherever applicable, for seeking their approval.

Core skills, expertise and attributes available with the board

In accordance with the requirement of the SEBI Listing Regulations and considering the Company's business operations and activities, the Board has meticulously identified the essential knowledge, expertise, core skills, and behavioral traits required in its Directors, as given below:

Board Skill	Description
Strategic Leadership & People Management	Experience in guiding and leading management teams, strategic planning, succession planning, workplace health & safety, understanding of organizational systems & processes and appreciation of long-term trends/ choices.
Financial & Risk Management	Wide-ranging financial acumen encompassing corporate accounting, internal controls, and reporting, along experience to evaluate the effectiveness of risk management frameworks and practices.
Healthcare Acumen & Operations	Knowledge and experience in healthcare sector to provide strategic guidance to the management in fast changing environment. Operational expertise and technical know-how in the areas of services, quality, supply chain etc.
Marketing & Business Management	Experience in formulating strategies for market share growth, cultivating brand awareness, enhancing enterprise reputation. Possess knowledge on general know-how of the business management, understanding diverse business environment, global economy & cultures.
Information Technology	Experience in business ideas or models in the area of technology and innovation, adept at foreseeing technological trends.
Corporate Governance, Public Policy and Legal	Experienced in developing governance practices to protect stakeholders' best interests and a compliance system for sustainable growth, ensure Board and management accountability and oversee compliance, corporate ethics, and values. Possess understanding of the legal and regulatory landscape, as well as national/ global policy developments and their impact on the dynamic business environment.
ESG & Sustainability	Experienced in overseeing ESG & Sustainability matters, including Corporate Social Responsibility, while possessing understanding of diverse and global sustainability and ESG practices, enabling effective alignment with the Company growth strategy.

The skills as possessed by each Director, as on the date of this report, are given below:

Core skills/ Expertise	Mr. Abhay Soi	Mr. Anil Kumar Bhatnagar[1]	Mr. K Narasimha Murthy	Mr. Mahendra Gumanmalji Lodha	Mr. Michael Thomas Neeb	Mr. Pranav Amin[2]	Mr. Narayan K. Seshadri[3]
Strategic Leadership & People Management							
Financial & Risk Management							
Healthcare Acumen & Operations							
Marketing & Business Management							
Information Technology							
Corporate Governance, Public Policy and Legal							
ESG & Sustainability							

Notes:

[1] Mr. Anil Kumar Bhatnagar was appointed as Non-Executive Director w.e.f. August 31, 2022;

[2] Mr. Pranav Amin was appointed as Independent Director appointed w.e.f. August 10, 2022; and

[3] Mr. Narayan K. Seshadri has been appointed as Non-Executive Director w.e.f. May 16, 2023 subject to the approval of members of the Company.

The Board is satisfied that it is comprised of highly qualified members who possess requisite skills, expertise, diversity and competencies for effective functioning of the Company and allow them to make effective contributions for the functioning of the Board and its Committees.

Board functioning & procedure

Background

To establish a framework for managing corporate affairs comprehensively and implementing structured systems and processes for proactive deliberation and decision-making by the Board, the Company has formulated procedures governing the conduct of Board and Committee meetings.

The Board is dedicated to upholding excellent governance practices through a self-regulating approach. The Directors have complete freedom to express their opinion/views. The decisions are taken on the basis of consensus / majority arrived at after detailed discussions. The Directors are also free to bring up any matter for discussion at the Board/Committee Meetings.

Scheduling and selection of agenda items for the Board/ Committee meetings

The Board is the apex body constituted by the shareholders, endowed with the powers of governance, giving strategic and operational directions and overseeing the Company's operations. To ensure well-informed decision making, the Board has access to all relevant information and holds the liberty to engage with both the Company's Management and its subsidiaries. Driven by the principles of corporate governance philosophy, the Board is dedicated to operating in the utmost interest of the Company and its valued Stakeholders.

The Board shall meet at least four times in a year, with a maximum time gap of 120 days between any two meetings, to discuss and review the quarterly results and other items of agenda, including the minimum information required to be placed before the Board, as per Part-A of Schedule II of the SEBI Listing Regulations. The dates for the Board and Committee meetings are pre-determined and communicated in advance to the Directors. Furthermore, the Board convenes additional meetings as deemed necessary and appropriate.

The Chairman & Managing Director, Senior Director - Chief Financial Officer, Senior Director- Corporate Affairs and SVP - Company Secretary & Compliance Officer, discuss the items to be included in the Board / Committee agenda and seek inputs from other Management team members wherever required. The proposed agenda of the meetings accompanied with relevant supporting documents and explanatory notes are generally circulated in advance to all the Directors entitled to facilitate meaningful and comprehensive discussions during the meeting. The Board Agenda encompasses an Action Taken Report detailing the outcome/actions emanating from the Board Meetings and status updates thereof. The management generally circulates the agenda of meetings of Board and its committees ten days before the meeting. In case where detailed agenda is shared in less than seven days before the date of meeting, the agenda is taken up with the permission of the Chairman of the meeting and with the consent of majority of the Board / Committee members present in the meeting, including Independent Director(s). Moreover, Senior Management officials are also invited to various Board / Committee meetings to provide additional input on the matters being discussed by the Board and its Committees.

Minimum information placed before the Board Members

We hold the conviction that a diverse, engaged and well-informed Board is necessary to uphold the utmost standards of Corporate Governance. Accordingly, in addition to the regular business items and update, the Company provides the following information to the Board in terms of Part A of Schedule II of SEBI Listing Regulations, as and when applicable, either as part of the agenda papers or by way of presentations and discussion during the meetings:

- Annual operating plans & budgets and any updates;
- Capital budgets and any updates;
- Quarterly results of the Company and its operating divisions or business segments;
- Minutes of meetings of the Audit and other Committees of Board;
- Information on recruitment and remuneration of senior management personnel just below the Board level, including appointment or removal of the Chief Financial Officer and the Company Secretary;
- Show cause, demand, prosecution notices and penalty notices which are materially important;
- Fatal or serious accidents, dangerous occurrences and any material effluent or pollution problems;
- Any material default in financial obligations to and by the Company or substantial non-payment for goods sold by the Company;
- Any issue which involves possible public or product liability claims of substantial nature including any judgment or order which may have passed strictures on the conduct of the Company or taken an adverse view regarding another enterprise that can have negative implications on the Company;
- Details of any joint venture or collaboration agreement, if any;
- Transactions, if any, that involve substantial payment towards goodwill, brand equity or intellectual property;
- Any significant labor problems and their proposed solutions;
- Any significant development in human resources/industrial relations front;
- Any sale of investments, subsidiaries, assets which are material in nature and not in normal course of business;
- Quarterly details of foreign exchange exposures and the steps taken to limit the risks of adverse exchange rate movement if material;
- Non-compliance of any regulatory, statutory or listing requirements and shareholders' service such as non-payment of dividend, delay in share transfer, etc, if any.

Recording minutes of meetings of the Board & its Committees and Shareholders

The minutes of the proceedings of each Board / Committee / Shareholders' meetings are recorded. Draft minutes of the Board and Committee meetings are circulated amongst all members of the Board and Committee for their feedback and comments within prescribed timelines. The finalized minutes are promptly entered in the respective minute's books within the prescribed timelines. A certified copy of the signed minutes is also circulated to the Board and respective Committee Members in compliance with the Secretarial Standard on meetings of the Board of Directors issued by Institute of Company Secretaries of India.

Post meeting follow-up mechanism

In adherence to good corporate governance, the important and significant decisions taken at the Board / Committee levels are communicated to the concerned functionaries and departments. Moreover, the action taken in respect of such decisions is also reported to the Board and relevant Committee.

Board meetings and attendance

During the financial year ("FY") 2022-23, the Board met eight (8) times on April 11, 2022, May 25, 2022, August 10, 2022, August 31, 2022, November 1, 2022, December 15, 2022, February 2, 2023 and March 16, 2023.

The attendance of Directors at Board meetings and last AGM and number of other Directorships and Committee memberships/ Chairmanships held by them as on March 31, 2023, is as under:

S. No.	Name of the director & category of directorship	No. of Board meetings held during FY 2022-23 & entitled to attend	Attendance at meetings held during FY 2022-23		No. of directorship and committee memberships/ chairmanship held in other companies			Name of other listed companies & categories of directorship	
			Board	Whether attended last AGM held on 26.09.2022	Directorship	Committee Membership	Committee Chairmanship	Name of the Company	Category
Executive Director									
1.	Mr. Abhay Soi Promoter, Chairman & Managing Director	8	8	Yes	7	-	-	-	-
Non-Executive Directors									
2.	Mr. Anil Kumar Bhatnagar[1]	4	4	Yes	-	-	-	-	-
3.	Mr. Gaurav Trehan[2]	3	2	NA	NA				
4.	Mr. Prashant Kumar[3]	4	3	NA	NA				
Independent Directors									
5.	Ms. Harmeen Mehta[4]	8	8	Yes	-	-	-	-	-
6.	Mr. K Narasimha Murthy	8	7	Yes	8	9	4	• Max Financial Services Limited • Nelco Limited	Independent Director Independent Director
7.	Mr. Mahendra Gumanmalji Lodha	8	8	Yes	9	2	2	-	-
8.	Mr. Michael Thomas Neeb	8	8	Yes	-	-	-	-	-
9.	Mr. Pranav Amin[5]	5	4	Yes	4	1	-	• Alembic Pharmaceuticals Limited • Elecon Engineering Company Limited	Managing Director Independent Director

[1] Mr. Anil Kumar Bhatnagar was appointed as Non-Executive Director w.e.f. August 31, 2022;

[2] Mr. Gaurav Trehan ceased to be Non-Executive Director w.e.f. August 24, 2022.

[3] Mr. Prashant Kumar, liable to retire by rotation at last AGM held on September 26, 2022 did not seek re-appointment and hence, ceased to be Non-Executive Director w.e.f. September 26, 2022.

[4] Ms. Harmeen Mehta resigned as an Independent Director w.e.f. April 14, 2023;

[5] Mr. Pranav Amin was appointed as an Independent Director w.e.f. August 10, 2022;

Notes:

a) The directorships, held by Directors, as mentioned above, excludes the directorships held in foreign body corporates and MHIL.

b) In accordance with Regulation 26(1) of SEBI Listing Regulations, memberships / chairmanships of only Audit Committee and Stakeholders' Relationship Committee in all public limited companies (listed and unlisted) excluding private limited companies, foreign companies, high value debt listed entities and companies under Section 8 of the Companies Act, 2013, have been considered.

~93%
Average attendance during FY 2022-23

100%
Attendance at 21st AGM

Disclosure of relationships between Directors inter-se

Pursuant to shareholders' agreement dated December 24, 2018 executed between Mr. Abhay Soi and Kayak Investments Holding Pte. Ltd. ("Kayak")] and in respect of which the deed of accession and adherence was executed by the Company on June 1, 2020 ("Post Merger SHA"), Kayak had the right to nominate 3 (three) Directors on the Board of the Company. At the beginning of FY 2022-23, Mr. Gaurav Trehan and Mr. Prashant Kumar were Non-Executive Directors on the Board of the Company who were nominated by Kayak. During the FY 2022-23, Mr. Gaurav Trehan and Mr. Prashant Kumar ceased to be Non-Executive Directors of the Company w.e.f. August 24, 2022 and September 26, 2022, respectively.

As on March 31, 2023, there are no inter-se relationship between Company's Board members except Mr. Abhay Soi and Mr. Anil Kumar Bhatnagar. Mr. Abhay Soi is son-in-law of Mr. Anil Kumar Bhatnagar.

Number of shares and convertible instruments held by Directors and Key Managerial Personnel ("KMP")

Name	Designation	As on March 31, 2023	
		No. of equity shares held	% of equity shares held
	Directors		
Mr. Abhay Soi	Chairman & Managing Director	23,08,07,699	23.77
Mr. Anil Kumar Bhatnagar	Non-Executive Director	-	-
Ms. Harmeen Mehta	Independent Director	-	-
Mr. K Narasimha Murthy[1]	Independent Director	4,950	Negligible
Mr. Mahendra Gumanmalji Lodha	Independent Director	-	-
Mr. Michael Thomas Neeb	Independent Director	-	-
Mr. Pranav Amin	Independent Director	-	-
	KMPs		
Mr. Yogesh Kumar Sareen	Senior Director – Chief Financial Officer	60,000	Negligible
Mr. Dhiraj Aroraa	Company Secretary & Compliance Officer	-	-

[1] As on March 31, 2023, Mr. K Narasimha Murthy, Independent Director, holds 4,950 (Four Thousand Nine Hundred Fifty) equity shares of the Company (on account of his shareholding in erstwhile Max India Limited prior to the merger and these equity shares were allotted to him by virtue of the merger pursuant to the Composite Scheme of Amalgamation and Arrangement amongst erstwhile Max India Limited, the Company, Radiant Life Care Private Limited ("Radiant"), Max India Limited and their respective shareholders and creditors effective from June 1, 2020 ("Scheme").

As on March 31, 2023, the Company does not have any outstanding convertible instruments.

Familiarization Programme for the Directors

MHIL boasts a robust induction process designed to familiarize newly appointed Directors comprehensive understanding of the Company, its Management, operations and the hospital industry as a whole. The Company conducts familiarization programme for the Directors in terms of the provisions of the SEBI Listing Regulations. This initiative encompasses a comprehensive briefing for Directors regarding their roles, functions, and responsibilities within the Company.

Directors are provided with, amongst other documents, copy of the constitutional documents of the Company, latest annual report and internal policies to familiarize them with the Company's procedures and practices.

Interactions are held between the Directors and Senior Management of the Company to familiarize the Directors with the Organizational set-up, functioning of various departments, internal control processes and relevant information pertaining to the Company. Apart from the above, periodic presentations are made at meetings of the Board/ various Committees of the Board, to familiarize the Directors with the Company's strategy, business performance, business environment, regulatory framework, operations review, risk management and other related matters.

The familiarization programme aims at helping the Board members to understand the functions and operations of the Company, its management, its business model and business risks, nature of industry in which it operates, the regulatory challenges apart from their roles, rights, responsibilities in the Company, etc. Details of the familiarization programme conducted for the Directors are put up on the Company's website at https://www.maxhealthcare.in/investors/corporate-governance.

Independence Confirmation

The Nomination, Remuneration and Board Diversity Policy sets out the criteria for appointment of Independent Directors. Each Independent Director, at the time of appointment and thereafter at the beginning of each FY submits a declaration confirming their independence as well as compliances under section 149(6) and the Rules made thereunder, Schedule IV of the Act and Regulation 16 and 25 of SEBI Listing Regulations and all other applicable provisions of the Act and SEBI Listing Regulations. The declaration of independence received from the Independent Directors are noted and taken on record by the Board.

On the basis of confirmations/ declarations/ disclosures received from the Independent Directors and on evaluation of the relationship disclosed, the Board confirms that in its opinion, the Independent Directors of the Company fulfill the conditions as specified in the Act and SEBI Listing Regulations and are independent of the Company's Management. Further in terms of Section 150 of the Act read with Rule 6(1) of the Companies (Appointment and Qualification of Directors) Rules, 2014, the Independent Directors have registered themselves on the data bank maintained by the Indian Institute of Corporate Affairs. Requisite disclosures in terms of Rule 6(3) of Companies (Appointment and Qualification of Directors) Rules, 2014, have also been received from the Independent Directors in this regard.

Detailed reasons for the resignation of an independent director who resigns from the board before the expiry of his tenure

No Independent Director resigned during the FY 2022-23. Further, Ms. Harmeen Mehta resigned from the position of Independent Director of the Company with effect from April 14, 2023 due to personal and unavoidable circumstances like other professional commitments etc. She confirmed that there was no material reason for her resignation.

Separate meeting of Independent Directors

In terms of requirements under Schedule IV of the Act and Regulation 25(3) of SEBI Listing Regulations, for the FY 2022-23, a separate meeting of Independent Directors was held on May 16, 2023 without presence of Management of the Company. All Independent Directors attended this meeting except Mr. Michael Thomas Neeb who could not join the meeting at the last minute due to personal exigencies at his home.

Independent Directors at the meeting, inter-alia, reviewed the following:

- Performance of Non-Independent Directors and the Board as a whole;
- Performance of the Chairman considering the views of Executive Director and Non-Executive Directors; and
- Assess the quality, quantity and timeliness of flow of information between the Company's Management and the Board that is necessary for the Board to effectively and reasonably perform their duties.

Based on majority of the feedback, the Directors expressed satisfaction with the overall evaluation process.

Code of Conduct

The Board has laid down a Code of Conduct for all the Board Members and Senior Management Personnel of the Company. The said Code has been effectively communicated to the Directors and Senior Management Personnel and is also available on the website of the Company at www.maxhealthcare.in/investors/corporate-governance. A declaration from the Chairman & Managing Director, confirming that the Company has received affirmations from the Board and Senior Management Personnel regarding the compliance of Code of Conduct during the year under review, is annexed as **Annexure - A** and forms part of this Report.

The Key features of Code of Conduct, inter-alia, are as follows:

1. Zero tolerance towards unethical behavior;
2. All employees and Directors will avoid 'conflicts of interest' with the Company and in case there is likely to be a conflict of interest, they will make full disclosure of all facts and circumstances thereof to the Company and obtain prior written approval of the Board or any committee or any officer nominated by the Board;
3. Duty of employees and Directors to report any unethical behavior;
4. Guidance and authorization of making public statements;
5. Action in case of violation; and
6. Mandate to provide annual confirmation on compliance of Code.

Succession Planning

The Company places strong emphasis on the significance of a robust succession plan, which lays the foundation for a resilient future. The management develops and recommends to NRC, a well-structured succession plan for senior management. This plan undergoes a comprehensive annual review by NRC, which may result in recommendations for areas of improvement as and when needed. This assessment is founded on a thorough analysis of multiple factors, including the current composition's skill balance, diversity, and experience, tenure, outcomes of performance evaluations and the strategic requirements of the business.

Pursuant to the approval of NRC, the Company has implemented the "Max Talent Development program" as a vital component of our succession planning strategy. This program is designed with a clear focus on aligning with our business strategy while ensuring a harmonious connection between our organization's structure and culture. Critical roles are identified within the Company and define the essential leadership traits associated with such roles.

Talent philosophy at MHIL revolves around fostering a culture of high performance and continuous excellence. We believe in nurturing individuals who mirror our core values of "To Serve. To Excel." With this philosophy at its core, our talent development program aims to not only recognize and develop high-potential employees but also to engage and retain them, fostering both their individual growth and the growth of the organization.

This comprehensive program is built upon a robust framework, characterized by its scientific approach, alignment with our current values, goals, competency requirements, readiness for the future, effectiveness, scalability and a commitment to transparency & objectivity. It is structured across three distinct phases:

1. **Identification of High Potential:** Through a meticulous process, we identify individuals with the potential to drive our organization's future success.
2. **Evaluation & Selection of High Potentials:** High-potential employees undergo thorough evaluation and selection processes, ensuring that the chosen individuals possess the qualities required to excel in key leadership roles.
3. **Career Aspirations & Learning Path:** We engage with these high-potential individuals to identify their career aspirations and develop personalized learning paths that align with their growth objectives and the company's needs.

Max Talent Development program underscores our commitment to building a robust pipeline of leaders who are not only equipped to meet the challenges of today but also to navigate the complexities of tomorrow. Through structured phases and a meticulous approach, we ensure that our succession planning strategy aligns with our organizational goals and values.

Board Committees

The Board Committees play a crucial role in the governance structure of the Company. In compliance with the statutory requirements, the Board has constituted various Committees guided by its charter, which provide for the scope, powers & duties and responsibilities. The objective is to focus effectively on specific areas and ensure expedient resolution and decision-making. The Committees operate as the Board's empowered agents according to their charter/ terms of reference

The recommendations of the Committees are submitted to the Board for approval. During the year, all recommendations of the Committees were approved by the Board. Generally, Committee meetings are held prior to the Board meeting and the chairman of respective Committees update the Board about the deliberations, recommendations and decisions taken by the Committees.

Constitution of Board Committees as on March 31, 2023

Audit and Risk Management Committee
- Mr. Mahendra Gumanmalji Lodha (Chairperson)
- Mr. Abhay Soi*
- Mr. K NarasimhaMurthy
- Mr. Michael Thomas Neeb

Nomination and Remuneration Committee
- Mr. K Narasimha Murthy (Chairperson)
- Mr. Anil Kumar Bhatnagar
- Mr. Pranav Amin

Stakeholders Relationship Committee
- Mr. Mahendra Gumanmalji Lodha (Chairperson)
- Mr. Abhay Soi
- Mr. Pranav Amin

Corporate Social Responsibility Committee
- Mr. Abhay Soi (Chairperson)
- Mr. Anil Kumar Bhatnagar
- Mr. K Narasimha Murthy

Chairperson Member

* Mr. Abhay Soi ceased to be member of Audit and Risk Management Committee w.e.f. close of business hours of August 7, 2023

Note: Apart from the above Committee, the Board has constituted three Non-statutory Committees (Voluntary Committees) i.e. Business Responsibility and Sustainability Committee, Debenture Committee and Restructuring Committee.

Audit and Risk Management Committee

Composition

As on March 31, 2023, Audit & Risk Management Committee ("A&RMC") comprised 4 (four) Directors, 3 (three) of whom are independent. The Chairman of A&RMC, Mr. Mahendra Gumanmalji Lodha, Independent Director is a qualified Chartered Accountant and has over 4 (four) decades of experience in investment banking, corporate restructuring and corporate & project finance. All members of A&RMC, including the Chairman, have accounting and financial management expertise. The composition of A&RMC meets the requirements of Section 177 of the Act, Regulation 18 and 21 of the SEBI Listing Regulations. The Company Secretary of the Company is acting as the Secretary to A&RMC.

During the year ended March 31, 2023, the following changes occurred in the composition of A&RMC:

1. Ms. Harmeen Mehta ceased to be member of A&RMC due to reconstitution by the Board w.e.f. September 30, 2022;
2. Mr. Prashant Kumar ceased to be member of A&RMC consequent to the cessation as Director of the Company w.e.f. September 26, 2022.

Subsequent to the year ended March 31, 2023, Mr. Abhay Soi ceased to be a member of A&RMC due to reconstitution by the Board at its meeting held on August 7, 2023;

Meetings of A&RMC held during FY 2022-23 and attendance of members thereto

During FY 2022-23, A&RMC met 8 (Eight) times on April 11, 2022, May 25, 2022, August 10, 2022, August 31, 2022, November 1, 2022, December 15, 2022, February 2, 2023 and March 16, 2023. The attendance of members of A&RMC at these meetings was as follows:

S. No.	Name	No. of meetings entitled to attend during FY 2022-23	No. of meetings attended during FY 2022-23
1.	Mr. Mahendra Gumanmalji Lodha	8	8
2.	Mr. Abhay Soi	8	7
3.	Ms. Harmeen Mehta[1]	4	4
4.	Mr. K Narasimha Murthy	8	7
5.	Mr. Michael Thomas Neeb	8	8
6.	Mr. Prashant Kumar[2]	4	3

Notes

[1] Ms. Harmeen Mehta ceased to be member of A&RMC w.e.f. September 30, 2022.

[2] Mr. Prashant Kumar ceased to be member of A&RMC w.e.f. September 26, 2022.

~93%

Average attendance during FY 2022-23

The A&RMC meets at least four times in a year, within a maximum time gap of 120 days between any two meetings.

Senior Director - Chief Financial Officer, Director - Legal & Regulatory Affairs, Senior Director - Corporate Affairs and Senior Director - Operations & Planning and Vice President - Accounts and Finance, are regular invitees to the meetings of A&RMC and provide such information and clarifications as required by A&RMC.

The Statutory Auditor, Cost Auditor and Internal Auditor also attended the respective A&RMC meetings, where statutory audit reports, financial results or limited review reports/ cost audit reports/ internal audit reports/secretarial audit reports were placed before A&RMC. Further, members of A&RMC had an independent session with Statutory Auditors, Cost Auditors and Internal Auditor.

The Chairman of A&RMC was present at the last AGM of the Company held on September 26, 2022.

The Management is responsible for the Company's internal controls and financial reporting process, while the statutory auditor is responsible for performing independent audits of the Company's financial statements in accordance with Generally Accepted Auditing Practices and for issuing reports based on such audits. The Board has entrusted A&RMC to supervise these processes and thus, ensure accurate and timely disclosures that maintain the transparency, integrity and quality of financial control and reporting.

Terms of reference

The terms of reference and scope of A&RMC includes the following:

- Oversee Company's financial reporting process and the disclosure of its financial information to ensure that the financial statements are correct, sufficient and credible;
- Recommend to the Board, the appointment/ re- appointment, remuneration and terms of appointment of Auditors;
- Approval of payment to statutory auditors for any other services rendered by the statutory auditors;
- Reviewing, with the Management, the Annual Financial Statements and Auditors' report thereon before submission to the Board for approval, with particular reference to:
  - Matters required to be included in the Directors' Responsibility Statement to be included in the Board Report in terms of Section 134(3)(c) of the Act;
  - Any changes in accounting policies and practices and reasons for the same;
  - Major accounting entries involving estimates based on the exercise of judgment by Management;
  - Significant adjustments made in the financial statements arising out of audit findings;
  - Compliance with Listing and other legal requirements relating to Financial Statements;
  - Disclosures of any related party transactions; and
  - Qualifications/ Modified opinion(s) in the draft audit reports.
- Reviewing with the Management, the quarterly Financial Statements before submission to the Board for approval;
- Reviewing with the Management, the statement of uses/ application of funds raised through an issue (public issue, rights issue, preferential issue, etc.), if any, the statement of funds utilized for purposes other than those stated in the offer document/ prospectus/ notice and the report submitted by the monitoring agency monitoring the utilization of proceeds of public or rights issue, and making appropriate recommendations to the Board to take up steps in this matter;
- Approval of, or any subsequent modification of, transactions of the Company with related parties as may be applicable from time to time;
- Scrutiny of inter-corporate loans and investments;
- Reviewing the utilization of loans and/ or advances from/ investment by the Company in the subsidiary exceeding ₹ 100 Crore or 10% of the asset size of the subsidiary, whichever is lower including existing loans/advances/ investments;
- Consider and comment on rationale, cost-benefits and impact of schemes involving merger, demerger, amalgamation etc., on the listed entity and its Shareholders;
- Valuation of undertakings or assets of the Company, wherever it is necessary and appointment of valuer thereof;
- To look into the reasons for substantial defaults in the payment to the depositors, debenture holders, Shareholders (in case of non-payment of declared dividends) and creditors;
- Reviewing and monitoring the auditors' independence and performance, and effectiveness of audit process;
- Evaluation of internal financial controls and risk management systems;
- Reviewing with the Management, performance of Statutory and Internal Auditors and the adequacy of internal control systems;
- Reviewing the adequacy of internal audit function, if any, including the structure of internal audit department, staffing and seniority of the official heading the department, reporting structure coverage and frequency of internal audit;
- Discussions with Internal Auditors of any significant findings and follow up thereon;
- Reviewing the findings of any internal investigations by the Internal Auditors into matters where there is suspected fraud or irregularity or a failure of internal control systems of a material nature and reporting the matter to the Board;
- Discussions with statutory auditors before the audit commences, about the nature and scope of audit as well as have post-audit discussion to ascertain any area of concern;
- Review the functioning of the Whistle blower Mechanism;
- Approval of appointment of Chief Financial Officer after assessing the qualifications, experience and background, etc. of the candidate;
- Carry out any other function as mentioned / added in the terms of reference of A&RMC; and
- Carry out any other duties/terms of reference which are incidental/necessary for the fulfilment of the above-mentioned terms of reference and any other function as is mandated by the Board from time to time and / or enforced by any statutory notification, amendment or modification as may be applicable.

Review of information by A&RMC

Apart from other matters, as per Regulation 18(3) of the SEBI Listing Regulations, A&RMC mandatorily reviews, the following information:

- Management discussion and analysis of financial condition and results of operations;
- Management letters / letters of internal control weaknesses, if any, issued by Statutory Auditors;
- Internal Audit Reports relating to internal control weaknesses;
- Appointment, removal and terms of remuneration of the Internal Auditors; and
- Statement of deviations, if applicable.

Risk Management Committee

The Board at its meeting held on May 28, 2021 designated A&RMC as the committee for risk management in compliance with Regulation 21 of the SEBI Listing Regulations, and authorized that A&RMC to perform risk management functions as follows:

- Formulation of a detailed risk management policy which shall include:
  - A framework for identification of internal and external risks specifically faced by the Company, in particular including financial, operational, sectoral, sustainability (particularly, ESG related risks), information, cyber security risks or any other risk as may be determined by the Committee;
  - Measures for risk mitigation including systems and processes for internal control of identified risks;
  - Business continuity plan;
- Ensuring that appropriate methodology, processes and systems are in place to monitor and evaluate risks associated with the business of the Company;

- Monitoring and overseeing implementation of the risk management policy, including evaluating the adequacy of risk management systems;
- Periodically reviewing the Risk Management Policy, at least once in two years, including by considering the changing industry dynamics and evolving complexity;
- Keeping the Board informed about the nature and content of its discussions, recommendations and actions to be taken; and
- Review the appointment, removal and terms of remuneration of the Chief Risk Officer (if any).

During FY 2022-23, A&RMC performed functions relating to Risk Management Committee in its respective meetings in line with Regulation 21 of SEBI Listing Regulations.

The terms of reference of A&RMC is available on Company's website in the form of Charter at https://www.maxhealthcare.in/investors/corporate-governance.

Audit Committee Report

To the members of the Company,

The Audit & Risk Management Committee ("Committee") is pleased to present its report for the year ended March 31, 2023:

1. The Committee presently comprises of four members of whom three-fourths, including the Chairman are Independent Directors, as against the requirement of two thirds prescribed under Regulation 18 of the Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 and Section 177 of the Companies Act, 2013 ("Act").
2. The responsibility for the Company's internal controls and financial reporting processes lies with the Management. The Statutory Auditors have the responsibility of performing an independent audit of the Company's financial statements in accordance with the Indian Accounting Standards (Ind-AS) and issuing a report thereon. The Internal auditors of the Company are inter-alia responsible for the Company's Whistle Blower Mechanism.
3. The audit conducted by the Internal Auditors is based on an internal audit plan, which is approved by the Audit & Risk Management Committee annually. These audits are based on risk-based methodology and inter-alia involve the review of internal controls and governance processes, adherence to management policies and review of statutory compliances. Additionally, the support of specialists is sought through specific audits in areas such as Information Technology, GST.
4. The Audit & Risk Management Committee oversees the work of Statutory Auditors, Internal Auditors and Secretarial Auditor. It is also responsible for overseeing the processes related to the financial reporting and information dissemination which includes review of matters involving judgments, estimates and accounting policies
5. In this regard, the Committee reports as follows:

   I. The Committee has discussed with the Company's Internal Auditors and Statutory Auditors, the overall scope and plan for their respective audits. The Committee has also discussed the results and effectiveness of the audit, evaluation of the Company's internal controls and the overall quality of financial reporting.

   II. The Management has presented the Company's financial statements to the Committee and affirmed that the Company's financial statements have been drawn in accordance with Ind-AS. Based on its review and the discussions conducted with the Management and the Statutory Auditors, the Committee believes that the Company's financial statements are fairly presented in conformity with applicable accounting standards in all material aspects. The Committee also considers that the financial statements are true and fair and provide sufficient information. The Committee believes the Company has followed adequate processes to prepare these financial statements.

   III. The Committee has reviewed standalone and consolidated financial statements for the year ended March 31, 2023 and has recommended the same for the Board's approval.

   IV. The Committee has reviewed the internal controls from time to time for ensuring that the Company's accounts are properly maintained and that the accounting transactions are in accordance with prevailing laws and regulations. In conducting such reviews, the Committee found no material deficiency or weakness in the Company's internal control systems.

   V. The Committee reviewed the Company's internal financial controls and risk management systems at least twice a year.

   VI. The Committee reviewed the Internal Auditors' report on the functioning of the Whistle Blower Mechanism for reporting concerns about unethical behaviour, actual or suspected fraud, or violation of the Company's Code of Conduct or ethics policy. In addition, the Committee reviews the cases relating to violation of code of conduct, if any, on quarterly basis. The Committee believes that the Company has an effective Whistle Blower Mechanism and nobody has been denied access to this mechanism.

   VII. The Committee has reviewed with the Management, the independence and performance of M/s. Deloitte Haskins & Sells, Chartered Accountants, the Statutory Auditors of the Company. This review encompassed the compliance with the Company's policy on Independence of Statutory Auditors and Provision of Non-audit Services by the Statutory Audit Firm, as well as other related matters.

   VIII. The Committee has been vested with the adequate powers to seek support and other resources from the Company. The Committee has access to the information and records as well. It also has the authority to obtain professional advice from external sources, if required.

   IX. The Committee monitored and approved all related party transactions, including modification / amendment, if any, in any such transactions.

In conclusion, the Committee is sufficiently satisfied that it has complied with the responsibilities as outlined in the Committee's Charter.

Mahendra Gumanmalji Lodha
DIN: 00012920
Chairman, Audit & Risk Management Committee

Nomination & Remuneration Committee

Composition

As on March 31, 2023, Nomination & Remuneration Committee ("NRC") comprised 3 (three) Non-Executive Directors, 2 (two) of whom are Independent Directors. The Chairman of NRC, Mr. K Narasimha Murthy, Independent Director is a qualified chartered accountant and a cost and works accountant and has over 4 (four) decades of experience. The composition of NRC meets the requirements of Section 178 of the Act and Regulation 19 of the SEBI Listing Regulations. The Company Secretary of the Company acts as Secretary to NRC. The Chief People Officer is a regular invitee to the meetings of NRC and provide such information and clarifications as required by NRC. Other senior management members are also invited to present reports relating to items being discussed at the meeting from time to time.

During the FY 2022-23, the following changes occurred in the composition of the NRC:

1. Mr. Anil Kumar Bhatnagar and Mr. Pranav Amin were inducted as members of NRC w.e.f. September 30, 2022;
2. Mr. Gaurav Trehan ceased to be member of NRC consequent to the cessation as Director of the Company w.e.f. August 24, 2022.
3. Ms. Harmeen Mehta & Mr. Mahendra Gumanmalji Lodha ceased to be member of NRC due to reconstitution by the Board w.e.f. September 30, 2022.

Meetings of NRC held during FY 2022-23 and attendance of members thereto

During the FY 2022-23, NRC met 8 (Eight) times on April 11, 2022, May 25, 2022, August 10, 2022, August 31, 2022, October 31, 2022, December 15, 2022, February 2, 2023 and March 16, 2023. The attendance of the members of NRC at these meetings was as follows:

S. No.	Name	No. of meetings entitled to attend during FY 2022-23	No. of meetings attended during FY 2022-23
1.	Mr. K Narasimha Murthy	8	7
2.	Mr. Anil Kumar Bhatnagar[1]	4	4
3.	Mr. Gaurav Trehan[2]	3	3
4.	Ms. Harmeen Mehta[3]	4	4
5.	Mr. Mahendra Gumanmalji Lodha[3]	4	4
6.	Mr. Pranav Amin[1]	4	4

Notes

[1] Mr. Anil Kumar Bhatnagar & Mr. Pranav Amin were inducted as members w.e.f. September 30, 2022;

[2] Mr. Gaurav Trehan cased to be member of NRC w.e.f. August 24, 2022;

[3] Ms. Harmeen Mehta & Mr. Mahendra Gumanmalji Lodha ceased to be member of NRC w.e.f. September 30, 2022.

~96%

Average attendance during FY 2022-23

The Chairman of NRC was present at the last AGM of the Company held on September 26, 2022.

Terms of reference

The terms of reference of NRC, inter-alia, include the following:

- Formulation of criteria for determining qualifications, positive attributes and independence of a Director and recommend to the Board a policy relating to the remuneration of the Directors, Key Managerial Personnel and other employees;
- For every appointment of an Independent Director, evaluate the balance of skills, knowledge and experience on the Board and on the basis of such evaluation, prepare a description of the role and capabilities required of an Independent Director. The person recommended to the Board for appointment as an Independent Director shall have the capabilities identified in such description. For the purpose of identifying suitable candidates, NRC may:
  - use the services of an external agencies, if required;
  - consider candidates from a wide range of backgrounds, having due regard to diversity; and
  - consider the time commitments of the candidates.
- Formulation of criteria for evaluation of performance of Independent Directors and the Board;
- Devising a policy on diversity of the Board;

- Identifying persons who are qualified to become Directors and who may be appointed in Senior Management in accordance with the criteria laid down and recommend to the Board their appointment and removal;
- Recommending to the Board whether to extend or continue the term of appointment of the Independent Director, on the basis of report of performance evaluation of Independent Directors;
- Recommending to the Board, all remuneration, in whatever form, payable to Senior Management;
- To review the adequacy of the Organization structure of the Company in keeping with, and in the context of, the objectives of the Company;
- To review the adequacy and existence of a training and development framework to support the talent strategy of the Company;
- Review and satisfy itself that appropriate succession plans are in place;
- To administer, monitor and formulate detailed terms and conditions of the Employees' Stock Option Schemes; and
- To carry out any other duties/ terms of reference which are incidental/ necessary for the fulfillment of the above-mentioned terms of reference and any other function as is mandated by the Board from time to time and / or enforced by any statutory notification, amendment or modification as may be applicable.

The terms of reference of NRC is available on Company's website in the form of Charter at www.maxhealthcare.in/investors/corporate-governance.

Performance evaluation criteria for independent directors

Pursuant to applicable provisions of the Act and SEBI Listing Regulations, the Board, in consultation with NRC, has formulated a framework containing, inter-alia, the criteria for performance evaluation of the entire Board, its Committees, Chairman and Individual Directors, including Independent Directors.

A formal evaluation of performance was carried out during the year under review, details along with outcome of evaluation are provided in the Board's Report.

Corporate Social Responsibility Committee

Composition

In compliance with section 135 of the Act and Companies (Corporate Social Responsibility Policy) Rules, 2014, the Company has constituted the Corporate Social Responsibility ("CSR") Committee. The CSR Committee evaluates and recommends CSR proposals and Annual Action Plan on CSR to the Board for approval.

The CSR Committee comprises 3 (three) members viz. Mr. Abhay Soi, CMD as Chairman of CSR Committee and 2 (two) other members being Non-Executive Directors. The Company Secretary of the Company is acting as the Secretary to CSR Committee.

During FY 2022-23, following changes occurred in the composition of the CSR Committee:

1. Mr. Anil Kumar Bhatnagar and Mr. K. Narasimha Murthy were inducted as members due to reconstitution of CSR Committee by the Board w.e.f. September 30, 2022;
2. Mr. Mahendra Gumanmalji Lodha ceased to be member of CSR Committee due to reconstitution by the Board w.e.f. September 30, 2022;
3. Mr. Prashant Kumar ceased to be a member of CSR Committee consequent to cessation as Director of the Company w.e.f. September 26, 2022.

Meeting of CSR Committee and attendance of the members:

During the FY 2022-23, CSR Committee met 2 (Two) times on August 10, 2022 and March 16, 2023. The attendance of members of CSR Committee at this meeting was as follows:

S. No.	Name	No. of meetings entitled to attend during FY 2022-23	No. of meetings attended during FY 2022-23
1.	Mr. Abhay Soi	2	2
2.	Mr. Anil Bhatnagar[1]	1	1
3.	Mr. K Narasimha Murthy[1]	1	1
4.	Mr. Mahendra Gumanmalji Lodha[2]	1	1
5.	Mr. Prashant Kumar[3]	1	1

Notes

[1] Mr. Anil Kumar Bhatnagar and Mr. K Narasimha Murthy were inducted as member of CSR Committee w.e.f. September 30, 2022;

[2] Mr. Mahendra Gumanmalji Lodha ceased to be member of CSR Committee w.e.f. September 30, 2022;

[3] Mr. Prashant Kumar ceased to be member of CSR Committee w.e.f. September 26, 2022.

100%

Attendance during FY 2022-23

Terms of reference:

The terms of reference of CSR Committee, inter-alia, include the following:

- Formulate and recommend to the Board, a Corporate Social Responsibility Policy which shall indicate the activities to be undertaken by the Company as specified in Schedule VII in areas or subject, specified in Schedule VII;
- Recommend the amount of expenditure to be incurred on the activities; and
- Monitor the Corporate Social Responsibility Policy of the Company from time to time.

The CSR Policy is available on the Company's website www.maxhealthcare.in/investors/corporate-governance.

In terms of Section 135 of the Act read with Companies (Corporate Social Responsibilities Policy) Rules, 2013, the Company has spent/discharged its CSR obligation for the FY 2022-23. The CSR Report for FY 2022-23, is attached as **Annexure – II** to the Boards' Report.

The terms of reference of CSR Committee is available on Company's website in the form of Charter at www.maxhealthcare.in/investors/corporate-governance.

Stakeholders Relationship Committee

Composition

In compliance with the provisions of Section 178 of the Act and regulation 20 of the SEBI Listing Regulations, the Company has constituted a Stakeholders Relationship Committee ("SRC"). The SRC comprises 3 (three) members including 2 (two) Independent Directors. Mr. Mahendra Gumanmalji Lodha, Independent Director is the Chairman of SRC.

The Company Secretary is acting as the Secretary to SRC.

During FY 2022-23, the following changes occurred in the composition of SRC:

1. Mr. K Narasimha Murthy ceased to be Chairman of SRC due to reconstitution by the Board w.e.f. September 30, 2022;
2. Mr. Mahendra Gumanmalji Lodha was inducted as Chairman cum member of SRC subsequent to reconstitution of SRC by the Board w.e.f. September 30, 2022;
3. Mr. Pranav Amin was inducted as a member of SRC by the Board subsequent to reconstitution of SRC w.e.f. September 30, 2022;
4. Mr. Prashant Kumar ceased to be a member of SRC consequent to cessation as Directors of the Company w.e.f. September 26, 2022.

Subsequent to FY ended March 31, 2023, Mr. Pranav Amin became Chairman of SRC due to reconstitution of the SRC by the Board w.e.f. May 16, 2023;

Meeting of SRC and attendance of the members

During the FY 2022-23, SRC met 1 (One) time on March 16, 2023. The attendance of members of SRC at this meeting was as follows:

S. No.	Name	No. of meetings entitled to attend during FY 2022-23	No. of meetings attended during FY 2022-23
1.	Mr. Mahendra Gumanmalji Lodha[1]	1	1
2.	Mr. Abhay Soi	1	1
3.	Mr. K Narasimha Murthy[2]	NA	NA
4.	Mr. Pranav Amin[3]	1	1
5.	Mr. Prashant Kumar[4]	NA	NA

Notes:

[1] Mr. Mahendra Gumanmalji Lodha was inducted as Chairman cum member of SRC w.e.f. September 30, 2022;

[2] Mr. K Narasimha Murthy ceased to be Chairman of SRC w.e.f. September 30, 2022;

[3] Mr. Pranav Amin was inducted as member of SRC by the Board w.e.f. September 30, 2022;

[4] Mr. Prashant Kumar ceased to be member of SRC w.e.f. September 26, 2022.

100%

Attendance during FY 2022-23

The Chairman of SRC was present at the last AGM of the Company held on September 26, 2022.

Role and terms of reference

SRC plays an important role in acting as a link between the Management and ultimate owners of the Company i.e., the Shareholders. The SRC looks after the redressal of investors' grievances and performance of the Registrar and Transfer Agent and recommends measures for overall improvement in the quality of investor services.

The terms of reference of SRC inter-alia, includes the following:

- Resolve and monitor the redressal of complaints related to transfer/transmission of shares, non-receipt of annual report and non-receipt of declared dividends, general meetings, approve issue of new/duplicate certificates and new certificates on split/consolidation/renewal etc.;
- Review the measures taken for effective exercise of voting rights by Shareholders;
- Review the adherence to the service standards adopted by the listed entity in respect of various services being rendered by the Registrar & Share Transfer Agent;
- Review various measures and initiatives taken by the Company for reducing the quantum of unclaimed dividends and ensuring timely receipt of dividend warrants/annual reports/statutory notices by the Shareholders of the Company; and
- Perform all functions relating to the interests of stakeholders of the Company and as assigned by the Board, as may be required under the provisions of the Act and relevant Rules made thereunder, SEBI Listing Regulations as amended from time to time, and guidelines issued by the Securities and Exchange Board of India or any other regulatory or statutory authority, as applicable to the Company.

The terms of reference of SRC is available on Company's website in the form of Charter at www.maxhealthcare.in/investors/corporate-governance.

Compliance Officer

In terms of the requirement of SEBI Listing Regulations, Mr. Dhiraj Aroraa is the Company Secretary & Compliance Officer of the Company.

Investor Grievances

The Company is dedicated to upholding its commitment to investor satisfaction through an investor grievance redressal policy. We strive to follow highest standards of corporate governance, transparency and disclosures at all times. Prompt and efficient service is essential for retaining existing relationships and therefore investor satisfaction becomes critical to the Company. Investor queries and complaints constitute an important voice of investor. The policy aims to provide efficient services to the investors and to effectively address and redress the grievances of the investors in a timely manner and details grievance handling through a structured grievance redressal framework.

The Company has an investor grievance redressal policy which aims to treat investors fairly at all times. The objective of the policy is to deal with the queries and complaints raised by the investors efficiently and fairly that too in timely manner. This policy also informs the investors about the avenues to raise their queries and complaints within the organization, and their rights if they are not satisfied with the resolution of their complaints. The policy is available on Company's website viz www.maxhealthcare.in/investors/corporate-governance.

The Company maintains continuous interaction with its Registrar and Share Transfer Agent Viz. Link Intime India Private Ltd. ("Link Intime") and takes proactive steps and actions for resolving shareholder complaints/queries, if any. The Company addresses all complaints, suggestions and grievances expeditiously and replies have been sent/ issues have been resolved expeditiously, except in case of dispute over facts or other legal constraints.

Nature of complaints and redressal status

The details of investors complaints received and redressed, during FY 2022-23, are as follows:

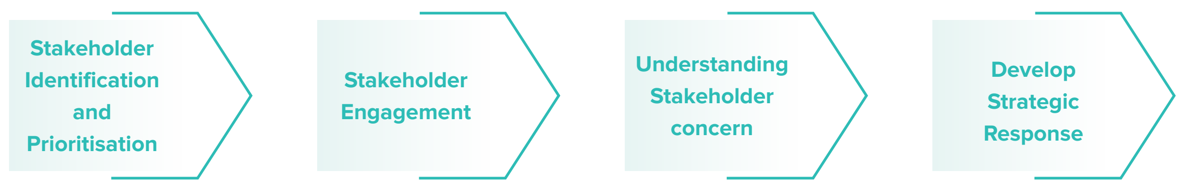
Particulars	Number of Complaints
Received during FY 2022-23	0
Disposed off during FY 2022-23	0
Pending at the end of FY 2022-23	0
Number of complaints not solved to the satisfaction of shareholders	0

Stakeholder Engagement

We consider effective stakeholder engagement vital for robust corporate governance. Our strong approach involves engaging with internal and external stakeholders, fostering enduring relationships. Our stakeholders encompass employee, patients/ consumers, healthcare professionals, suppliers, shareholders, regulators, community and industry association.

We endeavor to achieve this through collaboration and regular interaction with all our stakeholder groups. Effective stakeholder engagement on an ongoing basis is essential for us to identify the opportunities and concerns arising from stakeholders' material issues and work towards their effective resolution.

The stakeholder engagement process has been tailored to promote a culture of ongoing engagement with every stakeholder group and build a positive relationship with them. The formal engagement process begins with identifying, analyzing, and prioritizing different stakeholder groups.



While the process of stakeholder engagement is decentralized and respective functional teams are ultimately responsible for our group's stakeholder engagement efforts, the Company's approach to stakeholder engagement is governed by Stakeholder Engagement Policy read in conjunction with our Code of Conduct. The same is also available at www.maxhealthcare.in/investors/corporate-governance.

Other Committee(s)

Business Responsibility and Sustainability Committee

The Board had constituted the Business Responsibility and Sustainability Committee ("BRSC"), *inter-alia*, to set Environmental, Social and Governance ("ESG") and Sustainability vision & goals of the Company, ensure its implementation and provide strategic guidance and oversight to Company's progress on ESG and Sustainability goals and vision. BRSC comprises 2 (two) members viz. Mr. Abhay Soi as Chairman and Mr. Michael Thomas Neeb as member of BRSC.

During FY 2022-23, Mr. Prashant Kumar ceased to be a member of BRSC consequent to cessation as Directors of the Company w.e.f. September 26, 2022.

Meeting of BRSC and attendance of the members:

During the FY 2022-23, BRSC met 1 (one) time on May 25, 2022. The attendance of members of BRSC at the meeting was as follows:

S. No.	Name	No. of meetings entitled to attend during FY 2022-23	No. of meetings attended during FY 2022-23
1.	Mr. Abhay Soi	1	1
2.	Mr. Michael Thomas Neeb	1	1
3.	Mr. Prashant Kumar[1]	1	1

Notes

[1] Mr. Prashant Kumar ceased to be member of BRSC w.e.f. September 26, 2022.

100%

Attendance during FY 2022-23

Terms of reference

- Guide the creation of Environmental, Social, and Governance ("ESG") vision & ambitions of the Company and continuously take into updates on the ESG vision and goals thereon;
- Review the Business Responsibility Sustainability Management Committee and its working. The BRSC may form and delegate authority to subcommittees as and when appropriate;
- Ensure that the Company is taking the appropriate measures to undertake and implement actions to further its ESG vision and ambitions. The BRSC shall have access to any internal information necessary to fulfill its role, in this regard;
- Review any statutory requirements for Business and Responsibility Sustainability Reporting; and
- Have the authority to obtain advice and assistance from internal or external experts/ advisors.

The terms of reference of BRSC is available on Company's website in the form of Charter at www.maxhealthcare.in/investors/corporate-governance.

Debenture Committee

Debenture Committee is a non-statutory committee, constituted by Board to address the needs concerning debenture issuance and ensure smooth operations, the Company has established a specialized committee named the Debenture Committee. The Committee meets as and when deem necessary to cater requirements of the Company. During FY 2022-23 no meetings of the Committee were held.

The terms of reference of Debenture Committee is available on Company's website in the form of Charter at www.maxhealthcare.in/investors/corporate-governance.

Restructuring Committee

Restructuring Committee is a non-statutory committee, constituted by Board for Company's governance framework, focusing on facilitating effective restructuring strategies. Comprising experienced members, the committee convenes to analyze, evaluate, and recommend restructuring options that align with the Company's objectives. Its responsibilities include assessing financial implications, risk mitigation, and ensuring compliance with legal and regulatory standards. The committee ensures a comprehensive approach to restructuring, optimizing operational efficiency, and maintaining stakeholder interests.

The Committee meets as and when deem necessary to cater requirements of the Company. During the year, no restructuring committee meetings were held.

The terms of reference of Restructuring Committee is available on Company's website in the form of Charter at www.maxhealthcare.in/investors/corporate-governance.

Nomination, Remuneration and Board Diversity Policy

Nomination, Remuneration and Board Diversity Policy, inter-alia, represents the approach of the Company for payment of remuneration to Directors & Senior Management and on the Board Diversity which set out the approach to have a diversity on the Board in terms of profession, experience skills and knowledge etc.

The compensation of Directors, Key Managerial Personnel, Senior Management and other employees is, inter-alia, based on the following key principles:

- Aligning key executive and Board remuneration with the longer-term interests of the Company and its Shareholders;
- Minimizing complexity and ensuring transparency;
- Linked to long term strategy as well as annual business performance of the Company;
- Promoting a culture of meritocracy and linked to key performance and business drivers; and

- Reflective of line expertise and market competitiveness so as to attract the best talent.

The policy is available on the Company's website and can be accessed at www.maxhealthcare.in/investors/corporate-governance.

Remuneration to Directors

1. Remuneration to Non-Executive Directors

- The Non-Executive Directors are entitled to receive the sitting fees of ₹ 1,00,000 per meeting for attending the Board and Committee meetings. The sitting fee is paid immediately after the respective Board and Committee meeting to those Directors who have attended the meetings.
- The members of the Company at their AGM held on September 29, 2021 and September 26, 2022 approved payment of remuneration of ₹ 26 Lakh per annum to the Independent Directors and to Mr. Pranav Amin & Mr. Anil Bhatnagar, respectively.
- During the year, the Non-Executive Directors (including Independent Director) did not have any pecuniary relationship or transactions with the Company, except payment of Director's remuneration, sitting fees & reimbursement of expenses, if any incurred by them for attending the Board and Committee meetings thereof, as disclosed in note no. 31.10 of the standalone financial statements.
- Independent Directors are not entitled to benefits under share-based incentive schemes of the Company.

2. Remuneration to Executive Director

- The remuneration payable to Mr. Abhay Soi, CMD, as recommended by NRC and the Board at their respective meetings held on June 19, 2020 and approved by members of the Company by passing resolution through postal ballot on July 30, 2020, is in accordance with Schedule V to the Act for a period of 3 years from June 19, 2020 to June 18, 2023.
- The remuneration is arrived at after considering various factors such as qualification, experience, expertise, criticality of the position held, prevailing remuneration in the industry etc. The remuneration commensurate with the roles and responsibilities/ duties and time commitment etc.
- Mr. Soi is not entitled to benefits under share-based incentive schemes of the Company.
- NRC in its meeting held on August 7, 2023, approved criteria for payment of variable pay component of Mr. Soi's remuneration (effective from June 19, 2023) which is based on achievement of certain targets including, inter-alia, financial performance, environment, social and governance (ESG) aspects, diversity and inclusion, strategic growth.

The details of remuneration to Directors (on a consolidated basis) during FY 2022-23 are given below:

(₹ in crore)

S. No.	Directors	Sitting Fees	Remuneration	Commission	Perquisites	Allowances	Variable Bonus	Total
Executive Director								
1.	Mr. Abhay Soi	-	14.00	-	-	-	-	14.00
Non-Executive Directors								
2.	Mr. Anil Kumar Bhatnagar[1]	0.09	0.13	-	-	-	-	0.22
3.	Mr. Gaurav Trehan[2]	-	-	-	-	-	-	-
4.	Mr. Prashant Kumar[2]	-	-	-	-	-	-	-
Independent Director								
5.	Ms. Harmeen Mehta	0.16	0.26	-	-	-	-	0.42
6.	Mr. K Narasimha Murthy	0.22	0.26	-	-	-	-	0.48
7.	Mr. Mahendra Gumanmalji Lodha	0.22	0.26	-	-	-	-	0.48
8.	Mr. Michael Thomas Neeb	0.17	0.26	-	-	-	-	0.43
9.	Mr. Pranav Amin[3]	0.09	0.13	-	-	-	-	0.22

[1] Mr. Anil Kumar Bhatnagar was appointed as Non-Executive Director w.e.f. August 31, 2022;
[2] Mr. Gaurav Trehan & Mr. Prashant Kumar were not paid any remuneration during the year;
[3] Mr. Pranav Amin was appointed as Independent Director w.e.f. August 10, 2022;

Notes

a. The terms and conditions of the appointment of Mr. Abhay Soi is governed by the MD Employment Agreement executed between him and the Company effective from June 19, 2020 as amended from time to time.
b. The above amount excludes the provision for gratuity and leave encashment, as the same is calculated on overall company basis for Executive Director and does not form part of remuneration in terms of Schedule V of the Act.
c. The members at 21st AGM held on September 26, 2022, accorded to re-appoint Mr. Abhay Soi (DIN: 00203597) as the CMD of the Company, who shall not be liable to retire by rotation, for a further period of 5 (five) years with effect from June 19, 2023.
d. The terms of severance, notice period and termination for Mr. Abhay Soi, CMD of the Company will be governed by terms and conditions of the MD Employment Agreement executed between him and the Company. Further, no notice period or severance fee is paid to any other Director.

Particulars of senior management including the changes therein since the close of the previous FY:

A. Senior Management Personnel ("SMP") as on March 31, 2023:

S. No	Name	Designation
1.	Mr. Yogesh Kumar Sareen	Senior Director – Chief Financial Officer
2.	Ms. Vandana Pakle	Senior Director – Corporate Affairs
3.	Mr. Umesh Gupta	Senior Director – HR & Chief People Officer
4.	Dr. Mradul Kaushik	Senior Director – Operations and Planning & Chief Operating Officer (Cluster 1)
5.	Col. Harinder Singh Chehal	Senior Director – Chief Operating Officer (Cluster 2)
6.	Mr. Anas Abdul Wajid	Senior Director – Chief Sales & Marketing Officer
7.	Dr. Sandeep Budhiraja	Group Medical Director
8.	Mr. Arjun Sharma	Director & Chief Digital Officer
9.	Mr. N. Venkatesan	Director & Chief Procurement Officer
10.	Mr. Prashant Singh	Director IT & Chief Information Officer
11.	Mr. Rakesh Kaushik	Director – Legal & Regulatory Affairs
12.	Mr. Atul Bhatnagar	Director – Projects
13.	Mr. Dhiraj Aroraa	Senior Vice President – Company Secretary and Compliance Officer
14.	Mr. Sachin Kumar	Senior Vice President – Internal Audit

B. Changes in SMP during FY ended March 31, 2023:

S. No	Name	Designation
		Appointed as SMP
1.	Mr. Arjun Sharma	Director & Chief Digital Officer
2.	Mr. Atul Bhatnagar	Director – Projects
3.	Mr. Dhiraj Aroraa	Senior Vice President – Company Secretary and Compliance Officer
4.	Mr. Sachin Kumar	Senior Vice President – Internal Audit
		Ceased to be SMP
1.	Mr. Ashutosh Kumar Jha	Director - Growth and M&A
2.	Ms. Ruchi Mahajan	SVP – Company Secretary and Compliance officer

Notes:

Subsequent to the closure of FY ended March 31, 2023 and till date of report, the following changes occurred in the list of SMP:

1. *Mr. Keshav Gupta, Senior Director – Growth, M&A and Business Planning and Mr. D.N. Suresh Kumar, Senior Vice President – Infrastructure were designated as SMP.*
2. *Mr. Atul Bhatnagar, Director – Projects ceased to be SMP.*

Details of Profile of SMP's

The brief profile of SMP's comprising their experience, domain knowledge and expertise, number of years working experience etc. are available on the website of the Company at www.maxhealthcare.in/investors.

General Body Meetings

Annual General Meeting ("AGM")

Details of last three AGMs of the Company along with special resolutions passed are as under:

AGM held for financial year	Day, Date & Time	Location/Mode	Special Resolutions Passed
2021-22	Monday, September 26, 2022 at 12.00 Noon	Convened through Video Conferencing/ Other Audio-Visual Means	• Payment of Remuneration to Mr. Anil Kumar Bhatnagar (DIN: 09716726) on appointment as Non-Executive Non-Independent Director of the Company; • Payment of remuneration to Mr. Abhay Soi (DIN: 00203597) on re-appointment as Chairman and Managing Director of the Company;

AGM held for financial year	Day, Date & Time	Location/Mode	Special Resolutions Passed
		(Deemed venue: Registered office of the Company at 401, 4th Floor, Man Excellenza, S. V. Road, Vile Parle (West), Mumbai, Maharashtra-400056)	• Appointment of Mr. Pranav Amin (DIN: 00245099) as Non-Executive Independent Director of the Company; • Payment of remuneration to Mr. Pranav Amin (DIN00245099) on appointment as Non-Executive Independent Director of the Company; • Approval of 'Max Healthcare Institute Limited-Employee Stock Option Plan 2022' and grant of employee stock options to the eligible employees of the Company; • Grant of employee stock options under the 'Max Healthcare Institute Limited - Employee Stock Option Plan 2022' to the employees of the Holding Company, if any, and/or Subsidiary Company(ies) of the Company; • Revise the limit to make loan(s) or give guarantee(s) or provide security (ies) or make investment(s) in excess of the prescribed limit under Section 186 of the Companies Act, 2013 read with the rules made thereunder; • Revise borrowing limit under Section 180(1)(c) of the Companies Act, 2013; and • Revise limit under Section 180(1)(a) of the Companies Act, 2013, for creation of charge on the assets of the Company, both present and future, in respect of its borrowings
2020-21	Wednesday, September 29, 2021 at 12.00 Noon	Convened through Video Conferencing/ Other Audio-Visual Means (Deemed venue: Registered office of the Company at 401, 4th Floor, Man Excellenza, S. V. Road, Vile Parle (West), Mumbai, Maharashtra-400056)	Remuneration of ₹ 26,00,000 per annum to each of the Independent Directors of the Company w.e.f. October 1, 2021
2019-20	Tuesday, September 29, 2020 at 12.00 Noon	Convened through Video Conferencing/ Other Audio-Visual Means (Deemed venue: Registered office of the Company at 401, 4th Floor, Man Excellenza, S. V. Road, Vile Parle (West), Mumbai, Maharashtra-400056	• Approval of 'Max Healthcare Institute Limited Employee Stock Options Plan-2020' and grant of employee stock options to the eligible employees of the Company; • Grant of employee stock options under 'Max Healthcare Institute Limited ESOP Plan-2020' to employees of the Holding Company, if any and/or subsidiary company(ies) of the Company; • Issue of securities to Qualified Institutional Buyers; • Issue of Non-Convertible Debentures (NCDs) on Private Placement basis; and • Amendment to Articles of Association ("AOA") of the Company pursuant to the amendment agreement.

Extra-Ordinary General Meetings ("EGM"):

No EGM was held during the preceding three years.

Postal Ballot

During FY 2022-23, no special resolution was passed through Postal Ballot. Further, no special resolution requiring Postal Ballot is being proposed to be conducted as on the date of this Report.

Means of communication

The Company acknowledges the significance of fostering two-way communication with members and to give balanced and timely reporting of any disclosure, results etc. and responds to questions & issues raised, in a timely and consistent manner. Members seeking any information or clarification, may contact the Company directly throughout the year. Some of the modes of communication are mentioned below:

Quarterly Results

The Quarterly results are published in the prominent daily newspapers, viz. Business Standard/ Financial Express in English (all editions) and Navshakti (in Marathi – Mumbai edition) the local newspaper published in the language of the region in which registered office is situated. The results were sent to the Stock Exchanges and are also displayed on the Company's website at www.maxhealthcare.in/investors/corporate-announcements.

Intimation to the Stock Exchanges

The Company also intimates/ makes disclosures to the Stock Exchanges about the information/events which, in its opinion, are material and of relevance to the Shareholders. The Company also regularly provides information to the Stock Exchanges as per the requirements of SEBI Listing Regulations.

Press Release

Official press releases, wherever necessary, are disseminated to Stock Exchanges and displayed on the Company's website in timely manner.

Earning calls and presentations to Institutional Investors / Analysts

The Company organizes earnings call with analysts and investors after the announcement of quarterly/annual financial results. The transcript of the earnings calls is also uploaded on the Company's website at www.maxhealthcare.in/investors/investor-resources. Presentations made to institutional investors and financial analysts on the financial results or otherwise are periodically submitted to Stock Exchanges and simultaneously, uploaded on the Company's website at www.maxhealthcare.in/investors/investor-resources.

The Company recognizes that the contribution of stakeholders is crucial towards ensuring competitiveness and sustainability. To facilitate such engagement, Mr. Abhay Soi, CMD and member of SRC generally attends and actively participates in all the Investor/ Earnings calls organised by Company.

Compliance reports, corporate announcements, material information and updates

The Company disseminates the requisite corporate announcements including the SEBI Listing Regulations compliances through NSE Electronic Application Processing System (NEAPS) / BSE Corporate Compliance & Listing Centre. NEAPS /BSE's Listing Centre are web-based applications and periodical fillings like shareholding pattern, corporate governance report, financial results, material / price sensitive information, etc. are filed electronically on such designated platforms.

Annual Report

The Annual Report for FY 2022-23 will be uploaded on the Company's website and will also be circulated to Shareholders and others entitled thereto, in electronic mode or as may be allowed/prescribed by MCA and SEBI from time to time. The Annual Report will also be submitted to the Stock Exchanges.

Website

The Company's website contains separate dedicated section for "Investors" where members related information are available and the said section is being regularly updated, from time to time, with the financial results, annual reports, official news releases and other important events/ information.

SEBI Complaints Redressal System (SCORES)

The investor complaints are processed by SEBI in a centralized web- based complaints redressal system. The salient features of this system are centralized database of all complaints, online upload of Action Taken Reports (ATRs) by concerned companies and online viewing by investors of actions taken on the complaint and its current status etc.

Designated exclusive email-ids

The Company has a designated email-id for investors viz. investors@maxhealthcare.com. Investors can also mail their queries to Link Intime India Private Limited, Registrar and Share Transfer Agent of the Company viz. rnt@linkintime.co.in.

General information for shareholders:

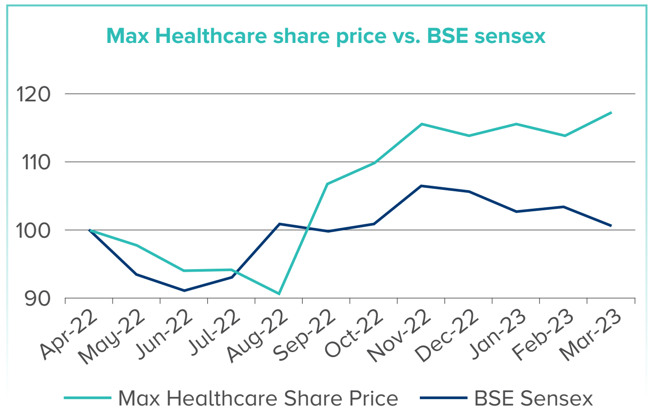
S. No.	Particulars	Details
1.	Company Registration Details	The Company is registered in the State of Maharashtra, India. The Corporate Identity Number ("CIN") allotted to the Company by MCA is L72200MH2001PLC322854.
2.	Address of the Registered office	401, 4th Floor, Man Excellenza, S. V. Road, Vile Parle (West), Mumbai, Maharashtra - 400 056.
3.	AGM Date, Time & Venue	Wednesday, September 27, 2023, at 12.00 Noon through Video Conferencing / Other Audio-Visual means at Deemed venue at registered office of the Company at 401, 4th Floor, Man Excellenza, S. V. Road, Vile Parle (West), Mumbai, Maharashtra-400056
4.	Financial Year	April 1 to March 31

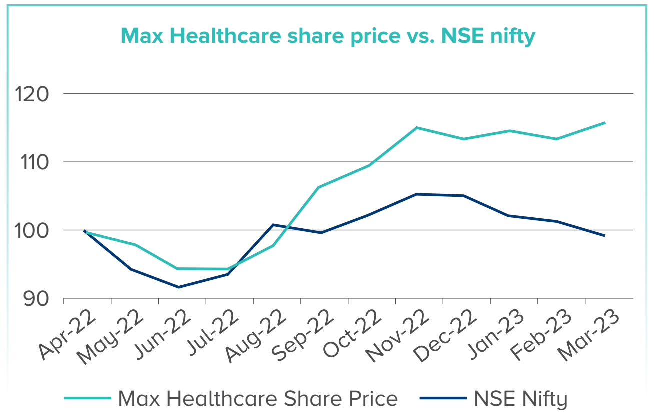
S. No.	Particulars	Details	
5.	Financial Calendar FY 2022-23	**Quarter ended on**	**Date of Board Meeting**
		June 30, 2022	August 10, 2022
		September 30, 2022	November 1, 2022
		December 31, 2022	February 2, 2023
		March 31, 2023	May 16, 2023
6.	Financial Calendar FY 2023-24 (Tentative Schedule, subject to change)	**Quarter ended on**	**Date of Board Meeting**
		June 30, 2023	August 7, 2023
		September 30, 2023	November 06, 2023
		December 31, 2023	February 01, 2024
		March 31, 2024	May 16, 2024
7.	Trading window closure for financial results	From the close of quarter till the completion of 48 hours after the Un-published Price Sensitive Information becomes generally available i.e., declaration of financial results by the Company to Stock Exchanges.	
8.	Dividend, Record Date and Dividend Payment Date	The Board has considered and recommended a dividend of ₹1/- per fully paid-up equity share of face value of ₹10/- each for FY 2022-23, subject to approval of the members at the ensuing AGM. Record Date: Friday, September 8, 2023. Dividend would be paid/ dispatched within a period of 30 (Thirty) days of ensuing AGM upon approval of the members.	
9.	Listing on Stock Exchanges	**BSE Limited ('BSE')** Phiroze Jeejeebhoy Towers, Dalal Street, Mumbai – 400 001, India **National Stock Exchange of India Limited ('NSE')** Exchange Plaza, C-1, Block G, Bandra Kurla Complex, Bandra (E)Mumbai – 400 051, India **The annual listing fee for FY 2023-24 has been paid to both the exchanges.**	
10.	Stock Code of Equity Shares	NSE: MAXHEALTH BSE: 543220	
11.	ISIN numbers in National Securities Depository Limited ("NSDL") and Central Depository Services (India) Limited ("CDSL") for equity shares	INE027H01010	

Market price data:

The monthly high and low prices of the shares of the Company at BSE and NSE during the year ended March 31, 2023 are as under:

Month	Share price (INR) at BSE			Share price (INR) at NSE		
	High (in INR)	Low (in INR)	No. of shares traded	High (in INR)	Low (in INR)	No. of shares traded
April, 2022	431.95	344.50	15,71,538	432.00	344.20	4,59,22,000
May, 2022	410.90	349.55	8,24,545	411.55	349.30	1,49,93,000
June, 2022	389.55	344.00	5,67,927	390.00	344.40	1,32,48,000
July, 2022	380.00	353.90	3,05,709	377.00	353.60	1,08,19,000
August, 2022	404.80	306.00	26,74,47,072	404.80	354.10	6,42,11,000
September, 2022	449.15	375.85	36,99,216	449.10	375.90	5,55,09,000
October, 2022	460.00	388.85	44,23,164	460.00	389.10	4,66,19,000
November, 2022	482.50	410.55	28,57,378	482.80	410.50	6,23,94,000
December, 2022	459.95	418.75	12,20,468	460.00	418.60	3,18,79,000
January, 2023	462.45	425.05	10,27,537	462.55	425.05	2,80,17,000
February, 2023	461.30	417.30	8,25,325	463.60	417.15	2,65,94,000
March, 2023	477.80	423.60	11,55,761	477.80	423.05	4,56,87,000





Registrar and Share Transfer Agent ("RTA"):

Link Intime India Private Limited is the Registrar and Share Transfer Agent of the Company. The details of RTA are as follows:

Link Intime India Private Limited,
Noble Heights, 1st Floor, C-1 Block, Near Savitri Market,
Janak Puri, New Delhi -110058
Phone: 011- 49411000
E-mail: rnt.helpdesk@linkintime.co.in

Share transfer system:

Upon effectiveness of the scheme, the Company had issued equity shares to eligible Shareholders only in dematerialized form on June 19, 2020 in compliance with the Companies (Prospectus and Allotment of Securities) (Third Amendment) Rules, 2018.

The Company had sent communication to the Shareholders, holding shares in physical form in erstwhile Max India Limited, prior to merger and were entitled to get equity shares allotted by the Company pursuant to the Scheme, encouraging them to dematerialize their holding in the Company. The communication, inter-alia, contained procedure for getting the shares dematerialized. Shareholders holding shares in physical form are advised to avail the facility of dematerialization. As soon as these Shareholders follow the prescribed procedure as communicated to them, the Company immediately credits the eligible equity shares into the demat account of the concerned shareholder from 'Max Healthcare Institute Limited- Physical Shareholders' Demat Account.

SEBI has mandated that, effective April 1, 2019, no share can be transferred in physical mode. Hence, the Company has stopped accepting any fresh lodgment of transfer of shares in physical form.

The Board of the Company constituted an internal Shares Committee on February 6, 2021 in terms of Regulation 40(2) of the SEBI Listing Regulations comprising of Ms. Vandana Ramesh Pakle, Senior Director- Corporate Affairs, Mr. Yogesh Kumar Sareen, Senior Director - Chief Financial Officer, Dr. Mradul Kaushik, Senior Director-Operations and Planning as the members and the Company Secretary shall act as the Secretary to this Committee. The Board has, inter- alia, delegated the powers relating to transfer, transmission, remat request, wherever applicable, for shares of the Company, to the Committee.

In compliance with Regulation 40(9) of the SEBI Listing Regulations, the Company obtains certificate from a Company Secretary in practice on yearly basis certifying that all certificates have been issued within thirty days of the date of lodgement for transfer, subdivision, consolidation, renewal, exchange or endorsement of calls/allotment monies. A copy of the certificate so received, has been submitted to Stock Exchanges in the stipulated time period.

Nomination facility:

As on March 31, 2023, all equity shares are held in dematerialized form. The Shareholders may contact their respective Depository Participant (DP) to avail the nomination facility in accordance with the provisions as prescribed under SEBI Listing Regulations.

Audit of Reconciliation of Share Capital:

As required under Regulation 76 of the SEBI (Depositories and Participants) Regulations, 2018, the Company got reconciliation of share capital audit done by Practicing Company Secretary in each quarter to reconcile the total admitted capital with National Securities Depository Limited ("NSDL") and Central Depository Services (India) Limited ("CDSL") and total issued and listed capital.

The audit reports for FY 2022-23 confirmed that the total issued/ paid up capital is in agreement with the total number of equity shares admitted with NSDL and CDSL.

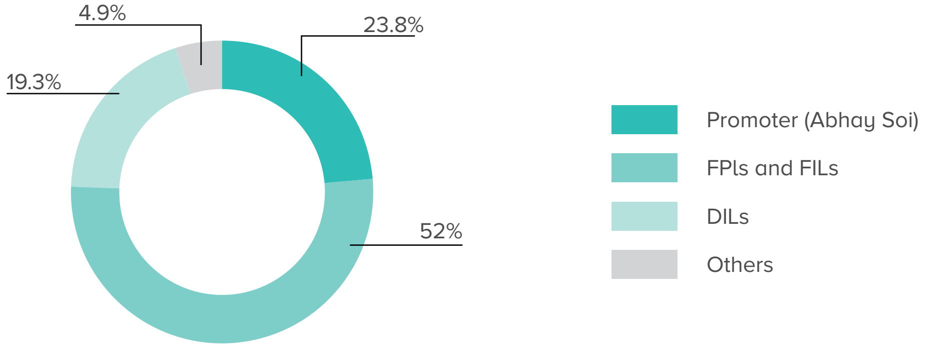
The Audit Reports for the quarter ended June 30, 2022, September 30, 2022, December 31, 2022 and March 31, 2023, have been filed with Stock Exchanges within one month of the end of the respective quarter or such extended time as prescribed by SEBI.

Distribution of shareholding as on March 31, 2023

Equity shares

S. No.	Category	No. of Members	% of total	No. of Shares	% of Total
1.	1 to 500	97,622	91.46	68,73,655	0.71
2.	501 to 1000	4,350	4.08	33,40,426	0.34
3.	1001 to 2000	2,185	2.05	31,80,268	0.33
4.	2001 to 3000	679	0.64	16,86,753	0.17
5.	3001 to 4000	293	0.27	10,46,838	0.11
6.	4001 to 5000	232	0.22	10,88,622	0.11
7.	5001 to 10000	430	0.40	31,47,922	0.33
8.	10001 & above	939	0.88	95,05,58,341	97.90
	Total	**1,06,730**	**100**	**97,09,22,825**	**100**

Shareholding structure (as on March 31, 2023)



Shareholding Pattern as on March 31, 2023

Category	Total Shares	Total Percent
Promoter		
Indian	23,08,07,699	23.77
Foreign	-	0.00
Total Promoter Shareholding	**23,08,07,699**	**23.77**
Public Shareholding		
Institutional Investors		
Insurance Companies	33,55,533	0.35
Alternate Investment Funds - III	9,44,887	0.10
Foreign Portfolio Investors (Corporate) - I	48,74,66,983	50.21
Foreign Portfolio Investors (Corporate) - II	1,68,57,394	1.74
Mutual Funds	18,33,13,163	18.88
Nationalised Banks	816	0.00
Provident Funds/ Pension Funds	2,48,714	0.03
NBFCs registered with RBI	6,718	0.00
Foreign Banks	1,188	0.00
Foreign Inst. Investor	83,782	0.01
Non-Institutional Investors		
Clearing Members	16,525	0.00
Other Bodies Corporate	23,60,186	0.24
Foreign Company	40,89,219	0.42
Hindu Undivided Family	9,83,698	0.10
Foreign Nationals	512	0.00
Non-Resident Indians	10,55,069	0.11
Non-Resident (Non Repatriable)	8,59,535	0.09
Public	3,60,63,160	3.71
Trusts	10,299	0.00
Body Corporate - Ltd Liability Partnership	9,08,981	0.09
Unclaimed Shares	14,28,764	0.15
Key Managerial Personnel	60,000	0.01
TOTAL	**97,09,22,825**	**100.00**

Shareholders holding more than 1% of the shares as on March 31, 2023 (including list of top 10 shareholders)

The details of shareholders (non-promoters) holding more than 1% including top 10 shareholders (PAN-based) of the equity shares as on March 31, 2023 are as follows:

S. No.	Name	Number of Shares	% of total Number of Shares
1.	SBI Mutual Fund through various schemes	7,30,94,306	7.53
2.	New World Fund Inc	7,03,83,770	7.25
3.	Government of Singapore	6,07,36,393	6.26
4.	SmallCap World Fund, Inc	6,02,49,322	6.21
5.	HDFC Mutual Fund through various schemes	3,99,01,049	4.11
6.	Canara Robeco Mutual Fund through various schemes	2,25,07,370	2.32
7.	WF Asian Smaller Companies Fund Limited	1,58,60,630	1.63
8.	Government Pension Fund Global	1,45,50,693	1.50
9.	Monetary Authority of Singapore	1,23,52,427	1.27
10.	Polar Capital Funds PLC - Healthcare Opportunities Fund	1,21,95,133	1.26
11.	Vanguard Emerging Markets Stock Index Fund	1,03,37,039	1.06
12.	Motilal Oswal Mutual Fund through various schemes	1,00,03,451	1.03
13.	BNP Paribas Arbitrage	99,79,783	1.03
14.	Vanguard Total International Stock Index Fund	97,64,468	1.01

Dematerialization of shares and liquidity

As on March 31, 2023, all equity shares of the Company are held in dematerialized form. Further, the Company had transferred equity shares of eligible Shareholders in Max Healthcare Institute Limited- Physical Shareholders Demat Account (i.e. in demat form), who were holding equity shares in physical form in erstwhile Max India Limited, and were entitled to get equity shares allotted by the Company pursuant to Scheme.

The Shareholders holding shares in physical form as explained above, are requested to get their shares dematerialized at the earliest, as the Company's shares are required to be compulsorily traded at Stock Exchanges in dematerialized form only.

The equity shares of the Company are liquid and traded in dematerialized form on BSE and NSE.

Outstanding GDRs, ADRs, Warrants or any other convertible instruments, conversion date and likely impact on equity:

During the FY 2022-23 , the Company has not issued any GDRs, ADRs, Warrants or any other convertible instruments and as on March 31, 2023, there is no outstanding GDRs, ADRs, Warrants or any other convertible instruments.

Disclosure of commodity price risks or foreign exchange risk and commodity hedging activities:

Details of commodity price risk, foreign exchange risk & hedging activity (commodity or otherwise), as applicable, during the FY 2022-23 are provided in Notes to financial statements which forms part of this Annual Report. It is hereby confirmed that the Company is not involved in commodity and / or derivative market transactions.

Network Hospitals:

South Delhi

Max Super Speciality Hospital (East Block), Saket
(A Unit of Devki Devi Foundation)
2, Press Enclave Road, Saket, New Delhi - 110 017
Phone: +91-11-2651 5050

Max Super Speciality Hospital (West Block), Saket
1, Press Enclave Road, Saket, New Delhi - 110 017
Phone: +91-11-6611 5050

Max Smart Super Speciality Hospital, Saket
(A Unit of Gujarmal Modi Hospital and Research Centre for Medical Sciences)
Mandir Marg, Press Enclave Road, Saket,
New Delhi - 110 017, Phone: +91-11-7121 2121

Max Multi Speciality Centre, Panchsheel Park
N - 110, Panchsheel Park, New Delhi - 110 017
Phone: +91-11-4609 7200

Max Institute of Cancer Care, Lajpat Nagar
(A Unit of Devki Devi Foundation)
26 A, 2nd Floor, Ring Road, Lajpat Nagar,
New Delhi - 110 024, Phone: +91-11-4720 3000

Max MedCentre, Lajpat Nagar
26 A, 1st Floor, Ring Road, Lajpat Nagar,
New Delhi - 110 024, Phone: +91-11-4720 3030

North West Delhi

Max Super Speciality Hospital, Shalimar Bagh
FC - 50, C & D Block, Shalimar Bagh, New Delhi - 110 088
Phone: +91-11-6642 2222, 7194 1000

Network Hospitals:

NCR

Max Super Speciality Hospital, Vaishali
(A Unit of Crosslay Remedies Ltd.)
W-3, Sector- 1, Vaishali, Ghaziabad - 201 012, (U.P.)
Phone: +91-120-4173 000, 4188 000

Max Hospital, Gurgaon
(A Unit of ALPS Hospital Ltd.)
Opposite HUDA City Centre Metro Station,
B - Block, Sushant Lok - I, Gurgaon - 122 001, Phone: +91-124-6623 000

Max Multi Speciality Centre, Noida
(A Unit of Crosslay Remedies Ltd.)
A-364, Sector - 19, Noida - 201 301, Phone: +91-120-662 9999

Central Delhi

BLK-MAX Super Speciality Hospital
Pusa Road, Rajendra Place, New Delhi - 110 005
Phone: +91-11-3040 3040

East Delhi

Max Super Speciality Hospital, Patparganj
(A Unit of Balaji Medical and Diagnostic Research Centre)
108 A, Indraprastha Extension, Patparganj,
New Delhi - 110 092, Phone: +91-11-4303 3333

Maharashtra

Nanavati Max Super Speciality Hospital, Mumbai
S.V. Road, Vile Parle (West), Mumbai - 400 056 Phone: +91-22-6836 0000

Punjab

Max Super Speciality Hospital, Mohali
(A Unit of Hometrail Buildtech Pvt. Ltd.)
Near Civil Hospital, Phase - VI, Mohali,
Punjab - 160 055, Phone: +91-172-521 2000

Max MedCentre, Mohali
Plot No - A-19, Industrial Area Phase VI,
S.A.S Nagar, Mohali - 160 055
Phone: +91-172 521 2000

Max Super Speciality Hospital, Bathinda
(A Unit of Hometrail Buildtech Pvt. Ltd.)
NH - 64, Near District Civil Hospital, Mansa Road, Bathinda, Punjab - 151 001
Phone: +91-164-521 2000

Uttarakhand

Max Super Speciality Hospital, Dehradun
Near Indian Oil Petrol Pump, Malsi, Mussoorie Diversion Road,Dehradun - 248 001, Phone: +91-135-7193 000

Communication Details

Particulars	Name	Contact Details	Address
For Corporate Governance, Dividend and other Secretarial related matters	Mr. Dhiraj Aroraa SVP-Company Secretary & Compliance Officer	E-mail: secretarial@maxhealthcare.com Phone: +91 987 333 6660	Max Healthcare Institute Limited 2nd Floor, Capital Cyberspace, Sector-59 Gurugram-122011 Haryana
For queries relating to financial statements	Mr. Yogesh Kumar Sareen Senior Director – Chief Financial Officer	E-mail: cfo@maxhealthcare.com Phone: +91 12 4620 7515	
For Investors/ Analysts assistance	Mr. Keshav Gupta Senior Director – Growth, M&A and Business Planning	E-mail: investors@maxhealthcare.com Phone: +91 12 4620 7529	
For transfer/ dematerialization of shares and any other query relating to shares	Mr. Swapan Kumar Naskar Associate Vice President & Head (North India)	E-mail: swapann@linkintime.co.in Telephone No.: +91 11 4941 1000 (Extn.: 7106) Facsimile No.: +91 11 4141 0591	Link Intime India Private Limited Noble Heights, 1st Floor, Plot No. NH 2, LSC,C-1 Block, Near Savitri Market, Janakpuri, New Delhi-110 058 Website: www.linkintime.co.in SEBI registration number: INR000004058

Credit Rating:

List of credit ratings of the Company and its material subsidiaries as on March 31, 2023 are as follows:

Entity	Credit Rating Agency	Type of Rating	Rating as on March 31, 2023
Max Healthcare Institute Limited	CARE Ratings Limited	Long Term Bank Facilities	CARE AA
		Short Term Bank Facilities	CARE A1+
Hometrail Buildtech Private Limited	CARE Ratings Limited	Long Term Bank Facilities	CARE AA
		Short Term Bank Facilities	CARE A1+
Crosslay Remedies Limited	CARE Ratings Limited	Long Term Bank Facilities	CARE AA
		Short Term Bank Facilities	CARE A1+

Notes

1. During the year under review, CARE Ratings Limited revised the rating for long term bank facilities from “CARE AA- to CARE AA” for the Company;
2. During the year under review, CARE Rating Limited has revised the rating for long term bank facilities from “CARE AA-“ to “CARE AA“ for Crosslay Remedies Limited;
3. During the year under review, CARE Rating Limited has revised the rating for long term bank facilities from “CARE AA-“ to “CARE AA“ for Hometrail Buildtech Private Limited;

Other Disclosures

Related party transactions

In terms of Section 177 of the Act and Regulation 23 of the SEBI Listing Regulations, related party transactions entered into by the Company during FY 2022-23 were carried out with prior approval of A&RMC. All contracts, arrangements and transactions entered by the Company with related parties during FY 2022-23 were in the ordinary course of business and on an arm's length basis. The details of related party transactions as per IND AS-24 have been disclosed in Note No. 31.10 to the Standalone Financial Statements.

Any Director who is interested in the related party transaction being considered for approval at the Board meeting, such Director is not be present during discussions pertaining to such related party transaction. The A&RMC / Board seeks for opinion of management or external consultant, as it may deem necessary, before it approves any transaction with the related party.

Omnibus approval of A&RMC is obtained for related party transactions that are repetitive in nature. All the related -party transactions entered into are placed before A&RMC on a quarterly basis for review and noting. Further, a confirmation as to compliance of related party transactions as per the SEBI Listing Regulations are sent to Stock Exchanges along with quarterly compliance report on Corporate Governance. In terms of Regulation 23(9) of SEBI Listing Regulations, the Company also submit half yearly disclosure on Related Party Transactions to Stock Exchanges.

During the FY 2022-23 there were no material significant related party transactions made by the Company with the Promoters, Directors, Key Managerial Personnel or other related parties, which may have a potential conflict with the interest of the Company at large.

The Board has formulated a 'Policy on Related Party Transactions' governing framework for determining the materiality of and ensuring approval of Related Party Transactions pursuant to the applicable provisions of the Act and SEBI Listing Regulations and the same is available on the website of the Company viz www.maxhealthcare.in/investors/corporate-governance.

Details of non-compliance with regard to Capital Markets during the last three years

There has been no instance of non-compliance by the Company and no penalty and/ or stricture has been imposed by Stock Exchanges or SEBI or any statutory authority on any matter related to capital markets during the last three years which could be material for the Company.

Confirmation relating to suspension of trading of securities of the company

The securities of the Company have not been suspended for trading at any point of time during the FY 2022-23.

Whistle Blower / Vigil Mechanism

In compliance with the Act and the SEBI Listing Regulations, the Company has adopted a policy on dealing with whistle blowers, which is approved by the Board of the Company. The A&RMC reviews the said policy, as and when required. During the year, no individual was denied access to the Chairman of A&RMC. The Whistle Blower can reach out to the chairman of A&RMC by writing at auditchairman@maxhealthcare.com for reporting concerns, if any. The said policy is disclosed on the Company's website at www.maxhealthcare.in/investors/corporate-governance.

The Company's whistle blower policy empowers stakeholders to anonymously report malpractices without fear, promoting ethical conduct. The Policy applies to all Directors, employees, business partners, customers, vendors, contractors, contractors' employees, clients, consultants, internal or external auditors or other stakeholders or anybody engaged through any other service mode with the Company, across all divisions and locations in India and overseas.

The policy intends to achieve the following objectives:

- to create a window for any person who observes or knows of any unethical behavior, actual or suspected fraud, or violation of a law, the Code of Conduct or code of ethics, either organizationally or individually, to be able to raise it;
- to encourage timely, safe and open reporting of alleged wrong doings, potential illegal activity, or suspected impropriety;
- to ensure consistent and timely institutional response;
- to ensure appropriate reporting of whistleblower investigations;
- to encourage ethical and lawful conduct; and
- to provide adequate safeguards against victimization of whistle-blower including provision for direct access to the chairperson of the A&RMC in appropriate and exceptional cases.

In order to promote the reporting of incidents, the company has taken several measures. The whistleblower helpline, which is managed by a third party, and the e-mail address of A&RMC Chairman and Head of Internal Audit are prominently displayed on the company's website and also on intranet. Additionally, standees featuring the contact details of the whistleblower helpline are placed in various locations across the Company's hospitals.

The Company is committed to addressing concerns raised by whistleblowers, including those who choose to remain anonymous. All whistleblower complaints are accepted and thoroughly investigated. The identity of the whistleblower is kept confidential in accordance with applicable laws, and individuals who assist in these investigations are also provided with legal protection.

An Ethics and Compliance Committee comprising of members from senior leadership and Internal Auditor as members, investigate whistle blower complaints. A report on the functioning of the mechanism, including the complaints received, if any and actions taken, is presented to the Audit Committee on a quarterly basis.

Statutory compliance of laws & legal compliance management tool

Periodic review by the Board encompasses a comprehensive analysis of the Company's conformity with relevant laws and the subsequent measures undertaken to rectify any instances of non-compliance. This diligent approach underscores the Company's commitment to upholding legal standards.

To fortify this commitment, the Company has implemented a robust and sophisticated legal compliance management online tool. This tool is meticulously designed to navigate and ensure compliance with all applicable laws that significantly impact the Company's operations. Its purpose extends beyond mere adherence, it provides a tangible assurance mechanism for the Board, underscoring the organization's dedication to upholding legal compliances at all times.

Through this tool, individuals responsible are empowered with real-time notifications, enabling them to proactively address and fulfill their obligations within the ever-evolving legal landscape. This strategic adoption of technology not only streamlines the compliance process but also reinforces the Company's commitment to upholding the highest standards of integrity and legality. This holistic approach is reflective of our steadfast pursuit of a compliant and ethically sound operational framework.

Prohibition of Insider Trading

In terms of the SEBI (Prohibition of Insider Trading) Regulations, 2015 ("PIT Regulations"), the Company has a comprehensive Code of Conduct to regulate, monitor and report trading by Designated Persons ("Code"). The said Code lays down guidelines which provide for the procedure to be followed and disclosures to be made whilst dealing with shares of the Company. Further, the Company has complied with the standardized reporting of violations related to the Code under the PIT Regulations. The Company has also put in place the institutional mechanism for prevention of insider trading along with policy for inquiry in case of leak of unpublished price sensitive information or suspected leak of unpublished price sensitive information. The Company has set up a mechanism for monitoring the dealings of equity shares of the Company by the designated persons and their immediate relatives.

As part of the awareness programme, the Company has imparted training to concerned persons by the subject matter expert and initiatives are being taken to educate and promote awareness on the practical aspects through audio- video mechanism.

Monitoring Committee

A Monitoring Committee has been established comprising key members, including Senior Director - HR & Chief People Officer, Senior Director - Chief Financial Officer, Senior Director - Corporate Affairs, Head of Legal and Company Secretary & Compliance Officer.

The Committee is tasked with several crucial functions. It oversees Designated Persons' lists, conducts investigations into alleged misconduct, and decides penalties for breaches of the Insider Trading Code or SEBI (Prohibition of Insider Trading) Regulations, 2015, seek any information / documents from the Designated Persons, establish and review of process, procedure and mechanism for identification of unpublished price sensitive information, ensure that a structured digital database is maintained. The Committee also reviews internal controls, manages handling of unpublished price sensitive information, and maintains a structured digital database. It plays a pivotal role in upholding ethical standards and regulatory adherence within MHIL.

Details of utilization of funds raised through preferential allotment or qualified institutions placement as specified under regulation 32 (7A) of SEBI Listing Regulations:

On March 09, 2021, the Company had raised an amount ~₹ 1,200 Crore (approx.) by issuing 6,14,12,482 (Six Crore Fourteen Lakh Twelve Thousand Four Hundred and Eighty-Two) equity shares of ₹ 10/- each fully paid up at ₹ 195.40/- per equity share (including premium of ₹ 185.40 per equity share) to Qualified Institutional Buyers by way of Qualified Institutional Placement route. Details of utilization of funds are available under **Annexure - B** and forms part of this Corporate Governance Report. Pursuant to SEBI notification dated December 24, 2019, details of utilization of funds were submitted to the Stock Exchanges in the separate format as "Statement of Deviation / Variation in utilization of funds raised" on quarterly basis.

Certificate from Company Secretary in Practice:

A certificate has been received from M/s Sanjay Grover and Associates, Company Secretaries, confirming that none of the Directors on the Board of the Company have been debarred or disqualified from being appointed or continuing as Directors of Companies by the SEBI/ MCA or any such statutory authority. The Certificate is annexed as Annexure - C and forms part of this Corporate Governance Report.

Quarterly Reports on compliance with Corporate Governance:

Quarterly reports on compliance with Corporate Governance as per Regulation 27 of the SEBI Listing Regulations were duly filed with the Stock Exchanges within the stipulated time and same are also available on the website of the Company at https://www.maxhealthcare.in/investors/corporate-announcements.

Update on Cyber Security

We encountered a security incident in Nov 2022, but despite that, due to our proactive approach and steady response, we have mitigated the threat and we did not find any potential data breaches.

At present, we have maintained a strong record in safeguarding data privacy.

As corrective action: Our proactive approach involves stringent security measures, such as, Employee Awareness, Process and Policies and effective tools and technologies to protect Patient and Customer Information. In case of any suspicious detection, our established incident response plan ensures swift containment, thorough investigation.

We have implemented a multifaceted and proactive approach. This includes the utilization of top-tier cybersecurity tools like Endpoint Security EDR (Endpoint Detection and Response) and MDR (Managed Detection and Response), Network Security with Advanced Tools, 24*7 monitoring and SOC (Security Operations Centre), Risk Quantification Solution, Brand monitoring solution, In-house Incident Response & Remediation Team, Privileged Access management, Automated Patch management, Application Security, Cloud Security, Secure Developments and many more. These tools are renowned for their advanced capabilities in swiftly identifying and mitigating threats, thus acting as our first line of defence.

Moreover, we maintain a continuous 24/7 threat monitoring system that spans its entire digital environment. This vigilance is pivotal in promptly identifying and addressing potential security incidents, minimizing their impact and ensuring a rapid response to emerging threats.

We are also implementing the ISO 27001:2022 standard for information security management. This internationally recognized standard provides a structured and systematic framework for managing security risks, emphasizing the organization's dedication to maintaining the highest security standards and will help us in protecting the data of our customers and patients.

Policies

In accordance with its Corporate Governance philosophy for adhering to ethical and governance standards and ensure fairness, accountability, responsibility and transparency to all its stakeholders, the Company inter-alia has the following policies and codes in place. These policies are reviewed periodically by the Board and updated as and when needed. All these policies /codes have been uploaded on the website of the Company at www.maxhealthcare.in/investors/corporate-governance.

Name of the Policy
Corporate Social Responsibility Policy
Prevention of Sexual Harassment Policy
Code of Conduct for Directors and Senior Management
Code of Conduct to regulate, monitor and report trading by Designated Persons
Code of practices procedures for fair disclosure of unpublished price sensitive information
Dividend Distribution Policy
Nomination, Remuneration & Board Diversity Policy
Policy for determination of Materiality of events and information
Policy for determining Material Subsidiary
Policy for preservation of documents and archival of documents
Policy on Familiarization Programme for Independent Directors
Risk Management Policy
Related Party Transaction Policy
Whistle Blower Policy

Monitoring Governance of Subsidiary:

As of March 31, 2023, the Company possesses a total of 9 subsidiaries, in India and across the globe, including a step-down subsidiary located in India. Each subsidiary operates autonomously, under the guidance of its board of directors or equivalent governing body, having the rights and obligations to manage such companies in the best interest of their stakeholders.

The Board of the Company or its duly constituted committees also have oversight of the affairs of the subsidiaries and regularly reviews various information w.r.t to subsidiary companies, that inter-alia includes:

a. Noting of minutes of the Board meetings;

b. Review of financial statements;

c. Review of material developments, financial, operating performance and strategies;

d. Review of borrowing of its subsidiaries;

e. Review of related party transactions;

f. Review of utilization of funds and details of investment and advances by the subsidiaries;

g. Prior recommendation in case of purchase/sale/disposal of intellectual property rights or other assets and entering into in-licensing deals by subsidiaries/associates/joint ventures above certain threshold;

h. Review of significant transactions or arrangements entered into by the unlisted subsidiaries.

This diligent oversight demonstrates the Company's commitment to ensuring transparency, efficiency, and compliance in the operations of its subsidiaries.

In accordance with Section 136 of the Act, the audited financial statements of subsidiaries of the Company are available on Company's website at www.maxhealthcare.in/investors/financial-reports.

In terms of SEBI Listing Regulations, the Company has a policy in place for determining "material subsidiary". The said policy is available on the website viz. www.maxhealthcare.in/investors/corporate-governance.

In terms of regulation 16(1)(c) of the SEBI Listing Regulations, Material Subsidiary shall mean a subsidiary, whose income or net worth exceeds 10% of the consolidated income or net worth, respectively, of the Company and its subsidiaries in the immediately preceding FY. Further, in terms of regulation 24(1) of the SEBI Listing Regulations, at least one independent director on the Board of the Company shall be a Director on the Board of an unlisted material subsidiary, i.e. a subsidiary, whose income or net worth exceeds 20% of the consolidated income or net worth respectively, of the Company and its subsidiaries in the immediately preceding accounting year.

Based on the audited financials of the Company for FY 2022-23, Hometrail Buildtech Private Limited and Crosslay Remedies Limited, wholly-owned subsidiaries, have been identified as material subsidiaries of the Company for FY 2023-24 in terms of regulation 16(1)(c) of SEBI Listing Regulations. Further, no subsidiary of the Company fulfills the criteria prescribed under Regulation 24(1) of SEBI Listing Regulations.

Details of material subsidiaries of the listed entity; including the date and place of incorporation and the name and date of appointment of the statutory auditors of such subsidiaries:

S. No.	Name of Material Subsidiary	CIN	Date of Incorporation	Place of Incorporation	Name of Statutory Auditors	Date of appointment of Statutory Auditors
1.	Crosslay Remedies Limited	U24239DL2002PLC113719	January 8, 2002	Delhi	M/s. Deloitte, Haskins & Sells, Chartered Accountants	September 29, 2020
2.	Hometrail Buildtech Private Limited	U45400DL2008PTC176962	April 21, 2008	Delhi	M/s. Deloitte, Haskins & Sells, Chartered Accountants	September 29, 2020

Risk Management

The Company has risk management system aimed at identifying, analyzing, assessing, mitigating, monitoring internal as well as external or potential risks for achieving its strategic and business objectives covering various aspects of our business, including operations, legal, treasury, regulatory, strategic and financial. The A&RMC reviews the mitigation plan for high and critical risks events that may adversely affect the operations and profitability of business and suggest suitable measures to mitigate such risks and is overseen by the Board. The Company's risk management framework is a combination of formally documented policies in certain areas such as financial, legal and regulatory and an informal approach to risk management in others. The Risk Management policy and systems are reviewed on a periodical basis to reflect changes in market conditions and business activities.

List of key risks and mitigation approach is given below

S. No	Key Risks	Description of Risks	Mitigation Approach
1.	Regulatory and Compliance Risks	Failure to obtain, renew and maintain license, permit and comply with regulations including those relating to labor, environment and tax laws may lead to penalties, fines, or even loss of license. This may adversely affect our financial condition and results of operations. In addition, new regulation or amendment to existing regulation may also have an adverse impact on our operations.	The Company has established a compliance framework and controls to de-risk operations from compliance management risks. The framework include IT tool to track, streamline and ensure compliances across the organisation. Concurrent audit, internal audit and targeted compliance audit by legal department also enable us to keep a tight vigil on compliance status on an ongoing basis. Active engagement with policymakers and trade associations at various forums help us put forward our views on matters likely to have impact on our operations.
2.	Fire and Electrical Safety related Risk	The hospitals store, handle and use flammable materials like liquid oxygen, alcohol, gases, fuel and others in its day-to-day operations. In addition, hospitals use a no. of bio-medical and non-bio medical equipment all across the hospital thereby giving rise to electrical safety risk. Any incident of fire, failure of power supply etc. can lead to injury or death of employees, patients and /or other persons, which may lead to material adverse effect on reputation, our business, financial position and results of operations.	The Company has taken a no. of measures to prevent any incident of fire through daily checks, spreading awareness & eliminating potential causes for fire. We get audits conducted by third party experts, in addition to in-house team and regulatory agencies, to improve our fire risk mitigation measures. We have active fire alarm and fire fighting systems. The hospitals are planned to prevent electrical short circuits, isolate fires through provision of fire doors and equipped for smoke extraction etc. in case of a fire. We have adequate PPE's for faster evacuation and display fire signages etc. for warning and escape routes. There is a continuous training on fire and electrical safety for the employees and other stakeholders.
3.	High Fixed Costs and cost inflation	We operate in an industry with high fixed costs, and our fixed costs might have an adverse impact on results of operations in case of downturn or drop in occupancies. Further, cost inflation may also impact our cost structures and long term profitability, in the event we are unable to pass on these increases through upward price revisions.	The Company has an ongoing cost management, operational efficiency improvement plan through optimizing staffing levels, streamlining the supply chain, and investing in technology for improved productivity. We have also taken steps to increase automation & use RPA etc. to efficiently utilize the available resources.
4.	Medical and legal risks	The Company faces number of operational, financial and reputational risks arising from the provision of healthcare services, which may lead to criminal proceedings & claims of malpractice and medical negligence by the patients & their relatives. These could materially impact our reputation and prospects.	Proper documentation, adherence to company policies, procedures and enforcements of treatment protocols is ensured by medical teams. Further, continued focus on maintaining high standard of care, patient safety, superior medical outcomes and patient-doctor communication helps us mitigate this risk.
5.	Cybersecurity Threats	Healthcare providers store sensitive patient data, making them attractive targets for cyberattacks. Data breaches can compromise patient confidentiality and result in legal and financial consequences, in addition to loss of repute. Ransomware attacks and data breaches can also impede the continuum of care of patients in hospital.	The Company employs robust cybersecurity framework, controls and maintains high level of preparedness to respond to any such incident, to mitigate cybersecurity threats. We undertake awareness campaigns and have engaged third party experts to manage SOC's to monitor, alert and isolate any cyber- attacks as they happen.
6.	Dependence on healthcare professionals	Our performance and the execution of our growth strategy depend substantially on our ability to attract and retain senior doctors and other healthcare professionals.	We foster excellence in academia and training infrastructure, which serves as a solid foundation for meeting the rising demand for skilled clinicians and other healthcare professionals. There is consistent employee engagement, holistic retention and recognition policies and continued focus on career and leadership development to mitigate this risk.

S. No	Key Risks	Description of Risks	Mitigation Approach
7.	Expansion Projects Execution Risk	A failure to construct in a timely manner or commence operations of the proposed hospital capacity expansion plans, may lead to cost over runs and loss of opportunity leading to adverse impact on our business, cash flows, financial condition and results of operations.	We conduct rigorous feasibility studies, secure diverse financing sources, employ efficient project management techniques, and regularly monitor project progress. We have employed services of renowned contractor and project management consultants to ensure timely delivery of expansion projects.

Fees paid to the Statutory Auditor:

Total fees (excluding taxes) for all services availed by the Company and its subsidiaries on a consolidated basis, during the year under review, from the Statutory Auditor viz. M/s. Deloitte Haskins & Sells, Chartered Accountants (Firm Registration No. 015125N) ("Deloitte") has been provided as given below:

Type of Services	Amount (₹ in Crore)
Audit Fee	2.80
Out of Pocket Expenses (Including Technology and telecommunication charges)	0.14
Other Services	0.06
Total	**3.00**

Disclosure under the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013:

At MHIL, we have zero tolerance for Sexual Harassment. We value every single Employee working in the Company and wish to protect their dignity. In doing so, we are determined to promote a working environment in which persons of both sex work side by side as equals in an environment that encourages harmony, productivity and individual growth.

As per the requirement of the Sexual Harassment of Women at Workplace (Prevention, Prohibition & Redressal) Act, 2013 ('POSH Act') and Rules made thereunder, the Company has formed an Internal Complaint Committee ('ICC') for its workplaces to address complaints pertaining to sexual harassment in accordance with the POSH Act. The Company has a detailed Policy for Prevention of Sexual Harassment at Workplace, which ensures a free and fair enquiry process with clear timelines for resolution. The Policy is uploaded on the website of the Company at https://www.maxhealthcare.in/investors/corporate-governance.

Status of cases reported during the FY 2022-23:

Particulars	Number
Number of complaints filed during the FY 2022-23	4
Number of complaints disposed of during the FY 2022-23	4
Number of complaints pending as on March 31, 2023	0

Loans and advances in the nature of loans to firms/ companies in which Directors are interested

During the year under review, the Company and its Subsidiaries have not provided loan and advance in the nature of loans to Firms/companies in which Directors are interested. Further, the Company or any of its subsidiary has not extended any financial assistance to promoter or promoter group entities which has been written off during last 3 years.

Disclosures with respect to unclaimed suspense account

The Company has 4,75,554 (Four Lakh Seventy-Five Thousand Five Hundred Fifty Four) equity shares of ₹ 10/- each out of which 2,194 (Two Thousand One Hundred Ninety-Four) equity Shareholders lying in 'Max Healthcare Institute Limited Un-claimed Share Demat Suspense Account' (in demat account- IN30072410193928). The requisite disclosures as per Schedule V (F) of the SEBI Listing Regulations are given below:

Particulars	No. of equity Shareholders	No. of equity shares
Aggregate number of Shareholders and the outstanding shares in the suspense account lying at the beginning of the FY 2022-23 i.e., April 1, 2022	2,210	4,80,389
Number of Shareholders who approached listed entity for transfer of shares from suspense account during the FY 2022-23	16	4,835
Number of Shareholders to whom shares were transferred from suspense account during the FY 2022-23	16	4,835
Aggregate number of Shareholders and the outstanding shares in the suspense account lying at the end of the FY 2022-23 i.e., March 31, 2023	2,194	4,75,554

Note: voting rights on these shares shall remain frozen till the rightful owner of such shares claims the shares.

Debenture Trustee:

The Company has not issued any debentures during the year under review and thus, no Debenture Trustee was required to be appointed by the Company.

Compliance with mandatory requirements and adoption of non-mandatory requirements

- **Mandatory requirements:** The Company has complied with the conditions of Corporate Governance as stipulated under Regulations 17 to 27 and clauses (b) to (i) of Regulation 46(2) and Para C, D and E of Schedule V to the SEBI Listing Regulations for the FY ended March 31, 2023. A certificate confirming the compliance issued by M/s Sanjay Grover & Associates, Company Secretaries, is annexed as **Annexure - D**.

- **Non-mandatory requirements:** The Company has complied with the following discretionary requirements as specified in Part E of Schedule II to the SEBI Listing Regulations is as under:

  - **Modified opinion(s) in audit report**: The Company is in the regime of unmodified audit opinion on financial statements.

  - **Reporting of Internal Auditor:** The Internal Auditor of the Company reports functionally to A&RMC of the Company and administratively to Senior Director-Corporate Affairs. He also participates in the meetings of A&RMC of the Company and also shares his findings on financial, safety, information security, compliance and reporting risks on periodic basis with A&RMC along with the mitigation plan.

    The Internal Audit function is duly supported by the Internal Audit Charter which, inter-alia, provides for the scope of work of the internal audit function along with the independence, objectivity, reporting structure, authority and responsibilities of the Internal Audit function. The audits conducted by Internal Audit team are based on an internal audit plan aligned with risk profile of business operations, which is also reviewed by A&RMC on annual basis.

    Internal Audit reviews controls covering the appropriateness and effectiveness of risk management and governance processes, the reliability and integrity of financial and operating information, the effectiveness and efficiency of operations, safeguarding of assets, compliance with laws, regulations and contracts, the delivery of major programme and quality and continuous improvement.

  - **Communication to Shareholders:** Quarterly and annual financial results along with the transcripts of earnings call and presentations are posted on the Company's website. Other information, such as press releases, Stock Exchange disclosures and presentations made to investors and analysts, etc., is also regularly updated on the Company's website. The Company also publishes voting results of shareholders' meetings and makes it available on its website as well as reports the same to Stock Exchanges in terms of Regulation 44 of SEBI Listing Regulations.

  - **Shareholder's Rights:** The Company ensures that disclosure of all information is disseminated on a non-discretionary basis to all shareholders. Quarterly results along with press releases, investor presentations, recordings as well as transcripts of the earnings calls are uploaded on the website of the company at www.maxhealthcare.in/investors.

General Disclosures

- We conduct various activities to gather feedback and insights from various stakeholders, including patient and employee satisfaction surveys, industry and regulatory reports, grievance resolution processes, and more. Results of these surveys, feedbacks etc. are placed before the Senior Management. These ongoing interactions with a diverse range of stakeholders empower Senior Management to respond appropriately, introduce innovative initiatives.
- During the FY 2022-23, no penalty has been levied on Directors, Key Managerial Personnel and Senior Management Personnel by any statutory or regulatory authority.
- We have a 'Rewards & Recognition Framework' to honor and incentivise our high-performing employees. We acknowledge their exceptional contributions, whether through financial incentives, certificates, or other forms of recognition, nurturing a positive work culture and emphasizing our appreciation for their dedication. The framework is available on the intranet of the Company.
- We prioritizes the health and wellbeing of employees and their families through our Medical Discounts Policy in Max Network Hospitals and Group Medical Insurance Policy, offering a range of benefits to all eligible individuals, including full-time employees, retainers, visiting consultants, and their immediate and extended family members. The said policies are available on the intranet of the Company.
- We have process in place for exit interviews of employees including directors and key managerial personnel.

Chairman & Managing Director / CFO Certification

The Chairman & Managing Director and Senior Director - Chief Financial Officer have certified, in terms of Part B of Schedule II of the SEBI Listing Regulations, to the Board that the financial statements present a true and fair view of the Company's affairs and are in compliance with the existing accounting standards. The said certification of the financial statements and the Cash Flow Statement for the FY 2022-23 is annexed as **Annexure – E** and forms part of this Corporate Governance Report.

Green Initiatives by MCA

In compliance with the provisions of Section 20 of the Act and as a continuing endeavor towards the 'Go Green' initiative, the Company sends all correspondence/ communications through email to those Members who have registered their e-mail id with their depository participant's/ Company's registrar and share transfer agent, Link Intime India Private Limited.

For and on behalf of the Board

Place: New Delhi
Dated: August 7, 2023

Abhay Soi
DIN: 00203597
Chairman & Managing Director

Annexure - A

Declaration as per regulation 26(3) of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015

All Directors and Senior Management personnel of the Company have affirmed compliance with the provisions of Company's Code of Conduct for the Financial Year ended March 31, 2023.

For and on behalf of the Board

Place: New Delhi
Dated: August 7, 2023

Abhay Soi
DIN: 00203597
Chairman & Managing Director

Annexure - B

Statement of Utilisation of Funds Raised through Qualified Institutional Placement

Name of listed entity	Max Healthcare Institute Limited
Mode of fund raising	Qualified Institutional Placement
Date of raising funds	March 09, 2021
Amount raised (Gross in ₹)	120,000 Lakhs (approx.)
Monitoring Agency	Not Applicable
Monitoring Agency name, if applicable	Not Applicable
Is there a deviation / variation in use of funds raised	No
If yes, whether the same is pursuant to change in terms of a contract or objects, which was approved by the shareholders	Not Applicable
If yes, date of shareholders' approval	Not Applicable
Explanation for the deviation / variation	Not Applicable
Comments of the Audit Committee after review	Not Applicable
Comments of the Auditors, if any	Not Applicable

Objects for which funds have been raised and where there has been a deviation, in the following table:

Original Object	Modified object, if any	Original allocation (₹)	Modified allocation, if any	Funds utilised (₹)	Amount of deviation/variation for FY22-23 according to applicable object	Remarks, if any
1. Part financing the funding requirements of the Company	Not Applicable	117,916 Lakhs (Net QIP Proceeds)	Not Applicable	-	Not Applicable	-
2. Meeting the capital expenditure and working capital requirements of the Company, Subsidiaries, Managed Healthcare Facilities and Partner Healthcare Facilities and affiliates, if any, including investment or increasing our stake in existing or future subsidiaries, joint ventures and affiliates				64,528 Lakhs		
3. Repayment of debt				20,000 Lakhs		
4. Expansion and modernisation				-		
5. General corporate requirements or any other purposes, as may be permissible under the applicable law and approved by our Board or its duly constituted committee				-		

Deviation or Variation could mean:

(a) Deviation in the objects or purposes for which the funds have been raised; or
(b) Deviation in the amount of funds actually utilized as against what was originally disclosed; or
(c) Change in terms of a contract referred to in the fund-raising document i.e., prospectus, letter of offer, etc.

For and on behalf of the Board

Yogesh Kumar Sareen
Senior Director - Chief Financial Officer

Place: New Delhi
Dated: August 7, 2023

Annexure - C

Certificate of Non-Disqualification of Directors

(Pursuant to Regulation 34(3) and Schedule V Para C Clause (10)(i) of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015)

To,
The Members of
MAX HEALTHCARE INSTITUTE LIMITED
(CIN: L72200MH2001PLC322854)
401, 4th Floor, Man Excellenza,
S. V. Road, Vile Parle (West),
Mumbai, Maharashtra-400056

1. That the equity shares of Max Healthcare Institute Limited (hereinafter referred as "the Company") are listed on BSE Limited and National Stock Exchange of India Limited.

2. We have examined the relevant disclosures received from the Directors, registers, records, forms, and returns maintained by the Company and produced before us by the Company for the purpose of issuing this Certificate, in accordance with Regulation 34(3) read with Schedule V Para-C Sub clause 10(i) of the Securities Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015.

3. We have also done examination and verification of the disclosures under section 184/189, 164 and 149 of the Companies Act, 2013 (the Act) received from the Directors and register of Directors and KMPs and their shareholding under Section 170 of the Act and DIN status of Directors at the MCA portal i.e. www.mca.gov.in. In our opinion and to the best of our knowledge and on the basis of information furnished to us by the Company and its officers, we certify that none of the below named Directors of the Company have been debarred or disqualified from being appointed or continuing as Directors of companies by the Securities and Exchange Board of India, Ministry of Corporate Affairs or any such statutory authority as on March 31, 2023:

S. No.	Name of Director	Director Identification Number (DIN)	Date of Appointment in Company
1.	Mr. Abhay Soi	00203597	21/06/2019
2.	Ms. Harmeen Mehta*	02274379	24/05/2021
3.	Mr. Anil Kumar Bhatnagar	09716726	31/08/2022
4.	Mr. K Narasimha Murthy	00023046	26/08/2009
5.	Mr. Mahendra Gumanmalji Lodha	00012920	21/06/2019
6.	Mr. Pranav Amin	00245099	10/08/2022
7.	Mr. Michael Thomas Neeb	08522685	21/06/2019

*Ms. Harmeen Mehta ceased to be Independent Director with effect from 14th April, 2023 due to personal and unavoidable circumstances like other professional commitments etc.

4. Ensuring the eligibility of the appointment / continuity of every Director on the Board is the responsibility of the management of the Company and our responsibility is to express an opinion based on our verification. This certificate is neither an assurance as to the future viability of the Company nor of the efficiency or effectiveness with which the management has conducted the affairs of the Company.

5. This certificate is based on the information and records available up to this date and we have no responsibility to update this certificate for the events and circumstances occurring after the date of the certificate.

For **Sanjay Grover & Associates**
Company Secretaries
Firm Registration No.: P2001DE052900

Kapil Dev Taneja
Partner
CP No.: 22944 / Mem. No. F4019
UDIN: F004019E000753636

Place: New Delhi
Date: August 7, 2023

Annexure - D

Corporate Governance Certificate

To,
The Members
Max Healthcare Institute Limited
(CIN: L72200MH2001PLC322854)
401, 4th Floor, Man Excellenza,
S. V. Road, Vile Parle (West),
Mumbai, Maharashtra-400056

We have examined the compliance of conditions of Corporate Governance by **Max Healthcare Institute Limited** ("the Company"), for the financial year ended March 31, 2023, as stipulated under Regulations 17 to 27 and clauses (b) to (i) of Regulation 46(2) and Para C, D and E of Schedule V to the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 ("LODR Regulations").

The compliance of conditions of Corporate Governance is the responsibility of the management of the Company. Our examination was limited to review of procedures and implementation thereof, adopted by the Company for ensuring the compliance of the conditions of Corporate Governance. It is neither an audit nor an expression of opinion on the financial statements of the Company.

In our opinion and to the best of our information and according to the explanations given to us, we certify that the Company has complied with the conditions of Corporate Governance as stipulated under Regulations 17 to 27 and clauses (b) to (i) of Regulation 46(2) and Para C, D and E of Schedule V to the LODR Regulations.

We further state that such compliance is neither an assurance as to the future viability of the Company nor the efficiency or effectiveness with which the management has conducted the affairs of the Company.

For **Sanjay Grover & Associates**
Company Secretaries
Firm Registration No.: P2001DE052900

Kapil Dev Taneja
Partner
CP No.: 22944 / Mem. No. F4019
UDIN: F004019E000753559

Place: New Delhi
Date: August 7, 2023

Annexure - E

To,
The Audit and Risk Management Committee/ Board of Directors,
Max Healthcare Institute Limited
401, 4th Floor, Man Excellenza,
S. V. Road, Vile Parle (West),
Mumbai – 400056 (Maharashtra)

Sub: Compliance Certificate under regulation 17(8) of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 for Financial Year ended March 31, 2023

Dear Sirs,

This is to confirm w.r.t the financial statements for Financial Year ended March 31, 2023 that:

A. We have reviewed the financial statements (Standalone & Consolidated) and cash flow statement for the Financial Year ended on above date and that to the best of our knowledge and belief:

   i. these statements do not contain any materially untrue statement or omit any material fact or contain statements that might be misleading;

   ii. these statements together present a true and fair view of the Company's affairs and are in compliance with existing accounting standards, applicable laws and regulations.

B. There are, to the best of our knowledge and belief, no transactions entered into by the Company during the year which are fraudulent, illegal or violative of the Company's code of conduct.

C. We accept responsibility for establishing and maintaining internal controls for financial reporting and that we have evaluated the effectiveness of internal control systems of the Company pertaining to financial reporting and we have disclosed to the auditors and the Audit and Risk Management Committee, deficiencies in the design or operation of such internal controls, if any, of which we are aware and the steps we have taken or propose to take to rectify these deficiencies.

D. We have indicated to the auditors and the Audit and Risk Management Committee, as may be applicable:

   i. significant changes in internal control over financial reporting during the year;

   ii. significant changes in accounting policies during the year and that the same have been disclosed in the notes to the financial statements, if any; and

   iii. there has not been any instances of significant fraud of which we have become aware and the involvement therein, if any, of the management or an employee having a significant role in the Company's internal control system over financial reporting.

Thanking You,

Abhay Soi
Chairman & Managing Director
DIN: 00203597

Yogesh Kumar Sareen
Senior Director Chief Financial Officer

Dated: August 7, 2023
Place: New Delhi

Business Responsibility and Sustainability Report

Healthy People, Healthy Planet
Max Healthcare's Holistic Approach to Sustainability

Max Healthcare is proud to present its Business Responsibility and Sustainability Report (BRSR) for the financial year March 31, 2023, a comprehensive reflection of its commitment to responsible business practices and sustainability. At Max Healthcare, we have always believed that healthcare extends beyond the walls of our hospitals. It is about caring for the well-being of our patients, our communities, and the world at large.

In this report, we take you on a journey through our organization's dedication to ethical, environmental, and social responsibility. We understand the profound impact healthcare organizations can have on society, and we are steadfast in our determination to make this impact a positive one.

Our report is structured to provide transparency and accountability. It outlines our initiatives and achievements across various dimensions of corporate responsibility and sustainability,

At Max Healthcare, we strive to bring about value through our pioneering solutions, ultimately creating an inclusive environment. Our emphasis is on being a trustworthy partner for our stakeholders, while connecting communities, protecting the planet through innovation, and enhancing positive impacts to the economy.

This document adheres to the stipulations outlined in the BRSR mandates, as prescribed by the Securities & Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015. Furthermore, it aligns with the National Guidelines on Responsible Business Conduct (NGRBC), encompassing Social, Environmental, and Economic Responsibilities of Business, as issued by the Ministry of Corporate Affairs (MCA), India.

Contents

Financial Year ("FY"): April 1 to March 31

1 lac = 100,000; 1 crore = 10 million

Section A: General Disclosures

I. Details

1.	Corporate Identity Number (CIN) of the Company	L72200MH2001PLC322854
2.	Name of the Company	MAX HEALTHCARE INSTITUTE LIMITED
3.	Year of Incorporation	2001
4.	Registered office address	401, 4th Floor, Man Excellenza, S. V. Road, Vile Parle (West), Mumbai City, Maharashtra – 400056
5..	Corporate office address	2nd Floor, Capital Cyberspace, Sector-59, Gurugram - 122011, Haryana
6.	E-mail id	sustainability@maxhealthcare.com
7.	Telephone	022-26101035
8.	Website	www.maxhealthcare.in
9.	Financial year for which reporting is being done	April 1, 2022- March 31, 2023
10.	Name of the Stock Exchange(s) where shares are listed	1. National Stock Exchange of India Limited ("NSE"). NSE: MAXHEALTH. 2. BSE Limited ("BSE") BSE: 543220
11.	Paid-up capital	₹ 97,092 Lakhs
12.	Name and contact details of the person who may be contacted in case of any queries on the BRSR report	Dhiraj Aroraa Designation: SVP - Company Secretary & Compliance Officer Email: investors@maxhealthcare.com Contact No: +91 987 333 6660
13.	Reporting boundary	Disclosures made in this report are on a "Consolidated Basis".

II. Products/services

14. Details of business activities (accounting for 90% of the turnover)

S. No.	Description of main activity	Description of business activity	% of turnover
1.	Healthcare services	Max Healthcare Institute Limited ("Max Healthcare") is a leading provider of comprehensive Healthcare care services, encompassing diagnostics & lab services, ambulatory care, consultations, surgical and non-surgical procedures, and medical care. Max Healthcare Institute Limited provides a range of various facilities within the domain of medical facilitation such as radiation treatment for cancer patients, specific therapeutic segments, such as oncology, neurosciences, cardiac sciences, orthopedics, renal, liver and minimal invasive surgeries. Supplementary to this, Max Healthcare Institute Limited also caters consultations with a range of our skilled physicians spanning various medical fields, fulfill transplant requirements, have services catering to individuals seeking audiology and speech therapy, pediatric healthcare for children. Our specializations include Diabetes and endocrinology, Pulmonology, Nephrology, Dermatology, Orthopedics, Gastroenterology and physiotherapy & Rehabilitations therapy and medical treatment. These services are delivered to patients in their state-of-the-art hospitals as well as in the comfort of their homes, ensuring top-notch care across diverse settings. Besides this, Max Healthcare also provides home care-based services through their Max@Home program, which allows better access to a wider population and improve the ability to cater to larger audiences seeking necessary facilities. Another program still in early stages of development is Max Lab, that allows individuals to undertake diagnostic testing with convenience to evaluate and monitor their health with ease from the safety of their homes.	98.4%

15. Products/services sold by the entity (accounting for 90% of the entity's Turnover):.

S. No.	Product/Service	NIC Code	% of total turnover contribute
1.	Max Healthcare offers a wide range of healthcare services, including diagnostics, ambulatory care, consultations, surgical and non-surgical procedures, and medical care. These services cater to patients in both hospital and home settings, ensuring comprehensive and accessible healthcare solutions.	9993	98.4%

III. Operations

16. Number of locations where plants and/or operations/offices of the entity are situated.

Location	Number of Hospitals	Number of Offices	Number of Medcentre	Total
National	13	6	47	66
International	-	15	-	15

17. Markets served by the entity.

a. Number of locations

Locations	Number
National (No. of states)	6
International (No. of countries)	15

b. What is the contribution of exports as a percentage of the total turnover of the entity?

FY 2022-23 (Current Financial Year): ~5.00%*

*This represents revenue from international medical value travelers

c. A brief on types of customers:

At Max Healthcare, our commitment lies in addressing the healthcare requirements of individuals spanning all age groups. We serve our diverse customer base with exceptional healthcare amenities ranging from preventive care to routine check-ups. This includes managing chronic conditions and acute injuries or illnesses. We also help patients seeking mental health treatment, maternity care, pediatric services, and many more. Our commitment to provide comprehensive and exceptional healthcare services to patients, makes us the trusted destination for individuals seeking quality medical care and wellness services.

IV. Employees

18. Details as on March 31, 2023

a. Employees and workers (including differently abled):

S. No.	Description of main activity	Total (A)	Male		Female	
			No. (B)	% (B/A)	No. (C)	% (C/A)
	Employees					
1.	Permanent (D)	10,424	5,556	53%	4,868	47%
2.	Other than permanent (E)	-	-	-	-	-
3.	**Total employees (D + E)**	**10,424**	**5,556**	**53%**	**4,868**	**47%**
	Workers					
1.	Permanent (F)	-	-	-	-	-
2.	Other than permanent (G)	4,693	3,238	69%	1,455	31%
3.	**Total Workers (F + G)**	**4,693**	**3,238**	**69%**	**1,455**	**31%**

b. Differently abled Employees and workers:

S. No.	Description of main activity	Total (A)	Male No. (B)	Male % (B/A)	Female No. (C)	Female % (C/A)
	Differently Abled Employees					
1.	Permanent (D)	56	40	71%	16	29%
2.	Other than permanent (E)	-	-	-	-	-
3.	**Total Employee (D + E)**	**56**	**40**	**71%**	**16**	**29%**
	Differently Abled Workers					
1.	Permanent (F)	-	-	-	-	-
2.	Other than permanent (G)	-	-	-	-	-
3.	**Total Workers (F+ G)**	**-**	**-**	**-**	**-**	**-**

19. Participation/inclusion/representation of women

	Total (A)	No. and percentage of females: No. (B)	% (B/A)
Board of Directors	7	1	14%
Key Management Personnel	3	0	0%

20. Turnover rate for permanent employees and workers

	FY 2022-23 Male	FY 2022-23 Female	FY 2022-23 Total	FY 2021-22 Male	FY 2021-22 Female	FY 2021-22 Total	FY 2020-21 Male	FY 2020-21 Female	FY 2020-21 Total
Permanent Employees	27.8%	49.0%	37.8%	24.7%	46.5%	35.4%	17.9%	40.6%	29.1%
Permanent Workers	-	-	-	-	-	-	-	-	-

V. Holding, Subsidiary and Associate Companies (including joint ventures)

21. Names of holding / subsidiary / associate companies / joint ventures:

S. No.	Name of Holding/Subsidiary/ Associate/ Joint Venture (A)	Indicate whether Holding/ Subsidiary/ Associate/Joint Venture	% of shares held by listed entity	Does the entity indicated in column A, participate in the Business Responsibility initiatives of listed entity? (Yes/No)
1.	Alps Hospital Limited	Subsidiary	100%	Yes
2.	Crosslay Remedies Limited	Subsidiary	100%	Yes
3.	Eqova Healthcare Private Limited[1]	Subsidiary	26%	Yes
4.	ET Planners Private Limited (Subsidiary of Alps Hospital Limited)	Step Down Subsidiary through Alps Hospital Limited	100%	Yes
5.	Hometrail Buildtech Private Limited	Subsidiary	100%	Yes
6.	Max Hospitals and Allied Services Limited (Formerly Known as Radiant Life Care Mumbai Private Limited)	Subsidiary	100%	Yes
7.	Max Healthcare FZ-LLC	Subsidiary	100%	Yes
8.	Max Lab Limited	Subsidiary	100%	Yes
9.	MHC Global Healthcare (Nigeria) Limited	Subsidiary	100%	Yes

[1] As on March 31, 2023, the Company held 26% equity stake in Eqova Healthcare Private Limited ("Eqova") with right to appoint majority of director on the Board of Eqova. The Company had entered into an escrow arrangement for acquisition of additional 34% stake by way of a put & call option linked to achievement of certain milestones. The Company has right to appoint majority of directors on the Board of Eqova and holds 60% of the paid upequity share capital of Eqova post acquisition on April 13, 2023.

Note: During the FY 2022-23, the Board of Saket City Hospital Limited ("SCHL") and its shareholder had approved voluntary liquidation of SCHL under Section 59 of Insolvency and Bankruptcy Code, 2016 in order to consolidate the operations of SCHL with the Company to unleash operational efficiencies and other synergies. On August 31, 2022, the liquidator of SCHL distributed the entire business undertaking of SCHL to the Company on a going concern basis, with effect from close of business hours on August 31, 2022. Accordingly, SCHL ceased to be subsidiary of the Company. The liquidator has filed a petition with Hon'ble NCLT in the financial year 2022-23 for dissolution of SCHL.

VI. CSR Details

22. (i) Whether CSR is applicable as per section 135 of Companies Act, 2013: Yes

(ii) Turnover: ₹ 456,260 Lakhs

(iii) Net worth: ₹ 736,796 Lakhs

VII. Transparency and Disclosures Compliances

23. Complaints/grievances on any of the principles (Principles 1 to 9) under the National Guidelines on Responsible Business Conduct (NGRBC)

The Complaints or Grievances Redressal System at Max Healthcare is a robust mechanism designed to address and rectify instances of non-compliance, ensuring accountability and fostering a culture of responsible business practices. This system provides an accessible platform for patients, employees, stakeholders, regulators, value chain partners, Industry Association and communities to voice their concerns and grievances regarding any aspect of the healthcare services provided by the organization.

Stakeholder group from whom complaint is received	Grievance Redressal Mechanism in Place (Yes/No) (If yes, then provide web-link for grievance redress policy)	FY 2022-23 (Current Financial Year) Number of complaints filed during the year	FY 2022-23 Number of complaints pending resolution at close of the year	FY 2022-23 Remarks	FY 2021-22 (Previous Financial Year) Number of complaints filed during the year	FY 2021-22 Number of complaints pending resolution at close of the year	FY 2021-22 Remarks
Shareholders	No	0	0	-	0	0	-
Customers - Individual Patient / Consumer/ Attendant	Yes[1]	24,430[2]	93[2]	All complaints unresolved as at March 31, 2023, were resolved subsequently.	23,800[2]	209[2]	New System implemented in Apr'21 during pandemic. (SLA tracked for non-SMS complaints only)
Employees and workers	Yes[3]	52	0	Nil	35	0	Nil
Regulators	Yes[4]	0	0	Nil	0	0	Nil
Value Chain Partners	Yes[4]	0	0	Nil	0	0	Nil
Industry Association	Yes[4]	0	0	Nil	0	0	Nil
Community	Yes[4]	0	0	Nil	0	0	Nil

[1] We are committed to sustaining our excellence through the loyalty of our customers. It is therefore of utmost importance to us to understand their concerns and offer effective solutions. Our customers can reach out to us through several communication channels like email, telephone numbers, feedback forms, surveys, etc. https://feedback.maxhealthcare.com/app-max/

[2] Number of complaints filed during the year and Number of complaints pending resolution at close of the year is the sum of total received by Patient Experience, Patient Experience @Lab and Patient Experience@Home

[3] We have a robust grievance mechanism, underpinned by policies such as Complaint & Grievance Policy and POSH, enabling all our employees to put forth their concerns. The policy is available on employee's portal (Human Resource Management System (HRMS)

[4] We have Whistleblower Policy extends to include our value chain partners and provides a mechanism to report any unethical behavior, actual or suspected fraud, and violation of the Company's Code of Conduct without any fear of retaliation.

24. Overview of the entity's material responsible business conduct issues

At Max Healthcare, we place a strong emphasis on Environmental, Social, and Governance (ESG) aspects to create value for both our stakeholders and us. To identify our ESG focus areas, we conducted a comprehensive materiality assessment involving input from internal and external stakeholders. This exercise allowed us to set priorities and monitor progress in each ESG aspect, ensuring alignment with our vision and purpose. Taking into account our corporate goals, potential risks, and global trends, we have selected 18 ESG topics that significantly impact our business and stakeholders.

S. No.	Material issue identified	Indicate whether risk (R) or opportunity (O)	Rationale for identifying the risk/ opportunity	In case of risk, approach to adapt or mitigate	Positive/ Negative Implications
1	Energy and Emission	Risk	• The healthcare industry, operates in an electricity-intensive environment, driven by our unwavering commitment to providing excellent patient care. • To meet the primary needs of our patients, such as space conditioning, lighting, powering medical appliances, elevators, and other equipment, as well as water heating and refrigeration, we require a continuous and uninterrupted power supply 24/7. • However, our direct reliance on fossil fuels for heating systems in our hospitals raises concerns about our carbon footprints and its impact on the environment. • We recognize the importance of energy efficiency and acknowledge our responsibility to address this risk proactively. • By implementing measures to reduce energy consumption and transitioning to cleaner energy sources, we aim to mitigate our impact on the environment and promote sustainability.	• We have implemented a comprehensive action plan focused on energy conservation measures. Our primary objective is cleaner and reduced energy footprint for the organization. • Additionally, we are committed in reducing Scope 1 & 2 greenhouse gas (GHG) emissions. • We conduct initiatives aimed at raising awareness among our stakeholders about responsible energy usage. • We also undertake tree-planting initiatives to enhance the microclimate in the areas surrounding our hospitals. These efforts contribute to offsetting carbon emissions. • By combining energy conservation measures, GHG emission reduction, and community engagement, we are actively working towards a greener and more sustainable future.	**Negative:** • High Operational Costs: Reliance on non-renewable energy raises operational expenses. • Environmental Impact: Carbon emissions can harm the environment and brand image. • Reputational Risks: Environmental concerns may affect trust and credibility. **Positive:** • Cost Optimization: Energy-efficient practices reduce long-term expenses. • Environmental Stewardship: Renewables show commitment to the environment. • Competitive Advantage: Sustainability attracts eco-conscious stakeholders. • Regulatory Compliance: Cleaner energy aligns with evolving regulations.
2	Water Management	Risk	• Water management poses a significant risk for Max Healthcare, considering that hospitals are intensive water using establishments. • Water plays a vital role in various aspects of our hospital's daily operations, medical equipment cleaning, personal hygiene, sanitation, kitchen activities, landscaping, and more. • A potential risk in water management could be a disruption in the water supply, which could severely impact the smooth functioning of our hospital. In such a scenario, patient care, sanitation, and essential services could be compromised, leading to potential operational challenges and disruptions. • To mitigate this risk, it is imperative to implement robust water management strategies, including water conservation measures, efficient usage practices, and contingency plans for water supply disruptions.	• We have taken several proactive water-saving initiatives and implemented cutting-edge technologies. These include the installation of sewage treatment plants and low-flow fixtures at toilets, aiming to optimize water usage and reduce wastage. • We prioritize the implementation of reutilization measures and ensure that newly constructed infrastructure adheres to water-saving principles. • We also aspire to achieve water neutrality and water positivity by efficiently managing water resources and offsetting usage through sustainable initiatives.	**Negative**: • Water management risk could lead to financial risks arising from interrupted services due to operational disruptions caused by water scarcity. • A lack of sufficient water supply may hamper patient care, sanitation, and essential services, potentially resulting in financial losses and reputational damage. **Positive:** • By fostering a culture of responsible water usage, we contribute to water conservation efforts and reinforce our commitment to environmental sustainability.
3	Waste Management	Risk	• Biomedical waste management is a significant concern to us. We prioritize effective mitigation strategies to address this risk. • Inadequate waste disposal poses a real threat to habitat degradation and can lead to pollution of air, water bodies, and soil, adversely impacting the environment.	• We mitigate waste management risks through conscious and responsible efforts guided by the 3R model - Reduce, Reuse, and Recycle. • We ensure proper separation of hazardous waste, biomedical waste, e-waste dry and wet waste.	**Negative** • Mishandling of waste can have a negative impact on our sustainability efforts, tarnishing our reputation and credibility among key stakeholders. • Improper waste disposal may degrade the aesthetic appeal of our surroundings, potentially leading to community dissatisfaction and strained relationships with stakeholders.

S. No.	Material issue identified	Indicate whether risk (R) or opportunity (O)	Rationale for identifying the risk/ opportunity	In case of risk, approach to adapt or mitigate	Positive/ Negative Implications
			• Additionally, improper waste management may expose our employees and surrounding communities to serious health hazards. • To mitigate this risk, we emphasize the implementation of effective waste management strategies. Our focus is on proper segregation, treatment, and safe disposal of biomedical waste in adherence to all regulatory guidelines.	• Biomedical waste, e-waste and hazardous waste are safely disposed of through government authorized vendors and recyclers. • Reduce usage of hazardous and toxic chemicals. • We prioritize environmental protection, safeguarding health, and upholding our commitment to responsible waste management at Max Healthcare.	**Positive:** • By efficiently managing waste, we not only contribute to environmental preservation but also capitalize on cost optimization. • These efforts enhance our sustainability goals and reinforce our reputation as a socially and environmentally responsible organization, garnering trust and support from stakeholders and the community.
4	Fire Risk	Risk	• Healthcare facilities are susceptible to fire incidents due to nature of our 24x7 operations, the utilization of highly complex medical equipment and presence of inflammable materials, including alcohol, sanitizers, various gases, fuel, and other chemicals required for medical procedures. • As a responsible healthcare provider, it is essential for us to implement robust fire safety measures and risk mitigation strategies	• We have implemented robust mitigation measures to ensure the safety and well-being of our patients, staff, and visitors. • Standard operating procedures (SOPs) have been carefully formulated and are strictly enforced throughout the facility. These SOPs outline the appropriate response protocols for fire incidents, enhancing preparedness and minimizing potential damages. • To bolster our fire safety preparedness, we have designated dedicated fire safety officers who are well-trained and equipped to handle any emergencies. Adequate fire safety equipment, such as fire extinguishers, fire alarms, and sprinkler systems, are readily available and regularly maintained to ensure their optimal functionality. • In addition, we conduct regular fire drills to train our staff in emergency response procedures and familiarize them with the use of fire safety equipment.	**Negative:** • Patient Safety Concerns: In the event of a fire incident, patients may require immediate evacuation and medical attention, potentially impacting their well-being. • Disruption of Services: Disruptions in hospital operations, causing inconvenience to patients, delays in medical treatments, and potential financial losses. • Reputational Damage: If a fire incident occurs due to inadequate fire safety measures, it can negatively impact reputation and credibility among patients, staff, and the community. **Positive:** • Enhanced Fire Safety Preparedness: Implementation of SOP's, designated fire safety officers, and regular fire drills equips the hospitals to respond effectively to potential fire incidents. • Safe Environment for Patients and Staff: Mitigating the fire risk ensures a safer environment for patients, staff, and visitors within the hospital premises. • Reduced Property and Equipment Damage: Proactive fire risk mitigation minimizes the potential for property damage and equipment loss.
5	Diversity and Inclusion	Opportunity	• Embracing diverse talents and perspectives enhances creativity, innovation, and problem-solving. Inclusive workplaces promote employee satisfaction, engagement, and better patient care. • By prioritizing diversity, Max Healthcare strengthens its reputation as an employer of choice and fosters a culture of excellence, driving its success in the healthcare industry. • Diverse teams are also better equipped to understand and cater to the diverse needs of their patients and customers. This results in improved patient care and customer satisfaction, positioning Max Healthcare as a provider of high-quality services.	-	**Negative** • Potential Communication Challenges: Diverse teams may face communication challenges. • Conflict Management: Diversity can lead to differing opinions and perspective. **Positive**: • Enhanced Creativity and Innovation: Embracing diverse talents and perspectives leads to increased creativity and innovation. • Improved Employee Engagement and Satisfaction: Inclusive workplaces promote a sense of belonging and respect among employees. • Better Patient Care and Customer Satisfaction: Diverse teams can better understand and cater to the diverse needs of patients and customers.

S. No.	Material issue identified	Indicate whether risk (R) or opportunity (O)	Rationale for identifying the risk/ opportunity	In case of risk, approach to adapt or mitigate	Positive/ Negative Implications
6	People Well-being	Opportunity	• A strong talent pool is crucial for the organization's success, impacting operational efficiency and financial performance. • By investing in employee well-being, we foster a positive work environment, leading to higher engagement, productivity, and retention. Satisfied employees deliver better patient care and enhance our reputation as a trusted healthcare provider. • Moreover, a culture of health and wellness reduces absenteeism and healthcare costs, contributing to our long-term success and growth.	-	**Negative** • Increased Turnover Costs: Neglecting employee well-being can lead to higher turnover rates, resulting in increased costs associated with recruitment and training of new staff. • Lower Employee Morale: Neglecting People Well-being may result in lower employee morale, negatively impacting job satisfaction and productivity. • Adverse Patient Outcomes: Employee dissatisfaction can potentially affect patient care. **Positive**: • Enhanced Employee Engagement: Prioritizing People Well-being fosters a positive work environment, leading to higher levels of employee engagement and motivation. • Improved Patient Care: Satisfied and motivated employees deliver better patient care, leading to increased patient satisfaction and loyalty. • Healthier Workforce: Employee well-being initiatives promote a culture of health and wellness, leading to reduced absenteeism
7	Human capital development	Opportunity	• Investing in employee training, engagement, and retention enhances the workforce's skills, expertise, and motivation. • A skilled and dedicated workforce leads to higher patient satisfaction and improved operational performance. • Continuous development ensures adaptability to changing healthcare trends, making Max Healthcare a preferred employer in the industry. • Prioritizing Human Capital Development enables sustained success and excellence in healthcare services.	-	**Negative** • Resource Investment: Implementing development programs may require significant financial and time investments. • Talent Attraction and Retention: Failure to provide growth opportunities may deter top talent from seeking or staying with the organization. • Skill Obsolescence: Without continuous development, employee skills may become outdated, impacting their effectiveness. **Positive:** • Skilled Workforce: Investing in employee training and development creates a skilled workforce capable of delivering high-quality healthcare services. • Improved Patient Care: Highly trained and motivated employees lead to improved patient care and higher patient satisfaction. • Employee Loyalty: Providing growth and development opportunities fosters employee loyalty and reduces turnover rates.
8	Occupational health and safety	Risk	• Prioritizing Occupational Health and Safety is crucial for ensuring a safe and secure work environment, attracting talent, safeguarding reputation, and optimizing organizational performance. • Inadequate handling of safety and health issues may discourage potential workers from joining the organization, leading to recruitment challenges.	• Comprehensive staff training on safety protocols and emergency procedures. • Ensuring access to and proper use of personal protective equipment (PPE). • Implementing ergonomic assessments and adjustments to prevent injuries.	**Negative** • Workplace Incidents: Failure to prioritize occupational health and safety may lead to workplace accidents and injuries, impacting employee well-being and organizational productivity. • Legal and Regulatory Issues: Non-compliance with safety regulations can result in legal liabilities and penalties, tarnishing the Company's reputation.

S. No.	Material issue identified	Indicate whether risk (R) or opportunity (O)	Rationale for identifying the risk/ opportunity	In case of risk, approach to adapt or mitigate	Positive/ Negative Implications
			• Additionally, workplace health and safety concerns can negatively affect Max Healthcare's reputation, eroding stakeholder trust. • Furthermore, a lack of required skills due to safety-related incidents can hamper the Company's overall performance and efficiency.	• Rigorous infection control measures to minimize healthcare-associated infections. • Establishing well-defined emergency response plans and conducting regular drills. • Reporting and investigating workplace injuries and incidents promptly. • Offering counseling services and support through Employee Assistance Programs. • Continually reviewing and updating occupational health and safety policies.	• Increased Healthcare Costs: Workplace injuries and illnesses may lead to higher healthcare costs, affecting the organization's financial performance. **Positive:** • Skilled Workforce: Investing in employee training and development creates a skilled workforce capable of delivering high-quality healthcare services. • Increased Employee Productivity: A safe workplace fosters higher employee morale and reduces absenteeism, leading to increased productivity and efficiency. • Improved Reputation: Demonstrating a commitment to occupational health and safety enhances Max Healthcare's reputation as a responsible and caring employer.
9	Patient safety and service quality	Risk	• Inadequate handling of safety and health issues may discourage potential patients from seeking healthcare services, leading to a decline in patient volume. • Additionally, any patient safety and service quality issues can negatively affect Max Healthcare's reputation, eroding patient trust and loyalty. • Prioritizing Patient Safety and Service Quality is crucial for maintaining patient satisfaction, safeguarding reputation, and ensuring sustained success as a trusted healthcare provider.	• 'Patient Feedback Management System' to collate and derive insights from feedback received across multiple departments, including Inpatient, Outpatient, Emergency, Daycare and Preventive Health checks. • SOP on Patient Feedback is developed with a purpose to provide a mechanism that identifies and addresses patient and attendant's complaints and grievances in a timely and efficient manner.	**Negative** • Patient Dissatisfaction: Failure to prioritize patient safety and service quality may lead to patient dissatisfaction and negative reviews. • Decline in Patient Volume: Negative experiences related to patient safety and service quality can discourage potential patients from seeking care at Max Healthcare.

S. No.	Material issue identified	Indicate whether risk (R) or opportunity (O)	Rationale for identifying the risk/ opportunity	In case of risk, approach to adapt or mitigate	Positive/ Negative Implications
				• Medical Superintendent is the custodian of all Medical Complaints and monitors the tracker for closure of the complaints. • SOP contains detailed and escalated information on processing the feedback/responses received from patients and is handled by respective team. • As per requirement, adequate steps are taken to mitigate the complaint of patients, and new protocols/ measures are also developed, if required. • Home Collection options which can be availed by patients who cannot reach the facilities due to any health reasons or disabilities.	• Negative Media Coverage: Any lapses in patient safety may attract negative media attention, harming the organization's public image. **Positive**: • Enhanced Patient Trust: Prioritizing patient safety and service quality builds trust and loyalty among patients. • Improved Reputation: Demonstrating a commitment to patient safety and service excellence enhances Max Healthcare's reputation as a reliable and reputable healthcare provider. • Better Clinical Outcomes: Emphasizing patient safety leads to improved clinical outcomes, reducing medical errors and adverse events.
10	Research and innovation	Opportunity	• By investing in research, Max Healthcare can strengthen data resiliency and make informed decisions to improve patient outcomes. • Additionally, embracing innovation and green technology can lead to significant improvements in environmental emissions, contributing to sustainability and responsible business practices. • Prioritizing Research and Innovation enables Max Healthcare to stay at the forefront of healthcare advancements, enhance operational efficiency, and provide cutting-edge solutions for patients' well-being.	-	**Negative** • Resource Allocation: Investing in research and innovation may require significant financial and human resources, impacting short-term financial performance. • Implementation Challenges: Integrating new technologies and practices may face resistance and require thorough planning and training. • Uncertain Outcomes: Not all research and innovation initiatives may yield immediate results, potentially leading to uncertainties in returns on investment.

S. No.	Material issue identified	Indicate whether risk (R) or opportunity (O)	Rationale for identifying the risk/ opportunity	In case of risk, approach to adapt or mitigate	Positive/ Negative Implications
					Positive: • Advancement in Patient Care: Research and innovation can lead to the development of new medical treatments and technologies, advancing patient care. • Competitive Advantage: Embracing innovation gives Max Healthcare a competitive edge, attracting patients and positioning the organization as a leader in the healthcare industry. • Enhanced Operational Efficiency: Innovation can streamline processes and workflows, leading to improved operational efficiency and cost savings.
11	Digitization	Opportunity	• By leveraging digital channels of communication, such as e-mails, newsletters, intranet, and townhalls, Max Healthcare can enhance employee engagement and facilitate efficient feedback and redressal processes. • Moreover, digitization enables streamlined appraisal and training programs, optimizing workforce performance and fostering a culture of continuous improvement.	-	**Negative** • Implementation Costs: Digitization initiatives may require significant upfront investments in technology and infrastructure. • Training and Adoption Challenges: Integrating digital processes may face resistance and require adequate training for employees to adopt and utilize effectively. • Data Security Risks: Digitization exposes the organization to potential data breaches and cybersecurity threats, necessitating robust security measures.

S. No.	Material issue identified	Indicate whether risk (R) or opportunity (O)	Rationale for identifying the risk/ opportunity	In case of risk, approach to adapt or mitigate	Positive/ Negative Implications
			• Embracing Digitization positions Max Healthcare as a customer-centric organization, responsive to evolving digital trends, and ensures sustained growth in the competitive healthcare market.		**Positive:** • Increased Revenue: Embracing digitization meets customers' demand for digital services, leading to increased revenue and business growth. • Enhanced Communication: Utilizing digital channels improves communication with employees, fostering engagement and efficient feedback processes. • Customer-Centric Approach: Digitization enhances customer experience, making Max Healthcare more customer-centric and competitive in the healthcare market.
12	Transparency in service offerings	Risk	• By maintaining transparency, Max Healthcare can build trust and confidence among stakeholders, including patients, employees, and investors. • Implementing a whistle-blower policy empowers employees to report any unethical conduct without fear of victimization, fostering a culture of accountability and integrity. • Failure to prioritize transparency may lead to a loss of stakeholder trust, reputational damage, and potential legal and regulatory consequences. • By emphasizing Transparency in service offerings, Max Healthcare can mitigate risks, strengthen stakeholder relationships, and uphold its commitment to ethical business practices.	• Establishing a Robust Review Process: Max Healthcare implements a comprehensive review process to handle cases of misconduct or unethical behavior, ensuring swift and fair resolution. • Transparent Communication with Patients: Max Healthcare is committed to transparently disclosing case-related information to patients, fostering trust and maintaining open communication throughout the process.	**Negative** • Reputational Damage: Lack of transparency can lead to reputational damage, eroding patient trust and confidence in the organization. • Loss of Patients: Patients may seek alternative healthcare providers if transparency issues arise, affecting patient volume and revenue. **Positive:** • Trust and Confidence: Transparent service offerings build trust and confidence among patients and stakeholders, enhancing the organization's reputation. • Enhanced Patient Satisfaction: Clear and honest communication fosters patient satisfaction, leading to improved patient loyalty and retention. • Stakeholder Support: Stakeholders appreciate transparent service offerings, leading to increased support and loyalty from investors, employees, and partners.

S. No.	Material issue identified	Indicate whether risk (R) or opportunity (O)	Rationale for identifying the risk/ opportunity	In case of risk, approach to adapt or mitigate	Positive/ Negative Implications
13	Access to healthcare & support to economically weaker sections of society	Opportunity	• By providing healthcare access and support to economically weaker sections, Max Healthcare contributes to achieving Sustainable Development Goal (SDG) 10, which focuses on reducing inequality. • Moreover, ensuring access to the highest attainable standard of health aligns with the fundamental right of individuals to get quality healthcare services. • Embracing this opportunity allows Max Healthcare to make a positive impact on society, enhance its reputation as a socially responsible organization, and contribute to the overall well-being of the communities it serves.	-	**Negative** • Financial Strain: Offering subsidized or free services to economically weaker sections may strain Max Healthcare's financial resources. • Capacity Challenges: Meeting the healthcare needs of a larger patient base may pose challenges in terms of facility and staff capacity. • Equity Concerns: Balancing services to different patient groups may raise concerns of equity and fairness among other patient segments. **Positive:** • Social Impact: Providing access to healthcare for economically weaker sections positively impacts the community's well-being and promotes social welfare. • Reputation Enhancement: Max Healthcare's commitment to supporting vulnerable populations enhances its reputation as a socially responsible healthcare provider. • Community Engagement: Supporting economically weaker sections fosters community engagement and strengthens Max Healthcare's relationship with local stakeholders.
14	Corporate governance structures	Risk	• There is a need for strong governance mechanisms and the involvement of the Board of Directors as the highest authority. • Effective corporate governance ensures transparency, accountability, and responsible decision-making. • Failure to implement robust governance structures may lead to potential conflicts of interest, compliance issues, and reputational risks. • By addressing this risk, Max Healthcare can enhance stakeholder trust, protect its reputation, and drive sustainable growth.	• Policies and mechanisms reflecting ethical governance procedures. • Key management personnel and board members act on behalf of investor and stakeholder concerns. • Board of directors reflect Company's vision and objectives. • Creation of Board/ internal committees to envisage hierarchy and accountability.	**Negative** • Inadequate Oversight: Weak governance may result in inadequate oversight of management decisions and operational risks. • Potential Conflicts of Interest: Insufficient governance mechanisms may lead to potential conflicts of interest, impacting decision-making processes. • Reputational Risk: Ineffective governance can expose Max Healthcare to reputational risks, leading to loss of stakeholder trust and confidence. **Positive**: • Transparency and Accountability: Effective corporate governance promotes transparency and accountability, enhancing stakeholder trust and confidence. • Ethical Decision-Making: Strong governance structures ensure ethical decision-making, fostering a culture of integrity and responsible business practices. • Investor Confidence: Sound corporate governance attracts investors and enhances the organization's financial stability.
15	Business ethics and compliance	Risk	• Compliance with ethical requirements is crucial to building and maintaining trust among stakeholders, including patients, employees, and investors. • Non-compliance may lead to penalties and reputational damage, emphasizing the need to strictly adhere to government protocols.	• Ethical Governance Policies: Implementing policies and mechanisms that reflect ethical governance procedures, ensuring adherence to ethical standards and principles.	**Negative** • Reputational Damage: Non-compliance or unethical practices can lead to reputational damage and loss of stakeholder trust. • Employee Dissatisfaction: Lack of ethical practices can lead to employee dissatisfaction, impacting productivity and retention.

S. No.	Material issue identified	Indicate whether risk (R) or opportunity (O)	Rationale for identifying the risk/ opportunity	In case of risk, approach to adapt or mitigate	Positive/ Negative Implications
			• Failure to uphold ethical standards may also pose risks of human rights violations and non-compliance with local, national, and international laws. • By prioritizing business ethics and compliance, Max Healthcare can safeguard its reputation, mitigate legal and regulatory risks, and demonstrate its commitment to responsible and ethical business practices.	• Stakeholder Representation: Involving key management personnel and board members in decision-making processes, considering investor and stakeholder concerns. • Aligned Vision and Objectives: Ensuring the Board of Directors reflects the Company's vision and objectives, guiding ethical decision-making. • Upholding Human Rights and Laws: Demonstrating compliance with human rights, Sustainable Development Goals (SDGs), National Guidelines on Responsible Business Conduct (NGRBCs), and national laws to uphold ethical business practices.	• Stakeholder Distrust: Ethical lapses may erode stakeholder trust, affecting patient loyalty and investor confidence. **Positive:** • Enhanced Reputation: Strict adherence to business ethics and compliance enhances Max Healthcare's reputation as a responsible and ethical organization. • Stakeholder Trust: Ethical practices build trust among patients, employees, investors, and the community, fostering long-term relationships. • Sustainable Growth: Ethical business conduct ensures sustainable growth by mitigating legal and reputational risks.
16	Economic performance	Risk	• Economic uncertainties, market fluctuations, and cost pressures can affect revenue generation and profitability. • Failure to achieve desired financial performance may hinder investment opportunities, expansion plans, and resource allocation for quality healthcare services.	• Financial Planning: Implementing robust financial planning strategies to anticipate economic fluctuations and uncertainties, ensuring adequate financial reserves.	**Negative** • Financial Strain: Poor economic performance may strain financial resources, limiting investments and growth prospects. • Reduced Expansion: Economic downturns can hinder expansion plans and delay the establishment of new healthcare facilities. • Stakeholder Concerns: Negative economic performance may raise concerns among stakeholders, impacting patient trust and investor confidence.

S. No.	Material issue identified	Indicate whether risk (R) or opportunity (O)	Rationale for identifying the risk/ opportunity	In case of risk, approach to adapt or mitigate	Positive/ Negative Implications
			• By addressing economic performance as a risk, Max Healthcare can focus on strategic financial planning, cost optimization, and revenue diversification, ensuring financial resilience and long-term viability in a dynamic healthcare market.	• Cost Optimization: Adopting cost-effective measures and resource allocation to optimize expenses without compromising the quality of healthcare services. • Market Analysis: Regularly analyzing the healthcare market and identifying emerging trends to proactively respond to changes in demand and competition.	**Positive:** • Financial Stability: Strong economic performance ensures financial stability, enabling Max Healthcare to invest in advanced medical technologies and infrastructure. • Growth Opportunities: Positive economic performance opens growth opportunities, such as expanding services, acquiring new facilities, and entering new markets. • Investor Confidence: Robust financial performance attracts investors, increasing access to capital for strategic initiatives.
17	Risk or crisis management	Risk	• Failure to effectively manage risks such as medical emergencies, natural disasters, or cyber-attacks, can lead to disruption of services, reputational damage, and financial losses. • By addressing risk and crisis management as a priority, Max Healthcare can enhance preparedness, develop robust contingency plans, and ensure a prompt and effective response to mitigate the impact of potential crises.	• Comprehensive Risk Assessment: Conducting regular risk assessments to identify potential threats and vulnerabilities, enabling proactive risk mitigation. • Contingency Planning: Developing robust contingency plans and response protocols to effectively manage and mitigate crises if they occur.	**Negative** • Service Disruption: Inadequate risk management may lead to service disruptions, impacting patient care and satisfaction. • Reputational Damage: Poor crisis management can lead to reputational damage, affecting patient trust and stakeholder confidence. • Financial Loss: Insufficient risk mitigation may result in financial losses due to unplanned expenses or business interruption. **Positive:** • Enhanced Preparedness: Effective risk and crisis management ensure Max Healthcare is well-prepared to handle unforeseen events, minimizing their impact.

S. No.	Material issue identified	Indicate whether risk (R) or opportunity (O)	Rationale for identifying the risk/ opportunity	In case of risk, approach to adapt or mitigate	Positive/ Negative Implications
			• Proactive risk management measures will enable Max Healthcare to safeguard its operations, protect its reputation, and maintain trust among patients, employees, and stakeholders.	• Communication Strategy: Implementing a clear and effective communication strategy to keep stakeholders informed during crisis situations. • Training and Drills: Providing specialized training to staff and conducting crisis drills to ensure a prompt and coordinated response during emergencies.	• Reputational Protection: Prompt and coordinated crisis response protects Max Healthcare's reputation, fostering trust among patients and stakeholders. • Employee Confidence: Comprehensive crisis management measures instill confidence among employees, fostering a sense of security and dedication.
18	Data and privacy	Risk	• Healthcare organizations handle vast amounts of personal and medical data, making them a prime target for cyber-attacks and data breaches. • Failure to adequately protect patient data can lead to severe consequences, including reputational damage, legal liabilities, and loss of patient trust.	• Cybersecurity Measures: Implementing robust cybersecurity protocols, such as our network security is fortified by firewalls that carefully monitor and manage incoming and outgoing data flow. Additionally, we've implemented Intrusion Detection Systems (IDS) and Intrusion Prevention Systems (IPS) to enhance protection against potential threats. These measures work together to ensure the integrity and safety of our network, with firewalls acting as gatekeepers, IDS as vigilant observers, and IPS as proactive defenders. • Security Operations Center (SOC) and SIEM Integration: Establishment of a Security Operations Center (SOC) complemented by a cutting-edge Security Information and Event Management (SIEM) solution. Coordinated efforts of SOC and SIEM for early threat detection, protecting critical systems and valuable data assets, ensuring business operations' resilience and security.	**Negative** • Data Breaches: Insufficient data protection may lead to data breaches, exposing patient information and resulting in reputational damage. • Patient Dissatisfaction: Data breaches and privacy issues can lead to patient dissatisfaction and potential loss of business. • Regulatory Scrutiny: Weak data security practices may attract regulatory scrutiny, impacting the organization's operations and image.

S. No.	Material issue identified	Indicate whether risk (R) or opportunity (O)	Rationale for identifying the risk/ opportunity	In case of risk, approach to adapt or mitigate	Positive/ Negative Implications
			• By prioritizing data and privacy protection, Max Healthcare can implement robust cybersecurity measures, stringent data handling protocols, and compliance with data protection regulations to safeguard patient information. • Proactive data security measures will ensure confidentiality, integrity, and availability of data, minimizing the risk of data breaches and protecting the organization's reputation as a trusted healthcare provider.	• To improve real-time threat detection and response capabilities, have deployed EDR (Endpoint Detection and Response) and MDR (Managed Detection and Response). • Data Access Controls: Restricting access to patient information based on roles and responsibilities, ensuring data is only accessible to authorized personnel. • Data Encryption: Encrypting patient data both in transit and at rest to prevent unauthorized viewing or data breaches. • The Company has policies and procedures on the capabilities of identification of critical assets. • Cyber security and risks are part of Risk Management Policy and reviewed by the Risk Management Committee. • Pursuit of ISO 27001 certification, a recognized standard for information security management systems, aimed at strengthening data privacy and security efforts. • Phishing simulation exercises and User Awareness Training sessions to foster a security-conscious culture among staff. • Empowering staff to recognize and respond effectively to phishing attempts, contributing to overall threat mitigation.	**Positive:** • Patient Trust: Effective data and privacy protection builds patient trust and confidence in the organization's commitment to safeguarding their sensitive information. • Compliance Adherence: Stringent data protection measures ensure compliance with data privacy regulations, reducing the risk of legal penalties. • Competitive Advantage: Prioritizing data privacy can provide a competitive edge, attracting privacy-conscious patients and business partners.

Section B: Management and Process Disclosures

The National Guidelines for Responsible Business Conduct (NGRBC) as prescribed by the Ministry of Corporate Affairs advocates nine principles referred as P1-P9 as given below:

P1	Businesses should conduct and govern themselves with integrity in a manner that is ethical, transparent, and accountable
P2	Businesses should provide goods and services in a manner that is sustainable and safe
P3	Businesses should respect and promote the well-being of all employees, including those in their value chains
P4	Businesses should respect the interests of and be responsive towards all its stakeholders
P5	Businesses should respect and promote human rights
P6	Businesses should respect, protect and make efforts to restore the environment
P7	Businesses when engaging in influencing public and regulatory policy, should do so in a manner that is responsible and transparent
P8	Businesses should promote inclusive growth and equitable development
P9	Businesses should engage with and provide value to their consumers in a responsible manner

		P1	P2	P3	P4	P5	P6	P7	P8	P9
Policy and management processes										
1.	a. Whether your entity's policy/ policies cover each principle and its core elements of the NGRBCs. (Yes/No)	Y	Y	Y	Y	Y	Y	Y	Y	Y
	b. Has the policy been approved by the Board? (Yes/No)	Yes, all policies which are necessarily required to be framed under any law or statute are approved by the Board and other internal policies are approved by the competent authority.								
	c. Web link of the policies, if available.	All statutory policies and relevant for external stakeholders are available on the Company's website at www.maxhealthcare.in/investors/corporate-governance and rest of the internal policies are available on the intranet of the Company which is accessible to all employees.								
2.	Whether the entity has translated the policy into procedures. (Yes / No)	Y	Y	Y	Y	Y	Y	Y	Y	Y
3.	Do the enlisted policies extend to your value chain partners? (Yes/ No)	Y	Y	Y	Y	Y	Y	Y	Y	Y
4.	Name the national and international codes/ certifications/ labels/ standards.		ISO 9001:2015#, NABH*, AACI**, JCI***, NABL(ISO 15189:2012)****				ISO-14001:2015##, IGBC*****, GRIHA******			DMCA*******

		P1	P2	P3	P4	P5	P6	P7	P8	P9
5.	Specific commitments, goals, targets set by the entity with defined timelines.	With a strong commitment to sustainability, Max Healthcare has introduced its new environmental, social, and governance (ESG) goals, aiming for tangible progress in various areas: The Company is committed to applying high environmental standards to its operations with a particular focus on energy, waste and water management. We have taken following targets for 2025 (2016 as baseline). o Implementation of ISO 14001:2015 Standards. o Reducing the environmental footprint by targeting a 60% reduction in Scope 1 & 2 emissions. o Increasing reliance on renewable energy sources, with a goal of reaching 60% utilization. o Sustainable water management practices are a priority for the Company, aiming to reduce freshwater consumption by 45%. o Max Healthcare aims to reduce overall waste generation by 5% to contribute to a greener environment. o Emphasizing a sustainable supply chain, Max Healthcare endeavours to reduce emissions throughout its value/supply chain by 10% by 2025. o To enhance monitoring, Max Healthcare plans for tracking Scope 3 emissions in FY-2024. • While adhering to regulatory requirements, the Company endeavours to increase efficiency of research and development processes which is good for the patient and also for the planet. • Patient Safety Excellence: Max Healthcare strives to attain patient safety satisfaction ensuring top-notch care and service quality for its patients. • Community Outreach: Max Healthcare seeks to positively impact underprivileged individuals by through various community outreach and health education programs. • Pursuit of ISO 27001 certification, a recognized standard for information security management systems, aimed at strengthening data privacy and security efforts.								
6.	Performance of the entity against specific commitments, goals, and targets. Along with reasons in case the same are not met.	Max Healthcare has made significant strides in achieving its specific commitments, goals, and targets. As of the latest assessment, the Company has successfully met several key objectives, reflecting its dedication to sustainability and continuous improvement - • ISO 14001:2015 successfully implemented in 6 hospital namely-Saket-West, BLK-Max, Shalimar Bagh, Vaishali, Mohali and Dehradun. Three more hospitals namely- Nanavati-Max, Bathinda and Gurugram are targeted for FY 24. • In FY 2022-23 , We have successfully utilized renewable energy, accounting for 22% of the total energy mix. • The Company demonstrated its commitment to environmental stewardship by developing and implementing an environmental policy across all hospitals and healthcare centers. • Through robust waste management initiatives, we have diverted more than 60% of total waste for recycling through third-party service providers. • The installation of greener infrastructure with 1.68 million square feet or 50% of our buildings being LEED gold-rated green buildings showcases the Company's commitment to sustainable energy practices. • All our new projects and expansions are being designed as per IGBC/GRIHA Gold Standards.								

* National Accreditation Board for Hospitals & Healthcare Providers(Saket-West, BLK-Max, Shalimar Bagh, Vaishali, Nanavati-Max, Mohali, Bathinda, Dehradun, Gurugram and Panchsheel Park),
** American Association for Cancer Institutes (Nanavati Max),
*** Joint Commission International, (BLK Max, Saket West)
**** National Accreditation Board for Testing and Calibration Laboratories,
***** Indian Green Building Council (for Mohali, Bhatinda, Dehradun, Shalimar Bagh, and Vaishali),
****** Green Rating for Integrated Habitat Assessment,
******* Digital Millennium Copyright Act,
#ISO 9001:2015 Nanavati Max,
##ISO 14001:2015 --Saket-West, BLK-Max, Shalimar Bagh, Vaishali, Mohali and Dehradun

		P1	P2	P3	P4	P5	P6	P7	P8	P9

Max Healthcare Institute Limited (MHIL) has the following policies covering the nine principles:

- Code of Conduct for Employees
- Anti-bribery and anti-corruption policy
- Code of conduct for Directors and Senior Management
- Whistle Blower Policy
- Hospital ethical framework and management
- Code of conduct to regulate, monitor, and report trading by designated persons.
- Policy on Familiarization Programme for Independent Directors
- Supplier's Code of Conduct
- Staff Health and Safety Program
- ID Management Process
- Equal Employment Opportunity Policy
- Training on safety and quality related aspects
- Patients and family rights and responsibilities
- Patient and family education
- Human Rights Policy
- Nomination, remuneration, and board diversity policy
- Prevention of sexual harassment policy
- Environmental Policy
- Corporate social responsibility
- Incident Management Policy
- End user computing Policy
- Internet Access Policy
- Data Security Policy
- Data Backup Management Process
- Change Management Process
- Risk Assessment Policy
- Policy for Prevention of Documents Archival
- Role of Governance in hospital Quality
- Patient Safety Programme
- Patient feedback and complaint management

GOVERNANCE, LEADERSHIP AND OVERSIGHT

7. **Statement by director responsible for the business responsibility report, highlighting ESG related challenges, targets and achievements (listed entity has flexibility regarding the placement of this disclosure)**

We proud to be part of an organization that has consistently been at the forefront of innovation and excellence in the healthcare industry. We understand the critical role we play in protecting the environment and serving the communities we operate in. With this in mind, we have integrated Environmental, Social, and Governance (ESG) principles into our core business framework, placing a strong emphasis on ESG considerations to reduce our ecological footprint and promote environmental well-being.

Our comprehensive sustainability roadmap focuses on energy management, GHG emissions, water management and waste management. We are actively working towards reducing energy consumption, transitioning to renewable energy and increasing green cover around our hospitals. Our commitment to patient safety is reflected in our stringent infection control practices and open communication channels for collaborative care.

In our dedication to combat climate change, we are focused on reducing our Energy Performance Index and per capita energy consumption through operational efficiencies and technology upgrades. We have also transitioned from diesel to gas-based equipment. Incorporating renewable energy is a key target for us, with rooftop solar installations like the 400 kWP capacity program at Max Vaishali, which will significantly reduce approximately 395 tCO_2 in carbon emissions annually. Furthermore, we are actively enhancing green cover in and around our hospital sites, contributing to carbon sequestration and fostering a healthier environment.

At Max Healthcare, we value all our stakeholders, both internal and external. Our commitment to safety underscores our dedication to providing high-quality care and maintaining the trust of our patients and stakeholders. Improving communication channels and practices is vital for safe healthcare delivery, and we emphasize clear and accurate information exchange among healthcare providers, patients, and their families.

We are committed to reducing the risk of healthcare-associated infections within our facilities through strict infection control practices and ongoing surveillance. Our robust systems, policies, and standards ensure good corporate governance, prioritizing ethical business conduct and transparent disclosures.

Our governance efforts align with key Sustainable Development Goals (SDGs), including SDG 9 (Industry, Innovation, and Infrastructure), SDG 10 (Reduced Inequalities), and SDG 16 (Peace, Justice, and Strong Institutions). We are committed to positively impacting these areas. We at Max Healthcare enforce a strong governance framework which is backed by several necessary policies for guiding stakeholders towards engaging operations with ethics and efficiency. Furthermore, we also comply with the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015, and the Companies Act, 2013, regarding board composition.

These initiatives reflect our commitment to sustainability, responsible management, and making a positive impact on society and the environment. As we move forward, we will continue to focus on innovation and excellence in healthcare while keeping sustainability at the heart of our operations.

8	Details of the highest authority responsible for implementation and oversight of the Business Responsibility policy.	Mr. Abhay Soi, Chairman and Managing Director

		P1 P2 P3 P4 P5 P6 P7 P8 P9
9	Does the entity have a specified committee of the board/ director responsible for decision making on sustainability related issues? (Yes/ No). If yes, provide details.	Yes, Max Healthcare has established a dedicated Business Responsibility and Sustainability Committee (BRSC) to oversee and drive our business responsibility initiatives. These initiatives encompass a wide range of areas, including ethics, transparency, accountability, and the sustainable use of resources. BRSC is committed to upholding the highest standards of business conduct, promoting transparency, and ensuring the responsible use of resources to create a positive impact on society and towards the environment. Furthermore, it delegates and oversees the action taken at the Company level on the initiatives suggested by the committee. The committee comprises the following members who play a crucial role in shaping and implementing our business responsibility strategies: 1. **Mr. Abhay Soi**, Chairman and Managing Director 2. **Mr. Michael Thomas Neeb**, Independent Director

10. Details of Review of NGRBCs by the Company:

Subject for Review	Indicate whether review was undertaken by Director / Committee of the Board/ Any other Committee									Frequency: Annually (A) / Half yearly (H) / Quarterly (Q) / Any other – please specify								
	P1	P2	P3	P4	P5	P6	P7	P8	P9	P1	P2	P3	P4	P5	P6	P7	P8	P9
Performance against above policies and follow up action	Y	Y	Y	Y	Y	Y	Y	Y	Y	The Internal Audit Team conducts regular and periodic reviews of policies based on the specified frequency in the relevant policies. Additionally, revisions are made as needed or on a need-to-know basis to ensure the policies remain up-to-date and effective.								
	The review was conducted by the Board and its committees, including the BRSC. Before the establishment of BRSC, the Nomination and Remuneration Committee (NRC) and the Audit and Risk Management Committee (A&RMC) were responsible for overseeing and evaluating various aspects of policies																	
Compliance with statutory requirements of relevance to the principles, and rectification of any non-compliances	Y	Y	Y	Y	Y	Y	Y	Y	Y									
	The review was conducted by the Board and its committees, including the BRSC. Before the establishment of BRSC, the NRC and the A&RMC were responsible for overseeing and evaluating various aspects of policies																	

		P1 P2 P3 P4 P5 P6 P7 P8 P9
11	Has the entity carried out independent assessment/ evaluation of the working of its policies by an external agency? (Yes/No). If yes, provide name of the agency.	Yes, the Company undergoes statutory audit by external agencies. All ESG policies of Max have been reviewed by Grant Thornton Bharat LLP.

12. If answer to question (1) above is "No" i.e., not all principles are covered by a policy, reason to be stated:

Questions	P1	P2	P3	P4	P5	P6	P7	P8	P9
The entity does not consider the principles material to its business (Yes/No)	Not Applicable								
The entity is not at a stage where it is in a position to formulate and implement the policies on specified principles (Yes/No)									
The entity does not have the financial or/human and technical resources available for the task (Yes/No)									
It is planned to be done in the next financial year (Yes/No)									
Any other reason (please specify)									

Section C: Principle-Wise Performance Disclosure

Principle 1

Businesses should conduct and govern themselves with integrity and in a manner that is ethical, transparent and accountable

The principle's core objective is to ensure the adoption, execution, and transparent communication of the company's performance in an equitable manner. It underscores the application of ethical business conduct throughout the entirety of the company's value chain. This principle is operationalized through the company's governance framework, delineating its obligations encompassing economic, social, and environmental aspects.

Our approach

At Max Healthcare, we prioritize conducting business with utmost integrity, accountability, and transparency. Our guiding principle is the adherence to Anti-bribery and anti-corruption policy, which promote ethical conduct in all aspects of our operations. We strictly comply with the values and expectations set forth within these policies. Furthermore, we have implemented additional measures, including a Code of Conduct for directors and senior management, a Code of Conduct to regulate, monitor, and report trading by designated persons, and a Code of Practices and Procedures for fair disclosure of unpublished price-sensitive information. These policies and codes reflect our commitment to ethical business practices and ensure that all stakeholders are aligned with our values and principles.

Key Highlights

100%
of KMPs covered by awareness programs

Zero
instances against Directors/KMPs/employees on charges of bribery/ corruption

Towards Sustainable Growth: An Integrated Strategy

Interlinkage

SUSTAINABLE DEVELOPMENT GOALS

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

Max Healthcare's Material Topics

- Corporate Governance Structures
- Business Ethics and Compliance
- Risk and Crisis Management

Essential Indicators

1. **Percentage coverage by training and awareness programs on any of the principles during the financial year:**

Segment	Total number of training and awareness programs held	Topics / principles covered under the training and its impact	% of persons in respective category covered by the awareness programs
Board of Directors (BoDs)	6	During the FY 2022-23, multiple updates to Board of Directors were provided during the Board and Committee Meetings. Directors were informed about a wide range of business activities as, inter-alia, includes Operational and financial performance, Risk management framework, Business Operating Plan, Market review, Earnings outlook, Operational efficiencies, international business plan, Service offerings, Updates on sales performance, Environment, Social & Governance (ESG), Digitization marketing plan, Cyber security, CSR initiatives, accounting policies, Succession planning framework, etc. Frequent updates on developments in the Company, key SEBI Regulations, Companies Act 2013 and other regulatory changes, risk, compliances, and legal cases.	100%
Key Managerial Personnel (KMP)	6		100%
Employees other than BoDs/ KMP	875	The Company fosters a culture of continuous learning and development among its workers, and employees through a diverse array of training courses. A forward-thinking approach is taken in several training programmes, where a blended learning strategy is embraced, combining e-learning modules with virtual classroom sessions. Training initiatives cover a wide range of topics, such as: • Anti Bribery and Anti-Corruption • Prevention of Sexual Harassment at Workplace, • Information and Cyber Security Awareness, • Code of Conduct, • Know Your Customer standards. • For new hires, induction programmes are thoughtfully designed to ensure a smooth integration into the Company's ethos.	60%
Workers	614	Impact: With an aim to keep everyone informed and up-to-date, relevant updates and information are regularly disseminated through the Company's intranet platforms, ensuring effective communication and accessibility. This proactive approach reflects the Company's commitment to empowering its workforce and maintaining a safe, compliant, and knowledgeable environment.	76%

2. **Details of fines / penalties /punishment/ award/ compounding fees/ settlement amount paid in proceedings (by the entity or by directors / KMPs) with regulators/ law enforcement agencies/ judicial institutions in FY22-23.**

NGRBC Principle

	NGRBC Principle	Name of regulatory/ enforcement agencies/ judicial institutions	Amount (in INR)	Brief of the Case	Has an appeal been preferred? (Yes/No)
Penalty/ Fine	-	-	-	-	-
Settlement	-	-	-	-	-
Compounding fee	-	-	-	-	-

Non-Monetary

	NGRBC Principle	Name of regulatory/ enforcement agencies/ judicial institutions	Brief of the Case	Has an appeal been preferred? (Yes/No)
Imprisonment	-	-	-	-
Punishment	-	-	-	-

3. **Of the instances disclosed in Question 2 above, details of the Appeal/Revision preferred in cases where monetary or non-monetary action has been appealed.**

Case Details	Name of regulatory/ enforcement agencies/ judicial institutions
-	-

4. **Does the entity have an anti-corruption or anti-bribery policy? If yes, provide details in brief and if available, provide a web-link to the policy.**

Yes, Max Healthcare possess an Anti-corruption and Anti-bribery policy along with Code of Conduct.

Name of Policy	Policy Description	Web-link/URL
Anti-Bribery and Anti-Corruption Policy	The Company has developed Anti-Bribery and anti-corruption Policy to maintain high standards of business conduct, direct and indirect involvement in acceptance or payment of bribes or use of Company funds or assets for any other illegal, improper, or unethical purpose is unacceptable and prohibited. The Policy covers all units and offices of Max Healthcare, its subsidiaries and other healthcare service providers under its network of hospitals. The policy is applicable to all officers, board members, key managerial personnel, directors, employees and third parties working with the Company.	www.maxhealthcare.in/investors/corporate-governance
Code of Conduct	The Company is conducting business and operations in accordance with medical, ethical, professional, and legal standards. All employees/retainers are required to conduct themselves to these standards. The Code defines the following norms of conduct: • Discipline • Integrity • Whole time &attention • Dealing with Companies Suppliers/Customers • Gifts from suppliers/customers • Confidentiality • Media Statement • Misconduct • Membership with Political Parties/Bodies • Consumption of intoxicating drinks/drugs • Institution Property • Discrimination & Harassment	www.maxhealthcare.in/investors/corporate-governance

5. Number of Directors/KMPs/employees against whom disciplinary action was taken by any law enforcement agency for the charges of bribery/ corruption.

Segment	FY 2022-23 (Current Financial Year)	FY 2021-22 (Previous Financial Year)
Directors	Nil	Nil
KMPs	Nil	Nil
Employees	Nil	Nil
Workers	Nil	Nil

6. Details of complaints about conflict of interest

	FY 2022-23 (Current Financial Year)		FY 2022-23 (Current Financial Year)	
	Number	Remarks	Number	Remarks
Complaints received with respect to conflicts of interest among Directors	0	None	0	None
Complaints received with respect to conflicts of interest among KMPs	0	None	0	None

7. Provide details of any corrective action taken or underway on issues related to fines/penalties/action taken by regulators/law enforcement agencies/judicial institutions, on cases of corruption and conflicts of interest.

Fine/Penalty/Action taken on Conflicts of Interest and Corruption	Corrective Action Taken
0	0

Leadership Indicators

1. Awareness programmes conducted for value chain partners on any of the principles during the financial year:

No. of Training/Awareness Programmes Conducted	Principles/Concepts covered under Training/Awareness Programmes	Percentage age of value chain partners covered by the Training/Awareness Programmes

At Max Healthcare, we strive to create a collaborative ecosystem with our value chain partners, aiming to align and synergize the interests of all stakeholders. To achieve this common objective, we explicitly outline the implications of responsible business conduct in our service agreements and encourage our partners to demonstrate conduct that aligns with these requirements. We prioritize upholding the highest standards of quality and safety in all aspects of their operations. We emphasize compliance with all the legal policies during the onboarding process and the distribution of annual tenders as applicable. All the vendors are properly educated and informed of the Company's supplier code of ethics and further all the vendors provide their confirmation in acknowledgement of the policy. These measures reflect our commitment to ethical business practices and reinforce our shared values across the value chain.

2. Does the entity have processes in place to avoid / manage conflicts of interest involving members of the Board? (Yes / No) If yes, provide details of the same. Yes/No

Yes

Process/Policy Name	Process/Policy Description	Web-link/URL
Code of Conduct for Directors and Senior Management	Max is committed to conducting its business in accordance with the applicable laws and the highest standards of business ethics and ethical conduct. This Code reflects the business practice and principles of behavior that support this commitment. It helps in maintaining and following the standards of business conduct of the Company. The purpose of the Code is to deter wrongdoing and promote ethical conduct in the Company.	www.maxhealthcare.in/investors/corporate-governance

Principle 2

Businesses should provide goods and services in a manner that is sustainable and safe

The principle underscores the priority of prioritizing safety and resource efficiency in the design and production of goods. These goods should be manufactured with a focus on minimizing and addressing their adverse impacts on the environment and society from their inception to disposal, all while contributing value. This principle urges organizations to grasp the entirety of significant sustainability issues across their products' life cycles and value chains.

Our approach

At Max Healthcare, we firmly believe that businesses have a responsibility to provide goods and services in a manner that is sustainable and safe. We are dedicated to ensuring that our healthcare services are not only of the highest quality but are also delivered in an environmentally responsible manner. We prioritize the efficient use of resources, reduction of waste, and adoption of sustainable practices to minimize our ecological footprint. Moreover, the safety and well-being of our patients are paramount, and we adhere to stringent standards and protocols to ensure their protection throughout their healthcare journey. By integrating sustainability and safety into our core operations, we aim to contribute positively to the well-being of our patients, employees, and the communities we serve, while also preserving the environment for future generations.

Key Highlights

A total of **972 MTs** of biomedical waste have been safely disposed

Towards Sustainable Growth: An Integrated Strategy

Interlinkage

Max Healthcare's Material Topics

- Research and Innovation
- Waste Management
- Economic Performance
- Business Ethics and Compliance
- Diversity and Inclusion
- Fire Risk and Emergency Preparedness
- Risk and Crisis Management
- Employee Well-being
- Energy and Emissions
- Employee Engagement and Human Capital Development
- Water Management
- Corporate Governance Structures
- Digitisation
- Access to Healthcare and Support to Economically Weaker Sections
- Privacy and Data Security
- Patient Safety and Service Quality
- Transparency in Service Offerings
- Occupational Health and Safety

Essential Indicators

1. **Percentage of R&D and capital expenditure (capex) investments in specific technologies to improve the environmental and social impacts of product and processes to total R&D and capex investments made by the entity, respectively.**

	FY 2022-23 (Current Financial Year)	FY 2021-22 (Previous Financial Year)	Details of improvements in environmental & social impacts
R&D	-	-	-
Capex	1.61%	0.25%	Max Healthcare's commitment to environmental and social responsibility is evident through strategic capital expenditure (capex) investments that prioritize sustainability. These investments showcasing our dedication to minimizing environmental impact while enhancing operational efficiency. Key areas of investment include: **Wastewater Treatment Plant:** We have invested in state-of-the-art Sewage Treatment Plants (STP), Effluent Treatment Plants (ETP), and Online Monitoring Systems (OLMS). These technologies efficiently treat wastewater, reducing the pollution footprint. **Energy Conservation Projects:** We have adopted a range of energy-saving initiatives such as EC Fans, DGU glass, Automation systems, LED lighting, Variable Frequency Drives (VFD), ATCS, Inverter Air Conditioners, and Online Dosing solutions. These projects minimize energy consumption and contribute to sustainability. **Comprehensive Waste Management:** We have made investments extend to waste management infrastructure, including advanced waste treatment facilities and Organic Waste Converters (OWC), ensuring responsible waste disposal practices. **Solar Solutions:** We are incorporating solar panels and solar water heaters to harness clean energy, reducing reliance on non- renewable power sources and contributing to a greener environment. **Rainwater Harvesting Pits:** Rainwater harvesting pits have been established to harness and store rainwater, replenishing groundwater resources and addressing water scarcity concerns. These focused investments reflect Max Healthcare's holistic approach to innovation and sustainability, showcasing a dedication to better environmental and social outcomes.

2. a. **Does the entity have procedures in place for sustainable sourcing? (Yes/No):**

Yes

b. **If yes, what percentage of inputs were sourced sustainably?**

As a healthcare industry leader, our primary focus is to procure products in strict adherence to regulatory and safety standards. Approximately 60% of our medical equipment, devices, and pharmaceutical goods are sourced from top 1,000 listed Companies and multinational Companies, all of whom uphold rigorous environmental and operational reporting standards. Additionally, we have undertaken sustainable procurement practices for nearly 50% of our projects and non-medical goods, further emphasizing our commitment to environmental responsibility. Further, we are actively transitioning to renewable energy sources like solar and wind power to enhance our contribution to environmental sustainability. With these initiatives, we are dedicated to ensure the safety and well-being of our patients while reducing our environmental impact.

3. **Describe the processes in place to safely reclaim your products for reusing, recycling and disposing at the end of life, for (a) Plastics (including packaging) (b) E-waste (c) Hazardous waste and (d) other waste.**

As part of Max Healthcare's commitment to safe handling of waste, we have implemented an effective waste management system to ensure proper waste processing, storage, and disposal while minimizing major health and environmental implications. We are committed to waste minimization. Our comprehensive waste management approach mandates the identification and segregation of waste into hazardous waste, e-waste, solid waste and bio-medical waste and disposal through authorized partners recommended by the Central and State Pollution Control Boards (CPCB and SPCB). We have waste management meetings regularly to track performance and ensure compliance. The Company recycles its organic waste by converting it into compost, on site through Organic Waste Converters (OWCs).

The Company has developed OCPs on Handling & Safe Disposal of Hazardous, hazardous materials, bio materials, bio-medical waste, handling and safe disposal of E-waste, solid waste management. OCP provides information on:

- Purpose of the OCP
- Responsible teams
- Procedure for waste handling
- Documents and records
- Corrective action in case of deviation
- Applicable PPEs.

4. **Whether Extended Producer Responsibility (EPR) is applicable to the entity's activities (Yes / No).**

As Max Healthcare is involved in providing healthcare services and does not fall into category of "Producer" in line with Plastic Waste Management Rules, 2016, (as amended Plastic Waste Management Rules 2022) the Extended Producer Responsibility is not applicable on the Company.

Leadership Indicators

1. **Has the entity conducted Life Cycle Perspective/Assessments (LCA) for any of its products (for manufacturing industry) or for its services (for service industry)? If yes, provide details in the following format?**

The entity does not undertake Life cycle evaluations for any products or services since it is involved in the healthcare

NIC Code	Name of Product/ Service	Percentage of total Turnover contributed	Boundary for which LCA was conducted	Web-link/URL containing Results of LCA
Not Applicable				

2. **If there are any significant social or environmental concerns and/or risks arising from production or disposal of your products / services, as identified in the Life Cycle Perspective / Assessments (LCA) or through any other means, briefly describe the same along-with action taken to mitigate the same.**

Name of Product/Service	Description of Risk/Concern	Mitigation Action(s) Taken
Not Applicable as Max Healthcare is into healthcare services.		

3. **Percentage of recycled/reused input material used in production or for provision of services.**

	Recycled/Reused material to total material (in %)	
	FY 2022-23 (Current Financial Year)	FY 2021-22 (Previous Financial Year)
Not Applicable as Max Healthcare is involved in healthcare services.		

4. **Of the products and packaging reclaimed at end of life of products, amount (in metric tonnes) reused, recycled, and safely disposed, as per the following format.**

	FY 2022-23 (Current Financial Year)			FY 2021-22 (Previous Financial Year)		
	Reused	Recycled	Safely Disposed	Reused	Recycled	Safely Disposed
Plastics (including packaging)	-	-	-	-	-	-
E-waste	-	-	14	-	-	11
Hazardous waste	-	-	11	-	-	11
Other waste (include Bio-Medical Waste)	-	-	972	-	-	1002

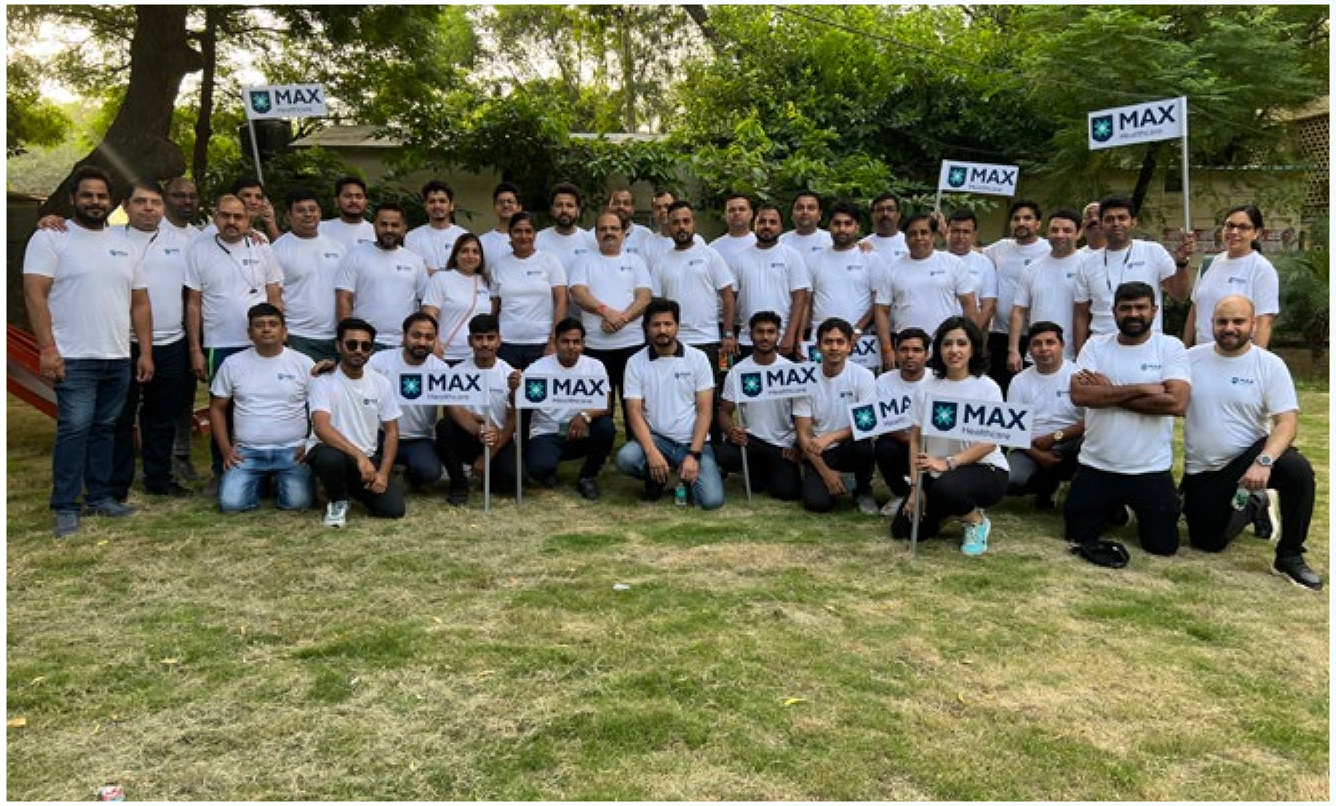
5. **Reclaimed products and packaging materials (as percentage of total products sold) for each product category -**

Name & Category of Product/Product Packaging material	Percentage of reclaimed Product/Packaging material
Not Applicable as Max is involved in healthcare services, no product packaging is involved.	

Principle 3

Businesses should respect and promote the well-being of all employees, including those in their value chains

The principle encompasses every practice and policy aimed at fostering fairness, respect, and the overall welfare of all individuals engaged in a company's value chain or within its own organizational structure. This commitment is made without any form of discrimination and with a deep respect for diversity. Additionally, the principle stresses the imperative of ensuring decent work for all these individuals. Notably, the principle acknowledges the well-being of workers as well as the well-being of their families.



Our approach

At Max Healthcare, we strongly believe in upholding the well-being and dignity of all our employees, both within our organization and throughout our value chains. We are committed to providing a safe, inclusive, and supportive work environment that fosters growth, development, and a sense of belonging for all our team members. Our human resources policies and practices are designed to promote employee welfare, ensuring fair compensation, opportunities for skill enhancement, and work-life balance. We extend the same principles to our value chain partners, encouraging them to adopt ethical labor practices and prioritize the health and well-being of their employees. By nurturing a culture of care and respect, we aim to empower our workforce and value chain, fostering a positive impact on society and promoting the overall well-being of our employees and stakeholders.

Key Highlights

10,000+
Permanent employees

100%
workers and employees covered under training

100%
workers and employees covered for Health insurance, Accident insurance, Maternity benefits and retirement benefits including provident fund and gratuity

Towards Sustainable Growth: An Integrated Strategy

Interlinkage

Max Healthcare's Material Topics

- Occupational Health and Safety
- Diversity and Inclusion
- Employee Well-being
- Economic Performance
- Risk and Crisis Management
- Transparency in Service Offerings
- Employee Engagement and Human Capital Development
- Patient Safety and Service Quality
- Business Ethics and Compliance
- Corporate Governance Structures
- Access to Healthcare and Support to Economically Weaker Sections search and Innovation

Essential Indicators

1. a. Details of measures for the well-being of employees.

Category	Total (A)	% Of employees covered by									
		Health insurance		Accident insurance		Maternity benefits		Paternity benefits		Day care facilities	
		No. (B)	% (B/A)	No. (C)	% (C/A)	No. (D)	% (D/A)	No. (E)	% (E/A)	No. (F)	% (F/A)
Permanent Employees											
Male	5,556	5,556	100%	5,556	100%	-	-	5,556	100%	-	-
Female	4,868	4,868	100%	4,868	100%	4,868	100%	-	-	4,868	100%
Total	**10,424**	**10,424**	**100%**	**10,424**	**100%**	**4,868**	**100%**	**5,556**	**100%**	**4,868**	**100%**
Other Than Permanent Employees											
Male	-	-	-	-	-	-	-	-	-	-	-
Female	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-

b. Details of measures for the well-being of workers:

Category	Total (A)	% Of workers covered by									
		Health insurance		Accident insurance		Maternity benefits		Paternity benefits		Day care facilities	
		No. (B)	% (B/A)	No. (C)	% (C/A)	No. (D)	% (D/A)	No. (E)	% (E/A)	No. (F)	% (F/A)
Permanent Workers											
Male	-	-	-	-	-	-	-	-	-	-	-
Female	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-	-	-
Other than Permanent Workers											
Male	3,238	3,238	100%	3,238	100%	-	-	-	-	-	-
Female	1,455	1,455	100%	1,455	100%	1,455	100%	-	-	1,455	100%
Total	**4,693**	**4,693**	**100%**	**4,693**	**100%**	**1,455**	**100%**	-	-	**1,455**	**100%**

2. Details of retirement benefits, for Current FY and Previous Financial Year.

Benefits	FY 2022-23 (Current Financial Year)			FY 2021-22 (Previous Financial Year)		
	No. of employees covered (as a % of total employees)	No. of workers covered (as a % of total workers)	Deducted & deposited with the authority (Yes/No/N.A.)	No. of employees covered (as a % of total employees)	No. of workers covered (as a % of total workers)	Deducted & deposited with the authority (Yes/No/N.A.)
PF	97.9%	100.0%	Y	98.7%	100.0%	Y
Gratuity	100.0%	100.0%	NA	100.0%	100.0%	NA
ESI	13.8%	92.0%	Y	18.6%	100.0%	Y
Others- Please specify	-	-	-	-	-	-

3. Accessibility of workplaces are the premises/offices accessible to differently abled employees as per the requirements of the Rights of Persons with Disabilities Act, 2016? If not, whether any steps are being taken by the entity in this regard.

Max Healthcare is firmly committed to creating an inclusive and accessible workplace that caters to the needs of all employees, workers, and visitors, including those with disabilities. We firmly believe in equal opportunities for everyone, regardless of their race, caste, gender, religion, color, nationality, or any form of disability. To ensure ease of movement and utilization of our facilities, all our locations are equipped with wheelchair-accessible facilities, ramps, and restrooms. This ensures that individuals with disabilities can navigate the spaces comfortably and have seamless access to our services. We have taken the necessary measures in compliance with the Rights of Persons with Disabilities Act, 2016, to ensure that no barriers hinder the employment and integration of individuals with disabilities within our organization.

At Max Healthcare, we are dedicated to fostering a workplace where diversity is celebrated, and everyone is empowered to thrive without any limitations. Our commitment to inclusivity extends not only to our employees but also to our patients and visitors, creating an environment that is welcoming and supportive for all.

4. Does the entity have an equal opportunity policy as per the Rights of Persons with Disabilities Act, 2016? If so, provide a web-link to the policy.

Max Healthcare is committed promoting an inclusive and diverse work environment where all employees have equal opportunities for growth, development, and success. Our Equal Employment Opportunity Policy is designed to ensure that hiring and growth within the Company are based on merit, without discrimination based on race, color, religion, creed, sexual orientation, gender identity, national origin, age, disability, marital or domestic partner status, citizenship, or any other protected characteristic under national, state, or local law.

This policy applies to all aspects of employment at Max Healthcare, including but not limited to hiring, promotion, transfer, recruitment, termination, compensation, and training. We believe in providing a level playing field for all employees, fostering an environment of fairness and respect. Individuals with disabilities who apply for positions or current employees who identify themselves as covered under the Rights of Persons with Disabilities Act, 2016, and its rules are encouraged to contact our Human Resources Team. Any information shared will be kept confidential and used in accordance with applicable laws.

We are committed to protecting our employees and applicants from coercion, intimidation, interference, discrimination, or retaliation for filing a complaint or assisting in an investigation under the Act. Our Equal Employment Opportunity Policy is accessible to all employees through our www.maxhealthcare.in/investors/corporate-governance , reaffirming our dedication to transparency and accountability in our workplace practices.

5. Return to work and Retention rates of permanent employees and workers that took parental leave.

Gender	Permanent employees		Permanent Workers	
	Return to work rate	Retention rate	Return to work rate	Retention rate
Male	97%	73%	-	-
Female	88%	47%	-	-
Total	93%	60%	-	-

6. Is there a mechanism available to receive and redress grievances for the following categories of employees? If yes, give details of the mechanism in brief.

	Yes/No
Permanent Workers Other than Permanent Workers Permanent Employees Other than Permanent Employees	Yes, the Company possess a strong grievance redressal mechanism in the form of grievance redressal policy and whistle-blower policy. A whistle blower can raise her/his concerns with the designated official as defined under the Whistle Blower Policy.

7. Membership of employees and workers in association(s) or Unions recognized by the listed entity.

Category	FY 2022-23 (Current Financial Year)			FY 2021-22 (Previous Financial Year)		
	Total employees/ workers(A)	No. of employees/ workers who are part of Association(s) or Union (B)	% employees/ workers (B/ A)	Total employees/ workers (C)	No. ofemployees/ workers who are part of Association(s) or Union (D)	% employees/ workers (D/C)
Permanent Employees						
Male	5,556	430	8%	5,297	446	8%
Female	4,868	338	7%	4,936	362	7%
Total	**10,424**	**768**	**7%**	**10,233**	**808**	**8%**
Permanent Workers						
Male	-	-	-	-	-	-
Female	-	-	-	-	-	-
Total	-	-	-	-	-	-

8. Details of training given to employees and workers:

Category	FY 2022-23 (Current Financial Year)					FY 2021-22 (Previous Financial Year)				
	Total (A	On health & safety/wellness measures		On skill upgradation		Total (A)	On health and safety measures/ wellness		On skill upgradation	
		No. (B)	% (B/A)	No. (C)*	% (C/A)		No. (B)	% (B/A)	No. (C)*	% (C/A)
Employees										
Male	5,556	1,814	33%	6,100	110%	5,297	1,445	27%	5,721	108%
Female	4,868	1,589	33%	5,344	110%	4,936	1,346	27%	5,332	108%
Total	**10,424**	**3,403**	**33%**	**11,444**	**110%**	**10,233**	**2,791**	**27%**	**11,053**	**108%**
Workers										
Male	3,238	2,743	85%	3,562	110%	3,024	2,376	79%	3,265	108%
Female	1,455	1,233	85%	1,600	110%	1,358	1,067	79%	1,467	108%
Total	**4,693**	**3,976**	**85%**	**5,162**	**110%**	**4,382**	**3,443**	**79%**	**4,733**	**108%**

* The headcount of skill upgradation also includes attrites during the year.

9. Details of performance and career development reviews of employees and worker:

Category	FY 2022-23 (Current Financial Year)			FY 2021-22 (Previous Financial Year)		
	Total (A)	Covered No. (B)	% (B/A)	Total (C)	No. (D)	% (D/C)
Employees						
Male	5,556	5,556	100%	5,297	5,297	100%
Female	4,868	4,868	100%	4,936	4,936	100%
Total	**10,424**	**10,424**	**100%**	**10,233**	**10,233**	**100%**
Workers						
Male	-	-	-	-	-	-
Female	-	-	-	-	-	-
Total	-	-	-	-	-	-

10. Health and safety management system:

a. Whether an occupational health and safety management system has been implemented by the entity? (Yes/ No). If yes, please provide details of coverage for the system?

- The Company has a well-defined EHS Committee that serves as the primary custodian of responsibilities for preventing workplace injuries and accidents across all its hospitals. The policy aims to uphold the highest standards of safety and quality throughout the organization's operations. The internal committee conducts periodic safety inspections, and the Company also conducts third-party safety audits on a regular basis.
- Max Healthcare has established a dedicated task force responsible for managing all EHS-related issues. The task force plays a critical role in fostering a robust and positive safety culture, essential for maintaining, supporting, and advancing healthcare excellence.
- The team comprises of members from different departments and functions. The team is headed by the Senior Vice President – Infrastructure supported by heads of Engineering, Biomedical Engineering, Fire safety, Environment, Housekeeping, and Security.
- The Company's reviews EHS related issues and the performances assigned for every month during the Management Business Review (MBR).

b. What are the processes used to identify work-related hazards and assess risks on a routine and non-routine basis by the entity?

To ensure the safety of employees and to prevent any work-related hazards, the Company employs various methods to identify potential risks and assesses them in a timely manner which includes conducting Hazards Identification and Risk Assessment (HIRA). Based on the results of these assessments, the Company takes appropriate risk mitigation measures to ensure a safe work environment by implementing control measures by developing:

- Operational Control Procedures (OCPs),
- Emergency Manual (EM),
- Monitoring & Measurement Plan (MMP),
- Personal Protective Equipment Plan (PPEP),
- Training Plan (TP),
- Material Safety Data Sheet (MSDS).

c. Whether you have processes for workers to report the work-related hazards and to remove themselves from such risks. (Y/N)

Yes, various Department Heads communicates regularly with their staff about health and safety aspects. Workmen regularly contribute to this forum by offering ideas and feedback for development.

d. Do the employees/ worker of the entity have access to non-occupational medical and healthcare services? (Yes/ No)

Yes, the employees are provided with health insurance and access to medical care. For workers covered under ESIC, all appropriate medical benefits as required under ESIC are provided.

11. Details of safety related incidents

Safety Incident/Number		FY 2022-23 (Current Financial Year)	FY 2021-22 (Previous Financial Year)
Lost Time Injury Frequency Rate (LTIFR) (per one million-person hours worked)	Employees	0.38	0.7
	Workers	1.5	0.44
Total recordable work-related injuries	Employees	0	1
	Workers	7	2
No. of fatalities (safety incident)	Employees	0	0
	Workers	0	0
High consequence work-related injury or ill-health (excluding fatalities)	NA	0	0
	Workers	0	0

12. Describe the measures taken by the entity to ensure a safe and healthy workplace.

- Max Healthcare strives for the continuous health and wellbeing of its employees as an integral part of its operations. It also observes safety rounds and organize internal stakeholder meetings in each hospital on timely basis.
- The Company has developed Staff Health and Safety Program with an objective to implement staff vaccination and immunization program and to outline workplace violence management framework i.e., to reduce the risk of workplace violence and provide treatment to victims of workplace violence.
- Under this program, following actions are taken/ discussed with staff of all hospitals:
  - Initial Employment Health Screening (Pre – Employment Health Checkup)
  - Annual Health Checkup Program
  - Immunization Policy
  - Medical Discounts
  - Group Medical Insurance Policy
  - Post Exposure Prophylaxis
  - Addressing Occupational health hazards
  - Policy on Managing Workplace Violence
  - Staff Clinic
  - Pregnant Women working in OT areas (risk of radiation exposure)
  - Vulnerable health care workers
  - Safe Patient Handing Policy
- Other health and safety measures adopted by Max Healthcare for wellbeing of employees include:
  - General guidelines pertaining to personal protection, safety equipment, emergency procedures, fires, chemical hygiene, electrical safety, waste disposal, laboratory equipment's have been formulated.
  - Safety gears are provided to staff - e.g., Eye Wash, Gloves, Lab Coat, Goggles.
  - Fire Sprinklers and Fire extinguishers are installed at all facilities.
  - Fire drills and emergency mock drills are conducted on periodic basis by designated Safety Officers at all hospitals of Max.
  - The Company conducts external trainings from third-party and local authorities as well as an internal assessment of fire safety system.
  - Hazardous waste and Bio-medical waste segregation and disposal as per the BMW management rules and CPCB (Central Pollution control board) guidelines.
  - Disinfection protocols are implemented and followed.
  - Regular health check-ups are conducted and Immunization for all those in technical / sample handling roles.
  - The Company conducts third party comprehensive safety audit for all network Hospitals, with a successful closure rate of more than 98% observations.
  - The Company has replaced conventional type emergency exit plan with photo luminescent type at all units and have installed clean agent-based fire suppression system in newly renovated medical equipment rooms.

13. Number of complaints on the following made by employees.

	FY 2022-23 (Current Financial Year)			FY 2021-22 (Previous Financial Year)		
	Filed during the year	Pending resolution at the end of year	Remarks	Filed during the year	Pending resolution at the end of year	Remarks
Working Conditions	0	0	No such complaints received	0	0	No such complaints received
Health & Safety	0	0		0	0	

14. Assessments for the year:

	% Of Plants and offices that were assessed (By entity or statutory authorities or 3rd parties)
Health and safety practices	100%
Working Conditions	

15. Provide details of any corrective action taken or underway to address safety-related incidents (if any) and on significant risks/concerns arising from assessments of health and safety practices and working conditions.

Safety Incident / Risk / Concern	Corrective Action(s) Taken/Underway
Nil	Nil

Leadership Indicators

1. Does the entity extend any life insurance or any compensatory package in the event of death of (A) employee (Y/N) (B) worker (Y/N)

Employees	Yes, we have adopted an all-encompassing approach to employee benefits. Our employee initiatives cater to all aspects of our employees' financial and social security needs. For instance, our Group Life/Personal accident Insurance Policy provides financial support in the form of assured amount to the employee's family in the unforeseen event of death. 100% of our employees are covered within the purview of this policy. The well-being and health of our workers are prioritized by providing them coverage under ESIC.
Workers	

2. Provide the measures undertaken by the Company to ensure that statutory dues have been deducted and deposited by the value chain partners.

- As per the terms of the contracts, the Invoice of Contractors are processed based on submission of documentary evidence related to payment of ESI contribution, Health Insurance policy, PF contributions or other such statutory payments / deposits.
- Also, the Company conducts regular audits are conducted to ensure that all statutory dues have been deposited.
- The Company obligates through contractual third parties to ensure that all such dues are timely deposited.
- The compliance team ensures that all statutory dues have been reimbursed.

3. Provide the number of employees/workers having suffered high consequence work-related injury / ill-health / fatalities (as reported in Q11 of Essential indicators above), who have been rehabilitated and placed in suitable employment or whose family members have been placed in suitable employment.

	Total No. of affected Employees/Workers		No. of employees/workers who have been rehabilitated/ placed in suitable employment/whose family members have been placed in suitable employment	
	FY 2022-23 (Current Financial Year)	FY 2021-22 (Previous Financial Year)	FY 2022-23 (Current Financial Year)	FY 2021-22 (Previous Financial Year)
Employees	-	-	-	-
Workers	-	-	-	-

4. Does the entity provide transition assistance programs to facilitate continued employability and management of career endings resulting from retirement/termination of employment (Yes/No).

At Max healthcare, we offer ample upskilling and reskilling opportunities to all our employees through online and offline trainings sessions. Trainings are centred around building new competencies, knowledge, and skills to help our employees upgrade their skills, grow and stay ahead of the curve. These initiatives help our employees to imbibe future-ready skills, thus equipping them to stay relevant and continue employability post-retirement or termination.

5. Details on assessment of value chain partners

Criteria	% of value chain partners (by value of business done with such partners) that were assessed
Health and safety practices	We actively promotes the upholding of the highest safety standards in the operations of our value chain partners, as outlined in our Suppliers' Code of Conduct and Vendor's Agreement. During the reporting period, we do not currently have any established practices related to Health & Safety for our value chain partners, hence we have not conducted any assessment specifically focused on such practices'
Working Conditions	

6. Provide details of any corrective action taken/underway to address significant risks/concerns arising from assessments of health and safety practices and working conditions of value chain partners.

No corrective action plan has been necessitated on the above-mentioned parameters. In case any such risks/ concerns are observed, the Company may provide a reasonable timeframe for compliance. On a case to-case basis, the Company may evaluate the respective risks/ concerns and may call for a corrective action plan from the value chain partners.

Principle 4

Businesses should respect the interests and be responsive to all its stakeholders

This principle recognizes that businesses function within an interconnected ecosystem that encompasses stakeholders like shareholders and investors. It further acknowledges that their operations have consequences for natural resources, habitats, communities, and the environment. The core emphasis of this principle lies in the acknowledgment that businesses bear a duty to optimize the favorable outcomes while simultaneously curtailing and addressing the adverse consequences of their products, operations, and methodologies for their stakeholders.

Our approach

At Max Healthcare, we firmly believe in upholding the interests of all our stakeholders and being responsive to their needs. We recognize that our success is intricately linked to the well-being and satisfaction of our patients, employees, suppliers, investors, and the communities we serve. With a commitment to transparency and open communication, we actively engage with our stakeholders to understand their expectations and concerns. By valuing their feedback, we continually strive to improve our services and operations to better cater to their requirements. Our responsibility to our stakeholders extends beyond just delivering quality healthcare; it involves fostering trust, building strong relationships, and ensuring that their voices are heard and respected. We are dedicated to cultivating a mutually beneficial and sustainable ecosystem where the interests of all stakeholders are valued, aligned, and prioritized for the collective growth and prosperity of our organization and the communities we serve.

Key Highlights

6
key external stakeholders recognized

138
beds allocated to cater EWS patients

Towards Sustainable Growth: An Integrated Strategy

Interlinkage

SUSTAINABLE DEVELOPMENT GOALS

1, 5, 11, 16

Max Healthcare's Material Topics

- Risk and Crisis Management
- Patient Safety and Service Quality
- Corporate Governance Structures
- Business Ethics and Compliance
- Diversity and Inclusion
- Transparency in Service Offerings

Essential Indicators

1. **Describe the processes for identifying key stakeholder groups of the entity.**

At Max Healthcare, we recognize that every entity, person, or organization involved in the daily operations of a medical facility is a stakeholder. Our commitment to stakeholder engagement extends to a wide range of individuals and groups, including patients, clinicians, nurses, paramedics, hospital administrators, clinical assistants, outsourced vendors, suppliers, payers, shareholders, financial institutions, government agencies, regulatory bodies, non-governmental organizations, and employees.

As a healthcare provider, our primary focus is on delivering exceptional medical services to our patients, and all stakeholders associated with our hospitals play a crucial role in fulfilling this commitment. We value the expertise and dedication of our clinicians, nurses, and paramedics, who work tirelessly to provide the best possible care to our patients. The hospital administrators and clinical assistants contribute significantly to the smooth functioning of our facilities, ensuring seamless operations and a positive experience for all.

Our commitment to stakeholders also extends to our outsourced vendors and suppliers, who play a vital role in providing essential goods and services to support our operations. We maintain transparent and collaborative relationships with these partners to ensure quality and efficiency in our processes. In addition to our immediate stakeholders, we value the trust and support of our shareholders and financial institutions, whose investment and financial backing enable us to grow and expand our healthcare services. We are dedicated to upholding the highest standards of corporate governance and financial management to maintain their confidence in us. Moreover, we work closely with government agencies and regulatory bodies to comply with all relevant laws, regulations, and quality standards. Our partnership with these authorities helps us uphold patient safety, ensure compliance, and maintain the highest levels of integrity. Furthermore, we actively collaborate with non-governmental organizations (NGOs) to address broader societal challenges and promote healthcare initiatives that benefit the communities we serve.

2. **List of stakeholder groups identified as key for the entity and the frequency of engagement with each stakeholder group.**

Key Stakeholders	Whether identified as Vulnerable & Marginalized Group (Yes/No)	Channels of communication (Email, SMS, Newspaper, Pamphlets, Advertisement, Community Meetings, Notice Board, Website), Others	Frequency of engagement (Annually/ Half yearly/ Quarterly/ Others– please specify)	Purpose and scope of engagement including key topics and concerns raised during such engagement
Internal Stakeholders				
Employees	No	Various virtual and physical platforms	Throughout the year	• To provide a safe, inclusive, and empowering workplace for its employees that encourages transparent engagement and the freedom to act, innovate and grow as professionals and individuals by providing timely training programs and skill development. • To provide initiatives, compensation benchmarking, Performance feedback, COVID-19 related health initiatives and other updates about Company.
Healthcare Professionals	No	• Trainings, • One-to-One Physician and HOD interactions, Employee Experience Surveys	Throughout the year	• To develop State of the art infrastructure • To use AI in laboratories to enhance results reliability • To provide best in class medical facilities trainings specific to their domain • To provide Covid vaccination for employees.
External Stakeholders				
Patients/ Consumers	Yes	• Patient listening posts via Email, SMS, website, Feedback App, Social Media platforms, verbal, Patient feedback Surveys, Compliant box etc. • Patient communication by Hospital: Email, meetings/ Telephonic/ verbal	• Daily IPD patient rounds by Floor Managers and Patient Experience of respective hospitals. • On receipt of complaint/ feedback	• To provide a mechanism that identifies and addresses patient and attendant's complaints and grievances in a timely and efficient manner. • To improve the delivery of quality healthcare services and protect patient health and safety by ensuring complaint is reviewed/ investigated, tracked and trended. • To provide a real-time response to complaints and grievances of patient and attendants.
Suppliers/ Vendors	No	• Standard clauses Included in Supplier's PO and Agreement, Supplier Code of Conduct • Email, telephonic and in person	Throughout the year depending on needs.	• To finalize rate contracts and request for Quotation rate negotiation/ strategic meetings. • To place routine orders & supplies, planning, inventory, and query/escalation management. • To prepare for Continued Medical & Educational (CME) Program. • To conduct suppliers' evaluations & share feedback. • Quality Assurance in Supply Chain • Local Procurement

Key Stakeholders	Whether identified as Vulnerable & Marginalized Group (Yes/No)	Channels of communication (Email, SMS, Newspaper, Pamphlets, Advertisement, Community Meetings, Notice Board, Website), Others	Frequency of engagement (Annually/ Half yearly/ Quarterly/ Others– please specify)	Purpose and scope of engagement including key topics and concerns raised during such engagement
Investors	No	• Email • Newspaper • Website • Investor and analyst meetings / conferences • One-to-one meetings (physical and virtual) • Others (Earnings Calls, Annual General Meetings, press releases, Stock exchange filings, financial reports and presentations, Sustainability reports).	Annually/Half yearly/ Quarterly/ Ongoing	• To ensure transparent and effective communication of business performance • To provide insights into Company's strategy and sustainability initiatives • To address investor / analyst queries and concerns • To ensure sound corporate governance mechanisms • To enhance Company reputation
Regulators	No	• Communications received and sent, • Regulatory Reporting Practices	Throughout the year	• To ensure transparency in books of accounts • To file regular filings as per laws • To abide by tax laws
Community	Yes	• Community events, • Grievance Redressal	Throughout the year	• To provide healthcare incentives to economically weaker section. • To serve the community.
Industry Association	No	• Industry meets, • Thought papers, • Collaborations	Throughout the year	• To develop and adopt State of the art research and Development facilities. • To make tie ups with national and international hospitals.

Leadership Indicators

1. **Provide the processes for consultation between stakeholders and the Board on economic, environmental and social topics or if consultation is delegated, how is feedback from such consultations provided to the Board.**

   Max Healthcare believes in order to improve its performance and strategy, it must communicate with its key stakeholders consistently. Stakeholder consultations are normally carried out by the executives and functional heads of the Company who seek feedback frequently through various platforms. The feedback and suggestions of the stakeholders are periodically presented to the Board of Directors and its Committees, wherever applicable in summarized form and after deliberation, changes in the strategies and polices are carried out so as to meet expectations and achieve long-term value creation for all the stakeholders in line with objectives of the Company.

2. **Whether stakeholder consultation is used to support the identification and management of environmental, and social topics (Yes/ No). If so, provide details of instances as to how the inputs received from stakeholders on these topics were incorporated into policies and activities of the entity.**

   Yes, Max Healthcare operates within the Healthcare sector and addressing the concerns and needs of their stakeholders are a foremost priority.

   - The Company determines consultations and finds solution based on views of stakeholders and their expectations as an ideal method in aiding and improving on benefitting not only patients, but also partners, society, and the environment.
   - The Company begins by identifying essential key stakeholders and through various consultations and map their material topics on the ESG front. Through comprehensive materiality assessment exercise which include both internal and external stakeholders, priorities are set to target identified material topics through the relevant stakeholders. As a result, improvement targets are made/set on numerous environment and social fronts.
   - The Company performs avenues such as patient and employee satisfaction surveys, industry, and regulatory reports, grievance cells, and so on, frequent communication with a variety of stakeholders enabling Max to act accordingly and introduce new initiatives and make necessary changes to existing policies.
   - The ESG material issues were prioritized by over 85 internal and external stakeholders. After carefully examining the entity's corporate goals, potential risks, and shifting global trends, a long list of material topics were established. MHIL as a result, have chosen 18 ESG issues that have a material impact on their business and stakeholders.

3. **Provide details of instances of engagement with, and actions taken, to address the concerns of vulnerable/ marginalized stakeholder groups.**

   Max Healthcare has always been committed to making quality healthcare accessible to all, especially to those in need. As a responsible healthcare provider, the Company is dedicated to its social responsibility of improving patient care and community health. In this regard, Max Healthcare has set up a dedicated desk to assist patients covered by the government's Economically Weaker Sections (EWS) program.

   The EWS program includes specific eligibility criteria for patients to avail of free treatment, with the income threshold set at up to INR 15,908 per month*. To cater to EWS patients, Max Healthcare has allocated 138 beds, and the daily availability of these beds is clearly communicated on the notice board at the Admission Counter and updated on the government's website.

   In addition to its EWS-focused facilities in Delhi and Mumbai, Max Healthcare goes above and beyond by never refusing assistance to critically injured patients across its entire network, irrespective of their financial ability to pay. This approach reflects the Company's unwavering commitment to providing compassionate and equitable healthcare services to all segments of society.

   * Matter Sub – judice with Hon'ble High Court

Principle 5

Businesses should respect and promote human rights

The principle recognizes that businesses function within an ecosystem that involves various stakeholders, shareholders, and investors. Moreover, it acknowledges that the emphasis on fundamental human rights such as treatment of workers, human rights policies and the initiatives based around honoring these rights influence the business environment, the reputation of internal stakeholders and determine the value of the entity's reputation. This principle underscores the necessity for businesses to protect their workforce operations, conduct, and the trust of stakeholders while also diminishing and effectively addressing the unfavorable consequences. These rights are perceived as intrinsic, inalienable, interlinked, and indivisible.

Our approach

At Max Healthcare, we firmly believe in upholding and promoting human rights in all aspects of our operations. We recognize that each individual deserves to be treated with dignity, respect, and fairness, regardless of their background or identity. Our commitment to human rights extends to our patients, employees, partners, suppliers, and the communities we serve. We ensure that our policies and practices align with international human rights standards, and we actively work to prevent any form of discrimination, exploitation, or abuse. Through our actions and initiatives, we aim to contribute positively to the protection and advancement of human rights, making a meaningful difference in the lives of those we touch.

Key Highlights

Zero

complaints received on grounds of forced labor, child labor, discrimination or issues related to wages

100%

of value chain partners assessed on key risk factors related to violation of Human Rights in the workplace

Towards Sustainable Growth: An Integrated Strategy

Interlinkage

SUSTAINABLE DEVELOPMENT GOALS

1, 4, 5, 8, 10, 16

Max Healthcare's Material Topics

- Diversity and Inclusion
- Risk and Crisis Management
- Economic Performance
- Employee Engagement and Human Capital Development
- Business Ethics and Compliance
- Corporate Governance Structures
- Access to Healthcare and Support to Economically Weaker Sections

Essential Indicator

1. Employees and workers who have been provided training on human rights issues and policy(ies) of the entity, in the following format:

Category	FY 2022-23 (Current Financial Year)			FY 2021-22 (Previous Financial Year)		
	Total (A)	No. of employees/ workers covered (B)	% (B/A)	Total (C)	No. of employees/ workers covered (D)	% (D/C)
Employees						
Permanent	10,424	6,133	59%	10,233	4,876	48%
Other than permanent	-	-	-	-	-	-
Total Employees	**10,424**	**6,133**	**59%**	**10,233**	**4,876**	**48%**
Workers						
Permanent	-	-	-	-	-	-
Other than permanent	4,693	3,236	69%	4,382	1,517	35%
Total Workers	**4,693**	**3,236**	**69%**	**4,382**	**1,517**	**35%**

2. Details of minimum wages paid to employees and workers, in the following format:

Category	FY 2022-23 (Current Financial Year)					FY 2021-22 (Previous Financial Year)				
	Total (A)	Equal to Minimum Wage		More than Minimum Wage		Total (D)	Equal to Minimum Wage		More than Minimum Wage	
		No. (B)	% (B/A)	No. (C)*	% (C/A)		No. (E)	% (E/D)	No. (F)*	% (F/D)
Employees										
Permanent										
Male	5,556	233	4%	5,323	96%	5,297	386	7%	4,911	93%
Female	4,868	469	10%	4,399	90%	4,936	831	17%	4,105	83%
Non-permanent										
Male	-	-	-	-	-	-	-	-	-	-
Female	-	-	-	-	-	-	-	-	-	-
Workers										
Permanent										
Male	-	-	-	-	-	-	-	-	-	-
Female	-	-	-	-	-	-	-	-	-	-
Non-permanent										
Male	3,238	3,044	94%	194	6%	3,024	2,903	96%	121	4%
Female	1,455	1,368	94%	87	6%	1,358	1,304	96%	54	4%

3. Details of remuneration/salary/wages, in the following format:

Gender	Male		Female	
	Number	Median	Number	Median
Board of Directors (BoD)	6	₹ 26 Lakhs	1	₹ 26 Lakhs
KMP (other than BoD)#	2	₹ 174 Lakhs	1	₹ 37 Lakhs
Employees other than BOD & KMP*	5,556	₹ 4.08 Lakhs	4,868	₹ 3.39 Lakhs
Workers	-	*	-	*

*All workers are paid wages equal or more than the minimum wages of the respective states.

#Out of 3 KMPs, 2 KMPs were associated with the Company for part of the year

4. Do you have a focal point (Individual/ Committee) responsible for addressing human rights impacts or issues caused or contributed to by the business? (Yes/ No)

The Company has developed Human Rights Policy to define Max Healthcare' commitment to respect Human rights and provide conducive environment to our employees and our stakeholders. Under this Policy, Chief People Officer of the Company shall be responsible for addressing any alterations, implications, amendments in the Policy. The Company also has Grievance Redressal Policy which defines the mechanism to redress grievances related to human rights issues.

5. Describe the internal mechanisms in place to redress grievances related to human rights issues.

Max Healthcare has a well-defined Grievance Redressal Policy to address and resolve any grievances related to harassment or human rights violations. The Policy establishes a structured mechanism for handling such issues, ensuring employees' concerns are effectively addressed. Here is an overview of the internal mechanisms in place:

- An aggrieved employee can submit a written grievance using the prescribed format to their supervisor.
- The supervisor will respond to the grievance and provide their comments, which will be communicated back to the employee.
- If the employee remains dissatisfied with the supervisor's response, they can discuss the matter with their skip-level manager.
- If the issue remains unresolved, the employee can escalate it to the HOD/Unit HR/Zonal HR or any member of the Senior Management team.
- For matters requiring further attention, the Unit HR or Senior Management may refer them to the Grievance Resolution Committee.
- The Grievance Resolution Committee shall decide within two weeks, which will be communicated to the employee by a member of the HR Team. The decision will be recorded in the Resolution Report Format.
- If the grievance is justified, the committee may mediate, present the grievance to relevant stakeholders, close the matter, or initiate disciplinary action based on the Company's policy.
- The decision of the Grievance Resolution Committee will be considered final, providing a fair and efficient process for addressing human rights-related grievances within Max Healthcare.

Human Rights Policy: The Company has also developed Human Rights Policy with an objective to define Max's commitment to respect Human rights and provide conducive environment to our employees and our stakeholders.

POSH Policy: The Company formulated POSH Policy for defining, prohibiting, prevention and redressal of Sexual Harassment at all facilities of Max. Under this Policy, an Internal Committee is established to redress complaints associated with cases of sexual harassment. Policy defined forms for filing the complaint and process for making complaints, dealing with complaints, final proceedings and determines process of Complaints and/ or Enquiry Proceedings.

6. Number of complaints on the following made by employees and workers:

	FY 2022-23 (Current Financial Year)			FY 2021-22 (Previous Financial Year)		
	Filed during the year	Pending resolution at the end of year	Remarks	Filed during the year	Pending resolution at the end of year	Remarks
Sexual Harassment	9	0	NA	5	0	NA
Discrimination at Workplace	0	0	NA	0	0	NA
Child Labor	0	0	NA	0	0	NA
Forced/Involuntary Labor	0	0	NA	0	0	NA
Wages	0	0	NA	0	0	NA
Other issues*	43	0	NA	30	0	NA

*Case under code of conduct policy

7. **Mechanisms to prevent adverse consequences to the complainant in discrimination and harassment cases.**

The Company has formulated policy on Equal Employment Opportunity and Prevention of Sexual Harassment (POSH) Policy to prevent adverse consequences/concerns related to discrimination at workplace and harassment. Max has zero tolerance for sexual harassment. The Company is determined to promote a working environment in which persons of both sex work side by side as equals in an environment that encourages harmony, productivity and individual growth.

POSH Policy: The Policy has been developed to address any cases of sexual harassment, in the interest of ensuring gender equality and the right to work with dignity, which are both recognized as basic human rights and as per Applicable Laws. This Policy incorporates the provisions of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013, and Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Rules, 2013 as adopted and introduced on December 09, 2013.

Equal Employment Opportunity Policy: The Company has developed this policy with intent to hire and provide all staff with the equal opportunity to grow, develop and contribute fully to our collective success without regard to race, color, religion, creed, sexual orientation, gender identity, national origin, age, any disability, veteran, marital, or domestic partner status, citizenship or any other status or characteristic covered by federal, state or local law. Equal employment opportunity takes place in all employment practices of Max such as, hiring, promotion, demotion, transfer, recruitment, termination, rates of pay or other forms of compensation, and selection for training.

8. **Do human rights requirements form part of your business agreements and contracts? (Yes/No)**

Yes, Human rights requirements do play a part of Max Healthcare's business agreements, including contracts with employees and members of the workforce. More specifically, pursuant to the Indian Labor Law and the Payment as per minimum Wages Act etc., Max Healthcare ensures that the workforce and employees alike are renumerated as per the contractual agreement signed and presented with human conditions.

9. **Assessments for the year:**

	% of offices that were assessed (by entity or statutory authorities or third parties)
Child labor	100%
Forced/ involuntary labor	100%
Sexual harassment	100%
Discrimination at workplace	100%
Wages	100%
Others – please specify	-

10. **Provide details of any corrective actions taken or underway to address significant risks / concerns arising from the assessments at Question 9 above.**

Risk/Concern	Corrective action taken/ underway
NIL	Max Healthcare conducts general awareness programmes, periodic training, and evaluation.

Leadership Indicators

1. **Details of a business process being modified / introduced as a result of addressing human rights grievances / complaints.**

None, The Company has a defined process for addressing issues relating to human rights, which it believes is currently working properly.

2. **Details of the scope and coverage of any Human rights due diligence conducted.**

Internal assessments are conducted periodically.

3. **Is the premise/office of the entity accessible to differently abled visitors, as per the requirements of the Rights of Persons with Disabilities Act, 2016?**

Yes, the Company has developed an Equal Employment Opportunity Policy to ensure that a conducive environment is provided to persons with disabilities to perform their role and excel in the same. Max Healthcare has built systems and processes to ensure requisite compliances under EEO Law including the following: -

- Providing specified standards of accessibility relating to physical environment, transport, information, and communication technology.

- Providing appropriate facilities and amenities along with barrier-free accessibility to the employees with disability to enable them to effectively perform their duties in the establishment.
- Provision of an accessible environment and of availability of assistive devices as required.
- Provision of elevator/ramps in the buildings for the benefit of wheelchair users and minimum width of walkways. For existing buildings, the requisite infrastructure obligations to adhere to the standards prescribed under the law will be ensured within the stipulated period permitted in the Rules.
- The documents on the website to be in Optical Character Reader (OCR) PDF based format, etc.
- Designating a Liaison Officer in each Unit to look after the recruitment of persons with disabilities and provisions of facilities. The name of Liaison Officer identified for the Unit shall be notified on the display board in the premises and reviewed periodically.
- Necessary records/documentation will be maintained for such employees under guidance of liaison officer including records containing details around the number of persons with disabilities employed, their date of joining, names, genders and addresses, nature of their disabilities, nature of work performed by them, and the facilities provided to them.

4. **Details on assessment of value chain partners:**

	% of value chain partners (by value of business done with such partners) that were assessed
Sexual Harassment	100%*
Discrimination at workplace	
Child Labour	
Forced/Involuntary Labour	
Wages (Min wages and other allied laws)	
Others - please specify	

*Percentage is with respect Worker's vendors

5. **Details of any corrective actions taken or underway to address significant risks/concerns arising from the assessments at Question 4 above.**

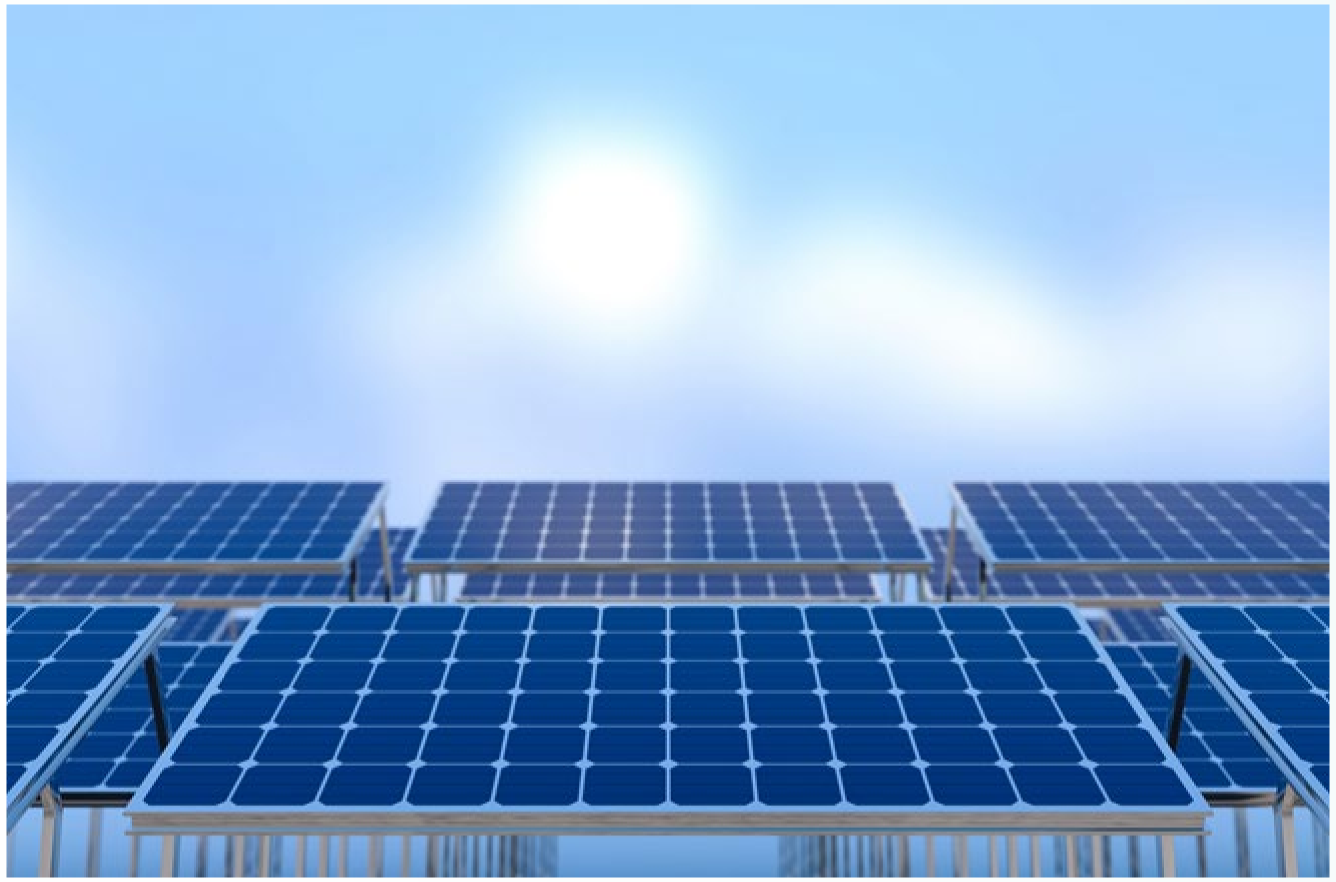
There were no cases mentioned for the significant risks/ concerns mentioned above.

Risk / Concern	Corrective Action(s) Taken / Underway
NIL	NIL

Principle 6

Business should respect and make efforts to protect and restore the environment

In line with this principle, endeavors should be directed towards systematically tackling challenges such as pollution, biodiversity preservation, responsible resource utilization, and climate change. It additionally prioritizes addressing environmental concerns that exhibit interconnections spanning local, regional, and global scales. This guiding principle propels businesses to integrate environmental protocols and methodologies that curtail or eradicate detrimental impacts arising throughout their value chain. Moreover, it urges companies to consistently adhere to the precautionary principle in all their actions.



Our approach

Max Healthcare recognizes its responsibility to respect and protect the environment. As a healthcare organization, it is committed to making efforts to minimize its environmental impact and contribute to the restoration of the environment. Through various sustainable practices, energy-efficient operations, waste management initiatives, and green technologies, Max Healthcare aims to play a significant role in preserving the ecological balance and promoting environmental well-being. The Company believes that a healthy environment is essential for the well-being of communities and future generations, and it strives to be a leader in environmental stewardship within the healthcare industry.

Key Highlights

~4%

reduction in water withdrawal as compared to the year FY 2021-22 through 3Rs

Through robust waste management initiatives, diverted more than

60%

of total waste for recycling through third-party service providers

100%

compliance with applicable environmental laws regulations/ guidelines.

Towards Sustainable Growth: An Integrated Strategy

Interlinkage

Max Healthcare's Material Topics

- Energy and Emissions
- Water Management
- Waste Management
- Employee Well-being
- Research and Innovation
- Fire Risk and Emergency Preparedness
- Business Ethics and Compliance
- Corporate Governance Structures
- Diversity and Inclusion
- Access to Healthcare and Support to Economically Weaker Sections
- Risk and Crisis Management
- Employee Engagement and Human Capital Development
- Digitisation
- Privacy and Data Security
- Patient Safety and Service Quality
- Transparency in Service Offerings

Essential Indicators

1. Details of total energy consumption (in joules or multiples) and energy intensity in the following format:

Parameter	FY 2022-23 * (Current Financial Year) GJ**	FY 2021-22 * (Previous Financial Year) GJ
Total electricity consumption (A)	2,05,899	1,94,581
Total DG units generated (B)	3,298	1,884
Energy consumption through other source (C)	-	-
Total energy consumption (A+B+C)	2,09,197	1,96,465
Energy intensity per rupee of turnover (Total energy consumption/ turnover in Lakhs)	0.4585	0.4840
Energy intensity (as per Number of Beds Occupied)	0.33	0.32

*: 13 Hospitals have been included, **GJ is Giga Joules

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? If yes, name of the external agency.

Although we have conducted internal evaluations for the same, we have not conducted any external assessments.

2. Does the entity have any sites / facilities identified as designated consumers (DCs) under the Performance, Achieve and Trade (PAT) Scheme of the Government of India? (Y/N) If yes, disclose whether targets set under the PAT scheme have been achieved. In case targets have not been achieved, provide the remedial action taken, if any.

Not Applicable.

3. Provide details of the following disclosures related to water, in the following format:

Parameter	FY 2022-23 * (Current Financial Year)	FY 2021-22 * (Previous Financial Year)
Water withdrawal by source (in kiloliters)		
i. Surface water	-	-
ii. Ground Water	3,49,364	3,62,707
iii. Third Party Water (includes Municipal and Tanker water source)	2,88,288	3,01,160
iv. Seawater/Desalinated Water	-	-
v. Others		
Total volume of water withdrawal (in kiloliters)	6,37,652	6,63,867
Total volume of water consumption (in kiloliters)	4,39,457	3,87,940
Water intensity per rupee of turnover (Water consumed/turnover Lakhs)	0.96	0.96
Water intensity (as per Number of Beds Occupied)	0.69	0.64

*: 13 Hospitals have been included

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? If yes, name of the external agency.

An independent comprehensive water audit was conducted in Max Super Specialty Hospital, Mohali by PHD Chamber of Commerce and Industry. However for other facilities, we have conducted internal evaluations for the same, we have not conducted any external assessments.

4. Has the entity implemented a mechanism for Zero Liquid Discharge? If yes, provide details of its coverage and implementation.

We maximize the recycling of treated wastewater with sewage treatment plants (STP) and effluent treatment plant (ETP) installed at several sites. The treated water is used for various non-potable operational purposes such as flushing, gardening and within the cooling tower. The initiatives we implemented in line with the Reduce, Reuse and Recycle (3R) principle.

5. Please provide details of air emissions (other than GHG emissions) by the entity, in the following format:

Parameter	Please specify unit	FY 2022-23 (Current Financial Year)	FY 2021-22 (Previous Financial Year)
NOx	gm/Kw-yr	3,089*	1,465**
SOx	gm/Kw-yr	1,523*	559**
Particulate matter (PM)	gm/Kw-yr	355*	181**
Volatile Organic Compounds (VOCs)	N/A	-	-
Hazardous air pollutants (HAP)	N/A	-	-
Carbon Monoxide (CO)	gm/Kw-yr	2,781*	1,624**
Hydrocarbon (HC)	gm/Kw-yr	1,459*	599**
Others (Specify)	-	-	-

*Data of only hospital at Vaishali, Dehradun, Gurgaon, Panchsheel, Saket, Mumbai, Shalimar Bagh, Mohali, Noida and BLK has been calculated

** Data of only hospital at Vaishali, Dehradun, Gurgaon, Panchsheel, Mumbai, Shalimar Bagh, Noida and BLK has been calculated

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency.

Although we have conducted internal evaluations for the same, we have not conducted any external assessments.

6. Provide details of greenhouse gas emissions (Scope 1 and Scope 2 emissions) & its intensity, in the following format:

Parameter	Unit	FY 2022-23 * (Current Financial Year)	FY 2021-22 * (Previous Financial Year)
Total Scope 1 emissions (Break-up of the GHG into CO_2, CH_4, N_2O, HFCs, PFCs, SF_6, NF_3, if available)	Metric tons of CO_2 equivalent	5,485	3,278
Total Scope 2 emissions (Break-up of the GHG into CO_2, CH_4, N_2O, HFCs, PFCs, SF_6, NF_3, if available)	Metric tons of CO_2 equivalent	36,005	29,185
Total Scope 1 and Scope 2 emissions per Lakhs of turnover	Metric tons of CO_2 equivalent/INR	0.0909	0.080
Total Scope 1 and Scope 2 emission intensity (as per Number of Beds Occupied)		0.066	0.053

*: 13 Hospitals have been included

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency.

Although we have conducted internal evaluations for the same, we have not conducted any external assessments.

7. Does the entity have any project related to reducing Green House Gas emission? If yes, then provide details.

The Company monitor emissions, energy and water consumption per bed through their dedicated environment management teams.

- Max has optimized the usage of medical equipment, enhanced adoption of energy efficient and environment friendly technologies such as Dynamic FCU Temperature Operation, which improves energy efficiency and reduces the organization's carbon footprint and improve operational efficacy while the hospitals catered to increased footfalls. The Company has started recognizing and awarding hospitals on achieving the highest levels of energy and water conservation.
- The organization has also installed energy-efficient lighting, heating, ventilation, and air conditioning systems, reducing energy consumption and minimizing its carbon footprint.
- Max has implemented measures such as solar power adoption, green power procurement, switch over to alternative power, installation of high running equipment, Electronically Commutated (EC) fans in Air Handling Units (AHU), high efficiency chillers, plant room connectivity, CTI approved cooling tower, robust PPM, and admin control.
- The Company has obtained certifications from India Green Building Council (IGBC), State Energy Conservation Award and Green Hospital Award from Associations of Healthcare Providers (India) (AHPI).
- The Company recycles organic waste as compost on site through use of Organic Waste Converters (OWCs).
- Max has replaced High Speed Diesel/ electricity generators with PNG based gas generator; old air conditioning chillers and cooling towers with Variable Frequency Drive (VFD) controlled energy-efficient chillers.

- The Company has optimized plant room chiller to improve performance and reduce power consumption at BLK-Max Super Specialty Hospital.
- Max has incorporated renewable energy sources such as solar energy into its power supply.
- Energy-efficient practices are followed, such as replacing conventional lights with LED lights, implementing temperature control systems for HVAC systems, utilizing day-night sensors, and promoting daylight utilization.
- Max is a water-efficient organization that recycles 50% of its water through sewage treatment plants (STPs) and effluent treatment plants (ETPs) for non-potable purposes.
- The Company encourages the indoor and outdoor plantation, including the use of vertical gardens, medicinal plants, and trees that generate more oxygen.
- Max has placed the proper secondary containment systems to prevent land pollution caused by hazardous materials.
- Paper conservation is prioritized through practices like double-sided printing and the adoption of paperless office systems.
- Earth Hour is observed across all hospitals, leading to significant energy and carbon emissions savings. Electric vehicles (EVs) are used for intra-movement between facilities, and EV charging points are provided.

8. Provide details related to waste management by the entity, in the following format:

Parameter	FY 2022-23 * (Current Financial Year)	FY 2021-22 * (Previous Financial Year)
Total waste generated (in metric tons)		
Plastic waste (A)	-	-
E-Waste (B)	14	11
Bio-Medical Waste (C)	972	1,002
Construction and demolition waste (D)	-	-
Battery For (E)	5	5
Radioactive waste (F)	-	-
Other Hazardous waste. Please specify, if any. (G) –	11	11
Other Non-hazardous waste generated (H). Please specify, if any.	1,339	1,186
Total (A+B+C+D+E+F+G+H)	**2,341**	**2,215**
For each category of waste generated, total waste recovered through recycling, re-using or other recovery operations (in metric tons)		
Category of waste		
(i) Recycled	1,572	1,445
(ii) Re-used	-	-
(iii) Other recovery operations	-	-
Total	**1,572**	**1,445**
For each category of waste generated, total waste disposed by nature of disposal method (in metric tons)		
Category of waste		
(i) Incineration	372	429
(ii) Landfilling	-	-
(iii) Other disposal operations	396	341
Total	**768**	**770**

*: 13 Hospitals have been included for FY22-23 and FY 2021-22

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency.

Although we have conducted internal evaluations for the same, we have not conducted any external assessments.

9. Briefly describe the waste management practices adopted in your establishments. Describe the strategy adopted by your Company to reduce usage of hazardous and toxic chemicals in your products and processes and the practices adopted to manage such wastes.

The Company has comprehensive waste management approach that mandates the identification and segregation of waste into **solid waste, hazardous waste, e-waste and bio-medical waste** and disposal through authorized partners recommended by the Central and State Pollution Control Boards (CPCB and SPCB).

The Company generates different kinds of waste through their business operations, details pertaining to the waste and their disposal mechanism is provided below:

- **Solid waste management:** Comprising of dry and wet waste.
  - Separate wet and dry bins are provided in each unit and at ground level for facilitating segregation of waste. Wet Garbage are composted in Organic waste convertor. Dry waste is been disposed through the authorized recycler. Adequate area is provided for solid waste management within the premises which will include area for segregation and composting.
- **Hazardous waste:**
  - Hazardous wastes include used oil generated from the DG set and sludge. The waste is sent to the authorized vendor as per Hazardous Wastes (Management & Handling) Rules, 2016 and its amendments.
  - The Company has placed proper secondary containment systems to prevent land pollution caused by hazardous materials. It is kept in a dedicated storage area, away from the hospital general waste and only authorized person can have access to it.
  - We conduct regular awareness campaigns to educate hospital staff and patients about the hazards of hazardous waste and the importance of proper hazardous waste management.
- **E-waste**
  - E-waste generated in the Company includes electronic devices such as computers, printers, medical equipment, and mobile phones.
  - The following are measures taken by the Max Healthcare for handling, treatment, and disposal of e-waste in hospitals:
    - o Identify the electronic devices that have reached the end of their life cycle and classify them as e-waste.
    - o Collect e-waste separately from other types of waste and store in a secure area that is accessible only to authorized personnel.
    - o Transport the e-waste to the authorized e-waste management facility using licensed transporters.
    - o Sent e-waste is treated at an authorized e-waste management facility that has the necessary infrastructure and equipment to handle e-waste and is disposed in accordance with the rules and regulations prescribed by the Central Pollution Control Board (CPCB) and the State Pollution Control Board (SPCB).
    - o We collect Form VI from the authorized vendor to maintain the records and the Company also has a buy- back Policy in place.
  - The Company conducts waste management meetings on regular intervals to track performance and ensure compliances.
- **Bio-medical Waste**
  - We segregate biomedical waste at the point of generation into categories such as human anatomical waste, microbiology, biotechnology, and sharps waste as per the Biomedical Waste Management Rules 2016 of Government of India.
  - We ensures biomedical waste must be identified using color coding and labeling to indicate the type of waste and the disposal method.
  - We stores biomedical waste in leak-proof containers that are securely fastened and labeled. The storage area is located away from patient care areas, and access is restricted to authorized personnel.
  - Transportation of waste is done by an external third-party authorized agency, and the vehicle used for transport is covered, leak-proof, and equipped with emergency equipment. The vendor processes the bio-medical waste and disposes off it through approved methods.
  - Processing of bio-medical waste through external third-party and disposal off around 16% of the waste through incineration. The remainder of the treated bio-medical waste goes for recycling and is diverted from disposal.
  - Biomedical Waste Management Rules, 2016 prescribe various methods of treatment and disposal, including incineration, autoclaving, microwave treatment, and chemical treatment.
  - The Company maintain records of their biomedical waste management activities, including the type and quantity of waste generated, the treatment

and disposal methods used, and any incidents or accidents that occur. These records are maintained for a minimum of five years.

- The use of organic waste converters helps and enable in treating and converting organic waste into manure used for horticulture across our premises.
- Medical supplies, including medicines, come in wooden packing materials, are reused for carpentry work at hospitals- reducing the generated waste through the Reuse principle.
- We have a designated team responsible for the collection, transportation, and disposal of waste. The team is trained on the proper handling and disposal of waste and have access to appropriate protective gear.
- The employees and staff are educated on practices for the safe management of generated biomedical waste through regular trainings on the proper handling and disposal of biomedical waste, including the use of personal protective equipment and the importance of segregation and communications around Standard Operating Procedures (SOPs), including visual displays of segregation approaches for COVID-related waste, amongst other measures.

- **Other initiatives**

- - Max Healthcare has adopted ISO 14001:2015 standard (Environmental Management System) in FY 2023. It includes policies, procedures, and practices that enables us to identify, measure, and mitigate the environmental impacts. We have conducted one internal audit and one external audit in FY 2022-23 enabling improved performances on environmental performances such as minimizing waste.
- The elimination of the use of bottled water is being undertaken in favor of promoting potable water-reducing plastic waste generated by the entity.
- Further, employee engagement programs, workshops, and training sessions are conducted to create a culture of sustainability and wellness within the organization; to promote a healthy and happy lifestyle. This has enhanced the workforce capacity to avoid unnecessary waste consumption and particularly improves on reducing paper waste.
- Max Healthcare have set clear and measurable environmental goals and targets, such as reducing greenhouse gas emissions, minimizing waste, and conserving natural resources. The Board ensures that environmental considerations are integrated into the organization's decision-making processes.

10. If the entity has operations/offices in/around ecologically sensitive areas (such as national parks, wildlife sanctuaries, biosphere reserves, wetlands, biodiversity hotspots, forests, coastal regulation zones etc.) where environmental approvals / clearances are required, please specify details in the following format:

S. No.	Location of operations/ offices	Type of operations	Whether the conditions of environmental approval/ clearance are being complied with? (Y/N) If no, the reasons thereof and corrective action taken, if any.
1	Dehradun	Tertiary Healthcare	Yes, the Company has attained all the necessary approvals of all concerned authority

11. Details of environmental impact assessments of projects undertaken by the entity based on applicable laws, in the current financial year.

Name & brief details of Project	EIA Notification No.	Date	Whether conducted by independent external Agency (Y/N)	Results communicated in public domain (Y/N)	Relevant web link
Max Super Specialty Hospital (A Unit of Hometrail Buildtech Pvt Ltd) located near Civil Hospital, Phase VI, SAS Nagar, Mohali	EC22B038PB110688	12/05/2022	Yes	Yes	www.max-website20-images.s3.ap-south-1.amazonaws.com/EC_letter_9b0ef09670.pdf
Proposed Max Super Specialty Hospital by Max Healthcare Institute Limited, Gurgaon.	EC22B038HR190083	07/12/2022	Yes	Yes	www.max-website20-images.s3.ap-south-1.amazonaws.com/EC_ee0b1c0c86.PDF

12. Is the entity compliant with the applicable environmental law/ regulations/ guidelines in India, such as the Water (Prevention and Control of Pollution) Act, Air (Prevention and Control of Pollution) Act, Environment Protection Act and Rules thereunder (Y/N). If not, provide details of all such non-compliances.

S. No.	Specify the law/regulation guidelines which was not complied with	Provide details of the non -compliance	Any fines/ penalties/ action taken by regulatory agencies such as pollution control boards or by courts	Corrective action taken, if any
	Nil	Nil	Nil	Nil

Leadership Indicator

1. Provide break-up of the total energy consumed (in Joules or multiples) from renewable and non-renewable sources, in the following format:

Parameter	FY 2022-23 * (Current Financial Year)	FY 2021-22 * (Previous Financial Year)
From renewable sources (in Gigajoules/GJ)		
Total electricity consumption (A)	45,878	61,587
Total fuel consumption (B)	-	-
Energy consumption through other sources (C)	-	-
Total energy consumed from renewable sources (A+B+C) [in Giga Joules (GJ)]	**45,878**	**61,587**
From non-renewable sources (in Gigajoules/GJ)		
Total electricity consumption (D)	1,60,021	1,32,994
Total fuel consumption (E)	3,298	1,884
Energy consumption through other sources (F)	-	-
Total energy consumed from non-renewable sources (D+E+F)	**1,63,319**	**1,34,878**

*13 Hospitals have been included for FY22-23 and FY 2021-22

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency.

Although we have conducted internal evaluations for the same, we have not conducted any external assessments

2. Provide the following details related to water discharged:

Parameter	FY 2022-23 (Current Financial Year)	FY 2021-22 (Previous Financial Year)
Water discharge by destination and level of treatment (in kiloliters)		
(i) To Surface water	-	-
• No Treatment	-	-
• With treatment (please specify)	-	-
(ii) To Groundwater	-	-
• No treatment	-	-
• With treatment – please specify level of treatment	-	-
(iii) To Seawater	-	-
• No treatment	-	-
• With treatment – please specify level of treatment	-	-
(iv) Sent to third parties	-	-
• No treatment	-	-
• With treatment – please specify level of treatment	-	-
(v) Others	-	-
• No treatment	-	-
• With treatment – please specify level of treatment	-	-
Total water discharged (in kiloliters)	-	-

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency.

3. Water withdrawal, consumption, and discharge in areas of water stress (in kiloliters):

Parameter	FY 2022-23 (Current Financial Year)	FY 2021-22 (Previous Financial Year)
Water withdrawal by source (in kilolitres)		
i. Surface water	-	-
ii. Groundwater	3,49,351	3,62,653
iii. Third party water	1,23,083	1,24,154
iv. Seawater / desalinated water	-	-
v. Other		
Total volume of water withdrawal (in kilolitres)	4,72,434	4,86,807
Total volume of water consumption (in kilolitres)	3,14,498	2,64,179
Water intensity per rupee of turnover (Water consumed / turnover in Lakhs)	0.69	0.65
Water intensity (as per Number of Beds Occupied)	0.50	0.43
Water discharge by destination and level of treatment (in kilolitres)		
i. Into Surface water	-	-
• No treatment	-	-
• With treatment – please specify level of treatment	-	-
ii. Into Groundwater	-	-
• No treatment	-	-
• With treatment – please specify level of treatment	-	-
iii. Into Seawater	-	-
• No treatment	-	-
• With treatment – please specify level of treatment	-	-
iv. Sent to third parties	-	-
• No treatment	-	-
• With treatment – please specify level of treatment	-	-
v. Others		
• No treatment	-	-
• With treatment – please specify level of treatment	-	-
Total water discharged (in kilolitres)	-	-

Name of External Agency (if assessment is carried out by external agency): NA

Name of the Area: Saket, Karol Bagh, Ghaziabad, SAS Nagar, Gurgaon, Bathinda, South Delhi, Gautam Budh Nagar, Lajpat Nagar

Nature of Operations: Healthcare Sector

4. Please provide details of total Scope 3 emissions & its intensity, in the following format:

Parameter	Unit Specified	FY 2022-23	FY 2021-22
Name of External Agency (if assessment is carried out by external agency):			
Total Scope 3 emissions (Break-up of the GHG into CO_2, CH_4, N_2O, HFCs, PFCs, SF_6, NF_3, if available)	Metric tonnes of CO_2 equivalent	-	-
Total Scope 3 emissions per rupee of turnover		-	-
Total Scope 3 emission intensity (optional) – the relevant metric may be selected by the entity		-	-

5. With respect to the ecologically sensitive areas reported at Question 10 of Essential Indicators above, provide details of significant direct & indirect impact of the entity on biodiversity in such areas along-with prevention and remediation activities.

Impact on Ecologically Sensitive Areas		Steps/Measures Taken
Direct	**Indirect**	
Loss of vegetation due to construction of Hospital building	-	69 no's of trees have been cut in Max Super Specilaity Mohali and we are planning to plant 690 no's of trees (1:10) in Municipal Corporation area of Mohali.
Displacement of Fauna during construction phase	-	As the proposed land is not habitat of fauna, thereby, no displacement of Avi fauna is seen.
-	Impact of emission due to running of DG Sets and vehicular movement on core and buffer zone.	• Green area has been developed in the hospital building. • Tree plantation have been carried out outside the hospital premises and being maintained too. • DG sets are used as backup and will be used only during power failure. It will have minimum impact on the flora of buffer zone. Adequate stack height have been provided for regulate the emission, generated during the running of DG sets. • Green areas are maintained having shelter belt, Avenue plantation & Landscaping thus, it has increased the scenic value of the site.

6. **If the entity has undertaken any specific initiatives or used innovative technology or solutions to improve resource efficiency, or reduce impact due to emissions/effluent discharge / waste generated, please provide details of the same as well as outcome of such initiatives, as per the following format:**

S. No.	Initiatives Undertaken	Details of the initiative (web-link, if any, may be provided along-with summary)	Outcome of the initiative
1.	High speed devices in HVAC	Installation of variable frequency drive (VFD) on high-running equipment, electronically commutated (EC) fans in air handling units (AHU), high-efficiency chillers, plant room connectivity, CTI-approved cooling tower, robust PPM & administration control	• Reduced energy consumption, cost savings. • Improve the comfort of patients and staff. • Improved patient outcomes and staff productivity.
2.	Switching from regular ACs to powered, inverter technology	Implementation of Dynamic FCU Temperature Operation. This technology optimizes the temperature of the air conditioning system based on the occupancy and usage of the space, resulting in reduced energy consumption and cost savings	• Promote environmental sustainability by reducing our carbon footprint & supporting the organization's broader sustainability goals.
3.	Installation of solar panels and generate electricity through renewable sources	Max has installed a rooftop solar of 400 kWP capacity at Max Vaishali. Max uses solar water heating systems and lights to reduce dependency on non-renewable resources.	• Reduce our dependence on fossil fuels and lowered carbon footprint. • Electrical saving and cost-reductions.
4.	Clean Technology in Fire and Emergency Preparedness	• Installation of fire suppression and nitrogen injection systems to safeguard transformers and biomedical equipment, • Use of eco-friendly gas suppression to secure low-tension lines and electrical panels. • Uninterrupted Power Supply (UPS) rooms are fitted with hydrogen gas detectors for maximum safety. • Use of fire-retardant paint, converting powder-based extinguishers to clean agent-gas powered ones. • Installing wet chemical-based fire suppression systems in kitchen duct hoods. • Enhancing fire doors to improve compartmentation and ventilation.	• Keeps patients, staff, and critical equipment always safe and secure.
5.	Rainwater Harvesting	Adequate number of rainwater harvesting pits are installed in premises and its adequacy have been obtained from respective agency.	
6.	Switch over to Gas based equipment from Diesel.	Replacing HSD with PNG based gas generator.	
7.	Earth hour	Earth Hour across all hospitals of the Company leading to saving of 16000 KWH units and 12000 kgs in carbon emissions.	

7. **Does the entity have a business continuity and disaster management plan? Give details in 100 words / web link.**

Yes, currently the Company does have a business continuity and disaster management plan in place, which will be used in the event of any disruption to the business or any natural / manmade disaster. The plan is intended to ensure that the organization can continue essential business operations. It includes thorough plans and procedures to reduce the impacts of any unforeseen events, including emergencies such as cyberattacks, fire hazard, terrorism, water logging, pandemic and natural disasters (earthquake, flood and amongst others). Our Policy is accessible to all through our intranet portal.

The objectives of Business Continuity Plan and Disaster Management Plan are:

- Ensure continuous operations during disruptions.
- Minimise downtime and financial losses.
- Mitigate risks and maintain essential services.
- Facilitate rapid recovery after incidents.
- Prompt response to emergencies.
- Protect lives and assets.
- Coordinate resources and actions.

8. **Disclose any significant adverse impact to the environment, arising from the value chain of the entity. What mitigation or adaptation measures have been taken by the entity in this regard?**

As Max is involved in Health Care business activity, there have been no adverse impacts to the environment also there has been no adverse impact to environment have been reported by the value chain partners of the Company.

9. **Percentage of value chain partners (by value of business done with such partners) that were assessed for environmental impacts?**

Not Applicable.

Principle 7

Businesses, when engaging in influencing public and regulatory policy, should do so in a manner that is responsible and transparent

This principle recognizes that business operations operate within the parameters of both national and international regulatory and policy frameworks that guide their expansion and set clear boundaries. The notion further acknowledges that companies have a legitimate avenue to engage with governments, whether to voice concerns or to contribute their perspectives to the creation of public policies. Furthermore, any advocacy for public policy must align with the betterment of the collective welfare within the bounds of the law.

Our approach

Max Healthcare acknowledges the importance of engaging in public and regulatory policy in a responsible and transparent manner. As a healthcare organization, it believes that active participation in shaping policies should be driven by ethical considerations and a commitment to the well-being of communities it serves. By advocating for policies that promote public health, patient safety, and environmental sustainability, Max Healthcare aims to make a positive impact on society. The Company ensures transparency in its advocacy efforts, disclosing any financial contributions or affiliations to avoid conflicts of interest. Max Healthcare strives to be a responsible and accountable participant in the policy-making process, fostering trust and credibility among stakeholders and the wider community.

Key Highlights

Affiliations with

3

trade and industry chambers/ associations.

Zero

cases related to anti- competitive conduct.

Towards Sustainable Growth: An Integrated Strategy

Interlinkage

Max Healthcare's Material Topics

- Energy and Emissions
- Water Management
- Research and Innovation
- Employee Well-being
- Waste Management
- Diversity and Inclusion
- Digitisation
- Fire Risk and Emergency Preparedness
- Access to Healthcare and Support to Economically Weaker Sections
- Transparency in Service Offerings
- Risk and Crisis Management
- Patient Safety and Service Quality
- Business Ethics and Compliance
- Employee Engagement and Human Capital Development
- Corporate Governance Structures
- Privacy and Data Security

Essential Indicators

1. a. **Number of affiliations with trade and industry chambers/ associations.**

   Three (3)

   b. **List the top 10 trade and industry chambers/ associations (determined based on the total members of such body) the entity is a member of/affiliated to:**

S. No.	Name of the trade and industry chambers/Associations	Reach of trade and industry chambers/ associations (State/National)
1.	Association of Healthcare Providers (India)	National
2.	Confederation of Indian Industry (CII)	National
3.	Nat Health Healthcare Federation of India	National

2. **Provide details of corrective action taken or underway on any issues related to anti- competitive conduct by the entity, based on adverse orders from regulatory authorities.**

   Nil

Leadership Indicators

1. **Details of public policy positions advocated by the Company.**

   Max Healthcare actively engages across various platforms, including industry associations and regulatory bodies, to articulate its perspectives on a range of public policies with a specific emphasis on healthcare services. Through these engagements, we advocates for positions that align with its commitment to advancing and enhancing the healthcare sector.

Principle 8

Businesses should promote inclusive growth and equitable development

The principal underscores alignment with the national and developmental agenda, aligning with government goals and priorities, and addressing the socioeconomic challenges facing the country. This is particularly crucial in regions where social tensions and limited human development persist. Within this developmental framework, the principle emphasizes the significance of collaboration between businesses, government entities, and civil society. This concept reaffirms the intricate relationship among economic prosperity, inclusive growth, and balanced development.

Our approach

At Max Healthcare, we strongly believe in promoting inclusive growth and equitable development. We are committed to fostering a society where all individuals, regardless of their background, have access to high-quality healthcare services and opportunities for growth and development. Through our various initiatives and programs, we strive to address healthcare disparities, uplift marginalized communities, and create a positive impact on society. We aim to be a catalyst for positive change, working hand in hand with stakeholders to build a more inclusive and equitable healthcare ecosystem for the well-being of all.

Key Highlights

~1.45Lakhs

individuals benefited through community-oriented outreach programs & initiatives

~170 Lakhs

invested towards CSR projects

Towards Sustainable Growth: An Integrated Strategy

Interlinkage

Max Healthcare's Material Topics

- Energy and Emissions
- Fire Risk and Emergency Preparedness
- Economic Performance
- Employee Well-being
- Diversity and Inclusion
- Corporate Governance Structures
- Research and Innovation
- Digitisation
- Access to Healthcare and Support to Economically Weaker Sections
- Employee Engagement and Human Capital Development
- Risk and Crisis Management
- Occupational Health and Safety
- Business Ethics and Compliance
- Patient Safety and Service Quality
- Transparency in Service Offerings
- Privacy and Data Security
- Waste Management

Essential Indicators

1. **Details of Social Impact Assessments (SIA) of projects undertaken by the entity based on applicable laws, in the current financial year.**

   In the current fiscal year, Max Healthcare has not conducted any Social Impact Assessment (SIA) for its projects. However, in 2020, Max Healthcare did perform an SIA for the expansion of the infrastructure at Dr. Balabhai Nanavati Hospital. The objective was to optimize the utilization of nonfunctional areas, thereby enhancing bed capacity and upgrading services in the existing but underutilized buildings on the premises. This initiative led to a significant increase in bed capacity, transitioning from 367 to 878 beds.

2. **Provide information on project(s) for which ongoing Rehabilitation and Resettlement (R&R) is being undertaken by your entity.**

   Not Applicable.

3. **Describe the mechanisms to receive and redress grievances of the community.**

   The Company has whistle blower policy which defines and lays down the process for raising concerns, safeguarding the person raising a concern, the roles and responsibilities of all stakeholders and portraying the timelines & procedures for processes to be followed.

   - All concerns to be raised through email or from the whistle blower helpline number as mentioned in policy and E-mail: internalaudit@maxhealthcare.com.
   - The Whistle Blower may report any concern as soon as they become aware of the same stating the facts, circumstances and/or about any employee involved in unethical business practices. The Whistle Blower may opt to raise their concern anonymously as well, in which case the identity will be kept confidential. The Whistle Blower will be sent an e-mail acknowledging receipt of the Concern. The Whistle Blower may also raise Concerns to the A&RMC in appropriate and exceptional cases at auditchairman@maxhealthcare.com.
   - All Investigation shall be carried out by/or under the instructions of the Ethics and Compliance Committee.
   - Only Bona Fide concerns raised in good faith may be raised without fear of any adverse action. A concern shall be deemed not to be Bona Fide or raised in good faith only if the Whistle Blower knew or can reasonably be presumed.
   - In case of repeated frivolous concerns being filed by a Whistle Blower, the A&RMC may take suitable action against the person making such false concern(s) including reprimand.
   - Concerns against C Level Officers or concerns against a Director or chairman of the Company shall be forwarded to the chairman of the A&RMC.
   - The investigation shall be completed by the Ethics and Compliance Committee and a written report shall be submitted to the A&RMC within a period of 45 days of the receipt of the concern.
   - An update on all Whistle Blower cases will be provided to the A&RMC in each quarter.

4. **Percentage of input material (inputs to total inputs by value) sourced from suppliers.**

Segment	FY 2022-23 (Current Financial Year)	FY 2021-22 (Previous Financial Year)
Directly sourced from MSMEs/ small producers	1.78%	1.20%
Sourced directly from within the district and neighbouring districts	1.73%	1.15%

Leadership Indicators

1. **Provide details of actions taken to mitigate any negative social impacts identified in the Social Impact Assessments (Reference: Question 1 of Essential indicators above)**

   Not Applicable.

2. **Provide the following information on CSR projects undertaken by your entity in designated aspirational districts as identified by government bodies:**

S. No.	State	Aspirational district	Amount spent (in Lakhs)
1	Bhatinda	Mansa	3.75
		Bhagta	2.0
		Nathana	1.75
2	Mumbai	Goregaon	14.67
		Andheri West	5.98
		Malad	14.96
3	New Delhi	Shahdara	2.00
		Moti Nagar	2.00
		Saket	24
		Safdarjung Enclave	24.97
		Pushp Vihar & Mehrauli	16.52
4	Haryana	Gurgaon	2.50
5	Uttarakhand	Dehradun	21
6	Uttar Pradesh	Arifpur, Modi Nagar, Ghaziabad	33.03

3. (a) **Do you have a preferential procurement policy where you give preference to purchase from suppliers comprising marginalized / vulnerable groups? (Yes / No)**

   No

   (b) **From which marginalized /vulnerable groups do you procure?**

   Nil

   (c) **What percentage of total procurement (by value) does it constitute?**

   Nil

4. **Details of the benefits derived and shared from the intellectual properties owned or acquired by your entity (in the current fiscal), based on traditional knowledge:**

   NIL

5. **Details of corrective actions taken or underway, based on any adverse order in intellectual property related disputes wherein usage of traditional knowledge is involved.**

Name of Authority	Brief of the case	Corrective action taken
NIL	NIL	NIL

6. **Details of beneficiaries of CSR projects:**

   As per the CSR Policy, the Company shall undertake CSR activities in all or any of the CSR activities as prescribed under Schedule VII to the Companies Act, 2013 ("Act") and amendment thereof. However, it shall give primary importance to the identified sectors viz., Health & Hygiene, Education, nutrition for underprivileged women and children and livelihood by way of vocational training and creating and supporting self-help groups for women led households in villages identified for adoption by the Company. Appended are the details of such activities:

S. No.	CSR Project	No. of persons benefitted from CSR Projects	% of beneficiaries from vulnerable and marginalized groups
1.	Rejuvenation of Badka Pond, Arifpur, Ghaziabad	3,500	Max does not distinguish between beneficiaries to ensure equal access to benefits and promote inclusivity.
2.	Bus for Police foundation for Education	2,000	
3.	Community based Oral cancer, Breast cancer and Cervical Cancer Screening Program	1,250	
4.	Health Screening for School Children – A combined Approach for Mental, Dental and Eye Health Check-up	1,500	
5.	High quality charitable health care to the deprived, tribal, pilgrims and needy people through Swami Vivekanand Health Mission Society	1,34,018	
6.	Nikshay Mitra scheme under Shri PM Modi- for providing Nutritional Support to TB Patients	2,300	

Principle 9

Business should engage with and provide value to their consumers in a responsible manner

The core principle asserts that a company's primary objective is to deliver secure products and services to its customers, resulting in value creation for both parties involved. Acknowledging the multitude of choices available to consumers, businesses diligently strive to present their customers with products that are not only safe but also affordably priced, user-friendly, and environmentally responsible in their disposal. Businesses, in collaboration with vital stakeholders, assume a pivotal role in mitigating the adverse effects of excessive consumption of their products on the overall welfare of society.

Our approach

At Max Healthcare, we prioritize engaging with our consumers in a responsible manner and providing them with utmost value. We believe in understanding their needs, preferences, and concerns to deliver personalized and compassionate healthcare services. Through patient-centric care and open communication, we strive to build trust and long-lasting relationships with our consumers. Our commitment to responsible engagement extends to ensuring the safety, privacy, and confidentiality of their health information. At every step, we aim to empower our consumers to make informed decisions about their well-being, enabling them to lead healthier and happier lives.

Key Highlights

Zero
customer complaints at the end of the year

10
frameworks/ policies on cyber security and risks related to data privacy

Towards Sustainable Growth: An Integrated Strategy

Interlinkage

SUSTAINABLE DEVELOPMENT GOALS

2, 4, 12, 14, 15, 16

Max Healthcare's Material Topics

- Water Management
- Energy and Emissions
- Waste Management
- Business Ethics and Compliance
- Risk and Crisis Management
- Corporate Governance Structures

Essential Indicators

1. Describe the mechanisms in place to receive and respond to consumer complaints and feedback.

   At Max-healthcare, the Company has been understanding and taking into consideration the patient grievances and feedbacks with a focus to improve patient care, engagement and retention through a feedback mechanism. It ensures a voluntary and independent feedback as well as direct feedback (in person), across all hospital areas like Inpatient, Outpatient, daycare etc. One of the modes of seeking feedback is through text messages sent to the patient once the treatment is completed, enquiring about the service offered, doctor and supporting staff or any other issue faced by patient. Feedback message is reviewed by a dedicated department (patient excellence department) and subsequent actions are taken by them to avoid any such shortcomings in the future.

2. Turnover of products and/services as a percentage of turnover from all products/service that carry information about:

	As a percentage to total turnover
Environmental and social parameters relevant to the product	Our Company provides healthcare service to the customers and does not manufacture such products which may be harmful for the customers.
Safe and responsible usage	In terms of Bio medical waste, as per the BMW rules 2016, published by CPCB (Central Pollution Control Board), 100% Bio-medical waste from the healthcare facilities is handed over to the State Pollution Control Board authorised operator for collection, reception, transport, storage and disposal. The staff handling bio medical waste are also periodically trained on the same.
Recycling and/or safe disposal	Being a healthcare service provider, all of the products utilized by us for medical consumption are sourced from reputed vendors selected after a thorough screening process for safe usage and also promoting safe disposal.

3. Number of consumer complaints in respect of the following:

	FY 2022-23 (Current Financial Year)			FY 2021-22 (Previous Financial Year)		
	Received during the year	Pending resolution at end of year	Remarks	Received during the year	Pending resolution at end of year	Remarks
Data privacy	0	0	-	0	0	-
Advertising	0	0	-	0	0	-
Cyber-security	0	0	-	0	0	-
Delivery of essential services	0	0	-	0	0	-
Restrictive Trade Practices	NA	NA	-	NA	NA	-
Unfair Trade Practices	NA	NA	-	NA	NA	-
Others	-	-	-	-	-	-

4. Details of instances of product recalls on accounts of safety issues:

   Max Healthcare is into healthcare services and is not, involved in business of any production activity.

	Number	Reasons for Recall
Voluntary Calls	-	-
Forced Calls	-	-

5. Does the entity have a framework/ policy on cyber security and risks related to data privacy? (Yes/No) If available, provide a web-link of the policy.

   Yes, the Company have several policies developed by IT Team to ensure cyber security and minimize risks related to data security the same has available at IT management system portal. Our Policy is accessible to all through our https://www.maxhealthcare.in/investors/corporate-governance

   - Max Healthcare End User Computing Policy: It provides basic computer security measures that must be followed by all individuals of Max and on all workstations, mobiles or devices that connects to the Max Healthcare network.
   - Data Security Policy: It describes the Protection of Confidential Data/Information which could be in the form of highly sensitive data like EHR (Electronic Health Record), PHR (Personal Health Record) or PI/SPI by Max Healthcare Full-Time and Regular Part-Time Employees. This Policy Letter sets forth the general principles which underlie MHC practices for collecting, using, disclosing, storing, accessing, transferring, or otherwise processing Personal Information/Health Information.
   - Data Backup Management Process: To define responsibilities and procedures for the management and backup of Max Healthcare computing environment. The intent of this policy is to anticipate and minimize the impact of IT services failure through the implementation of predefined, pre-tested and documented backup and restoration plans and procedures.
   - Incident Management Policy: To establish and maintain a documented procedure for dealing with all IT incidents. These can be either IT infra or Applications incidents. It describes the various IT incidents that can occur, reporting mechanism for all IT incidents, handling and analysis of these incidents.
   - E-mail archival Software: Aimed to improve and streamline e-mail retention process from a legal and compliance perspective.
   - Privileged identity management (PIM) and privileged access management (PAM) systems: For augmenting security to Company's existing infrastructure, which includes servers and network devices. The Company has installed the Arcon Software, this will enable to debar users from unauthorized access, also providing dual security to each critical device and giving visibility to the Company.
   - WAF (Web Access Firewall): It was Implemented as an extra layer of security for 21 public-facing internet-facing applications, which will further enhance the security. This will reduce the possibility of hacking of confidential data against common web exploits and bots that may impact on the compromising the security or consume excessive resources.
   - SDWAN (Software Defined Wide Area Network): Implemented at Saket and Vaishali Hospital locations. SD WAN will improve performance, boost system security, and lower complexity.
   - SOC (Security Operation Centre): SOC is deployed for all critical servers, network and security devices, which will help in minimizing breach impact, and ensure faster detection, and remediation of threats, improving security visibility with 24x7 monitoring.
   - Adoption of Cloud Computing and Cloud Native Tools: Max Healthcare has adopted AWS cloud, which will help with scalability, performance, business continuity, and flexibility perspective. AWS native provides coverage of all resources in the cloud control API.

6. Provide details of any corrective actions taken or underway on issues relating to advertising and delivery of essential services; cyber security and data privacy of customers; re-occurrence of instances of product recalls; penalty / action taken by regulatory authorities on safety of products / services.

   At Max Healthcare, we have adopted a proactive and comprehensive stance when it comes to addressing the diverse challenges that may arise in our industry. We are committed to maintaining the trust and safety of our patients and customers, and our strategies encompass the following key areas:

   - Cybersecurity and Data Privacy: We understand the critical importance of cybersecurity and data privacy in today's digital age. To ensure the protection of patient and customer data, we have implemented a multi-faceted approach. This approach involves a combination of rigorous employee training, well-defined processes, and robust policies that govern the handling of sensitive information. Additionally, we have invested in cutting-edge technologies that bolster our defenses against cyber threats.
   - Incident Response Plan: In the event of any suspicious activity or potential breach, our well-established incident response plan comes into action. This plan ensures swift and effective containment of the situation, followed by a thorough investigation to determine the nature and extent of the incident. By having this plan in place, we can promptly address any issues that may arise and take appropriate measures to prevent reoccurrences.
   - Regulatory Adherence and Compliance: Regulatory compliance is a fundamental aspect of our operations. Whether it pertains to advertising standards, service delivery, or product recalls, we closely align with the requirements set forth by relevant regulatory authorities. This approach not only safeguards the interests of our customers but also reinforces our commitment to maintaining the highest level of quality and safety in all our offerings.

   In conclusion, Max Healthcare is dedicated to maintaining the trust of our patients, customers, and regulatory authorities. Our proactive measures, coupled with our commitment to adherence and compliance, reflect our unwavering dedication to excellence in patient care, cybersecurity, and regulatory alignment.

Leadership Indicators

1. **Channels / platforms where information on products and services of the Company can be accessed (provide web link, if available).**

   Platforms for Information on Products and Services:

   - www.maxhealthcare.in/
   - www.maxlab.co.in/
   - www.maxathome.in/

2. **Steps taken to inform and educate consumers about safe and responsible usage of products and services.**

Action Points	Description
Assessment of Individual Needs	At Max Healthcare, we place a strong emphasis on conducting thorough assessments to gain insight into the distinctive requirements, health profiles, and obstacles faced by individuals. This includes Initial Assessment, a comprehensive evaluation that delves into the physiological status of our patients. Additionally, our ongoing reassessment process encompasses not only the physiological aspect but also entails risk assessments for factors such as falls and pain management. By engaging in these meticulous assessment practices, we ensure a holistic understanding of each patient's situation, allowing us to provide tailored and effective care strategies that address their specific needs and challenges
Tailored Education Plans	Max Healthcare places a strong emphasis on patient-centric initiatives, particularly in the domains of education and learning. A fundamental aspect of this approach involves conducting comprehensive assessments tailored to each patient's unique circumstances. By understanding their individual conditions and assessing risk levels, Max Healthcare ensures that health education is personalized and effective. This personalized approach extends to the provision of bilingual information, enabling patients to access essential medical details in their preferred language. These efforts collectively underscore Max Healthcare's commitment to delivering holistic and patient-focused healthcare services.
Collaboration with Interdisciplinary Teams	Max Healthcare dedicated team of nurses collaborates seamlessly with other healthcare professionals, including doctors, physiotherapists, and pharmacists. This synergy aims to enhance the understanding of our consumers regarding various products and services. Nurses take an active role in educating patients, ensuring that they receive comprehensive explanations that contribute to informed decision-making. This collaborative effort underscores our commitment to providing the best possible care and ensuring that our consumers are well-informed about the offerings available to them.
Demonstration and Practice	Max Healthcare, prioritize effective learning through practical experiences. Max dedicated nursing staff plays a pivotal role in facilitating hands-on sessions for our clients, where they provide comprehensive demonstrations and closely oversee practice sessions. This approach is particularly significant for items that necessitate direct application, such as glucometers, insulin administration techniques, inhaler usage, and the operation of comfort devices. Through these interactive sessions, we empower consumer to confidently and competently manage these aspects of their healthcare journey.
Cultural Sensitivity	Max Healthcare nursing staff is well-equipped with the training to honor the values and traditions of patients, all the while providing them with education on the secure utilization of our products and services. This ensures a holistic approach to care that is both culturally sensitive and safety-conscious.
Regular Follow-Up	Max Healthcare emphasize the significance of conducting follow-up sessions to gauge the progress of our patients and to address any obstacles they may have encountered. Specifically, within our Outpatient Department (OPD), we prioritize the follow-up of post-surgical patients. This practice allows us to closely monitor their recovery journey and effectively track the occurrence of Surgical Site Infections (SSI)
Engage Community Health Workers	Max Healthcare extends its services through Max Home, providing comprehensive healthcare support beyond the confines of its facilities.
Advocacy	Max Healthcare nursing professionals play a pivotal role in ensuring product and service safety. They have the authority to advocate for improvements if a product or service poses risks or falls short for vulnerable communities. Nurses are encouraged to provide feedback after product demonstrations and usage, contributing to its enhancement. Additionally, our nurses empower consumers by educating them about their rights and responsibilities, enabling informed choices. They guide individuals on seeking help in case of challenges with products or services, thereby fostering a safer and more informed healthcare experience.

3. **Mechanisms in place to inform consumers of any risk of disruption / discontinuation of essential services.**

   Not Applicable.

4. **Does the entity display product information on the product over and above what is mandated as per local laws? (Yes/No/ Not Applicable) If yes, provide details in brief. Did your entity carry out any survey with regard to consumer satisfaction relating to the major products / services of the entity, significant locations of the entity or the entity as a whole? (Yes / No)**

   The Company does not display any product information, as Max does not produce any product as it serves in the healthcare industry. Furthermore, with "Patient Feedback Management System" launched in April 2021, one of its main agenda to ensure maximizing the collation of Feedback from every customer once they avail services across the network in areas like Inpatient, Outpatient, Emergency, day-care and PHP, based on a voluntary and an independent response via SMS feedback link shared to the customers.

5. **Provide the following information relating to data breaches:**

   a. **Number of instances of data breaches along with impact: -**

      NIL

   b. **Percentage of data breaches involving personally identifiable information of customers: -**

      NIL

Financial Statements

Independent Auditor's Report

To the members of
Max Healthcare Institute Limited

Report on the audit of the standalone financial statements

Opinion

We have audited the accompanying standalone financial statements of **Max Healthcare Institute Limited** ("the Company"), which comprise the Balance Sheet as at March 31, 2023 and the Statement of Profit and Loss (including Other Comprehensive Income), the Statement of Cash Flows and the Statement of Changes in Equity for the year then ended, and a summary of significant accounting policies and other explanatory information

In our opinion and to the best of our information and according to the explanations given to us, the aforesaid standalone financial statements give the information required by the Companies Act, 2013 ("the Act") in the manner so required and give a true and fair view in conformity with the Indian Accounting Standards prescribed under section 133 of the Act read with the Companies (Indian Accounting Standards) Rules, 2015, as amended, ("Ind AS") and other accounting principles generally accepted in India, of the state of affairs of the Company as at March 31, 2023 and its profit, total comprehensive income, its cash flows and the changes in equity for the year ended on that date.

Basis for opinion

We conducted our audit of the standalone financial statements in accordance with the Standards on Auditing (SAs) specified under section 143(10) of the Act. Our responsibilities under those Standards are further described in the Auditor's Responsibility for the Audit of the Standalone Financial Statements section of our report. We are independent of the Company in accordance with the Code of Ethics issued by the Institute of Chartered Accountants of India (ICAI) together with the ethical requirements that are relevant to our audit of the standalone financial statements under the provisions of the Act and the Rules made thereunder, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the ICAI's Code of Ethics. We believe that the audit evidence obtained by us is sufficient and appropriate to provide a basis for our audit opinion on the standalone financial statements.

Key audit matters

Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the standalone financial statements of the current period. These matters were addressed in the context of our audit of the standalone financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. We have determined the matters described below to be the key audit matters to be communicated in our report.

S No.	Key Audit Matter	Auditor's Response
1.	**Impairment of intangible assets (Goodwill and trademark)** (Refer to note 7 and note 8 of the notes forming part of the standalone financial statements) The Company has intangible asset with indefinite lives comprising Goodwill of INR 94,742 lakhs and Trademarks of INR 49,378 lakhs as at March 31, 2023. The Company's evaluation of goodwill and trademark for impairment involves the comparison of the recoverable value of cash generating unit to its carrying value in accordance with Ind AS 36, Impairment of Assets. The recoverable amount is determined based on the higher of the fair value less cost of disposal or the value in use.	**Principal audit procedures performed** With respect to Impairment of intangible assets (Goodwill and trademark), we: • Evaluated the design, implementation and operating effectiveness of controls over impairment assessment, including controls relating to review of future cash flow forecasts (including forecast of future revenue and operating margins) and controls relating to review of assumptions of discount rates and the long-term growth rates. • Evaluated the reasonableness of the estimates used by management in assessment of future cash flow forecasts and operating margins by comparing them to Historical revenue and operating margins, latest approved targets and long term plans. • With the assistance of our fair value specialist, evaluated the appropriateness of the valuation methodology and reasonableness of the key valuation assumptions used by management and tested mathematical accuracy of the calculations used in assessment of recoverable value.

S No.	Key Audit Matter	Auditor's Response
	The Company has determined recoverable value, which included use of discounted cash flow model to estimate recoverable value, and requires management to make significant estimates and assumptions related to future cash flow forecasts (including forecast of future revenue and operating margins), discount rates and the long term growth rates applied to these future cash flow forecasts. Changes in these estimates and assumptions could have a significant impact on the assessment of the recoverable value and the consequential impact on impairment loss. The management has concluded that the recoverable value is higher than the carrying amount and accordingly, no impairment provision has been recorded as at March 31, 2023. Considering the significant degree of judgement and subjectivity involved in the estimates and assumptions used in determining the recoverable value used in the impairment evaluation, we have determined impairment of such goodwill and trademark arising from the business combination as a key audit matter for the current year audit.	• Evaluated the appropriateness of the accounting and disclosures in the standalone financial statements in compliance with the accounting standards.

Information other than the financial statements and auditor's report thereon

The Company's Board of Directors is responsible for the other information. The other information comprises the information included in the Board's Report including Annexures to Board's Report, but does not include the standalone financial statements and our auditor's report thereon. The Board report is expected to be made available to us after the date of this auditor's report.

- Our opinion on the standalone financial statements does not cover the other information and we will not express any form of assurance conclusion thereon.
- In connection with our audit of the standalone financial statements, our responsibility is to read the other information identified above when it becomes available and, in doing so, consider whether the other information is materially inconsistent with the standalone financial statements or our knowledge obtained during the course of our audit or otherwise appears to be materially misstated.
- When we read the Board report, if we conclude that there is a material misstatement therein, we are required to communicate the matter to those charged with governance as required under SA 720 'The Auditor's responsibilities Relating to Other Information'

Responsibilities of management and those charged with governance for the standalone financial statements

The Company's Board of Directors is responsible for the matters stated in section 134(5) of the Act with respect to the preparation of these standalone financial statements that give a true and fair view of the financial position, financial performance including other comprehensive income, cash flows and changes in equity of the Company in accordance with the Ind AS and other accounting principles generally accepted in India. This responsibility also includes maintenance of adequate accounting records in accordance with the provisions of the Act for safeguarding the assets of the Company and for preventing and detecting frauds and other irregularities; selection and application of appropriate accounting policies; making judgments and estimates that are reasonable and prudent; and design, implementation and maintenance of adequate internal financial controls, that were operating effectively for ensuring the accuracy and completeness of the accounting records, relevant to the preparation and presentation of the standalone financial statement that give a true and fair view and are free from material misstatement, whether due to fraud or error.

In preparing the standalone financial statements, management is responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Board of Directors either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

The Company's Board of Directors are also responsible for overseeing the Company's financial reporting process.

Auditor's responsibility for the audit of the standalone financial statements

Our objectives are to obtain reasonable assurance about whether the standalone financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these standalone financial statements.

As part of an audit in accordance with SAs, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the standalone financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal financial control relevant to the audit in order to design audit procedures that are appropriate in the circumstances. Under section 143(3)(i) of the Act, we are also responsible for expressing our opinion on whether the Company has adequate internal financial controls with reference to standalone financial statements in place and the operating effectiveness of such controls.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the standalone financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the standalone financial statements, including the disclosures, and whether the standalone financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

Materiality is the magnitude of misstatements in the standalone financial statements that, individually or in aggregate, makes it probable that the economic decisions of a reasonably knowledgeable user of the standalone financial statements may be influenced. We consider quantitative materiality and qualitative factors in (i) planning the scope of our audit work and in evaluating the results of our work; and (ii) to evaluate the effect of any identified misstatements in the standalone financial statements.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

From the matters communicated with those charged with governance, we determine those matters that were of most significance in the audit of the standalone financial statements of the current period and are therefore the key audit matters. We describe these matters in our auditor's report unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, we determine that a matter should not be communicated in our report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.

Report on other legal and regulatory requirements

1. As required by Section 143(3) of the Act, based on our audit we report that:

    a) We have sought and obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit.

    b) In our opinion, proper books of account as required by law have been kept by the Company so far as it appears from our examination of those books.

    c) The Balance Sheet, the Statement of Profit and Loss including Other Comprehensive Income, the Statement of Cash Flows and Statement of Changes in Equity dealt with by this Report are in agreement with the books of account.

    d) In our opinion, the aforesaid standalone financial statements comply with the Ind AS specified under Section 133 of the Act.

    e) On the basis of the written representations received from the directors as on March 31, 2023 taken on record by the Board of Directors, none of the directors is disqualified as on March 31, 2023 from being appointed as a director in terms of Section 164(2) of the Act.

    f) With respect to the adequacy of the internal financial controls with reference to standalone financial statements of the Company and the operating effectiveness of such controls, refer to our separate Report in "Annexure A". Our report expresses an unmodified opinion on the adequacy and operating effectiveness of the Company's internal financial controls with reference to standalone financial statements.

g) With respect to the other matters to be included in the Auditor's Report in accordance with the requirements of section 197(16) of the Act, as amended, in our opinion and to the best of our information and according to the explanations given to us, the remuneration paid by the Company to its directors during the year is in accordance with the provisions of section 197 of the Act.

h) With respect to the other matters to be included in the Auditor's Report in accordance with Rule 11 of the Companies (Audit and Auditors) Rules, 2014, as amended in our opinion and to the best of our information and according to the explanations given to us:

i. The Company has disclosed the impact of pending litigations on its financial position in its standalone financial statements - Refer Note 30A forming part of standalone financial statements.

ii. The Company did not have any long-term contracts including derivative contracts for which there were any material foreseeable losses. Refer Note 30C forming part of standalone financial statements.

iii. The Company was not required to transfer any amount to the Investor Education and Protection Fund during the year -Refer Note 31.24 forming part of standalone financial statements.

iv. (a) The Management has represented that, to the best of it's knowledge and belief, as disclosed in the note 31.21 to the standalone financial statements, no funds have been advanced or loaned or invested (either from borrowed funds or share premium or any other sources or kind of funds) by the Company to or in any other person(s) or entity(ies), including foreign entities ("Intermediaries"), with the understanding, whether recorded in writing or otherwise, that the Intermediary shall, directly or indirectly lend or invest in other persons or entities identified in any manner whatsoever by or on behalf of the Company ("Ultimate Beneficiaries") or provide any guarantee, security or the like on behalf of the Ultimate Beneficiaries.

(b) The Management has represented, that, to the best of it's knowledge and belief, as disclosed in the note 31.22 to the standalone financial statements, no funds have been received by the Company from any person(s) or entity(ies), including foreign entities ("Funding Parties"), with the understanding, whether recorded in writing or otherwise, that the Company shall, directly or indirectly, lend or invest in other persons or entities identified in any manner whatsoever by or on behalf of the Funding Party ("Ultimate Beneficiaries") or provide any guarantee, security or the like on behalf of the Ultimate Beneficiaries.

(c) Based on the audit procedures performed that have been considered reasonable and appropriate in the circumstances, nothing has come to our notice that has caused us to believe that the representations under sub-clause (i) and (ii) of Rule 11(e), as provided under (a) and (b) above, contain any material misstatement.

v. As stated in note 16 (g) to the standalone financial statements, the Board of Directors of the Company has proposed final dividend for the year which is subject to the approval of the members at the ensuing Annual General Meeting. The dividend proposed is in accordance with section 123 of the Act, as applicable.

vi. Proviso to Rule 3(1) of the Companies (Accounts) Rules, 2014 for maintaining books of account using accounting software which has a feature of recording audit trail (edit log) facility is applicable to the Company w.e.f. April 1, 2023, and accordingly, reporting under Rule 11(g) of Companies (Audit and Auditors) Rules, 2014 is not applicable for the financial year ended March 31, 2023.

2. As required by the Companies (Auditor's Report) Order, 2020 ("the Order") issued by the Central Government in terms of Section 143(11) of the Act, we give in "Annexure B" a statement on the matters specified in paragraphs 3 and 4 of the Order.

For **DELOITTE HASKINS & SELLS**
Chartered Accountants
(Firm's Registration No. 015125N)

RASHIM TANDON
Partner
(Membership No. 95540)
(UDIN: 23095540BGQBMB8533)

Place: New Delhi
Date: May 16, 2023

Annexure "A" to The Independent Auditor's Report

(Referred to in paragraph 1(f) under 'Report on Other Legal and Regulatory Requirements' section of our report of even date)

Report on the Internal Financial Controls with reference to standalone financial statements under Clause (i) of Sub-section 3 of Section 143 of the Companies Act, 2013 ("the Act")

We have audited the internal financial controls with reference to standalone financial statements of **Max Healthcare Institute Limited** ("the Company") as of March 31, 2023 in conjunction with our audit of the standalone Ind AS financial statements of the Company for the year ended on that date.

Management's responsibility for internal financial controls

The Company's management is responsible for establishing and maintaining internal financial controls with reference to standalone financial statements based on the internal control with reference to standalone financial statements criteria established by the Company considering the essential components of internal control stated in the Guidance Note on Audit of Internal Financial Controls Over Financial Reporting issued by the Institute of Chartered Accountants of India". These responsibilities include the design, implementation and maintenance of adequate internal financial controls that were operating effectively for ensuring the orderly and efficient conduct of its business, including adherence to company's policies, the safeguarding of its assets, the prevention and detection of frauds and errors, the accuracy and completeness of the accounting records, and the timely preparation of reliable financial information, as required under the Companies Act, 2013.

Auditor's responsibility

Our responsibility is to express an opinion on the Company's internal financial controls with reference to standalone financial statements of the Company based on our audit. We conducted our audit in accordance with the Guidance Note on Audit of Internal Financial Controls Over Financial Reporting (the "Guidance Note") issued by the Institute of Chartered Accountants of India and the Standards on Auditing prescribed under Section 143(10) of the Companies Act, 2013, to the extent applicable to an audit of internal financial controls with reference to standalone financial statements. Those Standards and the Guidance Note require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether adequate internal financial controls with reference to standalone financial statements was established and maintained and if such controls operated effectively in all material respects.

Our audit involves performing procedures to obtain audit evidence about the adequacy of the internal financial controls with reference to standalone financial statements and their operating effectiveness. Our audit of internal financial controls with reference to standalone financial statements included obtaining an understanding of internal financial controls with reference to standalone financial statements, assessing the risk that a material weakness exists, and testing and evaluating the design and operating effectiveness of internal control based on the assessed risk. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the standalone financial statements, whether due to fraud or error.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on the Company's internal financial controls with reference to standalone financial statements .

Meaning of internal financial controls with reference to standalone financial statements

A company's internal financial control with reference to standalone financial statements is a process designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of standalone financial statements for external purposes in accordance with generally accepted accounting principles. A company's internal financial control with reference to standalone financial statements includes those policies and procedures that (1) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the company; (2) provide reasonable assurance that transactions are recorded as necessary to permit preparation of standalone financial statements in accordance with generally accepted accounting principles, and that receipts and expenditures of the company are being made only in accordance with authorisations of management and directors of the company; and (3) provide reasonable assurance regarding prevention or timely detection of unauthorised acquisition, use, or disposition of the company's assets that could have a material effect on the standalone financial statements.

Inherent Limitations of Internal Financial Controls with reference to standalone financial statements

Because of the inherent limitations of internal financial controls with reference to standalone financial statements, including the possibility of collusion or improper management override of controls, material misstatements due to error or fraud may occur and not be detected. Also, projections of any evaluation of the internal financial controls with reference to standalone financial statements to future periods are subject to the risk that the internal financial control with reference to standalone financial statements may become inadequate because of changes in conditions, or that the degree of compliance with the policies or procedures may deteriorate.

Opinion

In our opinion, to the best of our information and according to the explanations given to us, the Company has, in all material respects, an adequate internal financial controls with reference to standalone financial statements and such internal financial controls with reference to standalone financial statements were operating effectively as at March 31, 2023, based on the criteria for internal financial control with reference to standalone financial statements established by the Company considering the essential components of internal control stated in the Guidance Note on Audit of Internal Financial Controls Over Financial Reporting issued by the Institute of Chartered Accountants of India.

For **DELOITTE HASKINS & SELLS**
Chartered Accountants
(Firm's Registration No. 015125N)

RASHIM TANDON
Partner
(Membership No. 95540)
(UDIN: 23095540BGQBMB8533)

Place: New Delhi
Date: May 16, 2023

Annexure "B" to The Independent Auditors' Report

(Referred to in paragraph 2 under 'Report on Other Legal and Regulatory Requirements' section of our report of even date)

In terms of the information and explanations sought by us and given by the Company and the books of account and records examined by us in the normal course of audit and to the best of our knowledge and belief, we state that:

(i) (a) In respect of its fixed assets (Property, Plant and Equipment):

(i) The Company has maintained proper records showing full particulars, including quantitative details and situation of Property, Plant and Equipment, capital work-in-progress, and relevant details of right- of-use assets.

(ii) The Company has maintained proper records showing full particulars of intangible assets.

(b) The Company has a program of physical verification of property, plant and equipment, capital work in progress and right-of-use assets so to cover all items once every two years which, in our opinion, is reasonable having regard to the size of the Company and nature of its assets. Pursuant to the program, certain items of Property, Plant and Equipment were due for verification during the year and were physically verified by the Management during the year. According to the information and explanations given to us, no material discrepancies were noticed on such verification.

(c) With respect to immovable properties (other than properties where the Company is the lessee and the lease agreements are duly executed in favour of the Company) disclosed in the financial statements included in property plant and equipment, according to the information and explanations given to us and based on the examination of the registered conveyance deed provided to us / confirmations directly received by us from the lenders, we report that, the title deeds of such immovable properties are held in the name of the Company as at the balance sheet date, except for the following:

Description of immovable properties taken on lease	Gross Block as at March 31, 2023 (INR in Lakhs)	Carrying value as at March 31, 2023 (INR in Lakhs)	Held in name of	Whether Promoter, director or their relative or employee	Period Held	Reason for not being held in the name of the Company
Gat No. 173/1, admeasuring H.1-92 Acres, P.K. H.O-09 Acres Assessed at INR 15=48 Ps situated at Sanghli, Maharashtra	6	6	Saket City Hospitals Private Limited	No	6.7 years	The conveyance deed is in the name of erstwhile subsidiary that pursuant to a scheme of voluntary liquidation with effect from August 31, 2022. has distributed the entire business undertaking to the Company on going concern basis. Refer Note 4.02 of the standalone financial statements.
17 Acres land at Shahdra, NCT Delhi	401	401	Saket City Hospitals Private Limited	No	1 year	The Company has filed an appeal against the refusal of the sub-registrar to register the sale deed of the land citing non addressal of the deficiency memo. Refer Note 4.02 of the standalone financial statements.

Description of immovable properties taken on lease	Gross Block as at March 31, 2023 (INR in Lakhs)	Carrying value as at March 31, 2023 (INR in Lakhs)	Held in name of	Whether Promoter, director or their relative or employee	Period Held	Reason for not being held in the name of the Company
6.11 Acres land at Sector 53, Gurgaon, Haryana	10,240	10,240	Max Healthcare Institute Limited	No	1 year	The title is under dispute as Haryana Shehri Vikas Pradhikaran ("HSVP") has unilaterally cancelled the allotment of the land to the Company pursuant on the grounds that a part of the land (measuring 2.58 acre) could not be transferred by the previous developer /land owner. Refer Note 4.04 of the standalone financial statements.

(d) The Company has not revalued any of its property, plant and equipment (including Right of Use assets) and intangible assets during the year.

(e) According to the information and explanations given to us, no proceedings have been initiated during the year or are pending against the Company as at March 31, 2023 for holding any benami property under the Benami Transactions (Prohibition) Act, 1988 (as amended in 2016) and rules made thereunder.

(ii) (a) The inventories were physically verified during the year by the Management at reasonable intervals. In our opinion and according to the information and explanations given to us, the coverage and procedure of such verification by the Management is appropriate having regard to the size of the Company and the nature of its operations. No discrepancies of 10% or more in the aggregate for each class of inventories were noticed on such physical verification of inventories when compared with books of account.

(b) According to the information and explanations given to us, the Company has been sanctioned working capital limits in excess of INR 5 crores, in aggregate, at points of time during the year, from banks or financial institutions on the basis of security of current assets. In our opinion and according to the information and explanations given to us, the quarterly returns or statements comprising statement of stock position filed by the Company with such banks or financial institutions are in agreement with unaudited books of account of the Company for the respective quarters and no material discrepancies have been observed – Refer note 17 forming part of the standalone financial statements.

(iii) The Company has made investments in, provided guarantee or security and granted loans or advances in the nature of loans, secured or unsecured, to companies, firms, Limited Liability Partnerships or any other parties during the year, in respect of which:

(a) The Company has provided loans or advances in the nature of loans and stood guarantee during the year and details of which are given below:

(INR in Lakhs)

	Loans	Guarantees	Security
A. Aggregate amount granted/ provided during the year*:			
- Subsidiaries	7,656	2,036	-
- Others	-	963	-
B. Balance outstanding as at balance sheet date in respect of the above cases:			
- Subsidiaries	13,954	22,615	17,466
- Others	30,856	18,396	-

Also, refer note 31.20 of the standalone financial statements.

(b) The investments made, guarantees provided, security given and the terms and conditions of the grant of all the above-mentioned loans and advances in the nature of loans and guarantees provided, during the year are, in our opinion, prima facie, not prejudicial to the Company's interest.

(c) In respect of loans granted or advances in the nature of loans provided by the Company, the schedule of repayment of principal and payment of interest has been stipulated and the repayments of principal amounts and receipts of interest are regular as per stipulation. For loans or advances in the nature of loan are payable on demand, the Company during the year has not demanded such loan or advances in the nature of loan and having regard to the fact that the repayment of principal or payment of interest has not been demanded by the Company, in our opinion the repayments of principal amounts and receipts of interest are regular.

(d) According to information and explanations given to us and based on the audit procedures performed, in respect of loans granted and advances in the nature of loans provided by the Company, there is no amount overdue for more than 90 days at the balance sheet date.

(e) No loan or advance in the nature of loan granted by the Company which has fallen due during the year, has been renewed or extended or fresh loans granted to settle the overdues of existing loans given to the same parties.

(f) According to information and explanations given to us and based on the audit procedures performed, the Company has granted loans or advances in the nature of loans which are repayable on demand, details of which are given below:

(INR in Lakhs)

	Subsidiary Companies	Others
Aggregate of Loans:		
- Repayable on demand	12,250	2,000
Percentage of loans to total loans	27%	4%

Also refer note 31.20 of the standalone financial statements.

(iv) In our opinion and according to the information and explanations given to us, the Company has complied with the provisions of Sections 185 and 186 of the Companies Act, 2013 in respect of loans granted, investments made and guarantees, and securities provided, as applicable.

(v) According to the information and explanations given to us, the Company has not accepted any deposit or amounts which are deemed to be deposits during the year. The Company does not have any unclaimed deposits and accordingly, the provisions of Sections 73 to 76 or any other relevant provisions of the Companies Act, 2013 are not applicable to the Company.

(vi) The maintenance of cost records has been specified by the Central Government under section 148(1) of the Companies Act, 2013. We have broadly reviewed the books of account maintained by the Company pursuant to the Companies (Cost Records and Audit) Rules, 2014, as amended, prescribed by the Central Government for maintenance of cost records under Section 148(1) of the Companies Act, 2013, and are of the opinion that, prima facie, the prescribed cost records have been made and maintained by the Company. We have, however, not made a detailed examination of the cost records with a view to determine whether they are accurate or complete.

(vii) According to the information and explanations given to us in respect of statutory dues:

In respect of statutory dues:

(a) Other than few delays in deposit of Provident fund, undisputed statutory dues, including Goods and Service tax, Employees' State Insurance, duty of Custom, Income-tax, cess and other material statutory dues applicable to the Company have generally been regularly deposited by it with the appropriate authorities and there were no undisputed amounts payable in respect of these dues in arrears as at March 31, 2023 for a period of more than six months from the date they became payable.

We have been informed that the provisions of Sales Tax, duty of Excise and Value Added Tax are not applicable to the Company.

(b) Details of statutory dues referred to in sub-clause (a) above which have not been deposited as on March 31, 2023, on account of disputes are given below:

Name of Statute	Nature of Dues	Forum where Dispute is Pending	Period to which the Amount Relates	Amount (net of payment) (INR in Lakhs)	Amount paid under protest (INR in Lakhs)
Delhi Value Added Tax Act, 2004	Value Added Tax	Department of Trade and Taxes, Government of NCT of Delhi	2014-15	39	39
Delhi Value Added Tax Act, 2004	Value Added Tax	Department of Trade and Taxes, Government of NCT of Delhi	2015-16	75	75
Delhi Value Added Tax Act, 2004	Value Added Tax	Department of Trade and Taxes, Government of NCT of Delhi	2016-17	130	130
Delhi Value Added Tax Act, 2004	Value Added Tax	Department of Trade and Taxes, Government of NCT of Delhi	2017-18	5	5

(viii) There were no transactions relating to previously unrecorded income that were surrendered or disclosed as income in the tax assessments under the Income Tax Act, 1961 (43 of 1961) during the year.

(ix) (a) In our opinion and according to the information and explanations given to us, the Company has not defaulted in the repayment of loans or other borrowings or in the payment of interest thereon to any lender during the year.

(b) The Company has not been declared wilful defaulter by any bank or financial institution or government or any government authority.

(c) To the best of our knowledge and belief, in our opinion, term loans availed by the Company were, applied by the Company during the year for the purposes for which the loans were obtained.

(d) On an overall examination of the standalone financial statements of the Company, funds raised on short-term basis have, prima facie, not been used during the year for long-term purposes by the Company.

(e) On an overall examination of the standalone financial statements of the Company, the Company has not taken any funds from any entity or person on account of or to meet the obligations of its subsidiaries.

(f) The Company has not raised loans during the year on the pledge of securities held in its subsidiary companies.

(x) (a) The Company has not issued any of its securities (including debt instruments) during the year and hence reporting under clause (x)(a) of the Order is not applicable.

(b) During the year the Company has not made any preferential allotment or private placement of shares or convertible debentures (fully or partly or optionally) and hence reporting under clause (x)(b) of the Order is not applicable to the Company.

(xi) (a) To the best of our knowledge, no fraud by the Company and no material fraud on the Company has been noticed or reported during the year.

(b) To the best of our knowledge, no report under sub-section (12) of section 143 of the Companies Act has been filed in Form ADT-4 as prescribed under rule 13 of Companies (Audit and Auditors) Rules, 2014 with the Central Government, during the year and upto the date of this report.

(c) We have taken into consideration the whistle blower complaints received by the Company during the year (and upto the date of this report) and provided to us, when performing our audit.

(xii) The Company is not a Nidhi Company and hence reporting under clause 3(xii) of the Order is not applicable.

(xiii) In our opinion and according to the information and explanations given to us, the Company is in compliance with Section 177 and 188 of the Companies Act, 2013, where applicable, for all transactions with the related parties and the details of related party transactions have been disclosed in the standalone financial statements etc. as required by the applicable accounting standards.

(xiv) (a) In our opinion the Company has an adequate internal audit system commensurate with the size and the nature of its business.

(b) We have considered, the internal audit reports issued to the Company during the year covering specific processes scoped in for review as per Internal Audit plan covering period upto March 2023 for the period under the audit.

(xv) During the year, the Company has not entered into any non-cash transactions with its directors or directors of its subsidiary or persons connected with them and hence provisions of section 192 of the Companies Act, 2013 are not applicable to the Company.

(xvi) (a) The Company is not required to be registered under section 45-IA of the Reserve Bank of India Act, 1934. Hence, reporting under clause (xvi)(a), (b) and (c) of the Order is not applicable.

(b) There is no core investment Company within the Group (as defined in the Core Investment Companies (Reserve Bank) Directions, 2016) and accordingly, reporting under clause 3(xvi)(d) of the Order is not applicable.

(xvii) The Company has not incurred cash losses during the financial year covered by our audit and the immediately preceding financial year.

(xviii) There has been no resignation of the statutory auditors of the Company during the year.

(xix) On the basis of the financial ratios, ageing and expected dates of realization of financial assets and payment of financial liabilities, other information accompanying the standalone financial statements and our knowledge of the Board of Directors and Management plans and based on our examination of the evidence supporting the assumptions, nothing has come to our attention, which causes us to believe that any material uncertainty exists as on the date of the audit report indicating that Company is not capable of meeting its liabilities existing at the date of balance sheet as and when they fall due within a period of one year from the balance sheet date. We, however, state that this is not an assurance as to the future viability of the Company. We further state that our reporting is based on the facts up to the date of the audit report and we neither give any guarantee nor any assurance that all liabilities falling due within a period of one year from the balance sheet date, will get discharged by the Company as and when they fall due.

(xx) The Company has fully spent the required amount towards Corporate Social Responsibility (CSR) and there are no unspent CSR amount for the year requiring a transfer to a fund specified in Schedule VII to the Companies Act or special account in compliance with the provision of sub-section (6) of section 135 of the said Act. Accordingly, reporting under clause (xx) of the Order is not applicable for the year.

For **DELOITTE HASKINS & SELLS**
Chartered Accountants
(Firm's Registration No. 015125N)

RASHIM TANDON
Partner
(Membership No. 95540)
(UDIN: 23095540BGQBMB8533)

Place: New Delhi
Date: May 16, 2023

Standalone Balance Sheet

as at March 31, 2023

(INR in Lakhs)

Particulars	Note	As at March 31, 2023	As at March 31, 2022
ASSETS			**(Refer Note 31.19)**
Non-current assets			
Property, plant and equipment	4	88,632	82,631
Right-of-use assets	5	9,826	12,826
Capital work-in-progress	6	5,703	1,406
Goodwill	7	1,31,935	1,31,935
Other intangible assets	8	2,18,071	2,21,910
Intangible assets under development	8A	4,582	4,619
Investments in subsidiaries	9	1,47,423	1,44,650
Financial assets			
(i) Investments	10(i)	51	51
(ii) Trade receivables	10(ii)	10,284	10,773
(iii) Loans	10(iii)	43,811	49,231
(iv) Other financial assets	10(iv)	19,265	26,136
Income tax assets (net)	11	2,929	5,297
Other non-current assets	12	15,916	18,467
Total non-current assets		**6,98,428**	**7,09,932**
Current assets			
Inventories	13	2,994	2,466
Financial assets			
(i) Trade receivables	14(i)	14,029	27,052
(ii) Cash and cash equivalents	14(ii)	1,315	21,400
(iii) Bank balance other than (ii) above	14(iii)	1,21,831	17,251
(iv) Loans	14(iv)	1,689	1,170
(v) Other financial assets	14(v)	1,159	996
Other current assets	15	588	909
Total current assets		**1,43,605**	**71,244**
TOTAL ASSETS		**8,42,033**	**7,81,176**
EQUITY AND LIABILITIES			
Equity			
Equity share capital	16 (i)	97,092	96,961
Other equity	16 (ii)	6,07,119	5,34,177
Total equity		**7,04,211**	**6,31,138**
Liabilities			
Non-current liabilities			
Financial liabilities			
(i) Borrowings	17	42,885	38,240
(ii) Lease liabilities	18	7,232	13,902
Provisions	19	1,990	2,038
Deferred tax liabilities (net)	23	41,375	65,661
Other non-current liabilities	20	222	274
Total non-current liabilities		**93,704**	**1,20,115**
Current liabilities			
Financial Liabilities			
(i) Borrowings	17	2,357	2,767
(ii) Lease liabilities	21(i)	878	643
(iii) Trade payables	21(ii)		
(a) Total outstanding dues of micro enterprises and small enterprises		68	165
(b) Total outstanding dues of creditors other than micro enterprises and small enterprises		21,911	19,296
(iv) Other financial liabilities	21(iii)	13,603	3,064
Other current liabilities	22	3,476	2,326
Provisions	19	1,825	1,662
Total current liabilities		**44,118**	**29,923**
Total liabilities		**1,37,822**	**1,50,038**
TOTAL EQUITY AND LIABILITIES		**8,42,033**	**7,81,176**

The accompanying notes are integral part of these standalone financial statements 1-31

As per our report of even date attached

For DELOITTE HASKINS & SELLS
Chartered Accountants
(Firm's Registration No. 015125N)

RASHIM TANDON
(Partner)
Membership No: 95540

For and on behalf of the Board of Directors of
MAX HEALTHCARE INSTITUTE LIMITED

ABHAY SOI
(Chairman and Managing Director)
DIN : 00203597

YOGESH KUMAR SAREEN
(Chief Financial Officer)
ICAI Membership Number: 087383

DHIRAJ ARORAA
(Company Secretary)
Membership Number: A28079

Place : New Delhi
Date : May 16, 2023

Standalone Statement of Profit and Loss

for the year ended March 31, 2023

(INR in Lakhs)

	Particulars	Note	Year ended March 31, 2023	Year ended March 31, 2022
				(Refer Note 31.19)
I	Revenue from operations	24	1,90,466	1,77,536
II	Other income	25	14,417	12,812
III	**Total income (I + II)**		**2,04,883**	**1,90,348**
IV	**Expenses**			
	Purchase of drugs, consumables and implants etc.		35,442	44,616
	Increase in inventories of drugs, consumables and implants etc.		(528)	(317)
	Employee benefits expense	26	37,225	37,143
	Professional and consultancy fee		36,994	31,486
	Finance costs	27	5,191	5,893
	Depreciation and amortization expense	28	11,321	11,196
	Other expenses	29	22,924	20,282
	Total expenses		**1,48,569**	**1,50,299**
V	**Profit before tax (III - IV)**		**56,314**	**40,049**
VI	**Tax expense/(credit)**			
	Current tax	23	11,193	6,494
	Deferred tax (credit)/charge	23	(24,310)	403
	Total tax (credit)/expense		**(13,117)**	**6,897**
VII	**Profit for the year (V - VI)**		**69,431**	**33,152**
VIII	**Other comprehensive income**			
	Items that will not be reclassified to profit or loss			
	Re-measurement of defined benefit plan	31.02	94	116
	Income tax effect on above	23	(24)	(29)
	Total other comprehensive income for the year, net of taxes		**70**	**87**
IX	**Total comprehensive income for the year (VII+VIII)**		**69,501**	**33,239**
X	**Earnings per equity share**	31.11		
	(Equity shares of par value INR 10 each)			
	Basic (INR)		7.16	3.43
	Diluted (INR)		7.15	3.42

The accompanying notes are integral part of these standalone financial statements 1-31

As per our report of even date attached

For DELOITTE HASKINS & SELLS
Chartered Accountants
(Firm's Registration No. 015125N)

RASHIM TANDON
(Partner)
Membership No: 95540

For and on behalf of the Board of Directors of
MAX HEALTHCARE INSTITUTE LIMITED

ABHAY SOI
(Chairman and Managing Director)
DIN : 00203597

YOGESH KUMAR SAREEN
(Chief Financial Officer)
ICAI Membership Number: 087383

DHIRAJ ARORAA
(Company Secretary)
Membership Number: A28079

Place : New Delhi
Date : May 16, 2023

Standalone Statement of Changes in Equity

for the year ended March 31, 2023

A) Equity share capital

(INR in Lakhs)

Particulars	Numbers	Amounts
Equity shares of INR 10 each issued, subscribed and fully paid		
Balance as at April 1, 2021	**96,59,45,006**	**96,595**
Add: Shares issued on exercise of employee stock options [refer note 16(i)]	36,68,449	366
Balance as at March 31, 2022	**96,96,13,455**	**96,961**
Add: Shares issued on exercise of employee stock options [refer note 16(i)]	13,09,370	131
Balance as at March 31, 2023	**97,09,22,825**	**97,092**

B) Other equity

(INR in Lakhs)

Particulars	Reserves and surplus					Other comprehensive income	
	Share Application Money pending allotment [Refer note 16(ii)]	Securities premium [Refer note 16(ii)]	Capital Reserves [Refer note 16(ii)]	Share options outstanding account [(Refer note 16(ii)]	Retained earnings [Refer note 16(ii)]	Defined benefit obligation [Refer note 16(ii)]	Total Other equity
Balance as at April 1, 2021 (refer note 31.19)	**-**	**510,481**	**6,529**	**2,651**	**(22,113)**	**(3)**	**497,545**
Profit for the year	-	-	-	-	33,152	-	33,152
Other comprehensive income for the year	-	-	-	-	-	87	87
Employees stock options compensation expenses	-	-	-	3,393	-	-	3,393
Transfer on account of exercise of stock options	-	3,832	-	(3,832)	-	-	-
Balance as at March 31, 2022 (refer note 31.19)	**-**	**514,313**	**6,529**	**2,212**	**11,039**	**84**	**5,34,177**
Profit for the year	-	-	-	-	69,431	-	69,431
Other comprehensive income for the year	-	-	-	-	-	70	70
Application money received during the year	5	-	-	-	-	-	5
Employees stock options compensation expenses	-	-	-	3,436	-	-	3,436
Transfer on account of exercise of stock options	-	1,490	-	(1,490)	-	-	-
Balance as at March 31, 2023	**5**	**515,803**	**6,529**	**4,158**	**80,470**	**154**	**607,119**

The accompanying notes are integral part of these standalone financial statements 1-31

As per our report of even date attached

For DELOITTE HASKINS & SELLS
Chartered Accountants
(Firm's Registration No. 015125N)

RASHIM TANDON
(Partner)
Membership No: 95540

Place : New Delhi
Date : May 16, 2023

For and on behalf of the Board of Directors of
MAX HEALTHCARE INSTITUTE LIMITED

ABHAY SOI
(Chairman and Managing Director)
DIN : 00203597

YOGESH KUMAR SAREEN
(Chief Financial Officer)
ICAI Membership Number: 087383

DHIRAJ ARORAA
(Company Secretary)
Membership Number: A28079

Standalone Statement of Cash Flow

for the year ended March 31, 2023

Accounting policy

Cash flows are reported using the indirect method, whereby profit for the year is adjusted for the effects of transactions of a non-cash nature, any deferrals or accruals of past or future operating cash receipts or payments and item of income or expenses associated with investing or financing cash flows. The cash flows from operating, investing and financing activities of the Company are segregated. The Company considers all highly liquid investments that are readily convertible to known amounts of cash to be cash equivalents

(INR in Lakhs)

Particulars	Year ended March 31, 2023	Year ended March 31, 2022
		(Refer Note 31.19)
Cash flows from operating activities		
Profit before tax	56,314	40,049
Adjustments to reconcile profit before tax to net cash from operating activities:		
Depreciation on property, plant and equipment	5,356	5,017
Depreciation on right of use assets	1,636	1,625
Amortization of intangible assets	4,329	4,554
Income on modification/termination of lease under Ind AS 116	(17)	(60)
Loss on foreign exchange fluctuation (net)	24	15
Employee stock option scheme expense - equity settled	2,887	3,142
Provision for doubtful advances and doubtful debts written back (net)	(75)	(820)
Bad debts and debit balances written off	448	873
(Gain)/loss on sale/disposal of property, plant and equipment (net)	(66)	2
Unclaimed balances and excess provisions written back	(1,078)	(2,033)
Finance income	(12,059)	(10,012)
Interest on lease liability	1,238	1,503
Interest on debts and borrowings	3,526	3,981
Gain on derivative instruments	-	(74)
Operating cash inflow before working capital changes	**62,463**	**47,762**
Adjustments for (increase)/decrease in operating assets		
Inventories	(528)	(317)
Trade receivables	13,345	4,545
Other financial assets	(647)	(6,128)
Other current and non current assets	(85)	627
Adjustments for increase/(decrease) in operating liabilities		
Trade payables and other financial liabilities	2,617	1,820
Other current and non-current liabilities	1,098	490
Provision for gratuity and Compensated Absences	209	220
Cash generated from operating activities	**78,472**	**49,019**
Income taxes paid (net)	(8,825)	(4,283)
Net cash generated from operating activities (A)	**69,647**	**44,736**
Cash flows from investing activities		
Purchase of property, plant and equipment, intangible assets, capital work-in-progress, capital creditors and capital advances	(12,050)	(37,099)
Proceeds from sale of property, plant and equipment	283	154
Loan given to subsidiaries and other healthcare service providers	(7,655)	(6,564)
Loan repayment by subsidiaries and other healthcare service providers	10,365	2,000
Amount received from Haryana Shehri Vikas Pradhikaran "HSVP" on unilateral cancellation of allotment of land (refer footnote 4.04)	9,971	-
Bank deposit against amount received back from HSVP (refer footnote 4.04)	(9,681)	-
Investment in bank deposits (having original maturity of more than three months) (net)	(86,338)	(17,107)
Acquisition of/investment in shares of subsidiaries	(2,224)	(18,468)
Interest income received	13,044	10,119
Net cash flows used in investing activities (B)	**(84,285)**	**(66,965)**

Standalone Statement of Cash Flow

for the year ended March 31, 2023

(INR in Lakhs)

Particulars	Year ended March 31, 2023	Year ended March 31, 2022
		(Refer Note 31.19)
Cash flows from financing activities		
Proceeds from issuance of equity share capital including security premium	131	366
Proceeds from share application money	5	-
Proceeds from non-current borrowings	9,358	347
Repayments of non-current borrowings	(4,713)	(11,422)
(Repayments of)/proceeds from short-term borrowings (net)	(420)	860
Principal payment/pre-payment of lease liabilities	(5,054)	(735)
Interest payment on lease liabilities	(1,238)	(1,503)
Interest on debts and borrowings paid	(3,516)	(4,061)
Net cash flow used in financing activities (C)	**(5,447)**	**(16,148)**
Net decrease in cash and cash equivalents (A + B + C)	**(20,085)**	**(38,377)**
Cash and cash equivalents at the beginning of the year [refer note 14(ii)]	21,400	59,777
Cash and cash equivalents at the end of the year [refer note 14(ii)]	**1,315**	**21,400**
Components of cash and cash equivalents:		
Balances with banks on current accounts	1,007	477
Bank deposits with original maturity of three months or less	-	20,674
Cheques, draft on hand	231	135
Cash on hand	77	114
Total cash and cash equivalents [refer note 14(ii)]	**1,315**	**21,400**

The accompanying notes are integral part of these standalone financial statements 1-31

As per our report of even date attached

For DELOITTE HASKINS & SELLS
Chartered Accountants
(Firm's Registration No. 015125N)

RASHIM TANDON
(Partner)
Membership No: 95540

For and on behalf of the Board of Directors of
MAX HEALTHCARE INSTITUTE LIMITED

ABHAY SOI
(Chairman and Managing Director)
DIN : 00203597

YOGESH KUMAR SAREEN
(Chief Financial Officer)
ICAI Membership Number: 087383

DHIRAJ ARORAA
(Company Secretary)
Membership Number: A28079

Place : New Delhi
Date : May 16, 2023

Notes forming part of Standalone Financial Statements

1 Corporate information

Max Healthcare Institute Limited ("MHIL" or "the Company") is a public limited Company incorporated on June 18, 2001 and has its registered office situated at 401, 4th Floor, Man Excellenza, S. V. Road, Vile Parle (West), Mumbai 400056. The Company shares are listed on the BSE Limited ("BSE") and National Stock Exchange of India Limited ("NSE") since August 21, 2020.

The Company is a prominent integrated healthcare service provider, engaged in provision of healthcare services through primary care clinics, multi speciality Hospitals / medical centres and super-speciality hospitals facilities. These include 'managed facilities' and medical facilities of third party healthcare service providers with whom, the Company has entered into long term service contracts for providing operation and management, medical services, clinical, radiology, pathology services and related healthcare services [including through the Operation & Management agreement ("O&M") that the Company has entered into with Lahore Hospital Society to manage the operation of Dr. B.L. Kapur Memorial Hospital (being a unit of Lahore Hospital Society)].

The standalone financial statements have been approved by the Board of Directors at its meeting held on May 16, 2023.

2 Basis of preparation

These standalone financial statements have been prepared on going concern basis in accordance with Indian Accounting Standards ("Ind AS"), on accrual basis except for certain financial instruments which have been measured at fair values, the provision of the Companies Act, 2013 ('the Act') and guidelines issued by the Securities and Exchange Board of India ("SEBI"). The Ind AS are prescribed under section 133 of the Companies Act 2013, read with the Companies (Indian Accounting Standard) Rule, 2015, as amended from time to time and other relevant provision of the Act.

These Standalone Financial Statements have been prepared under the historical cost convention. The preparation of financial statements requires management to make estimates, judgements and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent liabilities and reported amounts of revenues and expenses. The estimates are based on empirical data except for certain financial instruments and defined benefit plans which are measured at fair value or amortised cost at the end of each financial year.

Appropriate changes in estimates are made as management becomes aware of changes in circumstances surrounding the estimates. Changes in estimates are reflected in the financial statements in the period in which changes are made and, if material, their effects are disclosed in the notes to the standalone financial statements.

The Company has uniformly applied the accounting policies during the year presented. The standalone financial statements are presented in Indian Rupees ('INR') which is the functional currency of the Company. All amount have been rounded to nearest lakhs, unless otherwise stated.

The significant accounting policies adopted in the preparation the standalone financial statement have been discussed below. Refer to note 3.2 for significant accounting judgements, estimates and assumptions.

2.1 Business combination (other than business combination under common control)

The cost of an acquisition is measured at the fair value of the assets transferred, equity instruments issued and liabilities incurred or assumed at the date of acquisition, which is the date on which control is transferred to the Company. The cost of acquisition also includes the fair value of any contingent consideration. Identifiable assets acquired and liabilities and contingent liabilities assumed in a business combination are measured initially at their fair value on the date of acquisition.

Business combination under common control

Business combinations involving entities or businesses in which all the combining entities or businesses are ultimately controlled by the same party or parties both before and after the business combination and where that control is not transitory, are accounted for as per the pooling of interest method. The accounting for the business combination is carried out from the beginning of the earliest comparative period presented. The assets and liabilities acquired are recognised at their carrying amounts. The identity of the reserves is preserved, and they appear in the financial statements of the Company in the same form in which they appeared in the financial statements of the acquired entity. The difference, if any, between the consideration and the amount of share capital of the acquired entity is transferred to capital reserve.

3 Significant accounting policies, estimates and judgments

3.1 Significant accounting policies (also refer note 3.2)

a. Property, plant and equipment

Property, plant and equipment ("PPE") are measured at cost, net of accumulated depreciation and accumulated impairment losses, if any. The cost

Notes forming part of Standalone Financial Statements

comprises of purchase price, taxes, duties (including import duties discharged under EPCG scheme), freight and other incidental expenses any directly attributable cost of bringing the item to its working condition for its intended use and when significant parts of plant and equipment are required to be replaced at intervals, the Company depreciates them separately based on their respective useful lives. Subsequent expenditure is capitalised only if it is probable that the future economic benefits associated with the expenditure will flow to the Company and the cost of the item can be measured reliably. The present value of the expected cost for the decommissioning of an asset after its use is included in the cost of the respective asset if the recognition criteria for a provision are met.

An item of property, plant and equipment or any significant component thereof initially recognized is derecognized upon disposal or when no future economic benefits are expected from its use or disposal. Any gain or loss arising on derecognition of the asset (calculated as the difference between the net disposal proceeds and the carrying amount of the asset) is included in the statement of profit and loss when the asset is derecognized.

The Company identifies and determines cost of each component/part of the assets separately, if the component/part has a cost which is significant to the total cost and has useful life that is materially different from that of remaining asset.

Advance paid towards the acquisition of property, plant and equipment outstanding at each balance sheet date is classified as capital advance and disclosed under other non-current assets.

Capital work-in-progress includes cost of property, plant and equipment under installation / under development as at the balance sheet date less impairment losses, if any.

Depreciation on PPE is generally computed using the straight-line method over the estimated useful lives of the assets prescribed in schedule II of the Companies Act 2013. However, in some cases , the management basis its past experience/technical assessment made by the independent valuation expert engaged by the Company, has estimated the useful lives, which is at variance with the life prescribed in Part C of Schedule II to the Act and has accordingly, depreciated the assets over such useful lives. The estimated useful lives, residual values and depreciation method are reviewed periodically, at least at each financial year-end, with the effect of any changes in estimate accounted for on a prospective basis.

The estimated useful lives of the assets are as follows:

Assets	Useful lives
Leasehold improvements	Lower of the estimated useful life of tangible asset or respective lease term
Building	5-60 years
Medical equipment	3-24 years
Hand instrument	3-4 years
Lab equipment	10 years
Electrical installations and equipment	5-22 years
Plant and equipment	4-23 years
Office equipment	2-7 years
Computers & data processing units	3-6 years
Furniture and fixtures	5-10 years
Motor vehicles other than ambulance	8 years
Ambulance	6 years

Any tangible assets with a per-unit cost of INR 5,000/- are depreciated within one year of the date they were first put to use.

On the basis of technical assessment made by the management, it believes that useful life given above are realistic and reflect fair approximation of the period over which the assets are likely to be used.

b. Intangible assets

Intangible assets, including those acquired by the Company, in a business combination are measured at cost less accumulated amortization and accumulated impairment losses, if any. The amount initially recognised for internally-generated intangible assets is the sum of the amount incurred from the date when the intangible asset first meets the recognition criteria. Where no internally-generated intangible asset can be recognised, development expenditure is recognised in profit or loss in the period in which it is incurred.

Intangible assets with finite lives are amortized on a straight line basis over their useful economic lives and assessed for impairment whenever there is an indication that their carrying amount may not be recovered. The amortization period and the amortization method for an intangible asset with a finite useful life is reviewed periodically. Changes in the expected useful life or the expected pattern of consumption of future economic benefits embodied in the asset is accounted for by changing the amortization period or method, as appropriate and are treated as changes in accounting estimates.

Intangible assets with indefinite useful lives i.e. Goodwill and Trademarks are not amortized, but are tested for impairment annually, either individually or at the cash-generating unit level. The assessment of indefinite life is reviewed annually to determine whether the indefinite life continues to be supportable. If not, the change in useful life from indefinite to finite is made on a prospective basis.

Goodwill is an asset representing the future economic benefits arising from other assets acquired in a business combination that are not individually identified and separately recognized. Goodwill is initially measured at cost, being the excess of the consideration transferred over the net identifiable assets acquired and liabilities assumed on acquisition date , measured in accordance with Ind AS 103 'Business Combinations'.

Gains or losses arising from disposal of the intangible assets are measured as the difference between the net disposal proceeds and the carrying amount of the asset and are recognized in the statement of profit and loss when the asset is derecognised.

Intangible assets under development represents expenditure incurred in respect of intangible assets under development and are carried at cost. Cost comprises of purchase cost, related acquisition expenses, development costs, borrowing costs and other direct expenditure.

Intangible Assets	Useful lives
Softwares	3-5 years
Non-compete agreement	3-7 years
Medical service agreements	As per terms of the agreement
Radiology and pathology service agreements	As per terms of the agreement
Operation and management rights	As per terms of the agreement

c. Impairment

Goodwill

Goodwill is tested for impairment on annual basis. For the purposes of impairment testing, goodwill is allocated to each of the cash-generating units ("CGU") (or groups of cash-generating units) that is expected to benefit from the synergies of the combination.

A cash-generating unit to which goodwill has been allocated is tested for impairment on an annual basis and whenever recoverable amount of CGU is less than its carrying amount there is an indication that the unit may be impaired. Total impairment loss of a CGU is allocated first to reduce the carrying amount of goodwill allocated to the CGU and then to the other assets of the CGU pro-rata on the basis of the carrying amount of each asset in the CGU. An impairment loss on goodwill is recognized in the statement of profit and loss and is not reversed in the subsequent period.

On disposal of the relevant cash-generating unit, the attributable amount of goodwill is included in the determination of the profit or loss on disposal.

Other non financial asset

The Company reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have suffered an impairment loss. In the event such indication exists, the recoverable amount of the asset is re-assessed in order to determine the extent of the impairment loss, if any. When it is not possible to determine the recoverable amount of an individual asset, the Company determines the recoverable amount of the cash-generating unit to which the asset belongs. Corporate assets are also allocated to individual cash-generating units based on a reasonable and consistent principle of allocation.

Intangible assets with indefinite useful lives and intangible assets not yet available for use are tested for impairment at least annually, and whenever there is an indication that the asset may be impaired.

Recoverable amount is the higher of fair value less costs of disposal and value in use. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset for which such estimates are made.

If the recoverable amount of an asset (or cash-generating unit) is estimated to be less than its carrying amount, the carrying amount of the asset (or cash-generating unit) is reduced to its recoverable amount and such decrease in the carrying amount is recognised as impairment loss immediately in statement of profit or loss.

When an impairment loss subsequently reverses, the carrying amount of the asset (or a cash-generating unit) is increased to the revised estimate of its recoverable amount, only to the extent the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset (or cash-generating unit) in prior years. A reversal of an impairment loss is recognised immediately in statement of profit or loss.

Notes forming part of Standalone Financial Statements

d. **Financial Instruments**

A financial instrument is any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity.

(i) **Financial assets**

The Company classified its financial assets in the following measurement categories :-

- Those to be measured subsequently at fair value (either through other comprehensive income or through profit & loss)
- Those measured at amortized cost

Initial recognition and measurement

Financial assets are initially measured at fair value except for trade receivables which are initially measured at transaction price. Transaction costs that are directly attributable to the acquisition or issue of financial assets (other than financial assets at fair value through profit or loss) are added to or deducted from the fair value of the financial assets, as appropriate, on initial recognition. Transaction costs directly attributable to the acquisition of financial assets at fair value through profit or loss are recognised immediately in statement profit or loss.

Subsequent measurement

For purposes of subsequent measurement, financial assets are classified in three categories:

(i) At amortized cost

(ii) At fair value through profit or loss ("FVTPL")

(iii) At fair value through other comprehensive income ("FVTOCI")- Equity instruments

At amortized cost

A 'debt instrument' is measured at the amortized cost if the asset is held within a business model whose objective is to hold assets for collecting contractual cash flows and the asset's contractual cash flows represent Sole Payment of Principal and Interest ("SPPI").

This category is the most relevant to the Company and generally applies to the trade and other receivables. After initial measurement, such financial assets are subsequently measured at amortized cost using the effective interest rate ("EIR") method. Amortized cost is calculated by taking into account any discount or premium on acquisition and fees or costs that are an integral part of the EIR. EIR is the rate that exactly discount the estimated future cash receipts over the expected life of the financial instrument.

At FVTOCI

A financial assets is subsequently measured at FVTOCI if it is held within a business modal whose objective is achieved by both collecting contractual cash flows and selling financial assets and contractual terms of the financial assets give rise on specified date to cash flows that are SPPI on the principal amount outstanding. All equity investments in scope of Ind AS 109 are measured at fair value. The Company has made an irrevocable election to present in other comprehensive income all subsequent changes in the fair value. The Company makes such election on an instrument-by-instrument basis. The classification is made on initial recognition and is irrevocable.

If the Company decides to classify an equity instrument as at FVTOCI, then all fair value changes on the instrument, excluding dividends, are recognized in the OCI. There is no recycling of the amounts from OCI to profit and loss, even on sale of investment. However, the Company may transfer the cumulative gain or loss within equity. Equity instruments included within the FVTPL category are measured at fair value with all changes recognized in the standalone statement of profit and loss.

At FVTPL

FVTPL is a residual category. Any financial instrument, which does not meet the criteria for amortized cost or FVTOCI, is classified as at FVTPL. A gain or loss on a Debt instrument that is subsequently measured at FVTPL and is not a part of a hedging relationship is recognized in statement of profit or loss and presented net in the statement of profit and loss within other gains or losses in the period in which it arises. Income from these Debt instruments is included in other income.

Trade receivables

A receivable represents the Company right to an amount of consideration that is unconditional (i.e., only the passage of time is required before payment of the consideration is due). Refer to accounting policies of financial assets for further reference.

Unbilled revenue

Unbilled revenue represents value of services rendered to patients undergoing treatment and pending for billing and is reported under other current financial assets.

Notes forming part of Standalone Financial Statements

Derecognition

The Company derecognizes a financial asset when the contractual rights to the cash flows from the financial asset expire or it transfers the financial asset and the transfer qualifies for derecognition under Ind AS 109.

Impairment of financial assets

In accordance with Ind AS 109, the Company applies expected credit losses ("ECL") model for measurement and recognition of impairment loss on the following financial asset and credit risk exposure.

(a) Financial assets measured at amortized cost;

(b) Financial assets measured at fair value through other comprehensive income (FVTOCI);

The Company follows "simplified approach" for recognition of impairment loss allowance on trade receivables. Under the simplified approach, the Company does not track changes in credit risk. Rather, it recognizes impairment loss allowance based on lifetime ECLs at the time of initial revenue recognition. The Company uses a provision matrix to determine impairment loss allowance on the portfolio of trade receivables. The provision matrix is based on the historically observed default rates over the expected life of various categories of trade receivables and these are updated and changed based on forward looking estimates at every reporting date.

For recognition of impairment loss on other financial assets and risk exposure, the Company determines whether there has been a significant increase in the credit risk since initial recognition. If credit risk has not increased significantly, 12 month ECL is used to provide for impairment loss. However, if credit risk has increased significantly, lifetime ECL is used. If, in subsequent period, credit quality of the instrument improves such that there is no longer a significant increase in credit risk since initial recognition, then the Company reverts to recognizing impairment loss allowance based on 12 months ECL.

(ii) **Financial liabilities**

Initial recognition and measurement

Financial liabilities includes loans and borrowings, working capital facilities, trade payables, trade deposits, retention money, and other payables. The financial liabilities are classified at initial recognition as financial liabilities at fair value through profit or loss, loans and borrowings, and payables or as derivatives, as appropriate. All financial liabilities are recognized initially at fair value and, in the case of loans and borrowings and payables, net of directly attributable transaction costs.

Financial liabilities are subsequently carried at amortized cost using the effective interest method. For trade and other payables maturing within one year from the balance sheet date, the carrying amounts approximate the fair value due to the short maturity of these instruments

The measurement of financial liabilities depends on their classification, as described below:

Trade Payables

These amount represents liabilities for goods and services provided to the Company prior to the end of financial year which are unpaid. The amounts are unsecured and are usually paid within 60 to 90 days of recognition. Trade and other payables are presented as current liabilities unless payment is not due within 12 months after the end of financial year.

Loans and borrowings

After initial recognition, interest-bearing loans and borrowings are subsequently measured at amortised cost using the effective interest rate ("EIR") method and included in finance costs. Gains and losses are recognised in statement of profit or loss when the liabilities are derecognised. Amortised cost is calculated by taking into account any discount or premium on acquisition and fees or costs that are an integral part of the EIR.

Financial guarantee contracts

A financial guarantee contract is a contract that requires the issuer to make specified payments to reimburse the holder, for a loss it incurs because a specified debtor fails to make payments when due in accordance with the terms of a debt instrument.

Financial guarantee contracts issued by the Company are initially measured at their fair values.

Derecognition

A financial liability (or a part of a financial liability) is derecognized from the Company's books of account when the obligation specified in the contract is discharged or cancelled or expires.

Offsetting of financial instruments

Financial assets and financial liabilities are offset and the net amount is reported in the balance sheet if there is a

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enforceable legal right to offset the recognized amounts and the Company intends to settle on a net basis.

Reclassification of financial assets and liabilities

After initial recognition of financial assets and liabilities, no re-classification is made except for financial assets where there is a change in the business model for managing those assets. The Company's management determines change in the business model as a result of external or internal changes which are significant to the Company's operations. Such changes are evident to external parties. If the Company reclassifies financial assets, it applies the reclassification prospectively from the reclassification date which is the first day of the immediately next reporting period following the change in business model. The Company does not restate any previously recognized gains, losses (including impairment gains or losses) or interest.

e. Investment in subsidiaries

The investment in subsidiaries, except for fair valued on business combination are carried at cost as per Ind AS 27. The Company, regardless of the nature of its involvement with an entity (the investee), determines whether it is a parent by assessing whether it controls the investee. Control on an investee is demonstrated when the Company is exposed, or has rights to variable returns from its involvement with the investee and has the ability to affect those returns. through, its power over the investee.

Investment held for sale are accounted for at cost is accounted for in accordance with Ind AS 105 when they are classified as held for sale. Investment carried at cost is tested for impairment as per Ind AS 36. On disposal of investment, the difference between its carrying amount and net disposal proceeds is charged or credited to the statement of profit and loss.

f. Revenue

I) Revenue from contract with customers

The Company earns revenue primarily by providing healthcare services and sale of drugs and medical consumables. The Company also earns revenue through medical services agreements and operation and management contracts. Revenue from contracts with customers is recognized when control of the goods is transferred or services are rendered to the customer at an amount that reflects the consideration to which the Company expects to be entitled in exchange for those goods or services net of returns and allowances, trade discounts and volume rebates. The Company has concluded that it is generally the principal in its revenue arrangements because it typically controls the goods or services before transferring them to the customer. Revenue is usually recognized when it is probable that economic benefits associated with the transaction will flow to the entity, amount of revenue can be measured reliably and entity retained neither ownership nor effective control over the goods sold or services rendered.

Contracts with customers could include promises to renders multiple services to a customer. The Company assesses the services promised in a contract and identifies distinct performance obligation in the contract. Revenue for each distinct performance obligation is measured to at an amount that reflects the consideration which the Company expects to receive in exchange for those services and is net of tax collected from customers and remitted to government authorities and applicable discounts and allowances including claims. Further, the Company also determines whether the performance obligation is satisfied at a point in time or over a period of time. These judgments and estimates are based on various factors including contractual terms and historical experience."

a. Sale of goods

Revenue from sale of pharmacy and pharmaceutical supplies is recognized at a point in time when control of the goods is transferred to the customer, generally on delivery of the pharmacy and pharmaceutical items. The Company collects goods and service tax ("GST"), if applicable, on behalf of the government and, therefore, these are not economic benefits flowing to the Company and thus are excluded from revenue. Revenue towards satisfaction of a performance obligation is measured at the amount of transaction price (net of variable consideration) allocated to that performance obligation. The transaction price of goods sold and services rendered is net of variable consideration on account of various discounts and schemes offered by the Company as part of the contract.

b. Revenue from healthcare services

Revenue from rendering of healthcare services (including drugs, consumables and implants used in delivery of such services) is recognized over the time based on the performance of related services to the customers as per the terms of contract.

Income from medical services and operation and management fee is recognised as and when obligations arising out of the contractual arrangements are fulfilled and services are provided in terms of such agreements.

II) Other services rendered

Income from other services like sponsorship income, education income, clinical trials and other ancillary activities is recognized based on the terms of the contract and when it is probable that economic benefits associated with the transaction will flow to the entity and amount of revenue can be measured reliably.

III) Rental income

Rental income arising from operating leases and licenses is accounted as per their respective terms of contract and is included in operating revenue in the statement of profit or loss due to its operating nature.

IV) Incentive Income

Benefits under "Service exports from India Scheme" and "Export promotion capital goods Scheme" on foreign exchange earned under prevalent export incentive scheme of Government of India are accrued when the right to receive these benefits as per the terms of the scheme is established, and to the extent there is no significant uncertainty about the measurability and their ultimate utilisation.

V) Other income

Interest income included in finance income

Interest income is recognized on a time proportion basis taking into account the amount outstanding and the applicable interest rate. Interest income is included under the head "Other income" in the statement of profit and loss.

g. Inventories

Inventories comprise of drugs, consumable and implants which are valued at lower of cost and net realizable value. Cost includes the cost of purchase, duties, taxes (other than those recoverable from tax authorities) and other cost incurred in bringing the inventories to their present location and condition. Cost is determined on first-in first-out ("FIFO") basis .

Net realizable value is the estimated selling price in the ordinary course of business, less estimated costs necessary to make the sale.

h. Government Grants

Government grants are recognized where there is reasonable assurance that the grant will be received and all the conditions attached with them will be complied with. When the grant relates to an expense item, it is recognized as income on a systematic basis over the periods that the related costs, for which it is intended to compensate, are expensed. When the grant relates to an asset, it is recognized as income in proportion to the fulfillment of its obligations under such Government grant.

Non-monetary grants related to assets, are recognised for the amount incurred over and above the grant received and in case of nil consideration both value of grant and asset is recognised at nominal amount.

i. Income Taxes

Tax expense comprises deferred tax and current tax expenses. Income tax expense is recognised in statement of profit and loss except to the extent that it relates to equity, in which case it is recognised in equity or other comprehensive income.

Current income tax

Current income tax assets and liabilities are measured at the amount expected to be recovered from or paid to the taxation authorities in accordance with the Income Tax Act, 1961 and the Income Computation and Disclosure Standards ("ICDS") enacted in India by using tax rates and tax laws that are enacted or substantively enacted, at the reporting date.

Current income tax relating to items recognized outside profit or loss is included either in other comprehensive income or in equity depending on the recognition of underlying transaction. Management periodically evaluates positions taken in the tax returns with respect to situations in which applicable tax regulations are subject to interpretation and establishes provisions where appropriate.

Deferred tax

Deferred tax is provided using the balance sheet approach on temporary differences between the tax bases of assets and liabilities and their carrying amounts for financial reporting purposes at the reporting date.

Deferred tax assets are recognized for all deductible temporary differences, the carry forward of unused tax credits and any unused tax losses. Deferred tax assets are recognized to the extent that it is probable that future taxable profit will be available against which

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the deductible temporary differences, and the carry forward of unused tax credits and unused tax losses can be utilized, except when the deferred tax asset relating to the deductible temporary difference arises from the initial recognition of an asset or liability in a transaction that is not a business combination and, at the time of the transaction, affects neither the accounting profit nor taxable profit or loss.

The carrying amount of deferred tax assets is reviewed at each reporting date and reduced to the extent that it is no longer probable that sufficient taxable profit will be available to allow all or part of the deferred tax asset to be utilized. Unrecognized deferred tax assets are re-assessed at each reporting date and are recognized to the extent that it has become probable that future taxable profits will allow the deferred tax asset to be recovered.

Deferred tax assets and liabilities are measured at the tax rates that are expected to apply in the period when the asset is realized or the liability is settled, based on tax rates (and tax laws) that have been enacted or substantively enacted at the reporting date.

Deferred tax assets and deferred tax liabilities are offset if a legally enforceable right exists to set off current tax assets against current tax liabilities and the deferred taxes relate to the same taxable entity and the same taxation authority.

j. Non-current assets held for sale and discontinued operations

The Company classifies non-current assets held for sale if their carrying amounts will be principally recovered through a sale rather than through continuing use of assets and action required to complete such sale indicate that it is unlikely that significant changes to the plan to sell will be made or that the decision to sell will be withdrawn. Also, such assets are classified as held for sale only if the management expects to complete the sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of carrying amount and the fair value less cost to sell. Non-current assets are not depreciated or amortised.

A discontinued operation is a 'component' of the Company business that represents a separate line of business that has been disposed off or is held for sale, or is a subsidiary acquired exclusively with a view to resale. Classification as a discontinued operation occurs upon the earlier of disposal or when the operation meets the criteria to be classified as held for sale. The Company considers the guidance in Ind AS 105 non-current assets held for sale and discontinued operations to assess whether a divestment asset would qualify the definition of 'component' prior to classification into discontinued operation.

k. Finance costs

Finance costs consist of interest and other costs that an entity incurs in connection with the borrowing of funds and charged to statement of profit and loss on the basis of effective interest rate (EIR) method. Finance cost also includes exchange differences to the extent regarded as an adjustment to the finance costs. Finance costs directly attributable to the acquisition or construction of qualifying asset, which are assets that necessarily take a substantial period of time to get ready for its intended use, are capitalized as part of the cost of the asset. Interest income earned on the temporary investment of specific borrowings pending their spend on qualifying assets is deducted from the borrowing costs eligible for capitalisation. All other finance costs are expensed in the period in which they occur.

l. Leases

The Company assesses at contract inception whether a contract is, or contains, a lease. i.e. if the contract conveys the right to control the use of an identified asset for a time period in exchange for consideration.

As a lessee

The Company applies a single recognition and measurement approach for all leases, except for short-term leases and leases of low-value assets. The Company recognises lease liabilities for payment to lessor and right-of-use assets representing the right to use the underlying assets. The Company determines the lease term as the non-cancellable period of a lease, together with both periods covered by an option to extend the lease if the Company is reasonably certain to exercise that option; and periods covered by an option to terminate the lease if the Company is reasonably certain not to exercise that option. In assessing whether the Company is reasonably certain to exercise an option to extend a lease, or not to exercise an option to terminate a lease, it considers all relevant facts and circumstances that create an economic incentive for the Company to exercise the option to extend the lease, or not to exercise the option to terminate the lease. The Company revises the lease term if there is a change in the non-cancellable period of a lease.

(i) Right-of-use assets

The Company recognises right-of-use assets at the commencement date of the lease (i.e., the date the underlying asset is available for use). Right-of-use assets are measured at cost, less any accumulated depreciation and impairment losses, and adjusted for any remeasurement of lease liabilities. The cost of right-of-use assets includes the amount of lease liabilities recognised, initial direct costs incurred, and lease payments made at or before the commencement date less any lease incentives received, an estimate of costs to dismantle and remove the underlying asset. Right-of-use assets are depreciated on a straight-line basis over the lease term.

Prepaid lease payments (the difference between nominal amount of the deposit and the fair value) are also included in the initial carrying amount of the right of use asset.

If ownership of the leased asset transfers to the Company at the end of the lease term or the cost reflects the exercise of a purchase option, depreciation is calculated using the estimated useful life of the asset.

Assets	Useful lives (in years)
Leasehold improvements	Over the leasehold period

The right-of-use assets are also subject to impairment [refer note 3.1(c)].

(ii) Lease liabilities

At the commencement of the lease, the Company recognises lease liabilities measured at the present value of lease payments to be made over the lease term. The lease payments include fixed payments less any lease incentives receivable, variable lease payments that depend on an index or a rate, and amounts expected to be paid under residual value guarantees. The lease payments also include the exercise price of a purchase option reasonably certain to be exercised by the Company and payments of penalties for terminating the lease, if the lease term reflects the Company exercising the option to terminate. Variable lease payments that do not depend on an index or a rate are recognised as expenses (unless they are incurred to produce inventories) in the period in which the event or condition that triggers the payment occurs.

In calculating the present value of lease payments, the Company uses its weighted average cost of debt as incremental borrowing rate as on initial recognition date if the interest rate implicit in the lease is not readily determinable. After the commencement date, the amount of lease liabilities is increased to reflect the accretion of interest and reduced for the lease payments made. In addition, the carrying amount of lease liabilities is remeasured if there is a modification or a change in the lease term/lease payments or a change in the assessment of an option to purchase the underlying asset and corresponding adjustment to right to use assets.

Short term leases and lease of low value assets

The Company applies the recognition exemptions to its short term leases of property. i.e. those leases that have a lease term of twelve months or less and lease of low value assets. For these lease the Company recognised the lease payment as an operating expense on a straight line basis over the term of the lease. This expense is presented within 'other expense' in statement of profit and loss.

m. Provisions and contingent liabilities

Provisions

A provision is recognized when the Company has a present obligation (legal or constructive) as a result of past event and it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate can be made of the amount of such obligation. Provisions are determined based on the best estimate required to settle the obligation at the reporting date. These estimates are reviewed at each reporting date and adjusted to reflect the current best estimates.

Contingent liabilities

A contingent liability is a possible obligation that arises from past events whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events beyond the control of the Company or a present obligation that is not recognized because it is not probable that an outflow of resources will be required to settle the obligation. A contingent liability also arises in extremely rare cases, where there is a liability that cannot be recognized because it cannot be measured reliably. The Company does not recognize a contingent liability but discloses its existence in the financial statements unless the probability of outflow of resources is remote.

Contingent assets are not recognised in the financial statements and are disclosed in the financial statement by way of notes to accounts when an inflow of economic benefit is probable. Provisions, contingent liabilities, contingent assets and commitments are reviewed at each balance sheet date.

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Onerous contracts

Onerous contract means a contract in which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it. The Company recognise provisions for onerous contracts, when the expected benefits to be derived by the Company from a contract are lower than the unavoidable costs of meeting the future obligations under the contract. Provisions for estimated losses, if any, on incomplete contracts are recorded in the period in which such losses become probable based on the estimated efforts or costs to complete the contract. Further, the provision is measured at the present value of the lower of the expected cost of terminating the contract and the expected net cost of continuing with the contract. Before a provision is established, the Company recognizes impairment loss on the assets associated with that contract, if any.

n. Employee benefits

Provident Fund ("PF")

Retirement/ post-employment benefit in the form of provident fund is a defined contribution scheme. The Company has no obligation, other than the contribution payable to the regional PF commissioner. The Company recognised contribution payable to employee provident fund scheme as an expenditure, when an employee renders related service.

Gratuity

Gratuity liability is a defined benefit obligation and is provided for on the basis of an actuarial valuation on projected unit credit method made at the end of each financial year. The Company has funded part of the gratuity liability by taking out a policy with the life Insurance corporation of India. The difference between the actuarial valuation of the gratuity of employees at the period-end and the balance of funds with the life insurance corporation of India, is provided as liability in the books.

Net interest is calculated by applying the discount rate to the net defined benefit (liabilities/assets). The Company recognized the following changes in the net defined benefit obligation under employee benefit expenses in statement of profit and loss.

(i) Service cost comprising current service cost, past service cost, gain & loss on curtailments and non routine settlements.

(ii) Net interest expenses or income

Remeasurements, comprising of actuarial gains and losses, the effect of the asset ceiling, excluding amounts included in net interest on the net defined benefit liability and the return on plan assets (excluding amounts included in net interest on the net defined benefit liability), are recognized immediately in the balance sheet with a corresponding debit or credit to retained earnings through OCI in the period in which they occur. Remeasurements are not reclassified to statement of profit and loss in subsequent periods.

Compensated Absences

Accumulated leave, which is expected to be utilized within the next 12 months, is treated as short-term employee benefits. The Company measures the expected cost of such absences as the additional amount that it expects to pay as a result of the unused entitlement that has accumulated at the reporting date.

The Company treats accumulated leave expected to be carried forward beyond twelve months, as long term employee benefit for measurement purposes. Such long-term compensated absences are provided for based on the actuarial valuation using the projected unit credit method at the year end. Actuarial gains/losses are immediately taken to the statement of profit and loss and are not deferred. The Company presents the leave as a current liability in the balance sheet, to the extent it does not have an unconditional right to defer its settlement beyond 12 months after the reporting date. Where Company has the unconditional legal and contractual right to defer the settlement for a period beyond 12 months, the same is presented as non-current liability.

Short-term obligations

Liabilities for wages and salaries, including non monetary benefits that are expected to be settled wholly within 12 months after the end of the period in which the employees render the related service are recognized in respect of employee service upto the end of the financial year and are measured at the amount expected to be paid when the liabilities are settled. The liabilities are presented as current employee benefit obligations in the balance sheet.

Long term incentive plan

Employees of the Company receives defined incentive, whereby employees render services for a specified period. Long term incentive is measured on accrual basis over the period as per the terms of contract.

o. Share-based payments

The Company recognized compensation expenses relating to share-based payments based on estimated fair values of the awards on the grant date. The estimated fair value of awards is recognized as an expense in the statement of profit and loss on a straight-line basis over the requisite service period for each separately vesting portion of the award as if the award was in substance, multiple awards with a corresponding increase to stock options outstanding account.

For cash-settled share-based payments, a liability is recognised for the goods or services acquired, measured initially at the fair value of the liability. At the end of each financial year until the liability is settled, and at the date of settlement, the fair value of the liability is remeasured, with any changes in fair value recognised in statement of profit or loss for the year.

p. Cash and cash equivalents and other bank balance

Our cash and cash equivalents and other bank balances comprise deposits with banks and financial institutions, which can be withdrawn at any point of time without prior notice or penalty.

q. Earning per share

Basic earnings per share is computed by dividing the net profit or loss for the period attributable to equity shareholders (i.e. profit/(loss) after tax [including the post tax effect of exceptional items, if any]) by the weighted average number of equity shares outstanding during the period. The weighted average number of equity shares outstanding during the period is adjusted for events such as bonus issue, bonus element in a rights issue, share split, and reverse share split (consolidation of shares) that have changed the number of equity shares outstanding, without a corresponding change in resources.

Diluted earnings per share is computed by dividing the profit/(loss) after tax (including the post tax effect of extraordinary items, if any) as adjusted for dividend, interest and other charges to expense or income (net of any attributable taxes) relating to the dilutive potential equity shares, by the weighted average number of equity shares considered for deriving basic earnings per share and the weighted average number of equity shares which could have been issued on the conversion of all dilutive potential equity shares. Potential equity shares are deemed to be dilutive only if their conversion to equity shares would decrease the net profit per share from continuing ordinary operations. Potential dilutive equity shares are deemed to be converted as at the beginning of the period, unless they have been issued at a later date. The dilutive potential equity shares are adjusted for the proceeds receivable had the shares been actually issued at fair value (i.e. average market value of the outstanding shares). Dilutive potential equity shares are determined independently for each period presented. The number of equity shares and potentially dilutive equity shares are adjusted for share splits/reverse share splits and bonus shares, as appropriate.

r. Foreign currencies

Items included in the financial statements are measured using the currency of the primary economic environment in which the entity operates ('the functional currency'). The Company's Financial Statements are presented in Indian Rupee ('the functional currency') which is the Company's functional and presentation currency.

Foreign currency transactions are recorded on initial recognition in the functional currency, using the exchange rate prevailing at the date of transaction.

Measurement of foreign currency items at the balance sheet date:

Monetary assets and liabilities denominated in foreign currencies are translated into the functional currency at the closing exchange rate prevailing as at the reporting date

Non-monetary items that are measured at historical cost in foreign currency and are translated at the exchange rates at the date of the transaction. Non-monetary items that are measured at fair value in a foreign currency are translated into functional currency at the exchange rates at the date when the fair value was determined.

Exchange differences arising on settlement or translation of monetary items are recognized as income or expense in the period in which they arise with the exception of :-

- Exchange differences on foreign currency borrowings relating to assets under construction for future productive use, which are included in the cost of those assets when they are regarded as an adjustment to interest costs on those foreign currency borrowings;
- Exchange differences on transactions entered into in order to hedge certain foreign currency risks (see note for hedging accounting policies); and
- Exchange differences on monetary items receivable from or payable to a foreign operation for which settlement is neither planned nor likely to occur (therefore forming part of the net investment in the foreign operation), which are recognised initially in other comprehensive income and reclassified from equity to statement of profit or loss on repayment of the monetary items.

Notes forming part of Standalone Financial Statements

Notes forming part of Standalone Financial Statements

Foreign Operations

The assets and liabilities of foreign operations including goodwill and fair value adjustments arising on acquisition, are translated into INR at the exchange rates at the reporting date. The income and expenses of foreign operations are translated into INR at the exchange rates at the dates of the transactions or an average rate if the average rate approximates the actual rate at the date of the transaction.

Foreign currency differences are recognised in OCI and accumulated in the equity (as exchange differences on translating the financial statements of a foreign operation), except to the extent that the exchange differences are allocated to NCI.

When a foreign operation is disposed of in its entirety or partially such that control, significant influence or joint control is lost, the cumulative amount in the translation reserve related to that foreign operation is reclassified to statement of profit or loss as part of the gain or loss on disposal.

s. Derivative financial instruments and hedge accounting

Initial recognition and subsequent measurement

The Company holds derivative financial instruments, such as forward currency contracts, to hedge its exposure against movement in foreign currency rates. Such derivative financial instruments are recognized at fair value on initial recognition and are subsequently re-measured at fair value. Although the Company believes that these derivatives constitute hedges from an economic perspective, they may not qualify for hedge accounting under Ind AS 109, Financial Instruments. Any derivative that is either not designated as hedge, or is so designated but is ineffective as per Ind AS 109, is categorized as a financial asset or financial liability, at fair value through profit or loss. Derivatives not designated as hedges are recognized initially at fair value and attributable transaction costs are recognized in net profit in the statement of profit and loss when incurred. Subsequent to initial recognition, these derivatives are measured at fair value through profit or loss and the resulting exchange gains or losses are included in other income. Assets / liabilities in this category are presented as current assets / current liabilities if they are either held for trading or are expected to be realized within 12 months after the balance sheet date.

t. Measurement of Fair value

A number of Company's accounting policies and disclosures require the measurement of fair values for both financial and non-financial assets and liabilities.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value measurement is based on the presumption that the transaction to sell the asset or transfer the liability takes place either:

(i) In the principal market for the asset or liability, or

(ii) In the absence of a principal market, in the most advantageous market for the asset or liability

The principal or the most advantageous market must be accessible by the Company.

The fair value of an asset or a liability is measured using the assumptions that market participants would use when pricing the asset or liability, assuming that market participants act in their economic best interest.

A fair value measurement of a non-financial asset takes into account a market participant's ability to generate economic benefits by using the asset in its highest and best use or by selling it to another market participant that would use the asset in its highest and best use.

The Company uses valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, maximizing the use of relevant observable inputs and minimizing the use of unobservable inputs.

All assets and liabilities for which fair value is measured or disclosed in the financial statements are categorized within the fair value hierarchy, described as follows, based on the lowest level input that is significant to the fair value measurement as a whole:

(i) Level 1 - Quoted (unadjusted) market prices in active markets for identical assets or liabilities

(ii) Level 2 - Valuation techniques for which the lowest level input that is significant to the fair value measurement is directly or indirectly observable

(iii) Level 3 - Valuation techniques for which the lowest level input that is significant to the fair value measurement is unobservable

For assets and liabilities that are recognized in the financial statements on a recurring basis, the Company determines whether transfers have occurred between levels in the hierarchy by re-assessing categorization (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each financial year.

u. Dividend

A final dividend, including tax thereon, on equity shares is recorded as a liability on the date of approval by the shareholders. An interim dividend, including tax thereon, is recorded as a liability on the date of declaration by the board of directors.

v. Segment accounting

In accordance with Ind AS 108, Segment Reporting, the Chief Executive Officer and Managing Director is the Company's Chief Operating Decision Maker ("CODM").

The Company's business activity primarily falls within a single reportable business segment and geographical segment namely 'Medical and Healthcare Services' and 'India' respectively.

x. Current / non-current classification

All assets and liabilities have been classified as current or non-current as per the Company's normal operating cycle and other criteria set-out in the Act. An asset is treated as current when it is:

(i) Expected to be realized or intended to be sold or consumed in normal operating cycle

(ii) Held primarily for the purpose of trading

(iii) Expected to be realized within twelve months after the reporting period, or

(iv) Cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least twelve months after the financial year

All other assets are classified as non-current.

A liability is current when:

(i) It is expected to be settled in normal operating cycle

(ii) It is held primarily for the purpose of trading

(iii) It is due to settled within twelve months after the reporting period, or

(iv) There is no unconditional right to defer the settlement of the liability for at least twelve months after the financial year

All other liability are classified as non-current.

Deferred tax assets and liabilities are classified as non-current assets and non-current liabilities, as the case may be.

The operating cycle is the time between the acquisition of assets for processing and their realization in cash and cash equivalents. The Company's operating cycle consists of twelve months.

3.2 Significant accounting judgements, estimates and assumptions

The preparation of the standalone financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts of revenues, expenses, assets and liabilities, and the accompanying disclosures, and the disclosure of contingent liabilities. Uncertainty about these assumptions and estimates could result in outcomes that require a adjustment to the carrying amount of the asset or liability affected in future periods.

Estimates and assumptions

The key assumptions concerning the future and other key sources of estimation uncertainty at the reporting date, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year, are described below. The Company based its assumptions and estimates on parameters available when the financial statements are prepared. Existing circumstances and assumptions about future developments, however, may change due to market changes or circumstances arising beyond the control of the Company. Such changes are reflected in the assumptions when they occur.

Judgements

In the process of applying the Company's accounting policies, management has made the following judgements, which have the most significant effect on the amounts recognised in the financial statements.

(a) Impairment

(i) Impairment testing of goodwill and other intangible assets

Goodwill and intangible assets (such as trademarks), that have an indefinite useful life are not subject to amortisation and are tested annually for impairment, or more frequently if events or changes in circumstances indicate that they might be impaired. Other intangible assets (including operation and management rights and service agreement which are depreciated over the life) are tested for impairment whenever events or changes in circumstances indicate that the carrying

Notes forming part of Standalone Financial Statements

amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less cost of disposal and value in use. For the purposes of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable cash inflows which are largely independent of the cash inflows from other assets or groups of assets (cash-generating units). During the year, the Company has carried out the impairment assessment of goodwill and other intangibles (including those appearing in the subsidiaries) and have concluded that there is no impairment in value of goodwill and other intangibles assets as appearing in the financial statements.

(ii) Impairment testing of non-financial assets

The Company's non-financial assets are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, then the asset's recoverable amount is estimated. Determining whether the asset is impaired requires to assess the recoverable amount of the asset or Cash Generating Unit ("CGU") which is compared to the carrying amount of the asset or CGU, as applicable. Recoverable amount is the higher of fair value less costs of disposal and value in use. Where the carrying amount of an asset or CGU exceeds the recoverable amount, the asset is considered impaired and is written down to its recoverable amount.

(iii) Impairment testing of financial assets

The impairment provisions of financial assets are based on assumptions about risk of default and expected loss rates. The Company uses judgement in making these assumptions and selecting the inputs for the impairment calculation based on the Company's past history, existing market conditions as well as forward looking estimates at the end or each financial year.

The Company reviews its trade receivables to assess impairment at regular intervals. In determining of impairment losses, the Company makes judgement as to whether there is any observable data indicating that there is a decrease in the estimated future cash flows and whether a risk of default and expected loss rates exists. Accordingly, an allowance for expected credit loss is made where there is an identified loss event or conditions which is based on historic loss rates, present developments such as liquidity issues and information about future economic conditions, with respect to reduction in the recoverability of cash flows.

(iv) Impairment of investment in subsidiaries

The Company assesses at each reporting date whether there is an indication that an investment may be impaired If any indication exists, or when annual impairment testing for an investment is required. The Company estimates the investment's recoverable amount. A recoverable amount is higher of an investment's CGU's fair value less cost of disposal and its value in use. Where the carrying amount of an investment or CGU's exceeds its recoverable amount, the investment is considered impaired and is written down to its recoverable amount. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the investments. In determining fair value less costs of disposal, appropriate methods are taken into account. On disposal of investment, the difference between net disposal proceeds and the carrying amount are recognised in the statement of profit & loss.

(b) Useful lives of property, plant and equipment

The charge in respect of periodic depreciation is derived after determining an estimate of an asset's expected useful life and the expected residual value at the end of its life. The useful lives and residual values of Company's assets are determined by the Company at the time the asset is acquired based on historical experience with similar assets as well as anticipation of future events, which may impact their life such as technology. The estimated useful life is reviewed at least annually.

(c) Taxes

Significant judgement is involved in the interpretation of complex tax regulations, changes in tax laws and determining the amount and timing of future taxable income. The Company recognises provisions and measurement of deferred tax, based on reasonable estimates. The amount of such provisions is based on various factors, such as experience of previous tax assessments and interpretations of tax regulations by the taxable entity and the responsible tax authority. Such differences of interpretation may arise on a wide variety of issues depending on the conditions prevailing in the respective domicile of the Companies.

(d) Assessment of claims and litigations disclosed as contingent liabilities

There are certain claims and litigations which have been assessed as contingent liabilities by the management

Notes forming part of Standalone Financial Statements

(also refer note 30) and which may have an effect on the operations of the Company. The management has assessed that no further provision / adjustment is required to be made in the financial statements for the above matters, other than what has been already recorded, as they expect a favourable decision based on their assessment and the advice given by the external legal counsels / professional advisors.

(e) Gratuity and Compensated Absences

The cost of defined benefit plans (i.e. Gratuity and Compensated absences) is determined using an actuarial valuations involves making various assumptions which may differ from actual developments in the future. These include the determination of the discount rate, future salary increases, attrition and mortality rates and future pension increases. Due to the complexity involved in the valuation, the underlying assumptions and its long-term nature, a defined benefit obligation is highly sensitive to changes in these assumptions. All assumptions are reviewed at each reporting date.

(f) Fair value measurement of financial instrument

When the fair value of financial assets and financial liabilities recorded in the balance sheet cannot be measured based on quoted prices in active markets, their fair value is measured using valuation techniques including the Discounted Cash Flow ("DCF") model. The inputs to these models are taken from observable markets where possible, but where this is not feasible, a degree of judgement is required in establishing fair values. Judgements include considerations of inputs such as liquidity risk, credit risk and volatility. Changes in assumptions about these factors could affect the reported fair value of financial instruments.

3.3 Recent accounting pronouncements, to the extent applicable to the Company

The Ministry of Corporate Affairs (MCA) notifies new standards or amendments to the existing standards under Companies (Indian Accounting Standards) Rules as issued from time to time. On March 31, 2023, MCA amended the Companies (Indian Accounting Standards) Amendment Rules, 2023, as below:

Ind AS 1 - Presentation of Financial Statements

This amendment requires the entities to disclose their material accounting policies rather than their significant accounting policies. The effective date for adoption of this amendment is annual periods beginning on or after April 1, 2023. The Company has evaluated the amendment and the impact of the amendment is insignificant in the standalone financial statements.

Ind AS 8 - Accounting Policies, Changes in Accounting Estimates and Errors

This amendment has introduced a definition of 'accounting estimates' and included amendments to Ind AS 8 to help entities distinguish changes in accounting policies from changes in accounting estimates. The effective date for adoption of this amendment is annual periods beginning on or after April 1, 2023. The Company has evaluated the amendment and there is no impact on its standalone financial statements.

Ind AS 12 - Income Taxes

This amendment has narrowed the scope of the initial recognition exemption so that it does not apply to transactions that give rise to equal and offsetting temporary differences. The effective date for adoption of this amendment is annual periods beginning on or after April 1, 2023. The Company has evaluated the amendment and there is no impact on its standalone financial statement.

Notes forming part of Standalone Financial Statements

4. Property, plant and equipment ("PPE")

(Carried at cost, unless otherwise stated)

(INR in Lakhs)

Particulars	Leasehold land	Freehold land (Refer footnote 4.04)	Building	Leasehold improvements	Medical equipment	Lab equipment	Plant and equipment	Office equipment	Furniture and fixture	Motor vehicles	Computers and data processing units	Electrical installations and equipment	Other surgical instruments	Total
Gross carrying amount (at cost)														
As at April 1, 2021 (refer note 31.19)	**21,500**	**6**	**15,691**	**3,490**	**18,611**	**48**	**3,734**	**309**	**540**	**1,506**	**526**	**1,031**	**571**	**67,563**
Re-classification	-	-	(10)	-	(11)	-	-	-	20	-	-	-	1	-
Additions	-	19,426	1,005	129	2,753	7	165	152	170	472	385	19	703	25,386
Disposals	-	-	(3)	-	(51)	(2)	(10)	(9)	(7)	(237)	(2)	(2)	-	(323)
As at March 31, 2022 (Refer note 31.19)	**21,500**	**19,432**	**16,683**	**3,619**	**21,302**	**53**	**3,889**	**452**	**723**	**1,741**	**909**	**1,048**	**1,275**	**92,626**
Additions (refer footnote 4.07)	-	39	2,684	442	5,018	-	1,018	158	539	492	513	349	346	11,598
Disposals	-	-	-	(11)	(563)	(1)	(28)	(17)	(6)	(220)	(35)	(5)	(2)	(888)
As at March 31, 2023	21,500	19,471	19,367	4,050	25,757	52	4,879	593	1,256	2,013	1,387	1,392	1,619	1,03,336
Accumulated depreciation														
As at April 1, 2021 (refer note 31.19)	**-**	**-**	**261**	**228**	**2,968**	**4**	**699**	**96**	**155**	**180**	**206**	**158**	**139**	**5,094**
Re-classification	-	-	-	-	1	-	-	-	(1)	-	-	-	-	-
Additions	-	-	371	289	2,750	6	444	113	166	248	204	174	252	5,017
Disposals	-	-	(2)	-	(44)	-	(9)	(4)	(3)	(51)	(1)	(2)	-	(116)
As at March 31, 2022 (Refer note 31.19)	**-**	**-**	**630**	**517**	**5,675**	**10**	**1,134**	**205**	**317**	**377**	**409**	**330**	**391**	**9,995**
Additions	-	-	324	347	2,758	6	354	115	90	273	278	147	664	5,356
Disposals	-	-	-	(4)	(484)	(1)	(26)	(15)	(6)	(70)	(34)	(5)	(2)	(647)
As at March 31, 2023	-	-	954	860	7,949	15	1,462	305	401	580	653	472	1,053	14,704
Net carrying amount														
As at March 31, 2023	21,500	19,471	18,413	3,190	17,808	37	3,417	288	855	1,433	734	920	566	88,632
As at March 31, 2022 (Refer note 31.19)	**21,500**	**19,432**	**16,053**	**3,102**	**15,627**	**43**	**2,755**	**247**	**406**	**1,364**	**500**	**718**	**884**	**82,631**

4.01 Title deeds of all the immovable properties (other than properties where the Company is the lessee and the lease agreements are duly executed in favour of the lessee) are held in the name of the Company except land situated at Shahdara.

4.02 During the financial year ended March 31, 2022, Saket City Hospital Limited (voluntarily liquidated and consolidated with the Company) purchased a land parcel of 17 acres situated in Shahdara, NCT of Delhi at a consideration of INR 400 lakhs and submitted an application to register the sale deed of aforementioned property. During the current year, the sub-registrar has refused registration of the sale deed citing a deficiency memo. The Company has filed an appeal against the refusal of registration to the Registrar and resubmitted documents and believes that the said land will get registered upon adjudication of its appeal. There is no dispute on the ownership and the Company is in possession of the said land, accordingly no loss is expected for this land.

4.03 For the information on Property, plant and equipment pledged as security by the Company for securing financing facilities from banks (refer note 17).

Notes forming part of Standalone Financial Statements

4.04 Pursuant to e-auction dated August 27, 2021, Haryana Shehri Vikas Pradhikaran ("HSVP") had allotted a land parcel admeasuring ~ 6.11 acres located at Sector 53 in Gurugram (Haryana) to the Company on December 28, 2021 for setting up a hospital ("Project") at a consideration of INR 9550.46 lakhs, which was capitalised in the books of account. Subsequently, vacant physical possession of land was given to the Company on February 23, 2022. On December 21, 2022, the allotment was unilaterally cancelled by HSVP, on the grounds that a part of the land (measuring 2.58 acre) could not be transferred by the previous developer/land owner ('party') to HSVP as stipulated in the license granted by HSVP to such party earlier. The above unilateral cancellation of the allotment of the land by HSVP was followed by a bank remittance of INR 9928.73 lakhs towards cost of land of INR 9550.46 lakhs earlier paid by the Company and interest thereon of INR 378.27 lakhs (net of TDS of INR 42.03 lakhs) upto the date of the cancellation.

The Company has challenged the unilateral and arbitrary cancellation of allotment of the land by HSVP in the Hon'ble Punjab and Haryana High Court as it is in violation of allotment letter and the Hon'ble High Court has admitted the petition and directed all parties to maintain status quo. The Company is seeking appropriate legal recourse for revocation of cancellation and restoration of the allotment of said land by HSVP at the earliest.

The amount remitted by HSVP has thus, been recorded as a liability [refer note 21(iv)] by the Company and no adjustment has been made in the financial statements with respect to any balances carried in the books of account towards allotment and capitalisation and any subsequent expenditure incurred in connection with the land/Project.

4.05 The Company has not revalued any of its property, plant and equipment during the year.

4.06 For the information in respect to contractual capital commitments for purchase of property, plant and equipment refer note 30(B).

4.07 Additions during the financial year ended March 31, 2023 include INR 5,527 lakhs towards 92 bedded onco tower at Shalimar Bagh.

5. Right-of-use assets

(INR in Lakhs)

Particulars	Leasehold Building	
	As at March 31, 2023	As at March 31, 2022
Gross carrying amount (at cost)		
Balance at beginning of the year	**15,633**	**14,772**
Additions	1,560	1,048
Less: Deletion/modification (refer footnote 5.02)	(2,924)	(187)
Balance at end of the year	**14,269**	**15,633**
Accumulated depreciation		
Balance at beginning of the year	2,807	1,197
Additions (refer footnote 5.03)	1,636	1,649
Less: Deletion	-	(39)
Balance at end of the year	**4,443**	**2,807**
Net carrying amount at end of the year	**9,826**	**12,826**

5.01 In respect of immovable properties that have been taken on lease and disclosed in financial statements as right-of-use assets, the lease agreements are duly executed in favour of the Company.

5.02 Modification mainly represents amendment in lease terms for one of the hospitals.

5.03 The depreciation on right-of-use assets use for ongoing projects amounting to INR NIL lakhs (March 31, 2022 :INR 24 lakhs) has been included in cost of capital work-in-progress.

Notes forming part of Standalone Financial Statements

6. Capital work-in-progress ("CWIP")

As at March 31, 2023

(INR in Lakhs)

Particulars	Amount in CWIP for a period of				Total
	Less than 1 year	1-2 years	2-3 years	More than 3 years	
Projects in progress	5,134	327	-	-	5,461
Projects temporarily suspended (refer footnote 4.04)	14	228	-	-	242
Total	**5,148**	**555**	**-**	**-**	**5,703**

As at March 31, 2022

Particulars	Amount in CWIP for a period of				Total
	Less than 1 year	1-2 years	2-3 years	More than 3 years	
Projects in progress	1,406	-	-	-	1,406
Total	**1,406**	**-**	**-**	**-**	**1,406**

Note

As on March 31, 2023 and March 31, 2022, there are no projects under capital work-in-progress whose completion is overdue or has exceeded its cost compared to its original plan.

7. Goodwill

Goodwill represents purchase consideration in excess of net fair value of identifiable assets and liabilities including any contingent consideration payable.

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Carrying value at beginning of the year	1,31,935	1,31,935
Carrying value at end of the year	**1,31,935**	**1,31,935**

For the purpose of impairment testing, goodwill acquired on business combination is allocated to the Cash-Generating Units ("CGU") that are expected to benefit from the business combination. A CGU is the smallest identifiable group of assets that generates cash inflows that are largely independent of the cash inflows from other assets or group of assets. The carrying value of the goodwill has been allocated as follows:

(INR in Lakhs)

Cash Generating Unit	As at March 31, 2023	As at March 31, 2022
Radiation Oncology services at Dr. B L Kapur Memorial Hospital	438	438
Hospital operations acquired upon business combination effective June 01, 2020:		
Max Super Speciality Hospital, Saket (including related day care and other wings)	48,319	48,319
Max Super Speciality Hospital, Shalimar Bagh	20,729	20,729
Max Super Speciality Hospital, Dehradun	18,730	18,730
Max Labs	6,526	6,526
Business undertaking received consequent to voluntary liquidation		
Saket City Hospital Limited (refer note 31.19)	37,193	37,193
Total	**1,31,935**	**1,31,935**

The Company's evaluation of goodwill for impairment involves the comparison of the recoverable value of Cash-Generating Units to its carrying value in accordance with Ind AS 36, Impairment of Assets. The recoverable amount of CGU is determined based on the higher of the fair value less cost of disposal and the value-in-use.

Notes forming part of Standalone Financial Statements

Value-in-use is determined by discounting the future cash flows to be generated from the continuing use of the CGU. Key assumptions on which the Company has based its determinations of value-in-use include:

Key assumptions	
Discount rate	14.16%
Long term growth rate (used for determining terminal value)	3%-7%

a) These calculations use cash flow projections over a period of six years/balance tenure of O&M agreement based on internal management budgets and estimates.

b) Terminal value is arrived by using sixth year's forecasted cash flows to perpetuity using a constant long-term growth rate. This long-term growth rate takes into consideration external macroeconomic sources of data.

c) The discount rates used are based on the Company's weighted average cost of capital of a comparable market participants, which is adjusted for specific risks.

Based on the assessment, the management has concluded that there is no impairment of goodwill in respect of the CGU's. The management believes that any reasonably possible further change in key assumptions on which recoverable amount is based would not cause the carrying amount of the goodwill related to each of the significant units to exceed its recoverable amount

8. Other intangible assets

(INR in Lakhs)

Particulars	Operation and Management rights (Refer footnote 8.01)	Computer software	Non compete fee [Refer footnote 8.02(iii)]	Trademarks [Refer footnote 8.02(ii)]	Service agreement [Refer footnote 8.02(i)]	Total
Gross carrying amount (at cost)						
As at April 1, 2021 (refer note 31.19)	**7,778**	**2,421**	**1,311**	**49,378**	**1,70,320**	**2,31,208**
Additions	-	83	-	-	-	83
Disposals	-	-	-	-	-	-
As at March 31, 2022 (Refer note 31.19)	**7,778**	**2,504**	**1,311**	**49,378**	**1,70,320**	**2,31,291**
Additions	-	491	-	-	-	491
Disposals	-	(28)	-	-	-	(28)
As at March 31, 2023	**7,778**	**2,967**	**1,311**	**49,378**	**1,70,320**	**2,31,754**
Accumulated amortization						
As at April 1, 2021 (refer note 31.19)	**1,112**	**591**	**429**	**-**	**2,695**	**4,827**
Additions	201	602	515	-	3,236	4,554
Disposals	-	-	-	-	-	-
As at March 31, 2022 (Refer note 31.19)	**1,313**	**1,193**	**944**	**-**	**5,931**	**9,381**
Additions	201	566	325	-	3,237	4,329
Disposals	-	(27)	-	-	-	(27)
As at March 31, 2023	**1,514**	**1,732**	**1,269**	**-**	**9,168**	**13,683**
Net carrying amount						
As at March 31, 2023	**6,264**	**1,235**	**42**	**49,378**	**1,61,152**	**2,18,071**
As at March 31, 2022 (Refer note 31.19)	**6,465**	**1,311**	**367**	**49,378**	**1,64,389**	**2,21,910**

8.01 Operation & Management right

(a) The Company has entered into Operation & Management agreement ("O&M agreement") with Lahore Hospital Society ("a Society"), as per the terms of this agreement, the Company has exclusive right to equip, administer, upgrade, manage, operate and supervise the Dr. B.L. Kapur Memorial Hospital (a hospital of Society) (referred to as deemed separate entity i.e. 'Silo'). Rights obtained under O&M agreement, has been recognised as identifiable intangible assets and are amortised over the duration of contract i.e. 45 years till May 2054. This includes:

Notes forming part of Standalone Financial Statements

(i) INR 6,286 lakhs (March 31, 2022 : INR 6,286 lakhs) as 'Operation and Management Rights' of Dr. B. L. Kapur Memorial Hospital, to the extent the value of investments over the fair value of net assets on merger of erstwhile Radiant Life Care Private Limited and Halcyon Investment during the financial year ended March 31, 2017.

(ii) INR 1,492 lakhs (March 31, 2022 : INR 1,492 lakhs) which represent the difference between the non-interest bearing refundable security deposit given under terms of O&M agreement and the present value of the same.

8.02 Pursuant to business combination accounting on June 01, 2020 as per Composite Scheme of Amalgamation and Arrangement ('Scheme'), identified intangible assets of accounting acquiree i.e. Max Healthcare Institute Limited were measured at fair value on acquisition date, as determined by independent valuation expert engaged by the Company. These intangible assets include:

i) Service agreement : Service Agreement is an intangible asset identified in terms of accounting principles of Ind AS, arising from medical service agreement and radiology and pathology agreement ('Agreements'), between the Company and other healthcare service providers to provide medical services. The Company receives service fees in consideration of medical services provided. Upon business combination accounting on June 01, 2020, service agreements of INR 1,70,320 lakhs were recognised as per Ind AS 103 at acquisition date fair value determined by independent valuation expert engaged by the Company. Such service agreements are amortised as per the terms of respective agreements.

ii) Trademarks : Hospital units held by accounting acquiree (Max Healthcare Institute Limited, operate under the name of 'Max Healthcare' Trademark. The Company uses 'Max Healthcare' trademark and this trademark was transferred as part of the Scheme. Accordingly, Trademark was recognised at the time of merger as per Ind AS 103 at acquisition date fair value determined by independent valuation expert engaged by the Company. The trademark have indefinite life and carried at acquisition date fair value less impairment losses, if any.

(iii) Non compete fee of INR 1,311 lakhs has been recognised upon business combination as per Ind AS 103. Such non compete fee is amortised over the period of non compete agreement.

8A Intangible assets under development

Particulars	Amount in intangible assets under development for a period of				Total
	Less than 1 year	1-2 years	2-3 years	More than 3 years	
Intangible assets under development as at March 31, 2023	19	4,563	-	-	4,582
Intangible assets under development as at March 31, 2022	4,619	-	-	-	4,619

(i) Projects in progress as at March 31, 2023 and March 31, 2022 INR 4,563 lakhs represents long terms service agreement with Muthoot Hospitals Private Limited ("MHPL"). The Company on January 20, 2022 has entered into a long term services agreement with Muthoot Hospitals Private Limited ("MHPL") towards operations and management ("O&M") of 300+ beds hospital being constructed and developed at Sector 10 Dwarka, New Delhi. The Services Agreement will have an initial term of 30 (thirty) years from the date of construction completion notice ('effective date'). The Company has paid an interest free refundable performance deposit under terms of Service Agreement, and will be entitled to a fixed and a variable service fee as stipulated in the Services Agreement upon provision of services from the effective date. The difference between the non-interest bearing refundable security deposit given under terms of O&M agreement and the present value of the same at the transaction date, has been recognised as identifiable intangible assets under development. Such intangible asset on completion of development will be amortised over the duration of contract i.e. 30 years from the effective date.

9. Investments in Subsidiaries

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Unquoted equity shares		
(i) Investments in subsidiary companies (valued at cost)		
Max Hospitals and Allied Services Limited (formerly known as Radiant Life Care Mumbai Pvt. Ltd.) [refer footnote (i)]		
8,93,17,677 (March 31, 2022: 8,93,17,577) equity shares of INR 10 each fully paid-up	33,526	33,526

Notes forming part of Standalone Financial Statements

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Add : NIL (March 31, 2022: 100) equity shares purchased during the year	-	0.10
8,93,17,677 (March 31, 2022: 8,93,17,677) equity shares of INR 10 each fully paid-up	33,526	33,526
Max Lab Limited [refer foot note (ii)]		
50,00,000 (March 31, 2022: NIL) equity shares of INR 10 each fully paid-up	500	-
Add : 1,50,00,000 (March 31, 2022: 50,00,000) equity shares purchased during the year	1,500	500
2,00,00,000 (March 31, 2022: 50,00,000) equity shares of INR 10 each fully paid-up	2,000	500
Max Healthcare FZ-LLC [refer foot note (iii)]		
500 (March 31, 2022: NIL) equity shares of INR 10 each fully paid-up	101	-
Add : 2,250 (March 31, 2022: 500) equity shares purchased during the year	483	101
2750 (March 31, 2022: 500) equity shares of INR 10 each fully paid-up	584	101
Eqova Healthcare Private Limited [refer foot note (iv)]		
26,000 (March 31, 2022: NIL) equity shares of INR 10 each fully paid-up	4,718	-
Add : NIL (March 31, 2022: 26,000) equity shares purchased during the year	-	4,718
26,000 (March 31, 2022: 26,000) equity shares of INR 10 each fully paid-up	4,718	4,718
(ii) Investment in subsidiary companies [fair valued at acquisition date]		
ALPS Hospital Limited [refer footnote (v) & (ix)]		
35,65,024 (March 31, 2022: 28,81,034) equity shares of INR 10 each fully paid-up	19,799	14,799
Add : NIL (March 31, 2022: 6,83,990) equity shares purchased during the year	-	5,000
35,65,024 (March 31, 2022: 35,65,024) equity shares of INR 10 each fully paid-up	19,799	19,799
Hometrail Buildtech Private Limited [refer footnote (ix)]		
5,09,39,078 (March 31, 2022: 5,09,39,078) equity shares of INR 10 each fully paid-up	40,659	40,659
Crosslay Remedies Limited [refer foot note (vi)]		
14,30,52,291 (March 31, 2022: 11,90,84,298) equity shares of INR 10 each fully paid-up	44,913	36,764
Add : 1,41,148 (March 31, 2022: 2,39,67,993) equity shares purchased during the year	48	8,149
14,31,93,439 (March 31, 2022: 14,30,52,291) equity shares of INR 10 each fully paid-up	44,961	44,913
(iii) Investment in foreign subsidiary during the current year (valued at cost)		
MHC Global Healthcare (Nigeria) Ltd [refer footnote (vii)]		
NIL (March 31, 2022: NIL) equity shares of INR 10 each fully paid-up	-	-
Add : 1,00,00,000 (March 31, 2022: NIL) equity shares purchased during the year	193	-
1,00,00,000 (March 31, 2022: NIL) equity shares of INR 10 each fully paid-up	193	-
(iv) Deemed Investment in subsidiary companies [refer footnote (viii)]		
Share based payment 27,61,439 equity option (March 31, 2022 : 5,11,628)	983	434
Total non-current investments [(i)+(ii)+(iii)+(iv)]	**1,47,423**	**1,44,650**
Aggregate value of unquoted investments	**1,47,423**	**1,44,650**
Amount of impairment in value of investments	**-**	**-**

(i) During the year ended March 31, 2022, the Company purchased 100 equity shares of INR 10 each of Max Hospitals and Allied Services Limited (Formerly known as Radiant Life Care Mumbai Private Limited) ("MHASL") from Mr. Abhay Soi at a total consideration of INR 9,506, based on the valuation report dated December 3, 2021 by an independent valuer. Accordingly, MHASL has become wholly owned subsidiary of the Company w.e.f. January 28, 2022.

(ii) On June 02, 2021, Max Lab Limited ("MLL") was incorporated in India as a wholly owned subsidiary of the Company to inter alia pursue healthcare services or diagnostic testing, third party Hospital Lab Management in India or elsewhere, for

Notes forming part of Standalone Financial Statements

providing range of diagnostic services including pathology lab services, prognostic monitoring services, testing to retail customers and other organisations etc. Further, during the year ended March 31, 2023, the Company has made an additional investment of an amount INR 1,500 lakhs (as at March 31, 2022: INR 500 lakhs) in Max Lab Limited by way of subscription towards rights issue of 1,50,00,000 equity shares.

(iii) On July 12, 2021, Max Healthcare FZ-LLC, was incorporated in Dubai Healthcare City, United Arab Emirates as a wholly owned subsidiary of the Company for the purpose of business development and support services to potential international medical value travelers from Middle East and Africa region. Further, during the year ended March 31, 2023, the Company has made an additional investment for an amount of INR 483 lakhs (as at March 31, 2022: INR 101 lakhs) in Max Healthcare FZ-LLC, by way of subscription towards rights issue of 2,250 (as at March 31, 2022: 500) equity shares of Max Healthcare FZ-LLC.

(iv) On February 10, 2022, the Company entered into Shareholders Agreement for purchase of 100% equity of Eqova Healthcare Private Limited ("Eqova") in tranches. Accordingly, the Company acquired 26% stake in Eqova on February 15, 2022 and also placed a deposit of INR 6,840 lakhs in escrow account towards purchase of a further stake of 34%, subject to agreed conditions precedent. Subsequently, on April 13, 2023, the Company completed the acquisition of 34% stake in Eqova upon exercise of put option by one of the shareholders of Eqova pursuant to option agreement entered into by the Company, Eqova and such shareholder of Eqova on February 10, 2022. Further, the Company shall acquire the remaining stake of 40%, upon exercise of put / call options as per shareholders option agreement.

(v) During the year ended March 31, 2022, the Company has made an additional investment for an amount upto INR 5,000 lakhs in ALPS Hospital Limited ("ALPS"), a wholly owned subsidiary of the Company, by way of subscription towards rights issue of 6,83,990 equity shares of ALPS. Further, ALPS has made acquisition of 100% equity shares of ET Planners Private Limited. Accordingly, ET Planners Private Limited has become a wholly owned subsidiary of ALPS and a step down wholly owned subsidiary of the Company with effect from August 27, 2021.

(vi) During the year ended March 31, 2023, the Company has acquired balance 1,41,148 (March 31, 2022: 2,39,67,993) equity shares of Crosslay Remedies Limited ("CRL"). As post acquisition the Company holds 100% equity stake in CRL (as at March 31, 2022: 99.90%) accordingly, CRL has become wholly owned subsidiary of the Company w.e.f. June 03, 2022.

(vii) On May 19, 2019, MHC Global Healthcare (Nigeria) Ltd, was incorporated in Nigeria, as a wholly owned subsidiary of the Company for the purpose of business development and support services to potential international medical value travelers from Middle East and Africa region. Further, the Company has made an investment for an amount upto INR 193 lakhs in MHC Global Healthcare (Nigeria) Ltd, by way of subscription towards fresh issue of 1,00,00,000 equity shares of MHC Global Healthcare (Nigeria) Ltd.

(viii) As per the ESOP scheme, the Company is eligible to issue ESOP to employees of the subsidiaries. Further as per Ind AS 102, if parent grants share-based payment to employees of subsidiary, parent will debit to investment in the subsidiary as a capital contribution and a credit to equity. Total 27,61,439 (March 31, 2022: 5,11,628) number of equity options granted under share based payment to employees of the subsidiaries.

(ix) Investments in subsidiary Company are pledged against loan/working capital taken by subsidiary Company from bank. Details of pledged investment are as follow.

Name of Subsidiary	Total Shares	Pledged Shares
ALPS Hospital Limited	35,65,024	8,64,310
Hometrail Buildtech Private Limited	5,09,39,078	2,59,78,930

(x) During the year ended March 31 2023, the liquidator, appointed pursuant to scheme of voluntary liquidation approved by the shareholders of Saket City Hospitals Limited ("SCHL"), a wholly owned subsidiary of the Company, had distributed the entire business undertaking of SCHL to the Company, on a going concern basis. The said distribution of business undertaking was accounted for using the pooling of interests method in accordance with Appendix C of Ind AS 103 'Business combinations of entities under common control'. Accordingly, the comparative financial information of the standalone financial statements for the previous periods have been restated to give effect of the consummation of business undertaking from beginning of the period disclosed. (Also refer note 31.19)

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10. Non-current financial assets

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
(i) Investments in equity instrument (fair value through OCI)		
Sandhya Hydro Power Projects Balargha Private Limited (refer footnote)		
5,07,795 (March 31, 2022: 5,07,795) equity shares of INR 10 each fully paid-up	51	51
	51	**51**
Aggregate value of unquoted investments	51	51
Amount of impairment in value of investments	-	-

The Company holds 5,07,795 equity shares of Sandhya Hydro Power Projects Balargha Private Limited, a Company engaged in the business of generation and sale of hydro energy.

Particulars	As at March 31, 2023	As at March 31, 2022
(ii) Trade receivables (unsecured)		
Trade receivables - considered good	10,284	10,773
	10,284	**10,773**

No trade receivables are due from directors or other officers of the Company either severally or jointly with any other person. Neither any trade nor other receivables are due from firms or private companies in which any director is a partner, director or a members.

Max Medical Services Limited (merged with the MHIL with effect from October 1, 2016) on December 10, 2001, had entered into an agreement with a healthcare service provider to construct a hospital building of Devki Devi Foundation ("DDF"). The phase I of the construction was completed and handed over in financial year 2004-05 for a consideration of INR 2,431 lakhs. The said consideration is receivable in equal instalments over 26.5 years from the handover date. Further, the Company completed phase II of the construction in financial year 2010-11 and handed over the possession for a consideration of INR 3,520 lakhs. The said consideration is receivable in equal instalments over 20.5 years from the handover date. The recoverable value was fair valued on the date of business combination, based on expected cash flow as per the contractual terms and accordingly recognised.

Since the receipt of the consideration is spread over 26.5 years and 20.5 years respectively for phase I and phase II, an income amounting to INR 182 lakhs (March 31, 2022 : INR 180 lakhs), has been recognized based on a fixed percentage of the turnover of the healthcare service provider and disclosed under "Other income" as income from deferred credit and INR 1,207 lakhs (March 31, 2022 : INR 1,242 lakhs) as interest income on fair valuation of trade receivables under "Finance income". Also refer note 31.14.

Undisputed trade receivables-considered good ageing

Particulars	Not Due	Outstanding for following periods from due date					Total
		Less than 6 months	6 months - 1 year	1-2 years	2-3 years	More than 3 years	
As at March 31, 2023	10,284	-	-	-	-	-	10,284
As at March 31, 2022	10,773	-	-	-	-	-	10,773

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
(iii) Loans (valued at amortized cost) (unsecured considered good unless stated otherwise)		
To related parties:		
(a) Loans to related parties [refer to note 31.10, note 31.19, note 31.20 and footnote - (i)]	41,811	38,156
(b) Preference shares in Hometrail Buildtech Private Limited [refer note 31.10 & footnote below- (ii)]	-	4,711
(c) Advance for share application money [refer footnote - (iii)]	-	364
To other parties:		
(a) Loans and advances to other healthcare service providers [refer to 31.14 and footnote - (iv)]	2,000	6,000
	43,811	**49,231**

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Loan to related parties as at March 31, 2023

Type of borrower	Amount of Loan	Percentage of the total loan
Promoters	-	-
Directors	-	-
Key Managerial Personnal ("KMPS")	-	-
Related Party [refer note 10(iii) & 14(iv)]	42,811	94%

Loan to related parties as at March 31, 2022

Type of borrower	Amount of Loan	Percentage of the total loan
Promoters	-	-
Directors	-	-
Key Managerial Personnal ("KMPS")	-	-
Related Party [refer note 10(iii) & 14(iv)]	44,231	88%

Notes:

(A) Loans to related parties include:

(a) Interest bearing loan amounting to INR 28,856 lakhs (March 31, 2022: 32,856 lakhs) given to Dr. B.L. Kapur Memorial Hospital, to fulfil obligation under the Operation and Management Agreement. As per the agreement, earlier the interest rate was 12% per annum which was reduced to 10.25% p.a w.e.f April 01, 2021, based on mutual understanding as per terms of contract.

(b) Interest bearing loan amounting to INR 12,250 lakhs (March 31, 2022: 6,300) given to Max Hospitals and Allied Services Limited (formerly known as Radiant Life Care Mumbai Private Limited), for business operations, repayment of debts and other general corporate purpose. As per the agreement, earlier the interest rate was 10.25% per annum which was reduced to 9.25% p.a w.e.f April 01, 2022 for the year ended March 31, 2023, based on mutual understanding as per terms of contract.

(c) Interest bearing loan amounting to INR 205 lakhs (March 31, 2022: NIL) given to Max Healthcare FZ-LLC, Dubai, for business operations, repayment of debts and other general corporate purpose, repayable within 3 year from the date of disbursement and carries interest rate of 7.0% p.a, based on Secured Overnight Financing Rate ("SOFR").

(d) Interest bearing loan amounting to INR 1,500 lakhs (March 31, 2022: NIL) given to Max Lab Limited for business operations, repayment of debts and other general corporate purpose, repayable within 5 year from the date of disbursement and carries interest rate of 9.25% p.a.

(B) During the year ending March 31, 2023, the Company has redeemed 20,00,000 0% non convertible redeemable preference shares of INR 100 each allotted by Hometrail Buildtech Private Limited ("HBPL") for INR 4,711 lakhs along with premium of INR 2,711 lakhs.

(C) During the year ending March 31, 2022, the Company advanced amount of INR 176 lakhs and INR 188 lakhs respectively towards such investment in equity of MHC Global Healthcare (Nigeria) Limited and Max Healthcare FZ-LLC (Dubai). Shares were not allotted till March 31, 2022. Further, during the year ended March 31, 2023, the Company has been allotted equity shares in MHC Global Healthcare (Nigeria) Limited and Max Healthcare FZ-LLC (Dubai) against respective advances, outstanding as on March 31, 2022.

(D) Loan to other healthcare service providers represents:

Interest bearing loan amounting to INR 2,000 lakhs (March 31, 2022: 6,000 lakhs) given to Gujarmal Modi Hospital & Research Centre. Loan carries interest rate @ 9.25% for the year ended March 31, 2023 (March 31, 2022: 10.25%). These loans are extended by the Company to enhance the depth and width of its offering under the medical service agreement, leading to growth in its revenue and profitability. The Company does not expect any default. Also refer to note 31.14.

Notes forming part of Standalone Financial Statements

(iv) **Other financial assets**

(INR in Lakhs)

	As at March 31, 2023	As at March 31, 2022
Fixed deposits under lien #	7	7
Fixed deposits in escrow account [refer note 14(iii) & footnote (i)]	-	6,880
Security deposits - considered good [refer footnote (ii) & (iii)]	19,258	19,249
Security deposits - credit impaired	10	75
Less:- Impairment allowance for security deposits - credit impaired	(10)	(75)
	19,265	26,136

Margin money deposits made to secure bank guarantee issued to government authorities.

(i) During the financial year ended March 31, 2022, amount of INR 6,880 lakhs was deposited in escrow account towards purchase of further stake of 34% in Eqova Healthcare Private Limited subject to agreed condition precedent. Further, on April 13, 2023, the Company completed the acquisition of additional 34,000 equity shares having face value of INR 10 each fully paid up of Eqova representing 34% of paid up equity share capital of Eqova. The amount has been re-classified to current financial assets as on March 31, 2023.

(ii) Security deposits includes INR 17,853 lakhs (March 31, 2022: 17,853 lakhs) given to Devki Devi Foundation, Balaji Medical and Diagnostic Research Centre and Gujarmal Modi Hospital & Research Centre under the term of long term service agreements with these healthcare service providers. The deposit carry interest @9.25% per annum (March 31, 2022: 10.25% per annum) and are provided by the Company to enhance the depth and width of its offering under the medical service agreement, leading to growth in its revenue and profitability. The Company does not expect any default. Also refer note 31.14.

(iii) The Company has determined its security deposits not to be in the nature of loans since these are given in normal course of business and accordingly have been classified as part of other financial assets.

11. Income tax assets

(INR in Lakhs)

	As at March 31, 2023	As at March 31, 2022
Advance income tax and tax deducted at source (net of provision)	2,929	5,297
	2,929	5,297

12. Other non current assets (unsecured considered good unless stated otherwise)

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Capital advances [refer footnote-(i)]	7,846	10,597
Others		
Prepaid expenses	6,914	6,714
Other advances - considered good [refer footnote-(ii)]	1,156	1,156
Other advances - credit impaired [refer footnote-(ii)]	308	308
Less:- Impairment allowance for other advances - credit impaired	(308)	(308)
	15,916	18,467

Notes :

(i) Capital advances includes:

(a) Carrying value aggregating to INR 2,898 lakhs (March 31, 2022 : INR 2,898 lakhs) relates to pending land allotment by Greater Noida Industrial Development Authorities ("GNIDA"). The Company has applied to GNIDA for possession of land and is in regular discussion with GNIDA for the pending allotment to the Company.

Notes forming part of Standalone Financial Statements

(b) INR 4,189 lakhs (March 31, 2022 : INR 7,552 lakhs) as an advance for purchase of Transferable Development Rights ("TDR") from a third party, for purposes of increasing floor space index in connection with newly acquired hospital project land in Sector-53 and Sector-56, Gurugram. During the year, the Company has received TDR certificate of INR 3,363 lakhs for land in Sector 56 Gurugram and accordingly, same have been transferred into CWIP.

(ii) Other advances represents amount receivable from Greater Mohali Area Development Authority ("GMADA") upon non-allotment of land by GMADA. The Company has filed claim for a refund of the amount paid and based on the discussions between GMADA officers and Company representative, an amount of INR 1,156 lakhs (net of estimated deduction) has been considered recoverable in the books of account.

13. Inventories (at lower of, cost and net realizable value)

(INR in Lakhs)

	As at March 31, 2023	As at March 31, 2022
Stock of drugs, consumables and implants	2,994	2,466
	2,994	2,466

14 Current financial assets

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
(i) Trade receivables (refer note 31.19)		
(Unsecured considered good, unless otherwise stated) :-		
Trade receivables - considered good (refer note 31.14)	11,658	17,839
Trade receivables from related parties - considered good (refer note 31.10)	2,369	9,213
Trade receivables - credit impaired	1,313	1,406
Less: Impairment allowance for trade receivables	(1,313)	(1,406)
	14,029	27,052

Trade receivables are not interest bearing.

Trade receivables ageing as at March 31, 2023

(INR in Lakhs)

Particulars	Not Due	Outstanding for following periods from due date of payment					Total
		Less than 6 months	6 months - 1 year	1-2 years	2-3 years	More than 3 years	
Undisputed trade receivables – considered good	11,662	2,126	172	69	-	-	14,029
Undisputed trade receivables – credit impaired	-	153	411	585	91	73	1,313
Total	11,662	2,279	583	654	91	73	15,342
Less: Impairment allowance for trade receivables							(1,313)
							14,029
Trade receivables - Unbilled [refer note 14(v)]							1,159
							15,188

Trade receivables ageing as at March 31, 2022

Particulars	Not Due	Outstanding for following periods from due date of payment					Total
		Less than 6 months	6 months - 1 year	1-2 years	2-3 years	More than 3 years	
Undisputed trade receivables – considered good	15,164	7,381	2,254	2,253		-	27,052
Undisputed trade receivables – credit impaired		297	350	327	285	147	1,406
Total	15,164	7,678	2,604	2,580	285	147	28,458
Less: Impairment allowance for trade receivables							(1,406)
							27,052
Trade receivables - Unbilled [refer note 14(v)]							767
							27,819

(ii) Cash and cash equivalents

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Balances with banks:		
On current accounts	1,007	477
Deposits with original maturity of three months or less	-	20,674
Cheques, draft on hand	231	135
Cash on hand	77	114
	1,315	21,400

(iii) Bank balance other than (ii) above

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Bank deposits with maturity of more than three months	1,04,773	17,178
Deposits in escrow account [refer footnote (ii)]	7,234	-
Deposit against amount received back from HSVP Haryana (refer note 4.04)	9,681	-
Deposits under lien [refer footnote (i)]	143	73
	1,21,831	17,251

Footnote

(i) Margin money deposits given as security includes:

INR 34 lakhs (March 31, 2022: INR 48 lakhs) to secure bank guarantee issued to government authorities.

INR 26 lakhs (March 31, 2022: INR 25 lakhs) to secure bank guarantee issued to bank against overdraft limit.

INR 83 lakhs (March 31, 2022: Nil) margin money issued to bank against letter of credit.

(ii) Amount of INR 7,234 lakhs (March 31, 2022: INR 6,880 lakhs) is deposited in escrow account towards purchase of further stake of 34% in Eqova Healthcare Private Limited subject to agreed condition precedent. Further, on April 13, 2023, the Company completed the acquisition of additional 34,000 equity shares having face value of 10 each fully paid up of Eqova representing 34% of paid up equity share capital of Eqova consequent to contractual obligation of the Company to acquire equity shares of Eqova upon exercise of put option by one of the shareholders of Eqova pursuant to option agreement entered into by the Company, Eqova and such shareholder of Eqova on February 10, 2022. Also refer note 9(iv).

Notes forming part of Standalone Financial Statements

(iv) Loans (Valued at amortized cost)(unsecured considered good, carried at amortized cost)

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Loans to related parties (refer note 31.10 & footnote)	1,689	1,000
Loans and advances to other healthcare service providers	-	170
	1,689	1,170

Loan to related parties includes INR 1,000 lakhs (March 31, 2022: 1,000) receivable from Dr. B.L. Kapur Memorial Hospital and INR 689 lakhs (March 31, 2022: INR Nil) interest receivable on this loan.

(v) Other financial assets (unsecured considered good, unless otherwise stated)

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Unbilled revenue	1,159	767
Security deposits	-	7
Service exports from India Scheme scrips	-	222
	1,159	996

15. Other current assets (unsecured considered good, unless otherwise stated)

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Other advances	89	126
Prepaid expenses	499	737
Licenses receivable	-	46
	588	909

16. (i) Equity share capital

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Authorized capital		
1,26,00,00,000 (March 31, 2022: 1,26,00,00,000) equity shares of INR 10 each	1,26,000	1,26,000
12,50,00,000 (March 31, 2022: 12,50,00,000) cumulative preference shares of INR 10 each	12,500	12,500
	1,38,500	1,38,500
Issued, subscribed and paid-up share capital		
97,09,22,825 (March 31, 2022: 96,96,13,455) fully paid up equity shares of INR 10 each	97,092	96,961
Total issued, subscribed and paid-up share capital	97,092	96,961

Notes forming part of Standalone Financial Statements

(a) Reconciliation of the shares outstanding at the beginning and at the end of the reporting year

Equity shares	As at March 31, 2023		As at March 31, 2022	
	Number of shares	Share capital amount	Number of shares	Share capital amount
At the beginning of the year	96,96,13,455	96,961	96,59,45,006	96,595
Shares issued on exercise of Employee Stock Options [refer footnote]	13,09,370	131	36,68,449	366
At the end of the year	97,09,22,825	97,092	96,96,13,455	96,961

During the year ended March 31, 2023, the Company issued and allotted 13,09,370 (March 31, 2022: 36,68,449) ordinary shares of INR 10 each on exercise of employee stock options granted under the Company's Employee Stock Option 2020 Scheme.

(b) Terms and rights attached to equity shares

The Company has only one class of equity shares having a par value of INR 10 per share. Each holder of equity shares is entitled to one vote per share.

In the event of liquidation of the Company, the holders of equity shares will be entitled to receive remaining assets of the Company, after distribution of all preferential amounts, if any. The distribution will be in proportion to the number of equity shares held by the shareholders.

(c) Details of shareholders holding more than 5% shares in the Company

Name of the Shareholders	As at March 31, 2023		As at March 31, 2022	
	No. of shares	% held	No. of shares	% held
Equity Shares of INR 10 each fully paid				
Mr. Abhay Soi	23,08,07,699	23.77%	22,39,33,252	23.10%
Kayak Investments Holding Pte. Limited ('Kayak')	-	-	26,70,71,209	27.54%
SBI Focused Equity Fund	-	-	7,94,33,334	8.19%
SBI Mutual Fund (Under various schemes)	7,30,94,306	7.53%	-	-
New World Fund Inc	7,03,83,770	7.25%	-	-
Government of Singapore	6,07,36,393	6.26%	-	-
Smallcap World Fund, Inc	6,02,49,322	6.21%	-	-

(d) Details of shareholding of promoters

As at March 31, 2023

S.No	Name of promoter	No of Shares as at March 31, 2023	% of total shares	% of change during the year	
1	Mr. Abhay Soi	23,08,07,699	23.77%	0.67%	
2	Kayak Investments Holding Pte. Limited ('Kayak')	-	-	(27.54)%	Refer footnote (i)
	Total	23,08,07,699	23.77%	(26.87)%	

During the FY 22-23 following changes have been made in Promoter shareholdings

(i) During the year ended March 31, 2023, Kayak Investments Holding Pte. Ltd. ("Kayak"), one of the promoter, had divested its entire shareholding held in the Company. Since Kayak ceased to hold any shares or exercise control in any manner whatsoever in the Company, a request was received from Kayak on September 30, 2022 for reclassification of its category from 'Promoter' to 'Public' in terms of Regulation 31A of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015. Based on the request, the Company had submitted the requisite application seeking approval from stock exchanges i.e. National Stock Exchange of India Limited and BSE Limited, for reclassification of Kayak from 'Promoter' to 'Public' category and the same is yet to be approved.

Notes forming part of Standalone Financial Statements

In terms of Shareholders' Agreement dated December 24, 2018 executed by and amongst (i) Mr. Abhay Soi ("Promoter/ Mr. Abhay Soi"); and (ii) Kayak Investments Holding Pte. Ltd. ("Investor/Kayak"), as amended from time to time ("Post Merger SHA") and the Deed of Accession and Adherence dated June 01, 2020 executed by the Company and upon pre-clearance approval accorded by the Board of Directors via resolution passed by circulation on August 18, 2022, 68,74,447 equity shares of the Company as "Upside Share" arise due to achieving of Internal Rate of Return ("IRR") threshold, were transferred to Mr. Abhay Soi by Kayak in dematerialized form at a price of INR 10 per 10,000 shares or part thereof, aggregating to a total consideration of INR 6,880.

As at March 31, 2022

S.No	Name of promoter	No of shares as at March 31, 2022	% of total shares	% of change during the year	
1	Mr. Abhay Soi	22,39,33,252	23.10%	1.32%	Refer footnote (i)
2	Kayak Investments Holding Pte. Limited	26,70,71,209	27.54%	(21.10)%	Refer footnote (i)
	Total	**49,10,04,461**	**50.64%**	**(19.78)%**	

During the FY 21-22 following changes have done in Promoter shareholdings

(i) In August, 2021, Kayak transferred 27,26,754 equity shares through open market sale towards compliance with the minimum public shareholding (MPS) threshold. In addition, Kayak has sold 18,64,79,885 equity shares through block trade during the year. Further, 1,35,67,988 equity shares were sold to Mr. Abhay Soi.

(ii) Promoter named Mr Analjit Singh, Ms. Piya Singh, Mrs. Neelu Analjit Singh, Ms. Tara Singh Vachani, Mr. Veer Singh & Max Ventures Investment Holdings Private Limited are classified from 'Promoter' category to 'Public' category of the Company, with effect from March 24, 2022.

(e) Pursuant to Regulation 31 of the SEBI Listing Regulations, the details of shareholding for the quarter ended March 31, 2023 have been submitted to the stock exchanges.

(f) Share reserved for issue under option

Information relating to Max Healthcare Employee Stock Option Plan, including details of options issued, exercised and lapsed during the financial year and options outstanding at the year end, is set out in note 31.04.

(g) Dividend

The final dividend on shares is recorded as a liability on the date of approval by the shareholders. Interim dividends are recorded as a liability on the date of declaration by the Company's Board. The Company declares and pays dividends in Indian Rupees.

The Board of Directors at their meeting held on May 16, 2023 recommended a maiden dividend of INR 1 per share (10% of face value) out of the profits of the financial year 2022-23, subject to approval of the shareholders.

16 (ii) Other equity

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Securities premium [refer note (a) below]	5,15,803	5,14,313
Retained earnings [refer note (b) below]	80,470	11,039
Capital reserve on Business Combination [refer note (c) below]	6,529	6,529
Stock options outstanding account [refer note (d) below]	4,158	2,212
Share application money pending for allotment [refer note (e) below]	5	0.2
Other comprehensive income [refer note (f) below]	154	84
	6,07,119	**5,34,177**

Notes forming part of Standalone Financial Statements

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Notes:		
(a) Securities premium [refer note 31.19 and footnote (i)]		
At the beginning of the year	5,14,313	5,10,481
Add: Transfer on account of exercise of employee stock options [refer footnote (ii)]	1,490	3,832
At the end of the year	**5,15,803**	**5,14,313**
(i) Securities premium is recognized to record the premium on issue of shares. This can be utilized only for limited purpose as per the provision of the Companies Act, 2013.		
(ii) During the year ended March 31, 2023, Company issued and allotted 13,09,370 (March 31, 2022: 36,68,449) ordinary shares (face value of INR 10 per share).The amount of INR 1,490 lakhs (March 31, 2022: INR 3832 lakhs) recorded in stock options outstanding account is transferred to securities premium upon exercise of stock options.		
(b) Retained earnings [refer note 31.19]		
At the beginning of the year	11,039	(22,113)
Profit for the year	69,431	33,152
At the end of the year	**80,470**	**11,039**
(c) Capital reserve [refer note 31.19]		
At the beginning of the year	6,529	6,529
At the end of the year	**6,529**	**6,529**
(d) Share options outstanding account		
At the beginning of the year	2,212	2,651
Add : Employees stock compensation expenses	3,436	3,393
Less : Transfer to security premium account on exercise of option	(1,490)	(3,832)
At the end of the year	**4,158**	**2,212**
The above reserve relates to stock options granted by the Company to its employees under its employee stock option plan. Further information about share-based payments to employees is set out in note 31.04.		
(e) Share application money pending for allotment		
At the beginning of the year	0.2	-
Add : Received during the year (refer footnote)	5	0.2
Less: Shares issued during the year	(0.2)	-
At the end of the year	**5**	**0.2**
Share application money received for 46,991 (March 31, 2022: 2,000) shares under the employee stock options.		
(f) Other comprehensive income		
At the beginning of the year	84	(3)
Re-measurement gains on defined benefit plans for gratuity (net of tax)	70	87
At the end of the year	**154**	**84**

17. Borrowings (Refer note 31.19)

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Non-current borrowings		
Term loans from banks (secured)[refer footnote (A)]	27,300	31,739
Vehicle loans (secured)[refer footnote (B)]	307	423
Loan from related parties [refer footnote (C)]	15,278	6,078
	42,885	**38,240**
Current borrowings		
Cash credit from banks (secured)[refer footnote E(i)& (ii)]	2,046	2,340
Current maturity of non current borrowings		
Term loans from banks (secured)[refer footnote (A)]	114	98
Vehicle loans (secured)[refer footnote (B)]	138	189

Notes forming part of Standalone Financial Statements

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Deferred payment liabilities (secured)[refer footnote (D)]	16	92
Loan from related parties [refer footnote (C)]	43	48
	2,357	2,767
Aggregate secured loans (Non-Current and Current borrowings)	29,921	34,881
Aggregate unsecured loans (Non-Current and Current borrowings)	15,321	6,126

A) Term loan from banks :

(i) INR 19,825 lakhs (March 31, 2022 : INR 21,751 lakhs) from IDFC First Bank Limited repayable in 52 quarterly installments from April, 2018 is secured by way of :

(a) A first mortgage and charge on entire immovable properties of the Company pertaining to Max Saket Hospital and Max Shalimar bagh Hospital, both present and future.

(b) A first charge by way of hypothecation of entire movable PPE (except the movable current assets) of the Company, both present and future, including movable plant and machinery, machinery spares, tools and accessories, furniture, fixtures, vehicles, and all other movable PPE of whatsoever nature but excluding the movable properties financed by specific vehicle/equipment finance loans.

(c) A charge on the entire current assets including cash flows, receivables, books debts, revenues, raw material, stock-in-trade, and inventory of the Company of whatsoever nature and wherever arising, both present and future subject to a prior charge in favor of working capital Lenders restricted to working capital limits of INR 19,000 lakh in aggregate

(d) A first charge on the entire intangible assets of the Company, including but not limited to goodwill and uncalled capital, intellectual property, both present and future.

(e) A first charge/mortgage/assignment, as the case may be, of (a) all the rights, title, interest, benefits, claims and demands whatsoever of the Company in the project document (including the documents given in schedule 2), duly acknowledged and consented to by the relevant counter-parties to such project documents, all as amended, varied or supplemented from time to time (b) subject to applicable law, all the rights, title, interest, benefits, claims and demands whatsoever of the Company in the clearance, and (c) all the rights, title, interest, benefits, claims and demands whatsoever of the Company in any letter of credit guarantee, performance bond, corporate guarantee, bank guarantee provided by any party to the project document, (d) all the right, title, interest, benefits, claims and demands whatsoever of the Company under all insurance contracts.

(ii) INR 1714 lakhs (March 31, 2022: INR 1,951 lakhs) from Indusind Bank Limited repayable in 150 monthly installments from June, 2019 is secured by way of :

(a) 1st Pari Pasu Charge on the entire current assets, both present and future, subject to the first prior charge of working capital facility lenders to the extent of INR 19,000 lakhs.

(b) 1st Pari Passu Charge on the moveable fixed asset (excluding vehicles specifically charged to lenders who have financed those assets) including medical equipment (except medical equipment specifically charged to lenders who have financed those assets), movable plant and machinery, spares etc. of the borrower with other term lenders.

(c) 1st Pari Passu charge on the non-current asset of the borrower but not limited to Goodwill and uncalled capital, intellectual property, both present and future of the borrower with other term lenders.

(iii) INR 3094 lakhs (March 31, 2022: INR 3,636 lakhs) from IDFC First Bank Limited repayable in 23 quarterly installments from August, 2022 is secured by way of :

(a) 1st Pari Passu on charge on land and building of MHIL Saket and MHIL Shalimar Bagh with other term lenders

(b) 1st Pari Passu on entire intangible assets both present and future with other term lenders

(c) 1st Pari Passu on entire movable fixed assets of MHIL both present and future (except equipment/ vehicle finance by specific loans) with other term lenders

(d) 2nd Pari Passu on entire current assets of MHIL with other term lenders (working capital lenders have first charge on the entire current assets for their working capital limits of INR 19,000 lakhs).

Notes forming part of Standalone Financial Statements

(iv) INR 2,781 lakhs (March 31, 2022: INR 4,499 lakhs) from Axis Bank Limited repayable in 52 structured quarterly installment from January, 2019. The loan is secured by way of:

(a) First pari passu charge over the Movable fixed assets of the Company both present and future (Except vehicle financed by banks/NBFCs)

(b) Second Pari Passu charge on current assets of the Company.

(B) Vehicle loan :

Vehicle loans of INR 445 lakhs (March 31, 2022: INR 612 lakhs) are repayable over the period ranging from one to five years and are secured by way of hypothecation of respective vehicles.

Term loan/vehicle loan is chargeable to interest from 7.25% per annum to 12.01% per annum depending upon the purpose, tenure and lending institution.

(C) Loan from related party :

(a) 9.25% p.a. interest bearing unsecured term loan of INR 6,272 lakhs (March 31, 2022: INR 3,074 lakhs) availed from Hometrail Buildtech Private Limited for general corporate purpose, capital expenditure and repayment of existing debts, is repayable over the period ranging from five to fifteen years. The Company has the right to prepay the facility amount at any time during the loan tenure, without any additional cost or charges.

(b) 9.25% p.a. interest bearing unsecured term loan of INR 8,049 lakhs (March 31, 2022: INR 3,051 lakhs) availed from Crosslay Remedies Limited for general corporate purpose, capital expenditure and repayment of existing debts, is repayable over the period ranging from five to fifteen years. The Company has the right to prepay the facility amount at any time during the loan tenure, without any additional cost or charges.

(c) 9.25% p.a. interest bearing unsecured term loan of INR 1,000 lakhs (March 31, 2022: NIL) availed from ALPS Hospital Limited for general corporate purpose, capital expenditure and repayment of existing debts, is repayable over the period of five years. The Company has the right to prepay the facility amount at any time during the loan tenure, without any additional cost or charges.

(D) Deferred payment liabilities :

Deferred payment liabilities is secured by hypothecation of medical equipment and repayable in 20 quarterly instalments from June 2018.

All above borrowings have been used for the specific purpose as agreed with bank.

(E) Cash credit from banks (secured) :

(a) INR 883 lakhs (March 31, 2022: INR 835 lakhs) against sanctioned limit of INR 3,500 lakhs from Yes Bank Limited

(b) INR 647 lakhs (March 31, 2022: INR 745 lakhs) against sanctioned limit of INR 2,000 lakhs from Indusind Bank Limited

(c) INR 247 lakhs (March 31, 2022: INR 220 lakhs) against sanctioned limit of INR 2,000 lakhs from ICICI Bank Limited

(d) INR 269 lakhs (March 31, 2022: INR 487 lakhs) against sanctioned limit of INR 2,000 lakhs from IDFC First Bank Limited

(e) Nil (March 31, 2022: INR 54 lakhs) from Axis Bank Limited (also refer note 31.19)

These cash credits are secured by way of Prior pari – passu charge on all current assets of the Company (Both Present and Future). The cash credits are repayable on demand.

Notes forming part of Standalone Financial Statements

(ii) The Company has filed Quarterly statements of current assets to banks which is in agreement with the books of account. Details are as follows:

Particulars	Current Assets Name	Amount filed with Bank	Amount as per book	Reason for Variation
Quarter ended on June 30, 2022	Inventories	2,342	2,342	N.A.
	Trade receivables	37,365	37,365	N.A.
Quarter ended on September 30, 2022	Inventories	2,502	2,502	N.A.
	Trade receivables	33,647	33,647	N.A.
Quarter ended on December 31, 2022	Inventories	2,758	2,758	N.A.
	Trade receivables	32,927	32,927	N.A.
Quarter ended on March 31, 2023*	Inventories	2,994	2,994	N.A.
	Trade receivables	25,612	25,626	Not significant

*provision DP statement submitted to bank on April 20, 2023

18. Lease liabilities - non current

(INR in Lakhs)

	As at March 31, 2023	As at March 31, 2022
Lease liabilities	7,232	13,902
	7,232	13,902

19. Provisions

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Non current		
Provision for employee benefits		
Provision for gratuity (refer note 31.02)	1,990	2,038
	1,990	2,038
Current		
Provision for employee benefits		
Provision for compensated absences	1,249	1,220
Provision for gratuity (refer note 31.02)	576	442
	1,825	1,662

20. Other non current liabilities

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Government grant (refer footnote)	222	274
	222	274

Movement in government grant under EPCG Scheme

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Opening Balance	274	170
Add:- Liability towards custom duty for imports under EPCG discharged	552	104
Less:- Income booked during the year	(604)	-
Closing Balance	222	274

Notes forming part of Standalone Financial Statements

21. Current financial liabilities

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
(i) Lease liabilities		
Lease liabilities	878	643
	878	643
(ii) Trade payables		
Total outstanding dues of Micro Enterprises and Small Enterprises ("MSME")	68	165
Total outstanding dues of creditors other than micro enterprises and small enterprises ("MSME")	21,844	19,263
Trade payable to related party (refer note 31.10)	67	33
	21,979	19,461

Trade payable ageing as at March 31, 2023

(INR in Lakhs)

Particulars	Not Due	Outstanding for following periods from transaction date				Total
		Less than 1 year	1-2 years	2-3 years	More than 3 years	
(i) MSME	-	68	-	-	-	68
(ii) Others	6,402	14,539	421	170	379	21,911
Total	6,402	14,607	421	170	379	21,979

Trade payable ageing as at March 31, 2022

Particulars	Not Due	Outstanding for following periods from transaction date				Total
		Less than 1 year	1-2 years	2-3 years	More than 3 years	
(i) MSME	-	165	-	-	-	165
(ii) Others	5,786	12,709	246	250	305	19,296
Total	**5,786**	**12,874**	**246**	**250**	**305**	**19,461**

Trade payables are usually non- interest bearing, unsecured and are settled as per contract terms.

Information as required to be furnished as per section 22 of the Micro, Small and Medium Enterprises Development Act, 2006 (MSMED Act) for the year ended March 31, 2023 is given below. This information has been determined to the extent such parties have been identified on the basis of information available with the Company.

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
i) Principal amount and interest due thereon remaining unpaid to any supplier covered under MSMED Act:		
- Principal	68	165
- Interest	-	-
ii) The Amount of interest paid by the buyer in terms of section 16, of the MSMED Act, 2006 along with the amounts of the payment made to the supplier beyond the appointed day during each accounting year	-	-
iii) The amount of interest due and payable for the period of delay in making payment (which have been paid but beyond the appointed day during the year) but without adding the interest specified under MSMED Act	-	-
iv) The amount of interest accrued and remaining unpaid at the end of each accounting year	-	-
v) The amount of further interest remaining due and payable even in the succeeding years, until such date when the interest dues as above are actually paid to the small enterprise for the purpose of disallowance as a deductible expenditure under section 23 of the MSMED Act, 2006	-	-

Notes forming part of Standalone Financial Statements

Dues to Micro and Small Enterprises have been determined to the extent such parties have been identified on the basis of information collected by the Management. This has been relied upon by the auditors The Company has made an assessment of interest payable under the Micro, Small and Medium Enterprises Development Act, 2006 (MSMED Act) and has concluded that it is in compliance with the MSMED Act and rules thereto and accordingly, concluded that there is no interest liability dues as at the year end.

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
(iii) Other financial liabilities		
Provision for deferred compensation (refer note 31.04)	-	740
Capital creditors (refer footnote)	3,331	2,014
Foreign exchange forward contracts	2	-
Security deposits	299	310
Amount payable to HSVP on restoration of allotment of land (refer footnote 4.04)	9,971	-
	13,603	3,064

Capital creditors amount includes INR 689 lakhs (March 31, 2022 : INR 1,246 lakhs) of stamp duty payable on land registration of sector -53 (refer footnote 4.04)

22. Other current liabilities

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Advance from patients/customers	1,789	962
Statutory dues	1,677	1,351
Other advances	10	13
	3,476	2,326

23 Income taxes

(INR in Lakhs)

Particulars	Year ended March 31, 2023	Year ended March 31, 2022
(a) Income tax expense in the statement of profit and loss is comprises of :		
Current tax	11,193	6,494
Deferred tax (credit)/charge	(24,310)	403
Income tax expense	(13,117)	6,897
(b) Other Comprehensive Income ("OCI")		
Income Tax related to items recognised in OCI during the year		
Remeasurement losses on defined benefit plan	(24)	(29)
Income Tax charged to OCI	(24)	(29)
(c) Reconciliation of effective tax rate:		

Notes forming part of Standalone Financial Statements

Accounting profit before tax	56,314	40,049
Enacted tax rate	25.17%	25.17%
Income tax expense at enacted tax rate	14,174	10,080
Tax Effect of adjustments pursuant to voluntary liquidation of SCHL and distribution of its business undertaking to the Company on a going concern basis (Refer Note 31.19)	(24,624)	-
Reversal of deferred tax liability on indexation of land and investments in subsidiaries	(1,324)	(186)
Employee Stock Option Plan expenses allowable under tax law (refer note 31.04)	(1,876)	(2,256)
Long term capital gain recognised on redemption of preference shares of subsidairy Company	410	-
Effect of income not considered for tax purpose	(22)	(151)
Effect of non-deductible expenses	54	-
Other adjustments	91	(590)
Income tax reported in the statement of profit and loss	(13,117)	6,897

(INR in Lakhs)

Particulars	Balance sheet	
	As at March 31, 2023	As at March 31, 2022
(d) Deferred tax (assets)/liabilities comprises :		
Deferred tax liability		
Difference in book base and tax base of Property, Plant & Equipment and intangibles assets	37,788	59,963
Fair valuation of investment	5,993	7,168
Others	4,224	2,547
Recognized deferred tax liability	**48,005**	**69,678**
Deferred tax asset		
Right to use assets and Lease liabilities	431	(433)
Expenses allowed on payment basis (including employee benefits)	(1,121)	(1,225)
Employee Stock Option Plan expenses allowable under tax law (refer note 31.04)	(1,751)	(742)
Others	(4,189)	(1,617)
Recognized deferred tax (asset)	**(6,630)**	**(4,017)**
Recognized deferred tax (asset)/liability (net)	41,375	65,661

(e) Movement in deferred tax (assets)/liabilities (net) for the year ended March 31, 2023

(INR in Lakhs)

Particulars	As at April 1, 2022	(Credit) / Charge to Statement of Profit and Loss	(Credit) / Charge to Capital Reserve	(Credit) / Charge to Other comprehensive income	As at March 31, 2023
Deferred Tax Liabilities					
Property, plant & equipments and intangible assets	59,963	(22,175)	-	-	37,788
Fair valuation of investment	7,168	(1,175)	-	-	5,993
Trade receivables	1,854	(6)	-	-	1,848
Security deposit	291	774	-	-	1,065
Government grant	-	31	-	-	31
Others	402	878	-	-	1,280

Notes forming part of Standalone Financial Statements

(INR in Lakhs)

Particulars	As at April 1, 2022	(Credit) / Charge to Statement of Profit and Loss	(Credit) / Charge to Capital Reserve	(Credit) / Charge to Other comprehensive income	As at March 31, 2023
Deferred Tax Assets					
Right to use assets and lease liabilities	(433)	864	-	-	431
Provisions for expense allowed for tax purpose on payment basis (including employee benefit)	(1,225)	80	-	24	(1,121)
Employee Stock Option Plan expenses allowable under tax law (refer note 31.04)	(742)	(1,009)	-	-	(1,751)
Carry forward merger expense	(733)	244	-	-	(489)
Others	(884)	(2,816)	-	-	(3,700)
	65,661	**(24,310)**	**-**	**24**	**41,375**

Movement in deferred tax (assets)/liabilities (net) for the year ended March 31, 2022

(INR in Lakhs)

Particulars	As at April 1, 2021	(Credit) / Charge to Statement of Profit and Loss	(Credit) / Charge to Capital Reserve	(Credit) / Charge to Other comprehensive income	As at March 31, 2022
Deferred Tax Liabilities					
Property, plant & equipments and intangible assets	36,711	(1,240)	24,492	-	59,963
Fair valuation of investment	11,631	-	(4,463)	-	7,168
Trade receivables	1,682	172	-	-	1,854
Security deposit	287	4	-	-	291
Others	587	(185)	-	-	402
Deferred Tax Assets					
Right to use assets and lease liabilities	(224)	(209)	-	-	(433)
Provisions for expense allowed for tax purpose on payment basis (including employee benefit)	(978)	(276)	-	29	(1,225)
Employee Stock Option Plan expenses allowable under tax law (refer note 31.04)	(852)	110	-	-	(742)
Unabsorbed Tax Depreciation and Loss	(2,568)	2,568	-	-	-
Carry forward merger expense	-	(733)	-	-	(733)
Others	(1,077)	193	-	-	(884)
	45,199	**403**	**20,029**	**29**	**65,661**

24. Revenue from operation

(INR in Lakhs)

Particulars	Year ended March 31, 2023	Year ended March 31, 2022
		(Refer Note 31.19)
Revenue from contracts with customers	1,85,905	1,74,408
Other operating revenue (refer note 24.3)	4,561	3,128
	1,90,466	1,77,536

Notes forming part of Standalone Financial Statements

24.1 Disaggregated revenue information

The table below presents disaggregated revenues from contracts with customers by type of goods or service provided, geography, at the timing of transfer of goods and services.

(INR in Lakhs)

Particulars	Year ended March 31, 2023	Year ended March 31, 2022
Revenue by type of goods & services		
Revenue from healthcare services (net)	1,80,876	1,62,408
Sale of drug and pharmaceuticals supplies	5,029	12,000
	1,85,905	**1,74,408**
Revenues by geography		
India	1,85,905	1,74,408
Outside India	-	-
	1,85,905	**1,74,408**
Revenues by timing of revenue recognition		
Services provided over time	1,80,876	1,62,408
Goods transferred at a point in time	5,029	12,000
	1,85,905	**1,74,408**

24.2 Reconciling of revenue recognized in the statement of profit and loss with contracted price

(INR in Lakhs)

Particulars	Year ended March 31, 2023	Year ended March 31, 2022
Revenue as per contracted price	1,95,170	1,82,403
Discount and expected disallowances	(9,265)	(7,995)
Revenue from contract with customers	1,85,905	1,74,408

24.3 Other operating revenue

(INR in Lakhs)

Particulars	Year ended March 31, 2023	Year ended March 31, 2022
Income from sponsorship and educational income	2,270	1,400
Deferred income under EPCG	604	-
Income from ancillary activities	1,637	1,506
Income from service exports from India Scheme Scrips	50	222
	4,561	3,128

25. Other income

(INR in Lakhs)

Particulars	Year ended March 31, 2023	Year ended March 31, 2022
		(Refer Note 31.19)
Income from deferred credit [refer footnote 10(ii)]	182	180
Unclaimed balances and excess provisions written back	1,078	2,033
Income on modification/termination of lease under Ind AS 116	17	60
Net gain on sale/disposal of property, plant and equipment	66	-
Gain on derivative instrument	-	74
Other non-operating income	369	337

Notes forming part of Standalone Financial Statements

(INR in Lakhs)

Particulars	Year ended March 31, 2023	Year ended March 31, 2022
Finance income :		
- Interest income on		
Bank deposits	4,512	1,968
Security deposits	92	54
Loans to related parties	4,171	4,116
Non current trade receivable	1,207	1,242
Loans to other healthcare service providers	2,077	2,632
Income tax refund	646	116
	14,417	12,812

26. Employee benefits expense

(INR in Lakhs)

Particulars	Year ended March 31, 2023	Year ended March 31, 2022
		(Refer Note 31.19)
Salaries, wages and bonus	31,761	30,554
Contribution to provident and other funds	1,330	1,273
Share based payments to employees (refer note 31.04)	2,887	4,431
Gratuity expense (refer note 31.02)	506	491
Staff welfare expenses	741	394
	37,225	37,143

27. Finance costs

(INR in Lakhs)

Particulars	Year ended March 31, 2023	Year ended March 31, 2022
		(Refer Note 31.19)
Interest on debts and borrowings	3,526	3,981
Interest on lease liabilities	1,238	1,503
Bank charges	427	409
	5,191	5,893

28. Depreciation and amortization expense

(INR in Lakhs)

Particulars	Year ended March 31, 2023	Year ended March 31, 2022
		(Refer Note 31.19)
Depreciation on tangible assets (refer note 4)	5,356	5,017
Depreciation on right of use assets (refer note 5)	1,636	1,625
Amortization of intangible assets (refer note 8)	4,329	4,554
	11,321	11,196

Notes forming part of Standalone Financial Statements

29. Other expenses

(INR in Lakhs)

Particulars		Year ended March 31, 2023		Year ended March 31, 2022
				(Refer Note 31.19)
Outside lab investigation		1,141		1,320
Patient catering expenses		1,830		1,563
Rent		738		797
Insurance		531		545
Rates and taxes		415		288
Facility maintenance expenses		1,599		1,633
Power and fuel		2,281		2,035
Repairs and maintenance:				
- Building		266		308
- Plant and equipment		1,653		1,670
- Others		531		526
Printing and stationery		426		446
Travelling and conveyance		1,750		1,281
Communication		319		309
Legal and professional		4,306		3,518
Information technology support expense		818		709
Watch and ward		432		381
Directors' sitting fee		264		142
Advertisement and publicity		2,299		2,235
Loss on foreign exchange fluctuation (net)		24		15
Net loss on sale/disposal of property, plant and equipment		-		2
Equipment hiring charges		511		336
Provision for doubtful debts and advances/ bad debts written off				
- Provision/(Write back) for doubtful debts	(93)		(695)	
- Provision/(Write back) for doubtful advances	18		(125)	
- Bad debts written off	260		844	
- Debit balances written off	188	373	29	53
Expenditure on corporate social responsibility (refer note 31.15)		169		-
Miscellaneous expenses		248		170
		22,924		20,282

Payment to auditors (included in legal and professional fee) (excluding taxes)

As auditor:

(INR in Lakhs)

Particulars	Year ended March 31, 2023	Year ended March 31, 2022
Audit fee (including quarterly reviews)	129	116
Other certification services	6	7
Reimbursement of expenses	7	3
	142	126

Notes forming part of Standalone Financial Statements

30. Contingent liabilities, litigations and commitments

A. Contingent liabilities (to the extent not provided for)

(INR in Lakhs)

S. No.	Particulars	As at March 31, 2023	As at March 31, 2022
(i)	Corporate guarantee given to financial institutions / banks in respect of financial assistance availed by subsidiaries of the Company and other healthcare service providers (Amount is computed based on sanction working capital limits and outstanding term loan/ LC amount payable as on March 31, 2023.) [refer footnote below & note to 31.20 (c)]	37,333	62,730
(ii)	Claims against the Company not acknowledged as debts		
	- Civil Cases (refer footnote b below)	11,741	12,586
	- VAT cases (refer footnote c below)	249	249

Notes:

(a) Guarantees given by the Company to the lenders on behalf of subsidiaries of the Company and other healthcare service providers is not considered as prejudicial to the interest of the Company as it provides opportunities to the Company to increase the depth and width of its offering leading to growth in revenue & improvement in profitability. The Company does not expect any default by subsidiaries of the Company and other healthcare service providers and any liability to accrue on the Company.

(b) Claims against the Company not acknowledged as debts represent the cases that are pending with various Consumer Disputes Redressal Commissions / Courts and the management, including its legal advisers, expect that its position will likely be upheld on ultimate resolution and will not have a material adverse effect on the Company financial positions and results of operations. In addition to this, the Company has taken Professional Indemnity Insurance Policy for claims pending against the Company to secure the Company from any financial implication in case of claims adjudicated against the Company.

(c) The Company is contesting the demands of VAT on drugs and consumables used for treatment of patients in In-patient department and the management, including its tax advisors, believe that its position will likely be upheld in the appellate process. No tax expense has been accrued in the financial statements for the tax demand raised. The management believes that the ultimate outcome of these proceedings will not have a material adverse effect on the Company's financial position and results of operations.

(d) Directorate General of Health Services ("DGHS"), Govt. of NCT Delhi had, on December 8, 2017, issued an order under Section 7 of the Delhi Nursing Home Registration Act, 1953 for cancelling the registration of Max Super Speciality Hospital, Shalimar Bagh "Hospital" with immediate effect and further directed to refrain from admitting any IPD Patients in the Hospital. Against this order, the Company had filed an appeal bearing no. 335/2017 before the Hon'ble Financial Commissioner, Govt. of Delhi "Appellate Authority" on December 13, 2017. On December 19, 2017, the Appellate Authority stayed the operation of the said cancellation order. Accordingly, the Hospital has resumed its operations on December 20, 2017 and the stay continues. The parents of the deceased child had filed an application for impleadment in the said appeal. On the last date of hearing i.e September09, 2022, the Hon'ble Financial Commissioner was pleased to dismiss the application of the deceased child's parents for impleadment in the matter. The case is now fixed for May 30, 2023 for final arguments. The Company is of the view that the said cancellation order was passed by the DGHS in contravention of the provisions of Section 8 of Delhi Nursing Home Registration Act and violates the principles of natural justice and due process prescribed under the Act. The Company is confident that the Appellate Authority will set aside the cancellation order dated December 8, 2017 and uphold its view in the matter.

(e) A writ petition was filed by the Association of Healthcare Providers (India) ("AHPI"), which represented a majority of "healthcare providers" in Delhi, including the Company's hospitals in Delhi, before the Delhi High Court, in relation to an order dated June 25, 2018 issued by the Director General Health Services ("DGHS"), Government of National Capital Territory of Delhi ("DGHS Order"). DGHS Order mandated that all private hospitals in Delhi comply with the recommendations of the Expert Committee, constituted pursuant to the Supreme Court order dated January 29, 2016, in W.P.(C) No. 527/2011, regarding the working conditions and pay of nurses in private hospitals. The Single Bench of Delhi High Court, on July 24, 2019, upheld the DGHS Order and directed mandatory compliance by all the private hospitals within a period of three months i.e. by October 24, 2019. It was further directed by the Single Bench that before cancellation of the registration of any private hospital for any non-compliance, DGHS will give the concerned private hospital a personal hearing and an opportunity to represent against such proposed cancellation of registration and the cancellation will be only through a speaking order. Till date no private hospital in Delhi has been called for personal hearing by DGHS. AHPI has appealed against the said Single Bench Order before the Division Bench of Delhi High Court. During the year ended March 31, 2022, DGHS vide its order dated November 25, 2021 directed that nurses working in private hospitals are covered under minimum rates of wages and accordingly, previous order of DGHS dated June 25, 2018 stands withdrawn. The next date of the hearing is scheduled on October 10, 2023 and appropriate steps will be taken by the appellant (AHPI). The Company is complying with applicable rules and accordingly, the management believes that there is unlikely to be any material adverse impact on the Company

Notes forming part of Standalone Financial Statements

(f) There are numerous interpretative issues relating to the Supreme Court (SC) judgement dated February 28, 2019 on provident fund (PF) on the inclusion of allowances for the purpose of PF contribution as well as its applicability of effective date. The Company is evaluating and seeking legal inputs regarding various interpretative issues. However, in absence of clarity on effective date, the Company has implemented the Supreme court (SC) Judgement in respect to PF calculation from April 1, 2019 and included all allowances for the purpose of PF contribution calculation.

B. Capital commitment

(a) Estimated amount of capital contracts remaining to be executed and not provided for (net of advances)

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Estimated amount of contracts remaining to be executed on capital account	12,151	17,840
Less: Capital advances	7,846	10,597
Balance value of contracts	**4,305**	**7,243**

(b) The Company has committed to provide financial and operational support to ALPS hospital limited, Max Lab Limited, ET Planner Private Limited, Eqova Healthcare Private Limited and Max Hospitals and Allied Services Limited, subsidiaries of the Company in order to meet its future financial obligation.

(c) For commitment towards purchase of shares of subsidiary - Eqova Healthcare Private Limited, refer to note 9(iv).

C. Other commitment

1. The Company has no other commitments other than those in the nature of its routine business operation for purchase/ sales as per the normal operating cycle of Company, obligations under other long term agreements towards medical and management services with healthcare service providers including indemnities to such healthcare service providers.

2. The Company does not have any long term commitments or material non-cancellable contractual commitments/ contracts, including derivative contracts for which there were any material foreseeable losses other than the ones recognised or disclosed elsewhere.

31 Other notes forming part of standalone financial statements

31.01 Investment in subsidiaries Companies

The Company's investments in subsidiaries are as under:

(INR in Lakhs)

Name of the Subsidiary	Country of incorporation	Portion of ownership interest as at March 31, 2023	Portion of ownership interest as at March 31, 2022	Method used to account for the investment
Subsidiaries				
Max Hospitals And Allied Services Limited [refer footnote 9 (i)]	India	100%	100%	At Cost
Max Lab Limited [refer footnote 9(ii)]	India	100%	100%	At Cost
Max Healthcare FZ-LLC [refer footnote 9(iii)]	Dubai	100%	100%	At Cost
Eqova Healthcare Private Limited [refer footnote 9(iv)]	India	26%	26%	At Cost

Notes forming part of Standalone Financial Statements

(INR in Lakhs)

Name of the Subsidiary	Country of incorporation	Portion of ownership interest as at March 31, 2023	Portion of ownership interest as at March 31, 2022	Method used to account for the investment
ALPS Hospital Limited [refer footnote 9(v) and footnote (ii)]	India	100%	100%	At fair value Refer footnote (i)
Hometrail Buildtech Private Limited	India	100%	100%	At fair value Refer footnote (i)
Crosslay Remedies Limited [refer footnote 9(vi)]	India	100%	99.90%	At fair value Refer footnote (i)
Investment in new foreign subsidiaries during the year ended March 31, 2023				
MHC Global Healthcare (Nigeria) Ltd [refer footnote 9(vii)]	Nigeria	100%	-	At Cost

(i) Investment were fair valued at date of acquisition on account of business combination on June 01, 2020. Further, quantity purchased subsequent to business combination, has been added to the fair value at actual amount paid for such additional stake.

(ii) On August 27, 2021, the Company acquired 100% equity shares in ET Planners Private Limited ("ETPPL") through its wholly owned subsidiary i.e. ALPS Hospital Limited for a cash consideration of INR 6,012 lakhs. ETPPL has an exclusive and long term rights to provide medical services and aid development of 500 bedded hospital to be built on 3.5 acres of land situated between two of Max network facilities at Saket, South Delhi. Acquisition of stake in ETPPL resulted in recognition of Intangible Asset - Service Agreement towards the medical service agreement, which has been recorded after considering related deferred tax impact.

31.02 Gratuity

The Company has a defined benefit gratuity plan. Under gratuity plan, every employees who has completed five years or more of service gets a gratuity on cessation of employment at 15 days of last drawn basic salary for each completed year of service. The Company has funded part of the gratuity liability by taking out a policy with the Life Insurance Corporation of India.

Defined benefit plan

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
(a) Reconciliation of opening and closing balances of defined benefit obligation		
Defined benefit obligation at the beginning of the year	2,603	2,501
Interest expense	160	138
Current service cost	354	358
Liability transferred in/(out)	73	39
Benefit paid	(381)	(328)
Remeasurement of (gain)/loss in other comprehensive income		
Actuarial changes arising from changes in demographic assumptions	(55)	(140)
Actuarial changes arising from changes in financial assumptions	(174)	(80)
Actuarial changes arising from changes in experience adjustments	137	114
Defined benefit obligation at year end	**2,715**	**2,603**
(b) Reconciliation of opening and closing balances of fair value of plan assets		
Fair value of plan assets at beginning of the year	123	94
Contribution in plan assets	16	14
Return on plan assets	10	15
Fair value on plan assets at year end	**149**	**123**
(c) Net defined benefit asset/ (liability) recognized in the balance sheet		
Present value of defined benefit obligation	(2,715)	(2,603)
Fair value of plan assets	149	123
Amount recognized in balance sheet- asset / (liability) at year end	**(2,566)**	**(2,480)**

(INR in Lakhs)

Particulars	Year ended March 31, 2023	Year ended March 31, 2022
(d) Net defined benefit expense (Recognized in the statement of profit and loss for the year)		
Current service cost	354	358
Interest cost on benefit obligation	160	138
Expected return on plan assets	(8)	(5)
Net defined benefit expense debited to statement of profit and loss	**506**	**491**
(e) Other comprehensive income		
Change in demographic assumptions	(55)	(140)
Change in financial assumptions	(174)	(80)
Experience variance	137	114
Returns of plan assets	(2)	(10)
Remeasurement (gain)/loss in other comprehensive income	**(94)**	**(116)**
(f) Broad categories of plan assets as a percentage of total assets		
Insurer managed funds	100%	100%

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
(g) Principal assumptions used in determining gratuity and leave encashment liability		
Assumption particulars		
Discount rate	7.35%	6.11%
Salary escalation rate	8.00%	8.00%
Mortality rate	(100% of IALM 2012-14)	(100% of IALM 2012-14)
(h) Quantitative sensitivity analysis for significant assumptions is as below:		
Increase / (decrease) on present value of defined benefits obligations at the end of the year		
Discount rate		
Increase by 1%	(113)	(126)
Decrease by 1%	125	140
Salary growth rate		
Increase by 1%	123	135
Decrease by 1%	(114)	(125)
Attrition rate		
Increase by 50% of attrition rate	(141)	(138)
Decrease by 50% of attrition rate	268	254
(i) Maturity profile of defined benefit obligation (undiscounted, as per actuarial certificate)		
Within the next 12 months (next annual reporting year)	576	434
Between 2 and 5 years	1,389	1,018
Between 6 and 10 years	976	829
More than 10 years	1,854	1,397
Total expected payments	**4,795**	**3,678**

(j) The average duration of the defined benefit plan obligation at the end of the financial year is 5 Years (March 31, 2022: 6 years).

(k) The partial plan assets are maintained with LIC of India.

(l) The Company expects to contribute INR 660 lakhs (March 31, 2022: INR 663 lakhs) to the plan during the next financial year.

Notes forming part of Standalone Financial Statements

(m) The estimates of rate of escalation in salary considered in actuarial valuation are after taking into account inflation, seniority, promotion and other relevant factors including demand and supply in the employment market. The above information is as certified by the actuary.

(n) Discount rate is based on the prevailing market yields of Indian Government securities as at the balance sheet date for the estimated term of the obligations.

(o) The sensitivity analysis above have been determined based on a method that extrapolates the impact on defined benefit obligation as a result of reasonable changes in key assumptions occurring at the end of the financial year.

31.03 Provident Fund

Retirement benefit in the form of provident fund is a defined contribution scheme. The Company has no obligation, other than the contribution payable to the regional PF Commissioner. The Company recognize contribution payable to provident fund scheme as an expenditure, when an employee renders related service.

31.04 Share based payment plans

A. Equity settled plans

The Nomination and Remuneration Committee of Board of Directors of the Company ("NRC") on September 29, 2020, November 12, 2021 and August 11, 2022 approved the grant of 61,65,265, 3,75,924 and 2,45,715 respectively Employee Stock Options ('ESOPs') to the eligible employees of the Company and its subsidiaries, under the MHIL ESOP 2020 scheme, at an exercise price of INR 10 per share. These options will vest subject to requirements of the SEBI SBEB Regulations and the MHIL ESOP 2020 scheme.

Further, the Employee Stock Option Plan 2022' was approved by the shareholders in annual general meeting "AGM" held on September 26, 2022. Subsequent to approval by Nomination and Remuneration Committee, the Company has granted 81,57,706 ESOPs under the ESOP 2022 (39% of grants linked to organizational performance), to the 268 eligible employees of the Company and / or its subsidiaries, on October 31, 2022. ESOPs granted shall vest between 3rd to 5th year from the date of grant at Exercise price of INR 350 per share.

The following table provides an overview of all existing stock option plans of the Company:

Particulars	Numbers	Grant Date	Vesting Date	Exercise price	Fair value at grant date
Max Healthcare Institute Ltd. (1 year vesting plan)	43,15,689	September 29, 2020	September 29, 2021	10	104
Max Healthcare Institute Ltd. (2 years vesting plan)	18,49,576	September 29, 2020	September 29, 2022	10	105
Max Healthcare Institute Ltd. (1 year vesting plan)	3,75,924	November 12, 2021	November 12, 2022	10	335
Max Healthcare Institute Ltd. (1 years vesting plan)	2,45,715	August 11, 2022	August 11, 2023	10	363
Max Healthcare Institute Ltd. (3 years vesting plan)	14,95,477	October 31, 2022	October 30, 2025	350	239
Max Healthcare Institute Ltd. (4 years vesting plan)	14,95,477	October 31, 2022	October 30, 2026	350	255
Max Healthcare Institute Ltd. (5 years vesting plan)	51,66,752	October 31, 2022	October 30, 2027	350	269

The stock options vesting is subject to service and certain performance conditions mainly pertaining to certain financial parameters.

The movement in the number of stock options and the related weighted average exercise prices are given in the table below:

MHIL ESOP 2020 Scheme

Notes forming part of Standalone Financial Statements

Particulars	Year ended March 31, 2023		Year ended March 31, 2022	
	Number of stock Options	Weighted average exercise price	Number of stock Options	Weighted average exercise price
Outstanding at the beginning of year	24,40,985	10	59,30,769	10
Granted	2,45,715	10	3,75,924	10
Exercised	13,54,361	10	36,70,449	10
Lapsed/Forfeited	44,855	10	1,95,259	10
Outstanding at end of year	12,87,484	10	24,40,985	10
Exercisable at end of year	10,41,769	10	3,85,003	10

MHIL ESOP 2022 Scheme

Particulars	Year ended March 31, 2023	
	Number of stock Options	Weighted average exercise price
Outstanding at the beginning of year	-	-
Granted	81,57,706	350
Exercised	-	-
Lapsed/Forfeited	79,872	350
Outstanding at end of year	80,77,834	350
Exercisable at end of year	-	-

The weighted average remaining contractual life for the stock options outstanding are as follows:

Date of grant	March 31, 2023		March 31, 2022	
	Number of options	Weighted average remaining life in years	Number of options	Weighted average remaining life in years
September 29, 2020	2,39,579	2.5 years	3,85,003	2.5 years
September 29, 2020	4,76,804	3.5 years	16,80,058	3.5 years
November 12, 2021	3,25,386	2.5 years	3,75,924	2.5 years
August 11, 2022	2,45,715	2.5 years	-	-
October 31, 2022	14,79,143	4.5 years	-	-
October 31, 2022	14,79,143	5.5 years	-	-
October 31, 2022	51,19,548	6.5 years	-	-

Stock compensation expense under the Fair Value method has been determined based on fair value of the stock options. The fair value of stock options is determined using the Black Scholes Option Pricing Model with the following assumptions.

MHIL ESOP 2020 Scheme

Particulars	Input used for different grant dates for black Scholes Valuation of Option Granted			
	1 year vesting plan (August'2023)	1 year vesting plan (November'2022)	1 year vesting plan (September'2021)	2 years vesting plan (September'2021)
a. Stock price on date of valuation (in rupees)	371.8	343.5	113.4	113.4
b. Exercise price (in rupees)	10	10	10	10
c. Expected volatility (Standard Dev - Annual)	36.1%	44.9%	39.2%	36.0%

Notes forming part of Standalone Financial Statements

Particulars	Input used for different grant dates for black Scholes Valuation of Option Granted			
	1 year vesting plan (August'2023)	1 year vesting plan (November'2022)	1 year vesting plan (September'2021)	2 years vesting plan (September'2021)
d. Expected life of the options granted (vesting and exercise period) in years	2.5	2.5	2.5	3.5
e. Expected dividend	-	-	-	-
f. Average risk- free interest rate	6.6%	4.7%	4.7%	5.2%
g. Expected dividend rate	-	-	-	-

MHIL ESOP 2022 Scheme

Particulars	Input used for different grant dates for black Scholes Valuation of Option Granted			
	3 year vesting plan (October'2025)	4 year vesting plan (October'2026)	5 year vesting plan (October'2027)	5 year vesting plan (Org.) (October'2027)
a. Stock Price on date of valuation (in rupees)	456	456	456	456
b. Exercise price (in rupees)	350	350	350	350
c. Expected volatility (Standard Dev - Annual)	38.2%	36.4%	34.6%	34.6%
d. Expected life of the options granted (vesting and exercise period) in years	4.5	5.5	6.5	6.5
e. Expected dividend	-	-	-	-
f. Average risk- free interest rate	7.3%	7.3%	7.4%	7.4%
g. Expected dividend rate	-	-	-	-

The Company granted stock options to the eligible employees (including employees of the subsidiary companies) under the MHIL ESOP 2020 and 2022 Scheme. In accordance with the provisions of Ind-AS and guidance note on accounting for employee share-based payments, issued by the Institute of Chartered Accountants of India for the purposes of accounting of the stock options, estimated fair value of the options determined on grant date is recognised as an expense in the statement of profit and loss on a straight-line basis over the required service period for each separately vesting portion, as 'Share-based payments to employees'. Accordingly, INR 2,887 lakhs has been debited to the profit and loss account to the extent relating to the employees of the Company.

The market value of shares as on the date of exercise of the options is much higher than the fair value of the stock options as on the date of grant. ESOP value to the extent of (a) the difference between the fair value of the equity shares on the date of exercise and exercise price paid by the employees and (b) expense already recognised in the books of account (based on fair value of the grants), aggregating to INR 2,703 lakhs (including INR 531 lakhs pertaining to stock options issued to subsidiary but not recovered from the subsidiaries by the Company) is not debited to the profit and loss account of the Company in the books of account, in terms of above accounting principles.

However, basis the legal advice, total amount of INR 5,590 lakhs (INR 2,887 lakhs debited to P&L and INR 2,703 lakhs as mentioned in above para) is to be claimed as deduction in the return of income of the Company and accordingly, the Company has claimed such tax deduction in computation of income for tax purposes for the financial year 2022-23.

B. Cash settled plans (Employee Phantom Stock Plan 2017)

Employee Phantom Stock Plan, 2017 "the Scheme" are cash settled rights where the employees are entitled to get cash compensation based on the Company's fair value, provided certain conditions as laid out in the Scheme are met. The fair value of the amount payable to the employees in respect of phantom stocks, which are settled in cash, is recognized as an expense with a corresponding increase in liabilities, over the period during which the employees become unconditionally entitled to payment.

Notes forming part of Standalone Financial Statements

The liability is remeasured at each reporting date at fair value until the liability settled with any changes in the liability being recognized in statement of profit and loss as detail given below :

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Opening balance	740	1,004
Add: Expenses during the year	-	1,288
Less : Payment during the year	-	-
Less : Lapsed during the year	(740)	(1,552)
Closing balance [refer note 21 (iv)]	-	740

During the year ended March 31, 2023, certain employees of the Company surrendered their retention incentive in terms of unvested/vested phantom shares. The Company has reversed the net liability aggregating to INR 740 lakhs.

The details of the grant/issue as at March 31, 2023 and as at March 31, 2022 are given below:

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Outstanding as at beginning of the year	3,10,655	7,77,945
Lapsed/ forfeited/ surrendered during the year	3,10,655	4,67,290
Outstanding at end of year	-	3,10,655
Exercisable as at end of year	-	-

*NRC vide its meeting held on May 8, 2018 extended the exercise period of first two tranches of Phantom Stock Options, granted on May 23, 2017 by 12 months each for all option holders.

There is no grant option granted during the year and outstanding at the end of the financial year

31.05 During the year Company has capitalized the following expenses to the cost of fixed asset/capital work-in-progress(CWIP). Consequently, expenses disclosed under the respective notes are net of amounts capitalized by the Company. (refer note 4,6 and 29)

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Opening Balances	-	205
Add:		
Rent	-	6
Salaries, wages and bonus	-	7
Interest & other finance cost	-	51
Depreciation and amortization expense	-	24
Other Expenses	82	71
Total	82	364
Less: Capitalized during the year	82	364
Preoperative expenses pending capitalization	**-**	**-**

31.06 Segment reporting

Operating results are regularly reviewed by the Chief operating Decision Maker ('CODM') who makes decisions about resources to be allocated to the segment and assess its performance. Segment results that are reported to the CODM include items directly attributable to a segment as well as those that can be allocated on a reasonable basis. The Company has only one reportable business segment as it deals mainly in providing healthcare facilities comprising of primary care clinics, secondary care hospitals/ medical centres and tertiary care facilities in terms of Ind AS 108 "Operating Segment". Further, the Company operates only in one geographical segment -India.

There are no external customers from which revenue is 10% or more of Company's revenue.

Notes forming part of Standalone Financial Statements

31.07 Financial instruments

The comparison of carrying value and fair value of financial instruments by categories that are not measured at fair value are as follows:

Financial instruments

(INR in Lakhs)

Category	As at March 31, 2023		As at March 31, 2022	
	Carrying value	Fair value	Carrying value	Fair value
(1) Financial assets at amortized cost				
Trade receivables (current / non current)	24,313	24,313	37,825	37,825
Cash and cash equivalents	1,315	1,315	21,400	21,400
Other bank balances (current)	121,831	121,831	17,251	17,251
Loans (current / non current)	45,500	45,500	50,401	50,401
Other financial assets (current / non current)	20,424	20,424	27,132	27,132
(2) Financial Liabilities at amortized cost				
Borrowings (current / non current)	45,242	45,242	41,007	41,007
Lease liabilities (current / non current)	8,110	8,110	14,545	14,545
Trade payables	21,979	21,979	19,461	19,461
Other financial liabilities (non current)	13,603	13,603	3,064	3,064
(3) Financial assets carried at fair value through OCI				
Investments (Non current)	51	51	51	51

The Company assessed that the carrying value of all financial assets and financial liabilities approximates the fair value.

The fair value of the financial assets and liabilities is the amount at which the instrument could be exchanged in a current transaction between willing parties, other than in a forced or liquidation sale. The following methods and assumptions were used to estimate the fair values:

Long-term fixed-rate and variable-rate receivables/borrowings are evaluated by the Company based on parameters such as interest rates and individual creditworthiness of the customer. Based on this evaluation, allowances are taken into account for the expected credit losses of these receivables.

The fair value of unquoted instruments, loans from banks and other financial liabilities as well as other non-current financial liabilities are estimated by discounting future cash flows using rates currently available for debt on similar terms, credit risk and remaining maturities. The valuation requires management to use observable and unobservable inputs in the model, of which the significant observable and unobservable inputs are disclosed in the table below. Management regularly assesses a range of reasonably possible alternatives for those significant observable and unobservable inputs and determines their impact on the total fair value.

The fair values of the Company's interest-bearing borrowings and other non-current financial liabilities are determined by using DCF method using discount rate that reflects the issuer's borrowing rate as at the end of the financial year. The own non-performance risk as at March 31, 2023 was assessed to be insignificant.

31.08 Fair value hierarchy

The fair value hierarchy is based on inputs used in valuation techniques that are either observable or unobservable and consists of three levels. The Company uses the following hierarchy for determining and disclosing the fair value of financial instruments:

Level 1: Inputs are quoted (unadjusted) prices in active markets for identical assets or liabilities.

Level 2: Inputs other than quoted prices included within Level 1 are observable for the asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices).

Level 3: Inputs are not based on observable market data (unobservable inputs). Fair values are determined in whole or in part using a valuation model based on assumptions that are neither supported by prices from observable current market transactions in the same instrument nor are they based on available market data.

Notes forming part of Standalone Financial Statements

Quantitative disclosures of fair value measurement hierarchy for financial assets / liability as on March 31, 2023

(INR in Lakhs)

Particulars	Carrying value	Fair value		
		Level 1	Level 2	Level 3
Assets carried at amortized cost for which fair value are disclosed				
Trade receivables (current / non current)	24,313	-	-	-
Loans (current / non current)	45,500	-	-	-
Other financial assets (current / non current)	20,424	-	-	-
Financial assets carried at fair value through OCI				
Investments (Non current)	51	-	-	51
Liabilities carried at amortized cost for which fair value are disclosed				
Borrowings (current / non current)	45,242	-	-	-
Trade payables	21,979	-	-	-
Other financial liabilities (non current)	13,603	-	-	-

Quantitative disclosures of fair value measurement hierarchy for financial assets / liability as on March 31, 2022

(INR in Lakhs)

Particulars	Carrying value	Fair value		
		Level 1	Level 2	Level 3
Assets carried at amortized cost for which fair value are disclosed				
Trade receivables (current / non current)	37,825	-	-	-
Loans (current / non current)	50,401	-	-	-
Other financial assets (current / non current)	27,132	-	-	-
Financial assets carried at fair value through OCI				
Investments (Non current)	51	-	-	51
Liabilities carried at amortized cost for which fair value are disclosed				
Borrowings (current / non current)	41,007	-	-	-
Trade payables	19,461	-	-	-
Other financial liabilities (non current)	3,064	740	-	-

31.09 Financial risk management objectives and policies

The Company has instituted an overall risk management programme which also focuses on the unpredictability of financial markets and seeks to minimize potential adverse effects on the Company's financial performance. The Company uses forward covers to hedge foreign currency risk exposures. Financial risk management is carried out by a corporate finance department under policies approved by the Audit and Risk Management Committee from time to time. The Corporate Finance department, evaluates and hedges financial risks in close co-operation with the various stakeholders. The Audit and Risk Management Committee approves principles for overall financial risk management, as well as policies covering specific areas, such as foreign exchange risk, credit risk, use of derivative financial instruments and non-derivative financial instruments, and investment of excess liquidity.

The Company is exposed to capital risk, liquidity risk, credit risk and market risk. These risks are managed pro-actively by the senior management of the Company, duly supported by various functionaries and Committees.

Notes forming part of Standalone Financial Statements

a) **Capital risk**

The Company's objective when managing capital is to safeguard its ability to continue as a going concern in order to provide returns to its shareholders and benefits for other stakeholders and to provide for sufficient capital expansion. The capital structure of the Company consists of equity and debt, which includes the borrowings disclosed in notes 17, 18 and 21(i), cash and cash equivalents disclosed in note 14(ii) & (iii) and equity as disclosed in the statement of financial position. The Company uses the Debt : Equity as well as Net Debt to EBITDA ratio to measure the funding versus raising of additional share capital requirement. Debt: Equity ratio is calculated as debt divided by the Shareholder's Fund and for calculating Net Debt to EBITDA, Net Debt is divided by the Normalized EBITDA for continued and discontinued operations. Net debt is calculated as long term and short term borrowings (including current maturities) as shown in the note 17, 18 and 21(i) less net cash and cash equivalents. Normalized EBITDA is defined as earnings before interest, tax, depreciation and amortization for continued and discontinued operations. In order to maintain or adjust the capital structure, the Company may issue new shares or sell assets to reduce debt or raise debt and review decision on distributions to the shareholders. The Debt : Equity ratio of the Company as at March 31, 2022 and March 31, 2023 stood at 0.09 and 0.08 respectively.

Note : The cash and cash equivalents is more than the debt amount. Accordingly, net debt to EBITDA ratio is indeterminable as at March 31, 2023 (March 31, 2022 : 0.47).

The Audit and Risk Management Committee and the Senior management review the status vis a vis approved maximum limit of debt, based on lower of ratio of Debt : Equity of 2:1 and Net Debt to EBITDA ratio of 4:1.

b) **Liquidity risk**

Liquidity risk is the risk that the Company will not be able to meet its financial obligations as they become due. The Company employs prudent liquidity risk management practices which inter alia means maintaining sufficient cash and marketable securities and the availability of funding through an adequate amount of committed credit facilities. Given the nature of the underlying businesses, the corporate finance maintains flexibility in funding by maintaining availability under committed credit lines and this way liquidity risk is mitigated by the availability of funds to cover future commitments. Cash flow forecasts are prepared not only for the entities but the Group as a whole and the utilized borrowing facilities are monitored on a daily basis and there is adequate focus on good management practices whereby the collections are managed efficiently. The Compnay while borrowing funds for large capital project, negotiates the repayment schedule in such a manner that these match with the generation of cash on such investment.

The table below represents the maturity profile of Company's financial liabilities at the end of March 31, 2023 and March 31, 2022 based on contractual undiscounted payments:

(INR in Lakhs)

Particulars	0-1 Years	1-5 Years	More than 5 Years	Total based on contractual undiscounted payments	Carring Value as per book
As at March 31, 2023					
Interest bearing borrowings	2,314	15,332	12,451	30,097	29,921
Outside group/related party	43	9,200	6,078	15,321	15,321
Lease liabilities	878	6,049	1,183	8,110	8,110
Trade payable	21,979	-	-	21,979	21,979
Other financial liabilities	13,603	-	-	13,603	13,603
% to Total	**44%**	**34%**	**22%**	**100%**	**100%**
As at March 31, 2022					
Interest bearing borrowings	2,707	14,311	18,090	35,108	34,881
Outside group/related party	48	-	6,078	6,126	6,126
Lease liabilities	643	2,038	11,864	14,545	14,545
Trade payable	19,461	-	-	19,461	19,461
Other financial liabilities	3,064	-	-	3,064	3,064
% to Total	**33%**	**21%**	**46%**	**100%**	**100%**

Notes forming part of Standalone Financial Statements

c) **Credit risk**

Credit risk is the risk of financial loss arising from counterparty failure to repay or service debt according to the contractual terms or obligations. Credit risk encompasses of both, the direct risk of default and the risk of deterioration of creditworthiness as well as concentration of risks. Credit risk is controlled by analysing credit limits and creditworthiness of customers on a continuous basis to whom the credit has been granted after obtaining necessary approvals for credit. The Company is exposed to credit risk from its operating activities (primarily trade receivables) and from its financing activities, including deposits with banks, foreign exchange transactions and other financial instruments.

(i) Trade receivables

Customer credit risk is managed by each business unit subject to the Company's established policy, procedures and control relating to customer credit risk management. Management evaluate credit risk relating to customers on an ongoing basis. Receivable control management department assesses the credit quality of the customer, taking into account its financial position, past experience and other factor. The Company provides credit to individuals on exceptional basis only. An impairment analysis is performed at each reporting date on an individual basis. Trade receivables comprise a widespread customer base and a large part of these sits in the State and Central Government bodies and institutions owned and managed by the State. Trade receivables includes amount from other healthcare service providers, with whom Company has long term agreements. A large segment of the Company's customers settle their bill in cash or using major credit cards on discharge date as far as possible. Further, a fairly large proportion of the customers are discharged post confirmation of third party administrator of the insurance companies, with whom the Company has a written contract. The Company provides for allowance for deductions based on empirical evidence whereby the receivables from various counterparties is marked down at the time of recognition of revenue. The management does not expect any significant loss from non-performance by counterparties on credit granted during the financial year under review that has not been provided for.

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Neither past due or impaired	21,946	25,937
0 to 180 days due past due date	2,126	7,381
More than 180 days due past due date	241	4,507
Total trade receivables (refer note 10(ii) & 14(i))	**24,313**	**37,825**

The following table summarizes the change in provision for bad debts measured using the life time expected credit loss model:

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
At the beginning of the year	1,406	2,101
Provision during the year	362	593
Bad debts written off	(455)	(1,288)
At the end of the year (refer note 14(i))	**1,313**	**1,406**

The Company has provided the general provision in the case of trade receivables as follows [refer note 14(i)]:

Category	March 31, 2023	March 31, 2022
Corporate and TPA	Amount exceeding 365 days from transaction date after adjusting allowance for deduction created at the time revenue recognition.	Amount exceeding 365 days from transaction date after adjusting allowance for deduction created at the time revenue recognition.
Central Government, State Government, Local bodies and public Institutional	50% for outstanding bills between 1-2 year 100% for outstanding bills > 2 Years	Amount exceeding 365 days from transaction date after adjusting allowance for deduction created at the time revenue recognition.
Individual	Amount exceeding 90 days from transaction date	Amount exceeding 120 days from transaction date

Notes forming part of Standalone Financial Statements

The Company uses an allowance for expected disallowance to estimate initial expected credit loss for determining the realizable revenue recognition and portfolio of collectible trade receivables. Allowance for expected disallowance has been created on total trade receivable. These estimates are reviewed periodically and change in estimates are taken on prospective basis. Management has fixed a percentage for allowance for deduction for each category of its customer as at March 31, 2023 as given below:

Category	March 31, 2023	March 31, 2022
Corporate and other	0.50%	0.50%
TPA	0.80%	1.00%
PSU	3.00%	3.00%

(ii) Financial instruments and cash deposit

Credit risk from balances with banks and financial institutions is managed by the Company's treasury department in accordance with the Company's policy. Investments of surplus funds are made in bank deposits and other risk free securities. The limits are set to minimize the concentration of risks and therefore mitigate financial loss through counter party's potential failure to make payments. Credit limits of all authorities are reviewed by the management on regular basis. All balances with banks and financial institutions is subject to low credit risk due to good credit ratings assigned by international and domestic credit rating agencies.

The Company's maximum exposure to credit risk for the components of the balance sheet as at March 31, 2023 and March 31, 2022 is the carrying amounts and the liquidity table above.

d) Market risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. Market prices comprises three types of risk: currency rate risk, interest rate risk and other price risks, such as equity price risk and commodity price risk. Financial instruments affected by market risks include loans and borrowings, deposits, investments and foreign currency receivables and payables. The sensitivity analysis in the following sections relate to the position as at March 31 2023. The analysis exclude the impact of movements in market variables on; the carrying values of gratuity and other post-retirement obligations; provisions; and the non-financial assets and liabilities. The sensitivity of the relevant profit and loss item is the effect of the assumed changes in the respective market risks. This is based on the financial assets and financial liabilities held as on March 31, 2023.

(i) Foreign currency risk

Foreign currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. The Company's exposure to the risk of changes in foreign exchange rates relates primarily to the Company's operating activities (when revenue or expense is denominated in foreign currency). Foreign currency exchange rate exposure is partly balanced by purchasing of goods from the respective countries. The Company evaluates exchange rate exposure arising from foreign currency transactions and follows established risk management policies.

Foreign currency risk sensitivity

Based on all other variables remaining constant, the following tables demonstrate the sensitivity to a reasonably possible change in foreign exchange rates as well as the impact of foreign exchange sensitivity on the profit and loss of the Company as a result of changes in the fair value of its monetary assets and liabilities.

Unhedged foreign currency exposures recognized by the Company are as under:

(INR in Lakhs)

Particulars	As at March 31, 2023 Foreign Currency	As at March 31, 2023 Indian Rupees	Increase/Decrease In Rate	Impact on profit before tax
Payable in Euro	0.30	27	1%	0.27
Payable in USD	0.57	47	1%	0.47
Payable in Kenyan Shilling (Net of assets & liability)	73.20	45.36	1%	0.45

(INR in Lakhs)

Particulars	As at March 31, 2022 Foreign Currency	As at March 31, 2022 Indian Rupees	Increase/Decrease In Rate	Impact on profit before tax
Payable in Euro	0.29	25	1%	0.25
Payable in USD	0.50	38	1%	0.38
Payable in Kenyan Shilling (Net of assets & liability)	47.09	31.06	1%	0.31

The Company has derivative financial instruments such as foreign currency forward contracts to mitigate the risk of changes in exchange rate on foreign currency exposures. The counterparty for these contracts is generally a bank or a financial institution. The details of the outstanding foreign exchange forward contracts are as follows:

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Payables in EURO	261	-

(ii) Interest rate risk

Interest rate is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Company's exposure to the risk of changes in market interest rates relates primarily to the Company's long term debt obligation at floating interest rates. The Company's policy is to hedge part of its borrowings.

Interest rate Sensitivity of Borrowings

With all other variables held constant, the following table demonstrates the sensitivity to a reasonably possible change in interest rates on floating rate portion of loans and borrowings.

(INR in Lakhs)

Year end	Increase/decrease in interest rate	Effect on profit before tax
March 31, 2023	0.50%	191
March 31, 2022	0.50%	138

(iii) Equity risk

Equity risk is "the financial risk associated with holding equity instruments of a specific company as an investment of the Company." Equity risk is often related to ownership in companies through the purchase of shares and/or stock. Although the Company is exposed to equity risk, this exposure is insignificant for the Company due to the majority of its investments being in subsidiaries.

31.10 Related party transactions

As per Ind AS-24, the disclosures of transactions with the related parties are given below:

(A) Names of related parties and description of relationship :

(i) Related party where control exists (irrespective of whether transactions occurred or not)

	Subsidiary Companies	Relationship
1.	ALPS Hospital Limited	Wholly-owned subsidiary
2.	Hometrail Buildtech Private Limited	Wholly-owned subsidiary
3.	Crosslay Remedies Limited	Wholly-owned subsidiary
4.	Saket City Hospitals Limited	Wholly-owned subsidiary till August 31, 2022 (Under liquidation) (W.e.f. August 31, 2022 all assets & liabilities have been distributed as business undertaking to the Parent Company on a going concern basis)
5.	MHC Global Healthcare (Nigeria) Limited	Wholly-owned subsidiary

Notes forming part of Standalone Financial Statements

	Subsidiary Companies	Relationship
6.	Max Lab Limited	Wholly-owned subsidiary w.e.f June 2, 2021
7.	Max Healthcare FZ-LLC	Wholly-owned subsidiary w.e.f July 12, 2021
8.	ET Planners Private Limited	Wholly-owned step down subsidiary w.e.f August 27, 2021*
9.	Max Hospitals and Allied Services Limited (formerly known as Radiant Life Care Mumbai Private Limited)	Wholly-owned subsidiary w.e.f January 28, 2022
10.	Eqova Healthcare Private Limited	Subsidiary w.e.f. February 15, 2022

* Held through ALPS Hospital Limited

(ii) Entity where Company has contractual arrangements ('Silo') (with whom transactions have taken place during the current year / balance as at year end)

1. Dr. B.L Kapur Memorial Hospital
2. Dr. Balabhai Nanavati Hospital [through Max Hospitals And Allied Services Limited (previous known as Radiant Life Care Mumbai Private Limited)]

(iii) Entity / Individual having significant influence / exercising control over the Company

1. Kayak Investments Holding Pte. Ltd. (Parent Company till March 9, 2021 and had control till August 16, 2022)
2. Mr. Abhay Soi

(iv) Entity under control of Mr. Abhay Soi

1. Radiant Life Care Private Limited ("Radiant")

(v) Enterprises in which directors are interested (with whom transaction has taken place last year)

1 Epimoney Private Limited

2 KKR India Advisors Private Limited

(vi) Directors of MHIL (with whom transaction has taken place)

1. Mr. Abhay Soi (Chairman and Managing Director)
2. Mr. Kummamuri Murthy Narasimha, Independent Director
3. Mr. Mahendra Gumanmalji Lodha, Independent Director
4. Mr. Upendra Kumar Sinha, Independent Director (w.e.f. June 21, 2019 till May 20, 2021)
5. Mr. Michael Thomas Neeb, Independent Director
6. Ms. Harmeen Mehta (w.e.f. May 24, 2021)
7. Mr. Anil Bhatnagar (w.e.f. August 31, 2022)
8. Mr. Pranav Amin (w.e.f. August 10, 2022)

(vii) Key Managerial Personnal "KMPS" (with whom transactions have taken place)

1. Mr. Abhay Soi, (Chairman and Managing Director of MHIL)
2. Mr. Yogesh Kumar Sareen, Chief Financial Officer
3. Ms. Ruchi Mahajan, Company Secretary of MHIL (w.e.f acquisition date June 01, 2020 till November 01, 2022)
4. Mr. Dhiraj Aroraa, Company Secretary of MHIL (w.e.f. February 03, 2023)

Notes forming part of Standalone Financial Statements

(B) Transactions during the year

(INR in Lakhs)

Transactions during the year	Year ended March 31, 2023	Year ended March 31, 2022 (Refer Note 31.19)
Sale of Property, Plant and Equipment		
ALPS Hospital Limited	-	0.33
Hometrail Buildtech Private Limited	38	1
Crosslay Remedies Limited	-	1
Max Lab Limited	10	10
Dr. B.L Kapur Memorial Hospital	-	1
Dr. Balabhai Nanavati Hospital	-	5
Purchase of Property, Plant and Equipment		
Hometrail Buildtech Private Limited	0.41	-
Crosslay Remedies Limited	-	15
Dr. B.L Kapur Memorial Hospital	2	-
Purchase of equity shares in subsidiaries from existing shareholders		
Mr. Abhay Soi [refer note 9(i)]	-	0.10
Investment in equity shares		
ALPS Hospital Limited	-	5,000
MHC Global Healthcare (Nigeria) Limited	193	-
Max Lab Limited	1,500	500
Max Healthcare FZ-LLC	483	101
Deemed Investment on account of ESOP		
ALPS Hospital Limited	64	27
Hometrail Buildtech Private Limited	71	28
Crosslay Remedies Limited	65	147
Max Lab Limited	26	11
ET Planners Private Limited	143	-
Max Hospitals And Allied Services Limited	142	39
Eqova Healthcare Pvt. Ltd.	38	-
Advance for share application money (Investment)		
MHC Global Healthcare (Nigeria) Limited	-	176
Max Healthcare FZ-LLC	-	188
Loans and advances given		
Crosslay Remedies Limited	-	1,000
Max Lab Limited	1,500	-
Max Healthcare FZ-LLC	204	-
Max Hospitals And Allied Services Limited	5,950	6,300
Repayment of loans and advances given		
Crosslay Remedies Limited	-	1,000
Dr. B.L Kapur Memorial Hospital	4,000	1,000
Redemption of investment in Preference Share and GIRR thereon		
Hometrail Buildtech Private Limited	4,803	-
Proceeds from borrowings		
ALPS Hospital Limited	1,000	-
Hometrail Buildtech Private Limited	3,200	150
Crosslay Remedies Limited	5,000	1,500
Repayment of loan and advance taken		
Crosslay Remedies Limited	-	172
Security deposit received		
Mr. Yogesh Kumar Sareen	-	4

Notes forming part of Standalone Financial Statements

(INR in Lakhs)

Transactions during the year	Year ended March 31, 2023	Year ended March 31, 2022
		(Refer Note 31.19)
Security deposit refund		
Mr. Yogesh Kumar Sareen	-	16
Employee benefit liability transferred-in		
ALPS Hospital Limited	5	-
Hometrail Buildtech Private Limited	3	4
Crosslay Remedies Limited	2	0.44
Max Lab Limited	2	-
Dr. B.L Kapur Memorial Hospital	35	8
Dr. Balabhai Nanavati Hospital	25	-
Employee benefit liability transferred-out		
ALPS Hospital Limited	2	3
Hometrail Buildtech Private Limited	3	0.18
Crosslay Remedies Limited	1	0.94
Max Lab Limited	59	106
Dr. B.L Kapur Memorial Hospital	5	-
Dr. Balabhai Nanavati Hospital	0.2	4
Healthcare services rendered		
ALPS Hospital Limited	2,286	1,896
Hometrail Buildtech Private Limited	648	661
Crosslay Remedies Limited	680	557
Max Lab Limited	4,590	882
Dr. B.L Kapur Memorial Hospital	6,554	5,272
KKR India Advisors Private Limited	-	2
Epimoney Private Limited	-	3
Professional Healthcare Services rendered		
ALPS Hospital Limited	188	133
Crosslay Remedies Limited	9	8
Operation & Management Fee received		
Dr. B.L Kapur Memorial Hospital	300	300
Medical Services under Company managed Employees Group Mediclaim Policy-provided		
Max Lab Limited	1	-
Interest Income on loans and advances given		
Hometrail Buildtech Private Limited	92	476
Crosslay Remedies Limited	-	6
Max Lab Limited	3	-
Max Healthcare FZ-LLC	5	-
Max Hospitals And Allied Services Limited	756	197
Dr. B.L Kapur Memorial Hospital	3,314	3,437
Finance Arrangement fee received		
ALPS Hospital Limited	15	21
Hometrail Buildtech Private Limited	47	58
Crosslay Remedies Limited	61	70
Dr. B.L Kapur Memorial Hospital	23	32
Rental income from sub- leasing of property		
ALPS Hospital Limited	3	3
Hometrail Buildtech Private Limited	7	3
Crosslay Remedies Limited	3	3
Max Lab Limited	41	22
ET Planners Private Limited	3	1

Notes forming part of Standalone Financial Statements

(INR in Lakhs)

Transactions during the year	Year ended March 31, 2023	Year ended March 31, 2022
		(Refer Note 31.19)
Sale of Food		
ALPS Hospital Limited	112	80
Sale of drugs, pharmaceuticals & medical supplies		
ALPS Hospital Limited	20	2,528
Hometrail Buildtech Private Limited	7	216
Crosslay Remedies Limited	31	1,428
Max Lab Limited	590	118
Dr. B.L Kapur Memorial Hospital	39	867
Dr. Balabhai Nanavati Hospital	38	2,007
Purchase of drugs, pharmaceuticals & medical supplies		
ALPS Hospital Limited	18	1,407
Hometrail Buildtech Private Limited	1	6
Crosslay Remedies Limited	84	998
Dr. B.L Kapur Memorial Hospital	26	787
Dr. Balabhai Nanavati Hospital	-	97
Key management personnel remuneration (refer note 1 below)		
Mr. Yogesh Kumar Sareen	419	284
Ms. Ruchi Mahajan	96	97
Mr. Dhiraj Aroraa	17	-
Director's remuneration (refer note 1 below)		
Mr. Abhay Soi	1,400	1,400
Director's sitting fee		
Mr. Kummamuri Murthy Narasimha	22	19
Mr. Upendra Kumar Sinha	-	1
Mr. Mahendra Gumanmalji Lodha	22	20
Mr. Michael Thomas Neeb	17	15
Ms. Harmeen Mehta	16	13
Mr. Anil Bhatnagar	9	-
Mr. Pranav Amin	9	-
Independent Director's remuneration		
Mr. Kummamuri Murthy Narasimha	26	13
Mr. Mahendra Gumanmalji Lodha	26	13
Mr. Michael Thomas Neeb	26	13
Ms. Harmeen Mehta	26	13
Mr. Anil Bhatnagar	13	-
Mr. Pranav Amin	13	-
Borrowing cost		
ALPS Hospital Limited	33	-
Hometrail Buildtech Private Limited	386	307
Crosslay Remedies Limited	442	197
Healthcare Services received		
ALPS Hospital Limited	-	6
Hometrail Buildtech Private Limited	15	198
Crosslay Remedies Limited	135	388
Dr. B.L Kapur Memorial Hospital	5	-
Dr. Balabhai Nanavati Hospital	-	6

Notes forming part of Standalone Financial Statements

(INR in Lakhs)

Transactions during the year	Year ended March 31, 2023	Year ended March 31, 2022
		(Refer Note 31.19)
Unwinding of discount of security deposit		
Dr. B.L Kapur Memorial Hospital	4	3
Space taken on lease rent		
ALPS Hospital Limited	2	0.15
Hometrail Buildtech Private Limited	2	0.14
Crosslay Remedies Limited	2	0.20
Dr. B.L Kapur Memorial Hospital	2	2
Dr. Balabhai Nanavati Hospital	2	1
Radiant Life Care Private Limited	3	3
Medical Services under Company managed Employees Group Mediclaim Policy-Received		
ALPS Hospital Limited	7	-
Hometrail Buildtech Private Limited	0.40	-
Crosslay Remedies Limited	2	-
Dr. B.L Kapur Memorial Hospital	3	-
Dr. Balabhai Nanavati Hospital	0.40	-
Reimbursement of expenses		
Radiant Life Care Private Limited	0.4	-
Facilitation charges		
Max Healthcare FZ-LLC	70	-

Note

(i) As the future liability for gratuity and compensated absences is provided on an actuarial basis for the Company as a whole, the amount pertaining to the directors /KMPS has not been ascertained separately and, therefore, not included in above mentioned managerial remuneration. Managerial remuneration mentioned above also do not include accrual recorded towards employee share based payments but includes benefit value on account of ESOP exercise during the reporting year.

(INR in Lakhs)

(C) Balances at the year end	As at March 31, 2023	As at March 31, 2022
		(Refer Note 31.19)
Investment		
ALPS Hospital Limited	19,799	19,799
Hometrail Buildtech Private Limited	40,659	40,659
Crosslay Remedies Limited	44,961	44,913
MHC Global Healthcare (Nigeria) Ltd	193	-
Max Lab Limited	2,000	500
Max Healthcare FZ-LLC	584	101
Max Hospitals and Allied Services Limited	33,526	33,526
Eqova Healthcare Private Limited	4,718	4,718
Deemed Investment on account of ESOP		
ALPS Hospital Limited	113	50
Hometrail Buildtech Private Limited	123	52
Crosslay Remedies Limited	339	272
Max Lab Limited	37	11
Max Hospitals and Allied Services Limited	191	49
Eqova Healthcare Private Limited	38	-
ET Planners Private Limited	143	-

Notes forming part of Standalone Financial Statements

(INR in Lakhs)

(C) Balances at the year end	As at March 31, 2023	As at March 31, 2022
		(Refer Note 31.19)
Advance for share application money (Investment)		
MHC Global Healthcare (Nigeria) Limited	-	176
Max Healthcare FZ-LLC	-	188
Loan and advances (including interest receivable)		
Non convertible redeemable preference shares in Hometrail Buildtech Private Limited	-	4,711
Max Lab Limited	1,503	-
Max Healthcare FZ-LLC	210	-
Max Hospitals and Allied Services Limited	12,931	6,300
Dr. B.L Kapur Memorial Hospital	28,856	32,856
Security deposit (discounted value)		
Dr. B.L Kapur Memorial Hospital	38	34
Trade receivables		
ALPS Hospital Limited	185	1,054
Hometrail Buildtech Private Limited	66	49
Crosslay Remedies Limited	41	-
Max Lab Limited	1,541	982
ET Planners Private Limited	5	1
Dr. B.L Kapur Memorial Hospital	533	7,127
Epimoney Private Limited	-	1
Unsecured borrowings		
ALPS Hospital Limited	1,000	-
Hometrail Buildtech Private Limited	6,272	3,074
Crosslay Remedies Limited	8,049	3,052
Trade payable		
Crosslay Remedies Limited	-	24
Max Healthcare FZ-LLC	62	-
Dr. Balabhai Nanavati Hospital	-	0.24
Radiant Life Care Private Limited	2	-
Mr. Michael Thomas Neeb	3	4
Ms. Harmeen Mehta	-	4
Mr. Kummamuri Murthy Narasimha	-	1
Security deposit received		
Mr. Yogesh Kumar Sareen	4	4
Ms. Ruchi Mahajan	-	3

Terms and conditions of transactions with related parties :-

a) The transactions with related parties are made on terms equivalent to those that prevail in arm's length transactions.

b) The income/expense from sales to and purchases from related parties are made on arm's length basis. Outstanding balances at the year end are unsecured and interest free.

c) The Company has given corporate guarantee of INR 27,616 lakhs (March 31, 2022 : INR 40,805 lakhs) on behalf of the related parties

d) The above transactions with related parties are exclusive of taxes.

Notes forming part of Standalone Financial Statements

e) During the year ended March 31, 2023, Kayak Investments Holding Pte. Ltd. ("Kayak"), one of the promoter of the Company divested its entire shareholding. Since Kayak was neither holding any shares nor entitled to exercise control in any manner whatsoever in the Company, it had requested the Company to initiate the process of reclassification of Kayak from 'Promoter' to 'Public' category in terms of Regulation 31A of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015. During the quarter ended December 31, 2022, the Company has submitted the requisite application seeking approval from stock exchanges i.e. National Stock Exchange of India Limited and BSE Limited for reclassification of Kayak from 'Promoter' to 'Public' category. The said application is pending for approval by stock exchanges.

31.11 Earnings per share (EPS)

(INR in Lakhs)

Particulars	Year ended March 31, 2023	Year ended March 31, 2022
		(Refer Note 31.19)
a) Basic earnings per share		
Numerator for earnings per share		
Profit after taxation	69,431	33,152
Denominator for earnings per share		
Weighted average number of equity shares outstanding during the year	97,00,63,788	96,74,65,373
Earnings per share-Basic (one equity share of INR 10 each)(in INR)	**7.16**	**3.43**
b) Diluted earnings per share		
Numerator for earnings per share		
Profit after taxation	69,431	33,152
Denominator for earnings per share		
Weighted average number of equity shares outstanding during the year	97,17,10,947	96,93,82,717
Earnings per share- Diluted (one equity share of INR 10/- each) (in INR)	**7.15**	**3.42**

31.12 Capital management

For the purpose of the Company's capital management, capital includes issued equity attributable to the equity shareholders of the Company, share premium and all other equity reserves. The primary objective of the Company's capital management is to maintain an efficient capital structure and maximize the shareholder value.

The Company manages its capital structure and makes adjustments in light of changes in economic conditions and the requirements of the financial covenants. To maintain or adjust the capital structure, the Company may adjust the dividend payment to shareholders, return capital to shareholders or issue new shares. The Company monitors capital using a gearing ratio, which is net debt divided by total capital. The Company's policy is to keep the gearing ratio between 20% and 50%. The net debt includes borrowings and lease liabilities, less cash and cash equivalents, excluding discontinued operation.

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
		(Refer Note 31.19)
Borrowings (Including current maturities of long term borrowings [refer note 17, 18, 21(i)]	53,352	55,552
Less: Cash and cash equivalents [refer note 14(ii) & (iii)]	(1,06,088)	(38,578)
Net debt (a)	(52,736)	16,974
Equity (refer note 16)	7,04,211	6,31,138
Total capital (b)	7,04,211	6,31,138
Gearing ratio after deduction cash & cash equivalents (a/b)	(7.49)%	2.69%
Gearing ratio without deduction cash & cash equivalents (a/b)	7.58%	8.80%

Notes forming part of Standalone Financial Statements

31.13 Ratio

S. no	Ratio	Numerator	Denominator	March 31, 2023	March 31, 2022(refer note 31.19)	% Variance	Reason for variance (where more than 25%)
1.	Current Ratio	Current assets	Current liabilities	3.26	2.38	36.71%	Increased bank FD due to business growth
2.	Debt Equity Ratio	Total Debt	Shareholder's Equity	0.08	0.09	(13.93)%	N.A.
3.	Debt Service Coverage Ratio	Earnings available for debt service	Total debt service	9.41	6.79	38.71%	Revenue growth due to improvement in operations
4.	Return on Equity Ratio	Net profit/(loss) after tax	Average Shareholder's equity	10.40	5.43	91.47%	Revenue growth due to improvement in operations
5.	Inventory turnover ratio	Cost of Good Sold	Average Inventory	12.79	19.20	(33.38)%	Inventory turnover ratio decrease due to reduction in purchases when compared to previous year
6.	Trade Receivables turnover ratio	Revenue from operations	Average trade receivables	3.41	2.85	19.71%	N.A.
7.	Trade payables turnover ratio	Net Credit Purchases *	Average Trade Payables	5.30	5.74	(7.68)%	N.A.
8.	Net capital turnover ratio	Revenue from operations	Average working capital	2.71	3.22	(15.91)%	N.A.
9.	Net profit ratio	Net Profit/(loss) after tax	Total revenue	36.45	18.67	95.22%	Revenue growth due to improvement in operations
10.	Return on Capital employed	Net profit/(loss) before Interest and tax	Capital employed**	10.98	9.09	20.79%	N.A.
11.	Return on investment	Not possible as the Company does not have any investment in marketable securities.					

* Net Credit Purchases comprises of Cost of good sold, Professional and consultancy fee & other expense

Capital employed = Tangible net worth* + Total debt + Deferred tax liability

***Tangible net worth = Total assets - Total liabilities - Intangible assets

31.14 Impairment assessment of recoverable amounts from healthcare service providers

(a) **Impairment assessment of recoverable amounts from other healthcare service providers with whom the Company has long term medical service agreement**

The Company has amount receivable amounting to INR 39,975 lakhs (March 31, 2022 : INR 50,244 lakhs) from other healthcare service providers, i.e., Devki Devi Foundation, Balaji Medical and Diagnostic Research Centre and Gujarmal Modi Hospital & Research Centre for Medical Sciences with whom the Company have long term medical services and pathology service agreement ('Service Agreements'). Amounts recoverable include the following:

- Trade receivable aggregating to INR 10,284 lakhs (March 31, 2022 : INR 10,773 lakhs)[Refer note 10(ii)] and INR 3,081 lakhs (March 31, 2022 : INR 8,711 lakhs) as current trade receivable for amounts due against Service agreements.

Notes forming part of Standalone Financial Statements

- an amount of INR 17,853 lakhs (March 31, 2022 : INR 17,853 lakhs) as security and performance deposit as per the terms of Service Agreement. In addition, an amount of INR 2,000 lakhs (March 31, 2022 : INR 6,170 lakhs) has been advanced as loan.

- INR 6,657 lakhs (March 31, 2022 : INR 6,737 lakhs) as prepaid expenses, difference between present value of security and performance deposit given.

The recovery of these balances depends on the future cash flows and earning capacity of these healthcare service providers. Management has carried out an assessment and have concluded that the amounts are fully recoverable and no impairment in the value of the amount is necessitated.

(b) **Impairment assessment of recoverable amounts from controlled entity ('Silo') with whom the Company has long term Operation and Management Agreement**

The Company has amount receivable amounting to INR 29,427 lakhs (March 31, 2022 : INR 40,017 lakhs) from Dr. B L Kapur Memorial Hospital ('the Hospital') with whom the Company has long term Operation and Management ('O&M') Agreement. Under terms of O&M agreement, the Company is eligible for fixed and variable management fees from the Hospital for managing the hospital activities as per terms of the agreement. Amounts recoverable include the following:

- Loan aggregating to INR 28,856 lakhs (March 31, 2022 : INR 32,856 lakhs)[Refer note 10(iii)] carrying interest @ 10.25% repayable on quarterly basis as per agreement till the entire outstanding loan is repaid.

- Trade receivables aggregating to INR 533 lakhs (March 31, 2022 : INR 7127 lakhs) towards management and other services.

- INR 38 lakhs (March 31, 2022 : INR 34 lakhs) as prepaid expenses, difference between present value and security and performance deposit given.

Management has carried out an assessment and have concluded that the amounts are fully recoverable and no impairment in the value of the amount is necessitated.

31.15 As per the provision of section 135(5) of the Companies Act, 2013 the Company has to incur at least 2% of average net profit of the preceding three financial years toward corporate social responsibility ("CSR"). Accordingly, a CSR committee has been formed for carrying out CSR activity as per schedule VII of the Companies Act, 2013. The Company has contributed a sum of INR 169 lakhs (March 31, 2022: Nil) to healthcare trust hospital towards the treatment of economic weaker section patient and debited the same to the statement of profit and loss.

Details of CSR expenditure:

(INR in Lakhs)

	Year ended March 31, 2023	Year ended March 31, 2022
Details of CSR expenditure :		
(a) Gross amount required to be spent by the Company during the year	167	-
(b) Amount spent during the year	169	-

(INR in Lakhs)

	Paid in cash		Yet to be paid in cash	
	March 31, 2023	March 31, 2022	March 31, 2023	March 31, 2022
(i) Construction/ acquisition of any asset	-	-	-	-
(ii) On purpose other than (i) above	169	-	-	-
Total	**169**	**-**	**-**	**-**

Notes forming part of Standalone Financial Statements

(INR in Lakhs)

	Paid in cash		Yet to be paid in cash	
	March 31, 2023	March 31, 2022	March 31, 2023	March 31, 2022
(iii) Nature of CSR activities	Nutritional Support for TB patients, Screening of school students for physical & mental wellbeing, Application of Integrated Natural treatment system, Bus for Police Foundation, to support charitable health care to the deprived, tribal, pilgrims and needy people of the State of Uttarakhand			

31.16 The Code on Social Security,2020 ('Code') relating to employee benefits during employment and post employment benefits received Presidential assent in September 2020. The Code has been published in the Gazette of India. However, the date on which the Code will come into effect has not been notified. The Company will assess the impact of the code when it comes into effect and will record any related impact in the period the Code becomes effective.

31.17 The Board of Directors of ALPS Hospital Limited ("ALPS"/'Transferor') and Max Hospitals and Allied Services Limited ("MHASL"/'Transferee') (formerly known as Radiant Life Care Mumbai Private Limited) at their respective meetings held on May 16, 2022 approved the Scheme of Amalgamation (hereinafter referred to as 'Scheme') under the provision of Sections 230 to 232 of the Companies Act, 2013 and relevant rules made thereunder, for the merger of ALPS with MHASL. The Scheme is subject to necessary statutory and regulatory approvals under applicable laws and approval of the Hon'ble National Company Law Tribunal, Mumbai Bench.

31.18 Pursuant to the amendment in the schedule III, the figures for the previous year have been regrouped/ reclassified, wherever necessary, to correspond with the current year end classification/ disclosure.

31.19 Business combination

The Company had acquired 100% shares in Saket City Hospitals Limited ('SCHL') over a period of time, at a cost of INR 86,811 lakhs and SCHL became a wholly owned subsidiary of the Company with effect from March 15, 2021. The investment in SCHL was fair valued under IND AS 103 in the books of the Company upon a business combination transaction on June 1, 2020 at INR 1,11,864 lakhs .

During the current year, the Board of SCHL and shareholder (the Company) has approved voluntary liquidation of SCHL under Section 59 of Insolvency and Bankruptcy Code, 2016 in order to consolidate the operations of SCHL with that of the Company to unleash operational efficiencies and other synergies. On August 31, 2022, the liquidator of SCHL appointed by the Company distributed the entire business undertaking of SCHL to the Company on a going concern basis, with effect from close of business hours on August 31, 2022.

Accounting impact of the voluntary liquidation

The said distribution of business undertaking has been accounted for using the pooling of interests method in accordance with Appendix C of Ind AS 103 'Business combinations of entities under common control'. Accordingly, the comparative financial information for the previous periods have been restated to give effect of the consummation of business undertaking from beginning of the period disclosed and all assets, liabilities and reserves of SCHL together with intangible assets – long term service agreements and related deferred tax liability which were appearing in the consolidated financial statements are now part of the standalone financial statements of the Company. Further, intercompany balances including the related investment in SCHL appearing in the books of the Company have been eliminated.

Notes forming part of Standalone Financial Statements

Details in respect of business combination is provided below:

INR in lakhs

Particulars	Amount
Assets	
Property, plant and equipment	953
Goodwill	37,194
Intangible assets	97,316
Loans (non-current)	16,386
Non-current tax assets (net)	88
Other non-current assets	6,639
Trade receivables (current)	517
Cash and cash equivalents	1
Other bank balances	1
Loans (current)	421
Income tax assets	661
Other current assets	167
Total assets acquired (A)	**1,60,344**

INR in lakhs

Particulars	Amount
Liabilities	
Retained earning	(6,332)
Long term borrowings	26,722
Deferred tax liabilities (net)	20,030
Other non-current liabilities	52
Short term borrowings	84
Trade payables	814
Other financial liabilities (current)	429
Other current liabilities	29
Short term provisions	39
Total liabilities acquired (B)	**41,867**
Net assets recognised pursuant to the Scheme C = (A-B)	**1,18,477**
Book value of investment in books of Company Immediately before distribution of business undertaking (D)	**1,11,948**
Capital Reserve on Business Combination (Voluntary Liquidation) (C-D)	**6,529**

The above distribution resulted in inter-alia recognition of long-term service agreement in block of intangible assets in tax books of the Company at fair value as on August 31, 2022. Accordingly, deferred tax liability recognised upon the earlier business combination on June 1, 2020, was reversed, resulting in deferred tax credit of INR 28,250 lakhs which was recognised in statement of profit or loss.

Notes forming part of Standalone Financial Statements

Tax impact

Pursuant to the voluntary liquidation, the entire business undertaking of SCHL along with all assets and liabilities, including all rights and obligations under various agreements entered into by SCHL have been acquired by the Company, on a going concern basis, for a value as determined by an Independent Valuer for tax purposes. Details for tax purposes, as certified by independent valuer is set out below:

INR in lakhs

Particulars	Amount
Goodwill	2,448
Intangible assets medical aervice agreements	1,12,476
Intangible assets – assembled workforce	49
Tangible assets	1,202
Net working capital including cash	23,570
Total fair value of net assets before loans	1,39,475
Less: Loans	25,369
Fair value of net assets	1,14,376

The difference between Fair Market Value of net assets on the date of distribution (INR 114,376 lakhs) and indexed cost of acquisition of shares of SCHL (INR 97,862 lakhs) has been considered as capital gains under Income Tax Act. Consequently, the Fair Market Value of the net assets acquired, including but not limited to long term service agreements, have been added to the tax books, and accordingly depreciation on the same has been considered while computing taxable income under Income Tax Act.

Notes forming part of Standalone Financial Statements

31.20 Disclosure required under Section 186 (4) of the Companies Act 2013

(a) Loans given

(i) Loans and advances to related parties

INR in lakhs

S. No.	Name of the recipient entity	Relationship	Opening balance	Loan/Share application money given	Loan repaid	Outstanding balance	Maximum balance outstanding during the year	Purpose
1.	Max Lab Limited	Wholly-owned subsidiary	-	1,500	-	1,500	1,500	For general corporate business purpose, capital expenditure and expansion of Max Lab Limited
2.	Max Hospitals and Allied Services Limited *	Wholly-owned subsidiary	6,300	5,950	-	12,250*	12,250*	For general corporate business purpose, capital expenditure and expansion of Dr. Balabhai Nanavati Hospital
3.	Dr. B.L Kapur Memorial Hospital	Entity where Company has contractual arrangements ('Silo')	32,856	-	4,000	28,856	32,856	For business operations, repayment of debts and other general corporate purpose
4.	MHC Global Healthcare (Nigeria) Limited	Wholly-owned subsidiary	176	-	176	-	176	For application money towards share capital to be used in operations of subsidiary
5	Max Healthcare FZ-LLC	Wholly-owned subsidiary	188	205	188	205	205	For business operations, repayment of debts and other general corporate purpose
	Total		39,520	7,655	4,364	42,811	-	

(ii) Loans and advances to healthcare services providers [refer note 10(iii)]

INR in lakhs

S. No.	Name of the recipient entity	Opening balance	Loan given	Loan repaid	Outstanding balance	Purpose
1.	Gujarmal Modi Hospital & Research Centre for Medical Sciences *	6,000	-	4,000	2,000	For general business purpose, repayment of loans and Capital expenditure.
	Total	6,000	-	4,000	2,000	

*These loans and advances has no pre agreed repayment schedule.

Notes forming part of Standalone Financial Statements

(b) Investments made/redeemed

(i) Particulars of investments made in equity shares (refer note 9):

INR in lakhs

S. No.	Name of the investee	Opening balance	Investment made	Investment redeemed	Outstanding balance	Purpose
Investment in subsidiary companies (refer note 9)						
1.	ALPS Hospital Limited	19,799	-	-	19,799	For business operations, repayment of debts and other general corporate purpose
2.	Hometrail Buildtech Private Limited	40,659	-	-	40,659	For business operations, repayment of debts and other general corporate purpose
3.	Crosslay Remedies Limited	44,913	48	-	44,961	For business operations, repayment of debts and other general corporate purpose
4.	Max Hospitals and Allied Services Limited	33,526	-	-	33,526	For business operations, repayment of debts and other general corporate purpose
5.	Max Lab Limited	500	1,500	-	2,000	For business operations, repayment of debts and other general corporate purpose
6.	Max Healthcare FZ-LLC	101	483	-	584	For business operations, repayment of debts and other general corporate purpose
7.	Eqova Healthcare Private Limited	4,718	-	-	4,718	For business operations, repayment of debts and other general corporate purpose
8.	MHC Global Healthcare (Nigeria) Limited	-	193	-	193	For business operations, repayment of debts and other general corporate purpose
Investment in other Company [refer note 10(i)]						
1.	Sandhya Hydro Power Projects Balargha Private Limited	51	-	-	51	For business operations purpose
	Total	144,267	2,224	-	146,491	

Notes forming part of Standalone Financial Statements

(ii) Particulars of investments made in preference shares (refer note 10 (iii)):

(INR in Lakhs)

S. No.	Name of the investee	Opening balance	Interest	Redeemed	Outstanding balance	Purpose
	Investment in subsidiary company					
1.	Hometrail Buildtech Private Limited	4,711	-	4,711	-	
	Total	4,711	-	4,711	-	

(c) Guarantees given (refer note 30 A) :

(i) on behalf of related parties

(INR in Lakhs)

S. No.	Name of borrowing legal entity on behalf which guarantee provided by the Company	Opening * balance	Guarantee* given	Guarantee * discharged	Outstanding* balance	Purpose
1.	Hometrail Buildtech Private Limited	5,828	682	1,712	4,798	For refinancing of existing loans, Business Operation and Capex letter of credit
2.	Hometrail Buildtech Private Limited	5,396	5	980	4,421	For refinancing of existing loans, Business Operation
3.	ALPS Hospital Limited	3,840	-	1,200	2,640	Extend ICD's (Interest bearing inter-corporate deposits) to Gujarmal Modi Hospital & Research Centre (GMHRC, Society that runs Max Smart Saket Hospital).
4.	Crosslay Remedies Limited	13,315	1,426	3,984	10,757	For refinancing of the existing debt and facility related expenses and for fresh Capex, Purchase medical equipment and Business operations.
5.	Dr. B.L Kapur Memorial Hospital	770	-	770	-	For financing the capital expenditure
6.	Dr. B.L Kapur Memorial Hospital	1,366	-	1,366	-	For refinancing of existing loans.
7.	Dr. B.L Kapur Memorial Hospital	5,000	-	-	5,000	Cash Credit Limit for Working Capital requirement

Notes forming part of Standalone Financial Statements

(INR in Lakhs)

S. No.	Name of borrowing legal entity on behalf which guarantee provided by the Company	Opening * balance	Guarantee* given	Guarantee * discharged	Outstanding* balance	Purpose
	Total	35,515	2,113	10,012	27,616	

(ii) on behalf of other healthcare service providers

INR in lakhs

S. No.	Name of borrowing legal entity on behalf which guarantee provided by the Company	Opening * balance	Guarantee* given	Guarantee * discharged	Outstanding* balance	Purpose
1.	Balaji Medical & Diagnostics Research Centre	10,526	562	11,088	-	For refinancing of existing loans, Business Operations
2.	Devki Devi Foundation	6,132	-	839	5,293	For refinancing of existing loans
3.	Devki Devi Foundation	1,884	-	562	1,322	For refinancing of existing loans
4.	Devki Devi Foundation	3,383	963	1,244	3,102	For business operations, repayment of debts and other general corporate purpose
	Total	21,925	1,525	13,733	9,717	

*Amount is computed based on Sanction Working Capital limits and outstanding Term Loan/ LC amount payable as on March 31, 2023.

Notes forming part of Standalone Financial Statements

Note : The Company has provided loans or advances in the nature of loans, guarantee and security during the year; details of which are as follows

INR in lakhs

S. No.	Particulars	Loans and advances in nature of loan	Guarantees (refer footnote)	Security (refer footnote)	Remarks
A.	Aggregate amount granted / provided during the year:				
	- Subsidiaries	7,655	2,113	-	
	- Others	-	1,525	-	
B.	Balance outstanding as at balance sheet date in respect of above cases:				
	- Subsidiaries	13,955	22,616	5,937	
	- Others	30,856	14,717	-	

Note

Guarantee amount is computed based on Sanction Working Capital limits and outstanding Term Loan/ LC amount payable as on March 31, 2023.

Further, for outstanding balance of loans/working capital aggregating to INR 5,937 lakhs (March 31, 2022: 8,531 lakhs), obtained by two subsidiaries, the Company has given security of its investment held in those subsidiaries in addition to corporate guarantees. Also, refer footnote 9(ix).

31.21 Disclosure under Rule 11(e) of the companies (Audit & Auditors) Rule, 2014

INR in lakhs

S. No.	Name of the investor	Date	Amount	Nature of Fund	Name of Intermediary Company	Relationship
1.	Max Healthcare Institute Limited	August 27, 2021	5,000	Investment	Alps Hospital Limited	Wholly-owned subsidiary

INR in lakhs

S. No.	Name of Intermediary Company	Date	Amount	Nature of Fund	Ultimate Beneficiary	Relationship
1.	Alps Hospital Limited ('ALPS')	August 27, 2021	5,000	Investment	ET Planners Private Limited	Wholly-owned subsidiary of ALPS & Step down subsidiary of MHIL

Notes:

(i) During the previous year ended March 31, 2022, Other than as disclosed above, no funds (which are material either individually or in the aggregate) have been advanced or loaned or invested (either from borrowed funds or share premium or any other sources or kind of funds) by the Company to or in any other person(s) or entity(ies), including foreign entities ("Intermediaries"), with the understanding, whether recorded in writing or otherwise, that the Intermediary shall, directly or indirectly lend or invest in other persons or entities identified in any manner whatsoever by or on behalf of the Company ("Ultimate Beneficiaries") or provide any guarantee, security or the like on behalf of the Ultimate Beneficiaries. During the current year no such fund has been advanced or loaned or invested (either from borrowed funds or share premium or any other sources or kind of funds) by the Company.

Notes forming part of Standalone Financial Statements

31.22 No funds (which are material either individually or in the aggregate) have been received by the Company from any person(s) or entity(ies), including foreign entities ("Funding Parties"), with the understanding, whether recorded in writing or otherwise, that the Company shall, directly or indirectly, lend or invest in other persons or entities identified in any manner whatsoever by or on behalf of the Funding Party ("Ultimate Beneficiaries") or provide any guarantee, security or the like on behalf of the Ultimate Beneficiaries.

31.23 The Company does not have any transactions with struck off Companies u/s 248 or 560 of Companies Act, 2013.

31.24 The Company was not required to transfer any amount to Investor Education and Protection Fund during the year.

31.25 Other statutory information

(i) The Company does not have any Benami property, where any proceeding has been initiated or pending against the Company for holding any Benami property.

(ii) The Company does not have any charges or satisfaction which is yet to be registered with ROC beyond the statutory period.

(iii) The Company has not traded or invested in Crypto currency or Virtual Currency during the financial year.

(iv) The Company has not accepted any deposit or amount which are deemed to be deposits.

(v) The Company has not entered into any non cash transaction with its directors or person connected with its directors.

(vi) The Company has no such transaction which is not recorded in the books of accounts that has been surrendered or disclosed as income during the year in the tax assessments under the Income Tax Act, 1961 (such as, search or survey) or any other relevant provisions of the Income Tax Act, 1961.

(vii) The Company has not been declared as wilful defaulter by any bank or financial institution (as defined under the Companies Act, 2013) or consortium thereof, in accordance with the guidelines on wilful defaulters issued by the Reserve Bank of India.

31.26 The figures have been rounded off to the nearest lakhs of rupees up to two decimal places. The figure 0.00 wherever stated represents value less than INR 50,000/-.

31.27 Note No.1 to 31 form integral part of the standalone financial statements.

For and on behalf of the Board of Directors of
MAX HEALTHCARE INSTITUTE LIMITED

ABHAY SOI
(Chairman and Managing Director)
DIN : 00203597

YOGESH KUMAR SAREEN
(Chief Financial Officer)
ICAI Membership Number: 087383

DHIRAJ ARORAA
(Company Secretary)
Membership Number: A28079

Place : New Delhi
Date : May 16, 2023

Form AOC-1

(Pursuant to first proviso to sub-section (3) of section 129 read with rule 5 of Companies (Accounts) Rules, 2014)

Statement containing salient features of the financial statement of Subsidiaries/Associate Companies/Joint ventures

(INR in Lakhs)

Particulars	ALPS Hospital Limited ('ALPS')	Hometrail Buildtech Private Limited	Crosslay Remedies Limited	Max Hospitals and Allied Services Ltd. (formerly Radiant Life Care Mumbai Private Limited)	Max Lab Limited	Max Healthcare FZ-LLC	MHC Global Healthcare(Nigeria) Limited	Eqova Healthcare Private Limited	ET Planners Private Limited (Step down subsidiary through ALPS)	Dr. Balabhai Nanavati Hospital	Dr. B.L. Kapur Memorial Hospital
Reporting period for the subsidiary concerned, if different from the holding company's reporting period	Same as Reporting Company	Same as Reporting Company	Same as Reporting Company	Same as Reporting Company	Same as Reporting Company	Same as Reporting Company	Same as Reporting Company	Same as Reporting Company	Same as Reporting Company	Same as Reporting Company	Same as Reporting Company
Reporting currency and exchange rate as on the last date of the relevant financial year in the case of foreign subsidiaries.	N.A	N.A	N.A	N.A	N.A	Reporting currency- UAE Dirham (AED) Exchange rate as at March 31, 2023 : 22.37	Reporting currency- Nigerian Naira (NGN Exchange rate as on March 31, 2023 : 0.18	N.A	N.A	N.A	N.A
Share capital	356	5,094	14,319	8,932	2,000	584	193	10	1	-	-
Reserves & surplus (Other Equity)	14,430	19,621	26,406	7,310	(4,731)	(525)	(56)	(241)	(163)	(18,010)	20,101
Total assets	21,846	40,567	61,395	30,759	2,340	600	166	2,532	903	52,388	73,342
Total liabilities	7,060	15,852	20,670	14,517	5,071	541	29	2,763	1,065	70,398	53,241
Investments (refer note 1)	-	-	-	-	-	-	-	-	-	-	-
Turnover	21,767	43,961	65,401	1,863	9,361	397	-	10	15	50,025	92,716
Profit/(loss) before taxation	4,841	11,734	20,066	(772)	(3,130)	(464)	(22)	(247)	(257)	2,522	15,427
Provision for taxation	1,272	2,971	5,073	-	-	-	-	-	-	-	-
Profit/(loss) after taxation (After OCI)	3,574	8,767	15,000	(767)	(3,123)	(455)	(41)	(247)	(257)	2,373	15,440
Proposed Dividend	-	-	-	-	-	-	-	-	-	-	-
% of shareholding/ Nature of control	Equity - 100%	Equity- 100%	Equity- 100%	Equity- 100%	Equity- 100%	Equity- 100%	Equity- 100%	Equity- 26% and option right for 74% shares	Equity- 100%	Controlled by way of Contractual arrangement	Controlled by way of Contractual arrangement

Notes:

1. Investments excludes investments in subsidiaries
2. Subsidiaries which are yet to commence operations: MHC Global Healthcare(Nigeria) Limited
3. Subsidiaries which have been liquidated or sold during the year: Saket City Hospital Limited (Under voluntary liquidation)
4. Since the Company holds right to appoint majority of Directors on the Board of Eqova Healthcare Private Limited ("Eqova") by virtue of share purchase agreement dated February 10, 2022, Eqova has been shown as subsidiary.

For and on behalf of the Board of Directors of MAX HEALTHCARE INSTITUTE LIMITED

ABHAY SOI
(Chairman and Managing Director)
DIN : 00203597

YOGESH KUMAR SAREEN
(Chief Financial Officer)
ICAI Membership Number: 087383

DHIRAJ ARORAA
(Company Secretary)
Membership Number: A28079

Place : New Delhi
Date : May 16, 2023

Independent Auditor's Report

To the members of
Max Healthcare Institute Limited

Report on the audit of the consolidated financial statements

Opinion

We have audited the accompanying consolidated financial statements of Max Healthcare Institute Limited ("the Parent") "), its subsidiaries and its deemed separate entities, that is 'Silos' over which the Parent has control (the Parent, its subsidiaries and its deemed separate entities that is 'Silos', together referred to as "the Group"), which comprise the Consolidated Balance Sheet as at March 31, 2023, and the Consolidated Statement of Profit and Loss (including Other Comprehensive Income), the Consolidated Statement of Cash Flows and the Consolidated Statement of Changes in Equity for the year then ended, and a summary of significant accounting policies and other explanatory information (hereinafter referred to as the "consolidated financial statements").

In our opinion and to the best of our information and according to the explanations given to us, [and based on the consideration of reports of the other auditors on separate financial statements of the subsidiaries referred to in the Other Matters section below, the aforesaid consolidated financial statements give the information required by the Companies Act, 2013 ("the Act") in the manner so required and give a true and fair view in conformity with the Indian Accounting Standards prescribed under section 133 of the Act read with the Companies (Indian Accounting Standards) Rules, 2015, as amended ('Ind AS'), and other accounting principles generally accepted in India, of the consolidated state of affairs of the Group as at March 31, 2023, and their consolidated profit, their consolidated total comprehensive income, their consolidated cash flows and their consolidated changes in equity for the year ended on that date.

Basis for opinion

We conducted our audit of the consolidated financial statements in accordance with the Standards on Auditing (SAs) specified under section 143 (10) of the Act. Our responsibilities under those Standards are further described in the Auditor's Responsibility for the Audit of the Consolidated Financial Statements section of our report. We are independent of the Group in accordance with the Code of Ethics issued by the Institute of Chartered Accountants of India (ICAI) together with the ethical requirements that are relevant to our audit of the consolidated financial statements under the provisions of the Act and the Rules made thereunder, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the ICAI's Code of Ethics. We believe that the audit evidence obtained by us and the audit evidence obtained by the other auditors in terms of their reports referred to in the Other Matters section below, is sufficient and appropriate to provide a basis for our audit opinion on the consolidated financial statements.

Key audit matters

Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the consolidated financial statements of the current period. These matters were addressed in the context of our audit of the consolidated financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. We have determined the matters described below to be the key audit matters to be communicated in our report.

S No.	Key audit matter	Auditor's response
1	<u>**Impairment of intangible assets (Goodwill and trademark)**</u> (Refer to note 7 and note 8 of the notes forming part of the Consolidated Financial Statements) The Group has intangible asset with indefinite lives comprising Goodwill of INR 245,466 lakhs and Trademarks of INR 49,378 lakhs as at March 31, 2023. The Group's evaluation of goodwill and trademark for impairment involves the comparison of the recoverable value of cash generating unit to its carrying value in accordance with Ind AS 36, Impairment of Assets. The recoverable amount is determined based on the higher of the fair value less cost of disposal or the value in use.	<u>**Principal audit procedures performed**</u> With respect to Impairment of intangible assets (Goodwill and trademark), we: • Evaluated the design, implementation and operating effectiveness of controls over impairment assessment, including controls relating to review of future cash flow forecasts (including forecast of future revenue and operating margins) and controls relating to review of assumptions of discount rates and the long-term growth rates. • Evaluated the reasonableness of the estimates used by management in assessment of future cash flow forecasts and operating margins by comparing them to Historical revenue and operating margins, latest approved targets and long term plans.

S No.	Key audit matter	Auditor's response
	The Group has determined recoverable value, which included use of discounted cash flow model to estimate recoverable value, and requires management to make significant estimates and assumptions related to future cash flow forecasts (including forecast of future revenue and operating margins), discount rates and the long term growth rates applied to these future cash flow forecasts. Changes in these estimates and assumptions could have a significant impact on the assessment of the recoverable value and the consequential impact on impairment loss. The management has concluded that the recoverable value is higher than the carrying amount and accordingly, no impairment provision is required as at March 31, 2023. Considering the significant degree of judgement and subjectivity involved in the estimates and assumptions used in determining the recoverable value used in the impairment evaluation, we have determined impairment of such goodwill and trademark arising from the business combination as a key audit matter for the current year audit.	• With the assistance of our fair value specialist, evaluated the appropriateness of the valuation methodology and reasonableness of the key valuation assumptions used by management and tested mathematical accuracy of the calculations used in assessment of recoverable value. Evaluated the appropriateness of the accounting and disclosures in the consolidated financial statements in compliance with the accounting standards.

Information other than the financial statements and auditor's report thereon

a) The Parent Company's Board of Directors is responsible for the other information. The other information comprises the information included in the Board's Report including Annexures to Board's Report , but does not include the consolidated financial statements, standalone financial statements and our auditor's report thereon. The Board report is expected to be made available to us after the date of this auditor's report.

b) Our opinion on the consolidated financial statements does not cover the other information and we will not express any form of assurance conclusion thereon.

c) In connection with our audit of the consolidated financial statements, our responsibility is to read the other information identified above when it becomes available and consider whether the other information is materially inconsistent with the consolidated financial statements or our knowledge obtained during the course of our audit or otherwise appears to be materially misstated.

d) When we read the Board report, if we conclude that there is a material misstatement therein, we are required to communicate the matter to those charged with governance as required under SA 720 'The Auditor's responsibilities Relating to Other Information'.

Responsibilities of management and those charged with governance for the consolidated financial statements

The Parent's Board of Directors is responsible for the matters stated in section 134(5) of the Act with respect to the preparation of these consolidated financial statements that give a true and fair view of the consolidated financial position, consolidated financial performance including other comprehensive income, consolidated cash flows and consolidated changes in equity of the Group in accordance with the Ind AS and other accounting principles generally accepted in India. The Board of Directors of the Parent in respect of itself and the deemed separate entities, that is 'Silos', and the respective Board of Directors of the subsidiary companies included in the Group are responsible for maintenance of adequate accounting records in accordance with the provisions of the Act for safeguarding the assets of the Group for preventing and detecting frauds and other irregularities; selection and application of appropriate accounting policies; making judgments and estimates that are reasonable and prudent; and design, implementation and maintenance of adequate internal financial controls, that were operating effectively for ensuring the accuracy and completeness of the accounting records, relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error, which have been used for the purpose of preparation of the consolidated financial statements by the Directors of the Parent Company, as aforesaid.

In preparing the consolidated financial statements, the respective Management of the companies included in the Group are responsible for assessing the ability of the respective entities to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the respective Board of Directors either intends to liquidate their respective entities or to cease operations, or has no realistic alternative but to do so.

The Board of Directors of the Parent in respect of itself and the deemed separate entities, that is 'Silos', and the respective Board of Directors of the subsidiary companies included in the Group are also responsible for overseeing the financial reporting process of the Group.

Auditor's responsibility for the audit of the consolidated financial statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these consolidated financial statements.

As part of an audit in accordance with SAs, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

a) Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

b) Obtain an understanding of internal financial control relevant to the audit in order to design audit procedures that are appropriate in the circumstances. Under section 143(3)(i) of the Act, we are also responsible for expressing our opinion on whether the Parent Company has adequate internal financial controls with reference to consolidated financial statements in place and the operating effectiveness of such controls.

c) Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the management.

d) Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of the Group to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the consolidated financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Group to cease to continue as a going concern.

e) Evaluate the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

f) Obtain sufficient appropriate audit evidence regarding the financial information of the entities within the Group to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the audit of the financial statements of such entities included in the consolidated financial statements of which we are the independent auditors. For the other entities included in the consolidated financial statements, which have been audited by the other auditors, such other auditors remain responsible for the direction, supervision and performance of the audits carried out by them. We remain solely responsible for our audit opinion.

Materiality is the magnitude of misstatements in the consolidated financial statements that, individually or in aggregate, makes it probable that the economic decisions of a reasonably knowledgeable user of the consolidated financial statements may be influenced. We consider quantitative materiality and qualitative factors in (i) planning the scope of our audit work and in evaluating the results of our work; and (ii) to evaluate the effect of any identified misstatements in the consolidated financial statements.

We communicate with those charged with governance of the Parent Company and such other entities included in the consolidated financial statements of which we are the independent auditors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

From the matters communicated with those charged with governance, we determine those matters that were of most significance in the audit of the consolidated financial statements of the current period and are therefore the key audit matters. We describe these matters in our auditor's report unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, we determine that a matter should not be communicated in our report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.

Other matters

We did not audit the financial statements of three subsidiaries whose financial statements reflect total assets (before consolidation adjustment) of INR 3,298 lacs as at March 31, 2023, total revenues (before consolidation adjustment) of INR 463 lacs and net cash flows (net) of INR 1,345 lacs for the year ended on that date, as considered in the consolidated financial statements. These financial statements have been audited by other auditors whose reports have been furnished to us by the Management and our opinion on the consolidated financial statements, in so far it relates to the amounts and disclosures included in respect of these subsidiaries and our report in terms of subsection (3) of Section 143 of the Act, in so far as it relates to the aforesaid subsidiaries is based solely on the reports of the other auditors.

Of the above entities, two subsidiary companies are located outside India whose financial statements have been prepared in accordance with the accounting principles generally accepted in their respective countries and which have been audited by other auditors under generally accepted auditing standards applicable in their respective countries. The Company's management has converted the financial statements of such subsidiaries located outside India from accounting principles generally accepted in their respective countries to accounting principles generally accepted in India. Our opinion/conclusion in so far as it relates to the balances and affairs of such subsidiaries located outside India is based on the report of other auditors and the conversion adjustments prepared by the management of the Company.

Our opinion on the consolidated financial statements above and our report on Other Legal and Regulatory Requirements below, is not modified in respect of the above matters with respect to our reliance on the work done and the reports of the other auditors and the conversion adjustments prepared by the management of the Company.

Report on other legal and regulatory requirements

1. As required by Section 143(3) of the Act, based on our audit and on the consideration of the reports of the other auditors on the separate financial statements of the subsidiaries referred to in the Other Matters section above we report, that:

   a) We have sought and obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit of the aforesaid consolidated financial statements.

   b) In our opinion, proper books of account as required by law relating to preparation of the aforesaid consolidated financial statements have been kept so far as it appears from our examination of those books and the reports of the other auditors.

   c) The Consolidated Balance Sheet, the Consolidated Statement of Profit and Loss including Other Comprehensive Income, the Consolidated Statement of Cash Flows and the Consolidated Statement of Changes in Equity dealt with by this Report are in agreement with the relevant books of account maintained for the purpose of preparation of the consolidated financial statements.

   d) In our opinion, the aforesaid consolidated financial statements comply with the Ind AS specified under Section 133 of the Act.

   e) On the basis of the written representations received from the directors of the Parent Company as on March 31, 2023 taken on record by the Board of Directors of the Company and the reports of the statutory auditors of its subsidiary companies, none of the directors of the Group companies incorporated in India is disqualified as on March 31, 2023 from being appointed as a director in terms of Section 164 (2) of the Act.

   f) With respect to the adequacy of the internal financial controls with reference to consolidated financial statements and the operating effectiveness of such controls, refer to our separate Report in "Annexure A" which is based on the auditors' reports of the Parent Company and subsidiary companies incorporated in India. Our report expresses an unmodified opinion on the adequacy and operating effectiveness of internal financial controls with reference to consolidated financial statements of those companies.

   g) With respect to the other matters to be included in the Auditor's Report in accordance with the requirements of section 197(16) of the Act, as amended, in our opinion and to the best of our information and according to the explanations given to us and based on the auditor's reports of subsidiary companies incorporated in India, the remuneration paid by the Parent Company and such subsidiary companies to their respective directors during the year is in accordance with the provisions of section 197 of the Act.

   h) With respect to the other matters to be included in the Auditor's Report in accordance with Rule 11 of the Companies (Audit and Auditors) Rules, 2014, as amended in our opinion and to the best of our information and according to the explanations given to us:

      i) The consolidated financial statements disclose the impact of pending litigations on the consolidated financial position of the Group - Refer Note 34 to the consolidated financial statements;

      ii) The Group did not have any material foreseeable losses on long-term contracts including derivative contracts - Refer note 34.C (ii) forming part of the consolidated financial statements.

      iii) There were no amounts which were required to be transferred to the Investor Education and Protection Fund by the Parent and its subsidiary companies incorporated in India. Refer note 35.21 of the consolidated financial statements.

      iv) (a) The respective Managements of the Parent Company and its subsidiaries which are companies incorporated in India whose financial statements have been audited under the Act have represented to us and the other auditors of such subsidiaries, respectively that, to the best of their knowledge and belief, as disclosed in the note 35.22 to the consolidated financial statements, no funds have been advanced or loaned or invested (either from borrowed funds or share premium or any other sources or kind of funds) by the Parent Company or any of such subsidiaries to or in any other person(s) or entity(ies), including foreign entities ("Intermediaries"), with the understanding, whether recorded in writing or otherwise, that the Intermediary shall, directly or indirectly lend or invest in other persons or entities identified in any manner whatsoever by or on behalf of the Parent Company or any of such subsidiaries ("Ultimate Beneficiaries") or provide any guarantee, security or the like on behalf of the Ultimate Beneficiaries.

      (b) The respective Managements of the Parent Company and its subsidiaries, which are companies incorporated in India whose financial statements have been audited under the Act have represented to us and the other auditors of such subsidiaries respectively that, to the best of their knowledge and belief, as disclosed in the note 35.23 to the consolidated financial statements, no funds have been received by the Parent Company or any of such subsidiaries from any person(s) or entity(ies), including foreign entities.

      (c) Based on the audit procedures performed that have been considered reasonable and appropriate in the circumstances performed by us and that performed by the auditors of the subsidiaries which are companies incorporated in India whose financial statements have been audited under the Act, nothing has come to our or other auditor's notice that has caused us or the other auditors to believe that the representations under sub-clause (i) and (ii) of Rule 11(e), as provided under (a) and (b) above, contain any material misstatement.

      v) As stated in note 35.26 to the consolidated financial statements, the Board of Directors of the Parent Company have proposed final dividend for the year which is subject to the approval of the members of the Parent Company at the ensuing Annual General Meeting. Such dividend proposed is in accordance with section 123 of the Act, as applicable.

      vi) Proviso to Rule 3(1) of the Companies (Accounts) Rules, 2014 for maintaining books of account using accounting software which has a feature of recording audit trail (edit log) facility is applicable w.e.f. April 1, 2023 to the Parent Company and its subsidiaries which are companies incorporated in India, and accordingly, reporting under Rule 11(g) of Companies (Audit and Auditors) Rules, 2014 is not applicable for the financial year ended March 31, 2023.

2. With respect to the matters specified in clause (xxi) of paragraph 3 and paragraph 4 of the Companies (Auditor's Report) Order, 2020 ("CARO"/ "the Order") issued by the Central Government in terms of Section 143(11) of the Act, according to the information and explanations given to us, and based on the CARO reports issued by us and the auditors of respective companies included in the consolidated financial statements to which reporting under CARO is applicable, as provided to us by the Management of the Parent Company, we report that there are no qualifications or adverse remarks by the respective auditors in the CARO reports of the said respective companies included in the consolidated financial statements except for the following:

Sr. No.	Name of Entity	CIN	Holding Company/ Subsidiary/ JV/ Associate	Clause number of the CARO report which is unfavorable or qualified or adverse
1	ET Planners Private Limited	U74999DL2017PTC324142	Subsidiary	3(xvii)
2	Eqova Healthcare Private Limited	U85300DL2021PTC377462	Subsidiary	3(xvii)
3	Max Hospitals and Allied Services Limited	U85191MH2014PLC255294	Subsidiary	3(xvii)

For **DELOITTE HASKINS & SELLS**
Chartered Accountants
(Firm's Registration No. 015125N)

RASHIM TANDON
Partner
(Membership No. 95540)
(UDIN: 23095540BGQBMC5948)

Place: New Delhi
Date: May 16, 2023

Annexure “A” to The Independent Auditor’s Report

(Referred to in paragraph 1 (f) under ‘Report on Other Legal and Regulatory Requirements’ section of our report of even date)

Report on the internal financial controls with reference to consolidated financial statements under clause (i) of sub-section 3 of section 143 of the companies act, 2013 (“the ACT”)

In conjunction with our audit of the consolidated Ind AS financial statements of the Company as of and for the year ended March 31, 2023, we have audited the internal financial controls with reference to consolidated financial statements of Max Healthcare Institute Limited (hereinafter referred to as “Parent”) and its subsidiary companies (the Parent and its subsidiaries together referred to “the Group”) to as of that date.

Management’s responsibility for internal financial controls

The respective Board of Directors of the Parentcompany, its subsidiary companies, which are companies incorporated in India, are responsible for establishing and maintaining internal financial controls based on “the internal control over financial reporting criteria established by the respective Companies considering the essential components of internal control stated in the Guidance Note on Audit of Internal Financial Controls Over Financial Reporting issued by the Institute of Chartered Accountants of India (ICAI)”. These responsibilities include the design, implementation and maintenance of adequate internal financial controls that were operating effectively for ensuring the orderly and efficient conduct of its business, including adherence to the respective company’s policies, the safeguarding of its assets, the prevention and detection of frauds and errors, the accuracy and completeness of the accounting records, and the timely preparation of reliable financial information, as required under the Companies Act, 2013.

Auditor’s responsibility

Our responsibility is to express an opinion on the Parent Company internal financial controls with reference to consolidated financial statements based on our audit. We conducted our audit in accordance with the Guidance Note on Audit of Internal Financial Controls Over Financial Reporting (the “Guidance Note”) issued by the Institute of Chartered Accountants of India and the Standards on Auditing, prescribed under Section 143(10) of the Companies Act, 2013, to the extent applicable to an audit of internal financial controls with reference to consolidated financial statements. Those Standards and the Guidance Note require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether adequate internal financial controls with reference to consolidated financial statements was established and maintained and if such controls operated effectively in all material respects.

Our audit involves performing procedures to obtain audit evidence about the adequacy of the internal financial controls with reference to consolidated financial statements and their operating effectiveness. Our audit of internal financial controls with reference to consolidated financial statements included obtaining an understanding of internal financial controls with reference to consolidated financial statements, assessing the risk that a material weakness exists, and testing and evaluating the design and operating effectiveness of internal control based on the assessed risk. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error.

We believe that the audit evidence we have obtained and the audit evidence obtained by the other auditor of the subsidiary company, which is company incorporated in India, in terms of their report referred to in the Other Matters paragraph below, is sufficient and appropriate to provide a basis for our audit opinion on the internal financial controls system with reference to consolidated financial statements of the Parent and its subsidiary companies, which are companies incorporated in India.

Meaning of internal financial controls over financial reporting

A company's internal financial control with reference to consolidated financial statements is a process designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles. A company's internal financial control with reference to consolidated financial statements includes those policies and procedures that (1) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the company; (2) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with generally accepted accounting principles, and that receipts and expenditures of the company are being made only in accordance with authorisations of management and directors of the company; and (3) provide reasonable assurance regarding prevention or timely detection of unauthorised acquisition, use, or disposition of the company's assets that could have a material effect on the financial statements.

Inherent limitations of internal financial controls over financial reporting

Because of the inherent limitations of internal financial controls with reference to consolidated financial statements, including the possibility of collusion or improper management override of controls, material misstatements due to error or fraud may occur and not be detected. Also, projections of any evaluation of the internal financial controls with reference to consolidated financial statements to future periods are subject to the risk that the internal financial control with reference to consolidated financial statements may become inadequate because of changes in conditions, or that the degree of compliance with the policies or procedures may deteriorate.

Opinion

In our opinion to the best of our information and according to the explanations given to us, the Parent, has, in all material respects, an adequate internal financial controls with reference to consolidated financial statements and such internal financial controls with reference to consolidated financial statements were operating effectively as at March 31, 2023, based on the internal control with reference to consolidated financial statements criteria established by the Company considering the essential components of internal control stated in the Guidance Note on Audit of Internal Financial Controls Over Financial Reporting issued by the Institute of Chartered Accountants of India.

Other matters

Our aforesaid report under Section 143(3)(i) of the Act on the adequacy and operating effectiveness of the internal financial controls with reference to consolidated financial statements insofar as it relates to one subsidiary company, which are companies incorporated in India, is based solely on the corresponding reports of the auditors of such companies incorporated in India.

Our opinion is not modified in respect of the above matters.

For **DELOITTE HASKINS & SELLS**
Chartered Accountants
(Firm’s Registration No. 015125N)

RASHIM TANDON
Partner
(Membership No. 95540)
(UDIN: 23095540BGQBMC5948)

Place: New Delhi
Date: May 16, 2023

Consolidated Balance Sheet

as at March 31, 2023

(INR in Lakhs)

Particulars	Note	As at March 31, 2023	As at March 31, 2022
ASSETS			
Non-current assets			
Property, plant and equipment	4	1,82,922	1,73,257
Right-of-use assets	5	18,986	22,101
Capital work-in-progress	6	20,655	10,473
Goodwill	7	2,45,466	2,45,466
Other intangible assets	8	2,56,496	2,60,934
Intangible assets under development	9	4,588	4,639
Financial assets			
(i) Investments	10	51	51
(ii) Trade receivables	10	10,284	10,773
(iii) Loans	10	13,845	17,345
(iv) Other financial assets	10	20,603	27,578
Income tax assets (net)	11	9,572	15,517
Other non-current assets	12	32,410	30,750
Total non-current assets		**8,15,878**	**8,18,884**
Current assets			
Inventories	13	7,623	6,136
Financial Assets			
(i) Trade receivables	14	33,612	38,536
(ii) Cash and cash equivalents	14	4,275	30,914
(iii) Bank balances other than (ii) above	14	1,42,532	19,017
(iv) Loans	14	-	258
(v) Other financial assets	14	3,054	3,010
Income tax assets (net)	15	1,578	-
Other current assets	16	1,633	2,158
Total current assets		**1,94,307**	**1,00,029**
TOTAL ASSETS		**10,10,185**	**9,18,913**
EQUITY AND LIABILITIES			
EQUITY			
Equity share capital	17	97,092	96,961
Other equity	18	6,43,867	5,31,286
Total equity		**7,40,959**	**6,28,247**
LIABILITIES			
Non-current liabilities			
Financial liabilities			
(i) Borrowings	19	49,658	62,941
(ii) Lease liabilities	20	10,788	17,017
(iii) Other financial liabilities	21	31,957	37,850
Provisions	22	6,048	5,979
Deferred tax liabilities (net)	27	43,713	68,141
Other non-current liabilities	23	22,505	23,011
Total non-current liabilities		**1,64,669**	**2,14,939**
Current liabilities			
Financial liabilities			
(i) Borrowings	19	6,824	9,724
(ii) Lease liabilities	24(i)	1,626	1,656
(iii) Trade payables	24(ii)		
(a) Total outstanding dues of micro enterprises and small enterprises		386	546
(b) Total outstanding dues of creditors other than micro enterprises and small enterprises		53,960	43,865
(iv) Other financial liabilities	24(iii)	28,456	9,253
Other current liabilities	25	8,468	6,515
Provisions	26	4,837	4,168
Total current liabilities		**1,04,557**	**75,727**
Total liabilities		**2,69,226**	**2,90,666**
TOTAL EQUITY AND LIABILITIES		**10,10,185**	**9,18,913**

The accompanying notes are integral part of these consolidated financial statements. **1 - 35**

as per our report of even date attached

For DELOITTE HASKINS & SELLS
(Chartered Accountants)
(Firm's Registration Number: 015125N)

RASHIM TANDON
(Partner)
Membership No. 95540

Place: New Delhi
Date: May 16, 2023

For and on behalf of the Board of Directors of MAX HEALTHCARE INSTITUTE LIMITED

ABHAY SOI
(Chairman and Managing Director)
DIN: 00203597

YOGESH KUMAR SAREEN
(Chief Financial Officer)
ICAI Membership Number: 087383

DHIRAJ ARORAA
(Company Secretary)
Membership Number: A28079

Consolidated Statement of Profit & Loss

for the year ended March 31, 2023

(INR in Lakhs)

Particulars	Note No	Year ended March 31, 2023	Year ended March 31, 2022
I. Revenue from Operations	28	4,56,260	3,93,655
II. Other Income	29	13,924	12,227
III. Total Income (I + II)		**4,70,184**	**4,05,882**
IV. Expenses			
Purchase of drugs, consumables and implants		93,688	93,046
Increase in inventories of drugs, consumables and implants		(1,487)	(756)
Employee benefits expense	30	80,935	75,992
Professional and consultancy fee		98,631	80,945
Finance costs	31	8,386	10,087
Depreciation and amortization expense	32	23,219	22,112
Other expenses	33	60,440	49,663
Total Expenses		**3,63,812**	**3,31,089**
V. Profit before exceptional items and tax (III-IV)		**1,06,372**	**74,793**
VI. Exceptional loss	35.16	-	(903)
VII. Profit before tax (V + VI)		**1,06,372**	**73,890**
VIII. Tax expense			
Current tax	27	20,478	11,584
Deferred tax charge/(credit)	27	(24,457)	1,801
Total tax expenses		**(3,979)**	**13,385**
IX. Profit for the year (VII-VIII)		**1,10,351**	**60,505**
X. Other comprehensive income			
Items that will not be reclassified to profit or loss			
Remeasurement of defined benefit plans	35.01 & 35.02	(9)	298
Income tax effect on above	27	(29)	(40)
Items that will be reclassified to profit or loss			
Exchange differences on translation of foreign operation		(10)	7
Total other comprehensive income for the year, net of taxes		(48)	265
XI Total comprehensive income for the year (IX+X)		**1,10,303**	**60,770**
XII. Earnings per equity share (Equity shares of par value INR 10 each)	35.11		
Basic (INR)		11.38	6.25
Diluted (INR)		11.36	6.24

The accompanying notes are integral part of these consolidated financial statements. **1 to 35**

as per our report of even date attached

For DELOITTE HASKINS & SELLS
(Chartered Accountants)
(Firm's Registration Number: 015125N)

RASHIM TANDON
(Partner)
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DHIRAJ ARORAA
(Company Secretary)
Membership Number: A28079

Consolidated Statement of Changes in Equity

for the year ended March 31, 2023

A) Equity share capital

Particulars	Numbers	(INR in Lakhs)
Equity shares of INR 10 each issued, subscribed and fully paid		
As at April 1, 2021	**96,59,45,006**	**96,595**
Add: Shares issued on exercise of employee stock options (Refer note 17)	36,68,449	366
As at March 31, 2022	**96,96,13,455**	**96,961**
Add: Shares issued on exercise of employee stock options (Refer note 17)	13,09,370	131
As at March 31, 2023	**97,09,22,825**	**97,092**

B) Other equity

(INR in Lakhs)

Particulars	Share application money pending for allotment (Refer note 18)	Reserves and surplus			Other comprehensive income		Total other equity
		Securities premium (Refer note 18)	Share options outstanding account (Refer note 18)	Retained earnings (Refer note 18)	Defined benefit obligation (Refer note 18)	Exchange difference on translation of foreign operation (Refer note 18)	
Balance as at April 1, 2021	-	5,10,481	2,651	(46,137)	278	-	4,67,273
Profit for the year	-	-	-	60,505	-	-	**60,505**
Other comprehensive income for the year	-	-	-	-	258	7	**265**
Employee stock options compensation expenses	-	-	3,393	-	-	-	**3,393**
Transfer on account of exercise of employee stock options	-	3,832	(3,832)	-	-	-	-
Remeasurement of put option liability over stake in subsidiary	-	-	-	(150)	-	-	**(150)**
Balance as at March 31, 2022	-	5,14,313	2,212	14,218	536	7	5,31,286
Profit for the year	-	-	-	110,351	-	-	**1,10,351**
Other comprehensive loss for the year	-	-	-	-	(38)	(10)	**(48)**
Employee stock options compensation expenses	-	-	3,436	-	-	-	**3,436**
Application money received during the year	5	-	-	-	-	-	**5**
Transfer on account of exercise of employee stock options	-	1,490	(1,490)	-	-	-	-
Remeasurement of put option liability over stake in subsidiary	-	-	-	(1,163)	-	-	**(1,163)**
Balance as at March 31, 2023	5	5,15,803	4,158	1,23,406	498	(3)	6,43,867

The accompanying notes are integral part of these consolidated financial statements. **1 - 35**

as per our report of even date attached

For and on behalf of the Board of Directors of MAX HEALTHCARE INSTITUTE LIMITED

For DELOITTE HASKINS & SELLS
(Chartered Accountants)
(Firm's Registration Number: 015125N)

ABHAY SOI
(Chairman and Managing Director)
DIN: 00203597

RASHIM TANDON
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Membership No. 95540

YOGESH KUMAR SAREEN
(Chief Financial Officer)
ICAI Membership Number: 087383

DHIRAJ ARORAA
(Company Secretary)
Membership Number: A28079

Place: New Delhi
Date: May 16, 2023

Consolidated Statement of Cash Flows

for the year ended March 31, 2023

Accounting policy

Cash flows are reported using the indirect method, whereby profit for the year is adjusted for the effects of transactions of a non-cash nature, any deferrals or accruals of past or future operating cash receipts or payments and item of income or expenses associated with investing or financing cash flows. The cash flows from operating, investing and financing activities of the Group are segregated. The Group considers all highly liquid investments that are readily convertible to known amounts of cash to be cash equivalents.

(INR in Lakhs)

Particulars	Year ended March 31, 2023	Year ended March 31, 2022
Cash flows from operating activities		
Profit before tax	1,06,372	73,890
Adjustments to reconcile profit before tax to net cash flows from operating activities:		
Depreciation on Property, Plant & equipment	15,329	14,399
Depreciation on right of use assets	2,669	2,525
Amortization of intangible assets	5,221	5,188
Income on modification/termination of Lease under Ind AS 116	(135)	(62)
Loss on foreign exchange fluctuation (net)	33	34
Employee stock option scheme expense - equity settled	3,436	3,393
Bad debts and Debit balances written off	741	924
Provision for doubtful advances and doubtful debts written back (net)	(1,038)	(2,421)
(Gain)/loss on sale/disposal of property, plant and equipment (net)	(133)	306
Unclaimed balances and excess provisions written back	(1,381)	(2,634)
Finance income	(9,678)	(7,208)
Interest on lease liability	1,622	1,873
Interest on debts and borrowings	5,510	7,128
Contract expense	307	310
Capital work in progress/asset written off	-	6
Loss on fair valuation of contingent consideration	92	361
Operating cash inflow before working capital changes	**1,28,967**	**98,012**
Adjustments for (increase)/decrease in operating assets		
Inventories	(1,487)	(756)
Trade receivables	6,474	291
Other financial assets	(7,694)	(8,383)
Other current and non current assets	(1,282)	(619)
Adjustments for increase/(decrease) in operating liabilities		
Trade payables and other financial liabilities	9,874	(4,478)
Other current and non current liabilities	1,448	408
Provisions	730	483
Cash generated from operating activities	**1,37,030**	**84,958**
Income Taxes paid (net)	(16,112)	(10,906)
Net cash generated from operating activities (A)	**1,20,918**	**74,052**
Cash flows from investing activities		
Purchase of property, plant and equipment, intangible assets, capital work-in-progress, capital creditors and capital advances	(33,561)	(55,334)
Proceeds from sale of property, plant and equipment	392	517
Loan given to other healthcare service providers	-	(4,300)
Loan repayments by other healthcare service providers	3,500	3,150

Consolidated Statement of Cash Flows

for the year ended March 31, 2023

(INR in Lakhs)

Particulars	Year ended March 31, 2023	Year ended March 31, 2022
Amount received from Haryana Shehri Vikas Pradhikaran "HSVP" on unilateral cancellation of allotment of land (refer footnote 4.03)	9,971	-
Bank deposit against amount received back from Haryana Shehri Vikas Pradhikaran (refer footnote 4.03)	(9,681)	-
Investment in bank deposits (having original maturity of more than three months) (net)	(97,896)	(17,119)
Acquisition of shares of subsidiaries	(48)	(10,716)
Interest income received	8,622	7,422
Net cash flows used in investing activities (B)	**(1,18,701)**	**(76,380)**
Cash flows from financing activities		
Proceeds from issuance of equity share capital including security premium	131	366
Proceeds from share application money	5	-
Proceeds from non-current borrowings	707	3,656
Repayment of non-current borrowings	(13,988)	(24,960)
(Repayments of)/proceeds from short-term borrowings (net)	(2,895)	2,028
Principal payment/pre-payment of lease liabilities	(5,684)	(1,412)
Interest payment on lease liabilities	(1,622)	(1,873)
Interest on debts and borrowings paid	(5,510)	(7,222)
Net cash flows used in financing activities (C)	**(28,856)**	**(29,417)**
Net decrease in cash and cash equivalents (A + B + C)	**(26,639)**	**(31,745)**
Cash and cash equivalents at the beginning of the year	30,914	62,659
Cash and cash equivalents at the end of the year (refer note 14(ii))	**4,275**	**30,914**

Components of cash and cash equivalents :

	As at March 31, 2023	As at March 31, 2022
Balances with banks on current accounts	2,601	3,330
Bank deposits with original maturity of three months or less	886	26,887
Cheques, drafts on hand	575	466
Cash on hand	213	231
Total cash and cash equivalents (refer note 14(ii))	**4,275**	**30,914**

The accompanying notes are integral part of these consolidated financial statements **1 - 35**

as per our report of even date attached

For and on behalf of the Board of Directors of MAX HEALTHCARE INSTITUTE LIMITED

For DELOITTE HASKINS & SELLS
(Chartered Accountants)
(Firm's Registration Number: 015125N)

ABHAY SOI
(Chairman and Managing Director)
DIN: 00203597

RASHIM TANDON
(Partner)
Membership No. 95540

YOGESH KUMAR SAREEN
Chief Financial Officer
ICAI Membership Number: 087383

DHIRAJ ARORAA
(Company Secretary)
Membership Number: A28079

Place: New Delhi
Date: May 16, 2023

Notes forming part of Consolidated Financial Statements

1. Corporate information

Max Healthcare Institute Limited ("MHIL" or "the Company") is a public limited company incorporated on June 18, 2001 and has its registered office located at 401, 4th Floor, Man Excellenza, S. V. Road, Vile Parle (West), Mumbai 400056. The Company shares are listed on the BSE Limited ("BSE") and National Stock Exchange of India Limited ("NSE") since August 21, 2020.

The Company along with its subsidiary companies and deemed separate entities, that is 'Silos' (collectively referred to as 'the Group') is engaged in provision of healthcare services through primary care clinics, multi-speciality hospitals/medical centres and super-speciality hospitals facilities. These include 'managed facilities' and medical facilities of third party healthcare providers with whom, the Company has entered into long term service contracts for providing operation and management, medical services, clinical, radiology, pathology and related healthcare services.

The consolidated financial statements have been approved by the Company's Board of Directors on May 16, 2023.

2. Basis of preparation

These consolidated financial statements have been prepared on going concern basis in accordance with Indian Accounting Standards ("Ind AS"), on accrual basis except for certain financial instruments which have been measured at fair values, the provision of the Companies Act, 2013 ('the Act') and guidelines issued by the Securities and Exchange Board of India ("SEBI"). The Ind AS are prescribed under section 133 of the Companies Act 2013, read with the Companies (Indian Accounting Standard) Rule, 2015, as amended from time to time and other relevant provision of the Act.

These consolidated financial statements have been prepared under the historical cost convention. The preparation of financial statements requires management to make estimates, judgements and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent liabilities and reported amounts of revenues and expenses. The estimates are based on empirical data except for derivative financial instruments, contingent consideration and defined benefit plans which are measured at fair value or amortised cost at the end of each financial year.

Appropriate changes in estimates are made as management becomes aware of changes in circumstances surrounding the estimates. Changes in estimates are reflected in the financial statements in the period in which changes are made and, if material, their effects are disclosed in the notes to the consolidated financial statements.

The Group has uniformly applied the accounting policies during the year presented. The consolidated financial statements are presented in Indian Rupees ('INR') which is the functional currency of the Group. All amounts have been rounded to nearest lakhs, unless otherwise stated.

The significant accounting policies adopted in the preparation of the consolidated financial statements have been discussed below. Refer to note 3.3 for significant accounting judgements, estimates and assumptions.

3. Significant accounting policies

3.1 Basis of consolidation

The Group consolidates all entities which are controlled by it. The Group control an entity when it has:

(i) Power over the investee (i.e. existing rights that give it the current ability to direct the relevant activities of the entity)

(ii) Exposure, or rights, to variable returns from its involvement with the entity and

(iii) The ability to use its power over the entity to affect its returns

The Group considers all relevant facts and circumstances in assessing whether it has power over an investee, including:

(i) The contractual arrangement with the other vote holders of the investee

(ii) Rights arising from other contractual arrangements

(iii) The Group's voting rights and potential voting rights

(iv) The size of the Group's holding of voting rights relative to the size and dispersion of the holdings of the other voting rights holders

(v) Any additional facts and circumstances that indicate that the Company has, or does not have, the current ability to direct the relevant activities at the time that decisions need to be made, including voting patterns at previous shareholders' meetings.

Notes forming part of Consolidated Financial Statements

The Group re-assesses whether or not it controls an investee if facts and circumstances indicate that there are changes to one or more of the three elements of control. Entitites controlled by the group are consolidated from the date of control commences untill the date of ceases. Assets, liabilities, income and expenses of a subsidiary acquired or disposed of during the year are included in the financial statements from the date the Group gains control until the date the Group ceases to control the subsidiary.

The consolidated financial statements incorporate the financial statements of the parent, its subsidiary Companies and deemed separate entities that is 'Silos'. The deemed separate entities that is Silos are considered for consolidation on the following basis:

a) Operations of Dr. B L Kapur Memorial Hospital (being a unit of Lahore Hospital Society)

The Company had entered into an Operation and Management Agreement with Lahore Hospital Society, whereby the Company has agreed to operate, manage and provide medical services on an exclusive basis for a period of 15 years with effect from July 10, 2010, renewable for additional 30 years on the same terms and conditions.

b) Operations of Dr. Balabhai Nanavati Hospital

Max Hospitals & Allied Services Limited (Formerly Known as Radiant Life Care Mumbai Private Limited), subsidiary of the Company, had entered into an Operation and Management Agreement with Dr. Balabhai Nanavati Hospital Society, whereby it has agreed to operate, manage and provide medical services on an exclusive basis for a period of 29 years with effect from July 16, 2014.

Financial statements are prepared using uniform accounting policies for like transactions and other events in similar circumstances. If a entity of the group uses accounting policies other than those adopted in the consolidated Financial Statements for like transactions and events in similar circumstances, appropriate adjustments are made to that group entity financial information in preparing the consolidated financial statements to ensure conformity with the Group's accounting policies.

Transactions eliminated on consolidation

Intragroup balances and transactions between members (including subsidiaries and silos) of the Group are eliminated. Unrealised profits and losses arising on intragroup transactions on items of property, plant and equipment and inventory acquired from other group entities are also eliminated.

Consolidation procedure:

(a) Combine like items of assets, liabilities, equity, income, expenses and cash flows of the parent with those of its subsidiaries/ Silos. For this purpose, income and expenses of the subsidiary/Silos are based on the amounts of the assets and liabilities recognized in the consolidated Financial Statements at the acquisition date.

(b) Offset (eliminate) the carrying amount of the parent's investment in each subsidiary and the parent's portion of equity of each subsidiary. Business combinations policy explains how to account for any related goodwill.

(c) Eliminate in full intragroup assets and liabilities, equity, income, expenses and cash flows relating to transactions between entities of the group (profits or losses resulting from intragroup transactions that are recognized in assets, such as inventory and property plant & equipments, are eliminated in full). Intragroup losses may indicate an impairment that requires recognition in the consolidated Financial Statements. Ind AS12 Income Taxes applies to temporary differences that arise from the elimination of profits and losses resulting from intragroup transactions.

Profit or loss and each component of Other Comprehensive Income ("OCI") are attributed to the equity holders of the parent of the Group and to the non-controlling interests, even if this results in the non-controlling interests having a deficit balance. When necessary, adjustments are made to the financial statements of subsidiaries to bring their accounting policies into line with the Group's accounting policies. All intra-group assets and liabilities, equity, income, expenses and cash flows relating to transactions between members of the Group are eliminated in full on consolidation.

A change in the ownership interest of a subsidiary, without a loss of control, is accounted for as an equity transaction. The carrying amounts of the Group's interests and the non-controlling interests are adjusted to reflect the changes in their relative interests in the subsidiaries. Any difference between the amount by which the non-controlling interests are adjusted and the fair value of the consideration paid or received is recognised directly in equity and attributed to owners of the Company. If the Group loses control over a subsidiary, it:

Notes forming part of Consolidated Financial Statements

(i) Derecognises the assets (including goodwill) and liabilities of the subsidiary

(ii) Derecognises the carrying amount of any non-controlling interests

(iii) Derecognises the cumulative translation differences recorded in equity

(iv) Recognises the fair value of the consideration received /receivable

(v) Recognises the fair value of any investment retained

(vi) Recognises any surplus or deficit in profit or loss

(vii) Reclassifies the parent's share of components previously recognised in OCI to profit or loss or retained earnings, as appropriate, as would be required if the Group had directly disposed of the related assets or liabilities

All group entities follow same financial year as accounting year.

Business combination (other than business combination under common control)

The cost of an acquisition is measured at the fair value of the assets transferred, equity instruments issued and liabilities incurred or assumed at the date of acquisition, which is the date on which control is transferred to the Group. The cost of acquisition also includes the fair value of any contingent consideration. Identifiable assets acquired and liabilities and contingent liabilities assumed in a business combination are measured initially at their fair value on the date of acquisition. Contingent consideration is remeasured at fair value at each reporting date and changes in the fair value of the contingent consideration are recognized in the Consolidated Statement of Profit and Loss.

The interest of non-controlling shareholders is initially measured either at fair value or at the non-controlling interests' proportionate share of the acquiree's identifiable net assets. The choice of measurement basis is made on an acquisition-by-acquisition basis. Subsequent to acquisition, the carrying amount of non-controlling interests is the amount of those interests at initial recognition plus the non-controlling interests' share of subsequent changes in equity of subsidiaries.

The put options liability over the non-controlling interests in its subsidiaries is accounted as financial liabilities and initially recognized at the estimated present value of gross obligations. Such options are subsequently measured at fair value in order to reflect the amount payable under the option at the date at which it becomes exercisable. In the event that the option expires unexercised, the liability is derecognized.

The Group recognises changes on subsequent measurement of the liability towards share purchase of the non-controlling options in shareholders' equity, in the absence of any mandatorily applicable accounting guidance under Ind AS, this being an equity transaction.

Business combinations under common control

Business combinations involving entities or businesses in which all the combining entities or businesses are ultimately controlled by the same party or parties both before and after the business combination and where that control is not transitory, are accounted for as per the pooling of interest method. The accounting for the business combination is carried out from beginning of the earliest comparative period presented. The assets and liabilities acquired are recognised at their carrying amounts. The identity of the reserves is preserved, and they appear in the financial statements of the Group in the same form in which they appeared in the financial statements of the acquired entity.

3.2 Other significant accounting policies

a. Property, Plant and Equipment

Property, plant and equipment ("PPE") are measured at cost, net of accumulated depreciation and accumulated impairment losses, if any. The cost comprises of purchase price, taxes, duties (including import duties discharged under EPCG scheme), freight and other incidental expenses any directly attributable cost of bringing the item to its working condition for its intended use and when significant parts of plant and equipment are required to be replaced at intervals, the Group depreciates them separately based on their respective useful lives. Subsequent expenditure is capitalised only if it is probable that the future economic benefits associated with the expenditure will flow to the Group and the cost of the item can be measured reliably. The present value of the expected cost for the decommissioning of an asset after its use is included in the cost of the respective asset if the recognition criteria for a provision are met.

Notes forming part of Consolidated Financial Statements

An item of property, plant and equipment or any significant component thereof initially recognized is derecognized upon disposal or when no future economic benefits are expected from its use or disposal. Any gain or loss arising on derecognition of the asset (calculated as the difference between the net disposal proceeds and the carrying amount of the asset) is included in the statement of profit and loss when the asset is derecognized.

The Group identifies and determines cost of each component/part of the assets separately, if the component/part has a cost which is significant to the total cost and has useful life that is materially different from that of remaining asset.

Advance paid towards the acquisition of property, plant and equipment outstanding at each balance sheet date is classified as capital advance and disclosed under non-current assets.

Capital work-in-progress includes cost of property, plant and equipment under installation / under development as at the balance sheet date less impairment losses, if any.

Depreciation on PPE is generally computed using the straight-line method over the estimated useful lives of the assets prescribed in schedule II of the Companies Act 2013. However, in some cases , the management basis its past experience/ technical assessment made by the independent valuation expert engaged by the Group, has estimated the useful lives, which is at variance with the life prescribed in Part C of Schedule II of the Act and has accordingly, depreciated the assets over such useful lives. The estimated useful lives, residual values and depreciation method are reviewed periodically, at least at each financial year-end, with the effect of any changes in estimate accounted for on a prospective basis.

The estimated useful lives of the assets are as follows:

Assets	Useful lives
Leasehold improvements	Lower of the estimated useful life of tangible asset or respective lease term
Building	3-60 years
Medical equipment	3-24 years
Hand instruments	3-4 years
Lab equipment	10 years
Electrical installations and equipment	5-22 years
Plant and equipment	4-23 years
Office equipment	2-7 years
Computers & data processing units	3-6 years
Furniture and fixtures	5-10 years
Motor vehicles other than ambulances	8 years
Ambulances	6 years

Any tangible assets with a per unit cost of INR 5,000/- are depreciated within one year of the date they were first put to use.

On the basis of technical assessment made by the management, it believes that useful lives given above are realistic and reflect fair approximation of the period over which the assets are likely to be used.

b. Intangible assets

Intangible assets, including those acquired by the Group, in a business combination are measured at cost less accumulated amortization and accumulated impairment losses, if any. The amount initially recognised for internally-generated intangible assets is the sum of the amount incurred from the date when the intangible asset first meets the recognition criteria. Where no internally-generated intangible asset can be recognised, development expenditure is recognised in profit or loss in the period in which it is incurred.

Intangible assets with finite lives are amortized on a straight line basis over their useful economic lives and assessed for impairment whenever there is an indication that their carrying amount may not be recovered. The amortization period and the amortization method for an intangible asset with a finite useful life is reviewed periodically. Changes in the expected useful life or the expected pattern of consumption of future economic benefits embodied in the asset is accounted for by changing the amortization period or method, as appropriate and are treated as changes in accounting estimates.

Intangible assets with indefinite useful lives i.e. Goodwill and Trademarks are not amortized, but are tested for impairment annually, either individually or at the cash-generating unit level. The assessment of indefinite life is reviewed annually to

Notes forming part of Consolidated Financial Statements

determine whether the indefinite life continues to be supportable. If not, the change in useful life from indefinite to finite is made on a prospective basis.

Goodwill is an asset representing the future economic benefits arising from other assets acquired in a business combination that are not individually identified and separately recognized. Goodwill is initially measured at cost, being the excess of the consideration transferred over the net identifiable assets acquired and liabilities assumed on acquisition date, measured in accordance with Ind AS 103 'Business Combinations'.

Gains or losses arising from disposal of the intangible assets are measured as the difference between the net disposal proceeds and the carrying amount of the asset and are recognized in the statement of profit and loss when the asset is derecognised.

Intangible assets under development represents expenditure incurred in respect of intangible assets under development and are carried at cost. Cost comprises of purchase cost, related acquisition expenses, development costs, borrowing costs and other direct expenditure.

Intangible Assets	Useful lives
Softwares	3-5 years
Non-compete agreement	3-7 years
Medical service agreements	As per the terms of agreement
Radiology & pathology service agreements	As per the terms of agreement
Operation & management rights	As per the terms of agreement

c. Impairment

Goodwill

Goodwill is tested for impairment on annual basis. For the purposes of impairment testing, goodwill is allocated to each of the Group's cash-generating units ("CGU") (or groups of cash-generating units) that is expected to benefit from the synergies of the combination.

A cash-generating unit to which goodwill has been allocated is tested for impairment on an annual basis and whenever recoverable amount of CGU is less than its carrying amount there is an indication that the unit may be impaired. Total impairment loss of a CGU is allocated first to reduce the carrying amount of goodwill allocated to the CGU and then to the other assets of the CGU pro-rata on the basis of the carrying amount of each asset in the CGU. An impairment loss on goodwill is recognized in the statement of profit and loss and is not reversed in the subsequent period.

On disposal of the relevant cash-generating unit, the attributable amount of goodwill is included in the determination of the profit or loss on disposal.

Other non financial assets

The Group reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is re-assessed in order to determine the extent of the impairment loss (if any). When it is not possible to determine the recoverable amount of an individual asset, the Group determine the recoverable amount of the cash-generating unit to which the asset belongs. Corporate assets are also allocated to individual cash-generating units, on a reasonable and consistent allocation.

Intangible assets with indefinite useful lives and intangible assets not yet available for use are tested for impairment at least annually, and whenever there is an indication that the asset may be impaired.

Recoverable amount is the higher of fair value less costs of disposal and value in use. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset for which the estimates are made.

If the recoverable amount of an asset (or cash-generating unit) is estimated to be less than its carrying amount, the carrying amount of the asset (or cash-generating unit) is reduced to its recoverable amount. An impairment loss is recognised immediately in statement of profit or loss.

Notes forming part of Consolidated Financial Statements

When an impairment loss subsequently reverses, the carrying amount of the asset (or a cash-generating unit) is increased to the revised estimate of its recoverable amount, only to the extent the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset (or cash-generating unit) in prior years. A reversal of an impairment loss is recognised immediately in statement of profit or loss.

d. **Financial instruments**

A financial instrument is any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity.

(i) Financial assets

The Group classified its financial assets in the following measurement categories :-

(a) Those to be measured subsequently at fair value (either through other comprehensive income or through profit & loss)

(b) Those measured at amortized cost

Initial recognition and measurement

Financial assets are initially measured at fair value except for trade receivables which are initially measured at transaction price. Transaction costs that are directly attributable to the acquisition or issue of financial assets (other than financial assets at fair value through profit or loss) are added to or deducted from the fair value of the financial assets, as appropriate, on initial recognition. Transaction costs directly attributable to the acquisition of financial assets at fair value through profit or loss are recognised immediately in statement of profit or loss.

Subsequent measurement

For purposes of subsequent measurement, financial assets are classified in three categories:

(a) At amortized cost

(b) At fair value through profit or loss (“FVTPL”)

(c) At fair value through other comprehensive income (“FVTOCI”)- equity instruments

At amortized cost

A ‘debt instrument’ is measured at the amortized cost if the asset is held within a business model whose objective is to hold assets for collecting contractual cash flows and the asset’s contractual cash flows represent Sole Payment of Principal and Interest (“SPPI”).

This category is the most relevant to the Group and generally applies to the trade and other receivables. After initial measurement, such financial assets are subsequently measured at amortized cost using the Effective Interest Rate (EIR) method. Amortized cost is calculated by taking into account any discount or premium on acquisition and fees or costs that are an integral part of the EIR. EIR is the rate that exactly discounts the estimated future cash payments and receipts over the expected life of the financial instrument.

At FVTOCI

A financial assets is subsequently measured at FVTOCI if it is held within a business modal whose objective is achieved by both collecting contractual cash flows and selling financial assets and contractual terms of the financial assets give rise on specified date to cash flows that are SPPI on the principal amount outstanding. All equity investments in scope of Ind AS 109 are measured at fair value. The Group has made an irrevocable election to present in other comprehensive income all subsequent changes in the fair value. The Group makes such election on an instrument-by-instrument basis. The classification is made on initial recognition and is irrevocable.

If the Group decides to classify an equity instrument as at FVTOCI, then all fair value changes on the instrument, excluding dividends, are recognized in the OCI. There is no recycling of the amounts from OCI to profit and loss, even on sale of investment. However, the Group may transfer the cumulative gain or loss within equity. Equity instruments included within the FVTPL category are measured at fair value with all changes recognized in the statement of profit and loss.

Notes forming part of Consolidated Financial Statements

At FVTPL

FVTPL is a residual category. Any financial instrument, which does not meet the criteria for amortized cost or FVTOCI, is classified as at FVTPL. A gain or loss on a Debt instrument that is subsequently measured at FVTPL and is not a part of a hedging relationship is recognized in statement of profit or loss and presented net in the statement of profit and loss within other gains or losses in the period in which it arises. Income from these Debt instruments is included in other income.

Trade receivables

A receivable represents the Group’s right to an amount of consideration that is unconditional (i.e., only the passage of time is required before payment of the consideration is due). Refer to accounting policies of financial assets for further reference.

Unbilled revenue

Unbilled revenue represents value of services rendered to patients undergoing treatment and pending for billing and is reported under other current financial assets.

Derecognition

The Group derecognizes a financial asset when the contractual rights to the cash flows from the financial asset expire or it transfers the financial asset and the transfer qualifies for derecognition under Ind AS 109.

Impairment of financial assets

In accordance with Ind AS 109, the Group applies expected credit losses (ECL) model for measurement and recognition of impairment loss on the following financial asset and credit risk exposure:

(a) Financial assets measured at amortised cost;

(b) Financial assets measured at fair value through other comprehensive income (FVTOCI)

The Group follows “simplified approach” for recognition of impairment loss allowance on trade receivables. Under the simplified approach, the Group does not track changes in credit risk. Rather, it recognizes impairment loss allowance based on lifetime ECLs at the time of initial revenue recognition. The Group uses a provision matrix to determine impairment loss allowance on the portfolio of trade receivables. The provision matrix is based on the historically observed default rates over the expected life of various categories of trade receivables and these are updated and changed based on forward looking estimates at every reporting date.

For recognition of impairment loss on other financial assets and risk exposure, the Group determines whether there has been a significant increase in the credit risk since initial recognition. If credit risk has not increased significantly, 12 month ECL is used to provide for impairment loss. However, if credit risk has increased significantly, lifetime ECL is used. If, in subsequent period, credit quality of the instrument improves such that there is no longer a significant increase in credit risk since initial recognition, then the Group reverts to recognizing impairment loss allowance based on 12 months ECL.

(ii) Financial liabilities

Initial recognition and measurement

Financial liabilities includes loans and borrowings, working capital facilities, trade payables, trade deposits, retention money, and other payables. The financial liabilities are classified at initial recognition as financial liabilities at fair value through profit or loss, loans and borrowings, and payables or as derivatives, as appropriate. All financial liabilities are recognized initially at fair value and, in the case of loans and borrowings and payables, net of directly attributable transaction costs.

Financial liabilities are subsequently carried at amortized cost using the effective interest method, except for contingent consideration and financial liability under option arrangements recognized in a business combination, which is subsequently measured at fair value through profit or loss. For trade and other payables maturing within one year from the balance sheet date, the carrying amounts approximate the fair value due to the short maturity of these instruments.

Notes forming part of Consolidated Financial Statements

The measurement of financial liabilities depends on their classification, as described below:

Trade payables

These amount represents liabilities for goods and services provided to the Group prior to the end of financial year which are unpaid. The amounts are unsecured and are usually paid within 60 to 90 days of recognition. Trade and other payables are presented as current liabilities unless payment is not due within 12 months after the end of financial year.

Contract liabilities

A contract liability is the obligation to transfer goods or services to a customer for which the Group has received consideration from the customer. If a customer pays consideration before the Group transfers goods or services to the customer, a contract liability is recognized when the payment is made. Contract liabilities are recognized as revenue when the Group performs its obligations under the contract.

Loans and borrowings

After initial recognition, interest-bearing loans and borrowings are subsequently measured at amortised cost using the effective interest rate (“EIR”) method and included in finance costs. Gains and losses are recognised in statement profit or loss when the liabilities are derecognised. Amortised cost is calculated by taking into account any discount or premium on acquisition and fees or costs that are an integral part of the EIR.

Financial guarantee contracts

A financial guarantee contract is a contract that requires the issuer to make specified payments to reimburse the holder, for a loss it incurs because a specified debtor fails to make payments when due in accordance with the terms of a debt instrument. Financial guarantee contracts issued by a Group entity are initially measured at their fair values.

Derecognition

A financial liability (or a part of a financial liability) is derecognized from the Group’s balance sheet when the obligation specified in the contract is discharged or cancelled or expires.

Offsetting of financial instruments

Financial assets and financial liabilities are offset and the net amount is reported in the balance sheet of entities of the Group, if there is a enforceable legal right to offset the recognized amounts and the Group intends to settle on a net basis.

Reclassification of financial assets and liabilities

After initial recognition of financial assets and liabilities, no re-classification is made except for financial assets where there is a change in the business model for managing those assets. The Group’s determines change in the business model as a result of external or internal changes which are significant to the Group’s operations. Such changes are evident to external parties. If the Group reclassifies financial assets, it applies the reclassification prospectively from the reclassification date which is the first day of the immediately next financial year following the change in business model. The Group does not restate any previously recognized gains, losses (including impairment gains or losses) or interest.

e. Revenue

(i) Revenue from contract with customers

The Group earns revenue primarily by providing healthcare services and sale of drugs and medical consumables. The Group also earns revenue through medical services agreements and laboratory services. Revenue from contracts with customers is recognized when control of the goods is transferred or services are rendered to the customer at an amount that reflects the consideration to which the Group expects to be entitled in exchange for those goods or services net of returns and allowances, trade discounts and volume rebates. The Group has concluded that it is generally the principal in its revenue arrangements because it typically controls the goods or services before transferring them to the customer. Revenue is usually recognized when it is probable that economic benefits associated with the transaction will flow to the entity, amount of revenue can be measured reliably and entity retained neither ownership nor effective control over the goods sold or services rendered.

Notes forming part of Consolidated Financial Statements

Contracts with customers could include promises to transfer multiple services to a customer. The Group assesses the services promised in a contract and identifies distinct performance obligation in the contract. Revenue for each distinct performance obligation is measured to at an amount that reflects the consideration which the Group expects to receive in exchange for those services and is net of tax collected from customers and remitted to government authorities and applicable discounts and allowances including claims. Further, the Group also determines whether the performance obligation is satisfied at a point in time or over a period of time. These judgments and estimates are based on various factors including contractual terms and historical experience.

(a) Sale of goods

Revenue from sale of pharmacy and pharmaceutical supplies is recognized at a point in time when control of the goods is transferred to the customer, generally on delivery of the pharmacy and pharmaceutical items. The Group collects goods and service tax (GST), if applicable, on behalf of the government and, therefore, these are not economic benefits flowing to the Group and thus are excluded from revenue. Revenue towards satisfaction of a performance obligation is measured at the amount of transaction price (net of variable consideration) allocated to that performance obligation. The transaction price of goods sold and services rendered is net of variable consideration on account of various discounts and schemes offered by the Group as part of the contract.

(b) Revenue from healthcare services

Revenue from rendering of healthcare services (including drugs, consumables and implants used in delivery of such services) is recognized over the time based on the performance of related services to the customers as per the terms of contract.

Income from medical services and operation and management fee is recognised as and when obligations arising out of the contractual arrangements are fulfilled and services are provided in terms of such agreements.

(ii) Other services rendered

Income from other services like sponsorship income, education income, clinical trials and other ancillary activities is recognized based on the terms of the contract and when it is probable that economic benefits associated with the transaction will flow to the entity and amount of revenue can be measured reliably.

(iii) Rental income

Rental income arising from operating leases and licences is accounted as per their respective terms of contract and is included in operating revenue in the statement of profit or loss due to its operating nature.

(iv) Incentive income

Benefits under “Service exports from India Scheme” and “Export promotion capital goods scheme” on foreign exchange earned under prevalent export incentive scheme of Government of India are accrued when the right to receive these benefits as per the terms of the scheme is established, and to the extent there is no significant uncertainity about the measurability and their ultimate utilisation.

(v) Other income

Interest income included in finance income

Interest income is recognized on a time proportion basis taking into account the amount outstanding and the applicable interest rate. Interest income is included under the head “Other income” in the statement of profit and loss.

f. Inventories

Inventories comprise of drugs, consumable and implants which are valued at lower of cost and net realizable value. Cost includes the cost of purchase, duties, taxes (other than those recoverable from tax authorities) and other cost incurred in bringing the inventories to their present location and condition. Cost is determined on first-in, first-out (“FIFO”) basis.

Net realizable value is the estimated selling price in the ordinary course of business, less estimated costs of completion and necessary to make the sale.

Notes forming part of Consolidated Financial Statements

g. **Government grants**

Government grants are recognized where there is reasonable assurance that the grant will be received and all attached conditions will be complied with. When the grant relates to an expense item, it is recognized as income on a systematic basis over the periods that the related costs, for which it is intended to compensate, are expensed. When the grant relates to an asset, it is recognized as income in proportion to the fulfillment of its obligations under such Government grant.

Non-monetary grants related to assets, recognised for the amount incurred over and above the grant received and in case of nil consideration both Government grant & assets are recognised at a fair or nominal amount.

h. **Income taxes**

Tax expense comprises deferred tax and current tax expenses. Income tax expense is recognised in statement of profit and loss except to the extent that it relates to equity, in which case it is recognised in equity or other comprehensive income.

Current income tax

Current income tax assets and liabilities are measured at the amount expected to be recovered from or paid to the taxation authorities in accordance with the Income Tax Act, 1961 and the Income Computation and Disclosure Standards ("ICDS") enacted in India by using tax rates and tax laws that are enacted or substantively enacted, at the reporting date.

Current income tax relating to items recognized outside profit or loss is included either in other comprehensive income or in equity depending on the recognition of underlying transaction. Management periodically evaluates positions taken in the tax returns with respect to situations in which applicable tax regulations are subject to interpretation and establishes provisions where appropriate.

Deferred tax

Deferred tax is provided using the balance sheet approach on temporary differences between the tax bases of assets and liabilities and their carrying amounts for financial reporting purposes at the reporting date.

Deferred tax assets are recognized for all deductible temporary differences, the carry forward of unused tax credits and any unused tax losses. Deferred tax assets are recognized to the extent that it is probable that future taxable profit will be available against which the deductible temporary differences, and the carry forward of unused tax credits and unused tax losses can be utilized except when the deferred tax asset relating to the deductible temporary difference arises from the initial recognition of an asset or liability in a transaction that is not a business combination and, at the time of the transaction, affects neither the accounting profit nor taxable profit or loss.

The carrying amount of deferred tax assets is reviewed at each reporting date and reduced to the extent that it is no longer probable that sufficient taxable profit will be available to allow all or part of the deferred tax asset to be utilized. Unrecognized deferred tax assets are re-assessed at each reporting date and are recognized to the extent that it has become probable that future taxable profits will allow the deferred tax asset to be recovered.

Deferred tax assets and liabilities are measured at the tax rates that are expected to apply in the period when the asset is realized or the liability is settled, based on tax rates (and tax laws) that have been enacted or substantively enacted at the reporting date.

Deferred tax assets and deferred tax liabilities are offset if a legally enforceable right exists to set off current tax assets against current tax liabilities and the deferred taxes relate to the same taxable entity and the same taxation authority.

i. **Non-current assets held for sale and discontinued operations**

The Group classifies non-current assets held for sale if their carrying amounts will be principally recovered through a sale rather than through continuing use of assets and action required to complete such sale indicate that it is unlikely that significant changes to the plan to sell will be made or that the decision to sell will be withdrawn. Also, such assets are classified as held for sale only if the management expects to complete the sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of carrying amount and the fair value less cost to sell. Non-current assets are not depreciated or amortised.

Notes forming part of Consolidated Financial Statements

A discontinued operation is a 'component' of the group business that represents a separate line of business that has been disposed of or is held for sale, or is a subsidiary acquired exclusively with a view to resale. Classification as a discontinued operation occurs upon the earlier of disposal or when the operation meets the criteria to be classified as held for sale. The group considers the guidance in Ind AS 105 Non-Current assets held for sale and discontinued operations to assess whether a divestment asset would qualify the definition of 'component' prior to classification into discontinued operation.

j. **Finance costs**

Finance costs consist of interest and other costs that an entity incurs in connection with the borrowing of funds and charged to statement of profit and loss on the basis of effective interest rate (EIR) method. Finance cost also includes exchange differences to the extent regarded as an adjustment to the finance costs. Finance costs directly attributable to the acquisition or construction of qualifying asset, which are assets that necessarily takes a substantial period of time to get ready for its intended use, are capitalized as part of the cost of the asset. Interest income earned on the temporary investment of specific borrowings pending their spend on qualifying assets is deducted from the borrowing costs eligible for capitalisation. All other finance costs are expensed in the period in which they occur.

k. **Leases**

The Group assesses at contract inception whether a contract is, or contains, a lease i.e. if the contract conveys the right to control the use of an identified asset for a time period in exchange for consideration.

As a lessee

The Group applies a single recognition and measurement approach for all leases, except for short-term leases and leases of low-value assets. The Group recognises lease liabilities for payment to lessor and right-of-use assets representing the right to use the underlying assets. The Group determines the lease term as the non-cancellable period of a lease, together with both periods covered by an option to extend the lease if the Group is reasonably certain to exercise that option; and periods covered by an option to terminate the lease if the Group is reasonably certain not to exercise that option. In assessing whether the Group is reasonably certain to exercise an option to extend a lease, or not to exercise an option to terminate a lease, it considers all relevant facts and circumstances that create an economic incentive for the Group to exercise the option to extend the lease, or not to exercise the option to terminate the lease. The Group revises the lease term if there is a change in the non-cancellable period of a lease.

i) **Right-of-use assets**

The Group recognises right-of-use assets at the commencement date of the lease (i.e., the date the underlying asset is available for use). Right-of-use assets are measured at cost, less any accumulated depreciation and impairment losses, and adjusted for any remeasurement of lease liabilities. The cost of right-of-use assets includes the amount of lease liabilities recognised, initial direct costs incurred, and lease payments made at or before the commencement date less any lease incentives received, an estimate of costs to dismantle and remove the underlying asset. Right-of-use assets are depreciated on a straight-line basis over the lease term.

Prepaid lease payments (the difference between nominal amount of the deposit and the fair value) are also included in the initial carrying amount of the right of use asset.

If ownership of the leased asset transfers to the Group at the end of the lease term or the cost reflects the exercise of a purchase option, depreciation is calculated using the estimated useful life of the asset.

Assets	Useful lives (years)
Leasehold land	Over the leasehold period
Leasehold building	Over the leasehold period
Medical equipment	Over the leasehold period

The right-of-use assets are also subject to impairment [Refer note 3.2(c)].

ii) **Lease liabilities**

At the commencement date of the lease, the Group recognises lease liabilities measured at the present value of lease payments to be made over the lease term. The lease payments include fixed payments less any lease incentives

Notes forming part of Consolidated Financial Statements

receivable, variable lease payments that depend on an index or a rate, and amounts expected to be paid under residual value guarantees. The lease payments also include the exercise price of a purchase option reasonably certain to be exercised by the Group and payments of penalties for terminating the lease, if the lease term reflects the Group exercising the option to terminate. Variable lease payments that do not depend on an index or a rate are recognised as expenses (unless they are incurred to produce inventories) in the period in which the event or condition that triggers the payment occurs.

In calculating the present value of lease payments, the Group uses its weighted average cost of debt as incremental borrowing rate as on initial recognition date if the interest rate implicit in the lease is not readily determinable. After the commencement date, the amount of lease liabilities is increased to reflect the accretion of interest and reduced for the lease payments made. In addition, the carrying amount of lease liabilities is remeasured if there is a modification or a change in the lease term/lease payments or a change in the assessment of an option to purchase the underlying asset and corresponding adjustment to right to use assets.

Short term leases and lease of low value assets

The Group applies the recognition exemptions to its short term leases of property. i.e. those leases that have a lease term of twelve months or less and lease of low value assets. For these lease the Group recognised the lease payment as an operating expense on a straight line basis over the term of the lease. This expense is presented within 'other expense' in statement of profit and loss.

l. Provisions and contingent liabilities

A provision is recognized when the Group has a present obligation (legal or constructive) as a result of past event and it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate can be made of the amount of such obligation. Provisions are determined based on the best estimate required to settle the obligation at the reporting date. These estimates are reviewed at each reporting date and adjusted to reflect the current best estimates.

Contingent liabilities

A contingent liability is a possible obligation that arises from past events whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events beyond the control of the Group or a present obligation that is not recognized because it is not probable that an outflow of resources will be required to settle the obligation. A contingent liability also arises in extremely rare cases, where there is a liability that cannot be recognized because it cannot be measured reliably. The Group does not recognize a contingent liability but discloses its existence in the financial statements unless the probability of outflow of resources is remote.

Contingent assets are not recognised in the financial statements and are disclosed in the financial statement by way of notes to accounts when an inflow of economic benefit is probable. Provisions, contingent liabilities, contingent assets and commitments are reviewed at each balance sheet date.

Onerous contracts

Onerous Contract means a contract in which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it. The Group shall recognize provisions for onerous contracts, when the expected benefits to be derived by the Group from a contract are lower than the unavoidable costs of meeting the future obligations under the contract. Provisions for estimated losses, if any, on incomplete contracts are recorded in the period in which such losses become probable based on the estimated efforts or costs to complete the contract. Further, the provision is measured at the present value of the lower of the expected cost of terminating the contract and the expected net cost of continuing with the contract. Before a provision is established, the Group recognizes impairment loss on the assets associated with that contract, if any.

m. Employee benefits

Provident fund ("PF")

Retirement/ post-employment benefit in the form of provident fund is a defined contribution scheme. The Group has no obligation, other than the contribution payable to the regional PF Commissioner. The Group recognises contribution payable to employee provident fund scheme as an expenditure, when an employee renders related service.

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Gratuity

Gratuity liability is a defined benefit obligation and is provided for on the basis of an actuarial valuation on projected unit credit method made at the end of each financial year. The Group has funded part of the gratuity liability by taking out a policy with the Life Insurance Corporation of India and Max Life Insurance Company Limited. The difference between the actuarial valuation of the gratuity of employees at the period-end and the balance of funds with the Life Insurance Corporation of India and Max Life Insurance Company Limited, is provided as liability in the books.

Net interest is calculated by applying the discount rate to the net defined benefit (liabilities/assets). The Group recognized the following changes in the net defined benefit obligation under employee benefit expenses in statement of profit and loss.

(i) Service cost comprising current service cost, past service cost, gain & loss on curtailments and non routine settlements.

(ii) Net interest expenses or income

Remeasurements, comprising of actuarial gains and losses, the effect of the asset ceiling, excluding amounts included in net interest on the net defined benefit liability and the return on plan assets (excluding amounts included in net interest on the net defined benefit liability), are recognized immediately in the balance sheet with a corresponding debit or credit to retained earnings through OCI in the period in which they occur. Remeasurements are not reclassified to profit or loss in subsequent periods.

Post-retirement employee medical scheme

One of the deemed separate entities, namely, Dr. Balabhai Nanavati Hospital provides post-retirement healthcare benefits to certain categories of its employees. The entitlement to these benefits is usually conditional on the employee remaining in service up to retirement age.

The liability in respect of defined benefit plans is calculated using the projected unit credit method with actuarial valuations being carried out at the end of each financial year. The present value of the defined benefit obligation is determined by discounting the estimated future cash outflows by reference to market yields at the end of the financial year on government bonds. The currency and term of the government bonds shall be consistent with the currency and estimated term of the post-employment benefit obligations. The current service cost of the defined benefit plan, recognised in the profit or loss as employee benefits expense, reflects the increase in the defined benefit obligation resulting from employee service in the current year, benefit changes, curtailments and settlements. Past service costs are recognised in profit or loss in the period of a plan amendment. The net interest cost is calculated by applying the discount rate to the net balance of the defined benefit obligation and the fair value of plan assets. This cost is included in employee benefit expense in profit or loss. Actuarial gains and losses arising from experience adjustments and changes in actuarial assumptions are charged or credited to Other Comprehensive Income in the period in which they arise and is reflected immediately in retained earnings and is not reclassified to statement of profit and loss.

Compensated absences

Accumulated leave, which is expected to be utilized within the next 12 months, is treated as short-term employee benefit. The Group measures the expected cost of such absences as the additional amount that it expects to pay as a result of the unused entitlement that has accumulated at the reporting date.

The Group treats accumulated leave expected to be carried forward beyond twelve months, as long term employee benefit for measurement purposes. Such long-term compensated absences are provided for based on the actuarial valuation using the projected unit credit method at the period end. Actuarial gains/losses are immediately taken to the statement of profit and loss and are not deferred. The group presents the leave as a current liability in the balance sheet, to the extent it does not have an unconditional right to defer its settlement beyond 12 months after the reporting date. Where Group has the unconditional legal and contractual right to defer the settlement for a period beyond 12 months, the same is presented as non-current liability.

Short-term obligations

Liabilities for wages and salaries, including non monetary benefits that are expected to be settled wholly within 12 months after the end of the period in which the employees render the related service are recognized in respect of employee

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service upto the end of the financial year and are measured at the amount expected to be paid when the liabilities are settled. The liabilities are presented as current employee benefit obligations in the balance sheet.

Long term incentive plan

Employees of the Company receives defined incentive, whereby employees render services for a specified period. Long term incentive is measured on accrual basis over the period as per the terms of contract.

n. Share-based payments

The Group recognizes compensation expense relating to share-based payments based on estimated fair values of the awards on the grant date. The estimated fair value of awards is recognized as an expense in the statement of profit and loss on a straight-line basis over the requisite service period for each separately vesting portion of the award as if the award was in substance, multiple awards with a corresponding increase to stock options outstanding account.

For cash-settled share-based payments, a liability is recognised for the goods or services acquired, measured initially at the fair value of the liability. At the end of each financial year until the liability is settled, and at the date of settlement, the fair value of the liability is remeasured, with any changes in fair value recognised in statement of profit or loss for the year.

o. Cash and cash equivalents and other bank balances

Our cash and cash equivalents and other bank balances comprise deposits with banks and financial institutions, which can be withdrawn at any point of time without prior notice or penalty.

p. Earning per share

Basic earnings per share is computed by dividing the net profit or loss for the period attributable to equity shareholders (i.e profit/(loss)) after tax (including the post tax effect of exceptional items, (if any) by the weighted average number of equity shares outstanding during the period. The weighted average number of equity shares outstanding during the period is adjusted for events such as bonus issue, bonus element in a rights issue, share split, and reverse share split (consolidation of shares) that have changed the number of equity shares outstanding, without a corresponding change in resources.

Diluted earnings per share is computed by dividing the profit or loss after tax (including the post tax effect of extraordinary items, if any) as adjusted for dividend, interest and other charges to expense or income (net of any attributable taxes) relating to the dilutive potential equity shares, by the weighted average number of equity shares considered for deriving basic earnings per share and the weighted average number of equity shares which could have been issued on the conversion of all dilutive potential equity shares. Potential equity shares are deemed to be dilutive only if their conversion to equity shares would decrease the net profit per share from continuing ordinary operations. Potential dilutive equity shares are deemed to be converted as at the beginning of the period, unless they have been issued at a later date. The dilutive potential equity shares are adjusted for the proceeds receivable had the shares been actually issued at fair value (i.e. average market value of the outstanding shares). Dilutive potential equity shares are determined independently for each period presented. The number of equity shares and potentially dilutive equity shares are adjusted for share splits/ reverse share splits and bonus shares, as appropriate.

q. Foreign currencies

Items included in the Financial Statements are measured using the currency of the primary economic environment in which the entity operates ('the functional currency'). The Group's Financial Statements are presented in Indian Rupee ('the functional currency`) which is also the Group's functional and presentation currency.

Foreign currency transactions are recorded on initial recognition in the functional currency, using the exchange rate prevailing at the date of transaction.

Measurement of foreign currency items at the balance sheet date

Monetary assets and liabilities denominated in foreign currencies are translated into the functional currency at the exchange at the reporting date.

Non-monetary items that are measured at historical cost in foreign currency and are translated at the exchange rates at the date of the transaction. Non-monetary items that are measured at fair value in a foreign currency are translated into functional currency at the exchange rates at the date when the fair value was determined.

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Exchange differences arising on settlement or translation of monetary items are recognized as income or expense in the period in which they arise with the exception of :-

- exchange differences on foreign currency borrowings relating to assets under construction for future productive use, which are included in the cost of those assets when they are regarded as an adjustment to interest costs on those foreign currency borrowings;
- exchange differences on transactions entered into in order to hedge certain foreign currency risks (see note for hedging accounting policies); and
- exchange differences on monetary items receivable from or payable to a foreign operation for which settlement is neither planned nor likely to occur (therefore forming part of the net investment in the foreign operation), which are recognised initially in other comprehensive income and reclassified from equity to statement of profit or loss on repayment of the monetary items.

Foreign Operations

The assets and liabilities of foreign operations (subsidiaries, associates, joint arrangements), including goodwill and fair value adjustments arising on acquisition, are translated into INR at the exchange rates at the reporting date. The income and expenses of foreign operations are translated into INR at the exchange rates at the dates of the transactions or an average rate if the average rate approximates the actual rate at the date of the transaction.

Foreign currency differences are recognised in OCI and accumulated in the equity (as exchange differences on translating the financial statements of a foreign operation), except to the extent that the exchange differences are allocated to NCI.

When a foreign operation is disposed of in its entirety or partially such that control, significant influence or joint control is lost, the cumulative amount in the translation reserve related to that foreign operation is reclassified to statement of profit or loss as part of the gain or loss on disposal. If the Group disposes of part of its interest in a subsidiary but retains control, then the relevant proportion of the cumulative amount is reallocated to NCI. When the Group disposes of only part of an associate or joint venture while retaining significant influence or joint control, the relevant proportion of the cumulative amount is reclassified to statement of profit or loss.

r. Derivative financial instruments

Initial recognition and subsequent measurement

The Group holds derivative financial instruments, such as forward currency contracts, to hedge its exposure against movement in foreign currency risks. Such derivative financial instruments are recognized at fair value on initial recognition and are subsequently re-measured at fair value. Although the Group believes that these derivatives constitute hedges from an economic perspective, they may not qualify for hedge accounting under Ind AS 109, Financial Instruments. Any derivative that is either not designated as hedge, or is so designated but is ineffective as per Ind AS 109, is categorized as a financial asset or financial liability, at fair value through profit or loss. Derivatives not designated as hedges are recognized initially at fair value and attributable transaction costs are recognized in net profit in the statement of profit and loss when incurred. Subsequent to initial recognition, these derivatives are measured at fair value through profit or loss and the resulting exchange gains or losses are included in other income. Assets / liabilities in this category are presented as current assets / current liabilities if they are either held for trading or are expected to be realized within 12 months after the balance sheet date.

s. Measurement of fair value

A number of Group's accounting policies and disclosures require the measurement of fair values for both financial and non-financial assets and liabilities.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value measurement is based on the presumption that the transaction to sell the asset or transfer the liability takes place either:

(i) In the principal market for the asset or liability, or

(ii) In the absence of a principal market, in the most advantageous market for the asset or liability

Notes forming part of Consolidated Financial Statements

The principal or the most advantageous market must be accessible by the Group.

The fair value of an asset or a liability is measured using the assumptions that market participants would use when pricing the asset or liability, assuming that market participants act in their economic best interest.

A fair value measurement of a non-financial asset takes into account a market participant's ability to generate economic benefits by using the asset in its highest and best use or by selling it to another market participant that would use the asset in its highest and best use.

The Group uses valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, maximizing the use of relevant observable inputs and minimizing the use of unobservable inputs.

All assets and liabilities for which fair value is measured or disclosed in the financial statements are categorized within the fair value hierarchy, described as follows, based on the lowest level input that is significant to the fair value measurement as a whole:

(i) Level 1 - Quoted (unadjusted) market prices in active markets for identical assets or liabilities

(ii) Level 2 - Valuation techniques for which the lowest level input that is significant to the fair value measurement is directly or indirectly observable

(iii) Level 3 - Valuation techniques for which the lowest level input that is significant to the fair value measurement is unobservable

For assets and liabilities that are recognized in the financial statements on a recurring basis, the Group determines whether transfers have occurred between levels in the hierarchy by re-assessing categorization (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each financial year.

t. Dividend

A final dividend, including tax thereon, on equity shares is recorded as a liability on the date of approval by the shareholders. An interim dividend, including tax thereon, is recorded as a liability on the date of declaration by the board of directors.

u. Segment accounting

"In accordance with Ind AS 108, Segment Reporting, the Chief Executive Officer and Managing Director is the Group's Chief Operating Decision Maker (""CODM"").

The Group has identified only one reportable business segment as it deals mainly in provision of healthcare services."

v. Current / non-current classification

All assets and liabilities have been classified as current or non-current as per the Group's normal operating cycle and other criteria set-out in the Act. An asset is treated as current when it is:

(i) Expected to be realized or intended to be sold or consumed in normal operating cycle

(ii) Held primarily for the purpose of trading

(iii) Expected to be realized within twelve months after the financial year, or

(iv) Cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least twelve months after the financial year

All other assets are classified as non-current.

A liability is current when:

(i) It is expected to be settled in normal operating cycle

(ii) It is held primarily for the purpose of trading

Notes forming part of Consolidated Financial Statements

(iii) It is due to settled within twelve months after the financial year, or

(iv) There is no unconditional right to defer the settlement of the liability for at least twelve months after the financial year

The Group classifies all other liabilities as non-current.

Deferred tax assets and liabilities are classified as non-current assets and non-current liabilities, as the case may be.

The operating cycle is the time between the acquisition of assets for processing and their realization in cash and cash equivalents. The Group's operating cycle consists of twelve months.

3.3 Significant accounting judgements, estimates and assumptions

The preparation of the consolidated financial statements requires group to make judgements, estimates and assumptions that affect the reported amounts of revenues, expenses, assets and liabilities, and the accompanying disclosures, and the disclosure of contingent liabilities. Uncertainty about these assumptions and estimates could result in outcomes that require a material adjustment to the carrying amount of the asset or liability affected in future periods.

Estimates and assumptions

The key assumptions concerning the future and other key sources of estimation uncertainty at the reporting date, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year, are described below. The Group based its assumptions and estimates on parameters available when the consolidated financial statements are prepared. Existing circumstances and assumptions about future developments, however, may change due to market changes or circumstances arising beyond the control of the Group. Such changes are reflected in the assumptions when they occur.

Judgements

In the process of applying the group's accounting policies, group has made the following judgements, which have the most significant effect on the amounts recognised in the consolidated financial statements.

a. Impairment

(i) Impairment testing of goodwill and other intangible assets

Goodwill and intangible assets (such as trademarks), that have an indefinite useful life are not subject to amortisation and are tested annually for impairment, or more frequently if events or changes in circumstances indicate that they might be impaired. Other intangible assets (including operation and management rights and service agreement) are tested for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less cost of disposal and value in use. For the purposes of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable cash inflows which are largely independent of the cash inflows from other assets or groups of assets (cash-generating units). During the year the Group carried out an impairment assessment of goodwill and other intangibles (including those appearing in the subsidiaries) and have concluded that there is no impairment in value of goodwill and other intangibles assets as appearing in the consolidated financial statements.

(ii) Impairment testing of non-Financial assets

The Group's non-financial assets are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, then the asset's recoverable amount is estimated. Determining whether the asset is impaired requires to assess the recoverable amount of the asset or Cash Generating Unit (CGU) which is compared to the carrying amount of the asset or CGU, as applicable. Recoverable amount is the higher of fair value less costs of disposal and value in use. Where the carrying amount of an asset or CGU exceeds the recoverable amount, the asset is considered impaired and is written down to its recoverable amount.

(iii) Impairment testing of Financial assets

The impairment provisions of financial assets are based on assumptions about risk of default and expected loss rates. The Group uses judgement in making these assumptions and selecting the inputs for the impairment calculation

Notes forming part of Consolidated Financial Statements

based on the Group's past history, existing market conditions as well as forward looking estimates at the end or each financial year.

The Group reviews its trade receivables to assess impairment at regular intervals. In determining of impairment losses, the Group makes judgement as to whether there is any observable data indicating that there is a decrease in the estimated future cash flows and a risk of default and expected loss rates exists. Accordingly, an allowance for expected credit loss is made where there is an identified loss event or conditions which is based on historic loss rates, present developments such as liquidity issues and information about future economic conditions, with respect to reduction in the recoverability of cash flows.

b. Consolidation

Preparation of consolidated financial statements is based on the requirements of Ind AS 110 consolidated financial statements. The Group has determined 'Silos' (refer note 3.1) amongst the agreements with Healthcare Service Providers (HSP's), based on the assessment of control criteria and consolidated for financial reporting purposes and form part of the consolidated financial statements of the Group.

Identification of appropriate consolidation, accounting and fair value adjustments require the group to exercise significant judgements. This also requires a detailed assessment of the underlying a judgement and the related contracts to ascertain arrangements for purposes of control evaluation.

c. Contingent consideration

The valuation model considers the present value of expected payment, discounted using an appropriate discount rate. The expected payment is determined by considering the possible scenarios of forecast revenue and profitability on which contingent consideration is depend, the amount to paid under each scenario and the probability of each scenario. Key assumptions include annual revenue growth rate, risk-adjusted discount rate, occupancy rate and average revenue and expenditures over the period of contracts. All assumptions are reviewed at each financial year.

d. Useful lives of property, plant and equipment

The charge in respect of periodic depreciation is derived after determining an estimate of an asset's expected useful life and the expected residual value at the end of its life. The useful lives and residual values of Group's assets are determined by the group at the time the asset is acquired based on historical experience with similar assets as well as anticipation of future events, which may impact their life such as technology. The estimated useful life is reviewed at least annually.

e. Taxes

Significant judgement is involved in the interpretation of complex tax regulations, changes in tax laws, and the amount and timing of future taxable income. The Group recognises provisions and measurement of deferred tax , based on reasonable estimates. The amount of such provisions is based on various factors, such as experience of previous tax assessments and interpretations of tax regulations by the taxable entity and the responsible tax authority. Such differences of interpretation may arise on a wide variety of issues depending on the conditions prevailing in the respective domicile of the Companies.

f. Assessment of claims and litigations disclosed as contingent liabilities

There are certain claims and litigations which have been assessed as contingent liabilities by the group (also refer note 34) which may have an effect on the operations of the Group. The Group has assessed that no further provision / adjustment is required to be made in these financial statements for the above matters, other than what has been already recorded, as they expect a favourable decision based on their assessment and the advice given by the external legal counsels / professional advisors.

g. Gratuity and compensated absences

The cost of defined benefit plans (i.e. gratuity and compensated absences) is determined using an actuarial valuation involves making various assumptions which may differ from actual developments in the future. These include the determination of the discount rate, future salary increases, attrition and mortality rates and future pension increases. Due to the complexities involved in the valuation, the underlying assumptions and its long-term nature, a defined benefit obligation is highly sensitive to changes in these assumptions. All assumptions are reviewed at each reporting date.

Notes forming part of Consolidated Financial Statements

h. Fair value measurement of financial instrument

When the fair value of financial assets and financial liabilities recorded in the balance sheet cannot be measured based on quoted prices in active markets, their fair value is measured using valuation techniques including the Discounted Cash Flow (DCF) model. The inputs to these models are taken from observable markets where possible, but where this is not feasible, a degree of judgement is required in establishing fair values. Judgements include considerations of inputs such as liquidity risk, credit risk and volatility. Changes in assumptions about these factors could affect the reported fair value of financial instruments.

3.4 Recent accounting pronouncements, to the extent applicable to the group

Ministry of Corporate Affairs ("MCA") notifies new standards or amendments to the existing standards under Companies (Indian Accounting Standards) Rules as issued from time to time. On March 31, 2023, MCA amended the Companies (Indian Accounting Standards) Amendment Rules, 2023, as below:

Ind AS 1 - Presentation of Financial Statements - This amendment requires the entities to disclose their material accounting policies rather than their significant accounting policies. The effective date for adoption of this amendment is annual periods beginning on or after April 1, 2023. The Group has evaluated the amendment and the impact of the amendment is not expected to be significant.

Ind AS 8 - Accounting Policies, Changes in Accounting Estimates and Errors - This amendment has introduced a definition of 'accounting estimates' and included amendments to Ind AS 8 to help entities distinguish changes in accounting policies from changes in accounting estimates. The effective date for adoption of this amendment is annual periods beginning on or after April 1, 2023. The Group has evaluated the amendment and does not expect impact to be significant on its Consolidated financial statements.

Ind AS 12 - Income Taxes - This amendment has narrowed the scope of the initial recognition exemption so that it does not apply to transactions that give rise to equal and offsetting temporary differences. The effective date for adoption of this amendment is annual periods beginning on or after April 1, 2023. The Group has evaluated the amendment and does not expect impact to be significant on its Consolidated financial statements.

Notes forming part of Consolidated Financial Statements

4. Property, plant and equipment ("PPE")

(Carried at cost, unless otherwise stated)

(INR in Lakhs)

Particulars	Leasehold land	Freehold land (refer footnote 4.03)	Building	Building improve-ments	Leasehold improve-ments	Medical equipment	Lab equip-ment	Plant and equipment	Office equip-ment	Furniture and fixture	Motor vehicles	Computers and data processing units	Electrical installations and equipment	Other surgical instru-ments	Total
Gross carrying amount (at cost)															
As at April 1, 2021	21,500	13,006	44,659	4,671	3,068	63,260	48	31,944	1,520	4,287	1,830	2,679	4,644	885	1,98,001
Re-classification/Adjustment	-	-	(26)	55	-	(38)	-	(543)	593	210	-	(270)	7	(6)	(18)
Additions	-	19,426	1,440	448	129	10,318	58	505	506	459	694	947	111	1,191	36,232
Disposals	-	-	(433)	(11)	-	(2,705)	(2)	(1,266)	(56)	(196)	(252)	(59)	(25)	(102)	(5107)
As at March 31, 2022	21,500	32,432	45,640	5,163	3,197	70,835	104	30,640	2,563	4,760	2,272	3,297	4,737	1,968	2,29,108
Re-classification/Adjustment	-	-	-	-	-	44	-		-	-	-	-	-	-	44
Additions	-	39	3,230	1,195	487	14,226	51	1,867	582	710	839	855	482	762	25,325
Disposals	-	-	(933)	(12)	(11)	(2,901)	(1)	(250)	(97)	(140)	(254)	(268)	(29)	(5)	(4,901)
As at March 31, 2023	21,500	32,471	47,937	6,346	3,673	82,204	154	32,257	3,048	5,330	2,857	3,884	5,190	2,725	2,49,576
Accumulated depreciation															
As at April 1, 2021	-	-	830	954	228	28,886	4	6,342	708	2,673	313	1,854	2,807	131	45,730
Re-classification	-	-	-	30	-	(38)	-	(283)	379	140	-	(233)	6	6	7
Additions	-	-	1,376	300	289	8,441	7	1,371	476	545	297	507	378	412	14,399
Disposals	-	-	(428)	(3)	-	(2,416)	-	(951)	(49)	(188)	(67)	(58)	(23)	(102)	(4,285)
As at March 31, 2022	-	-	1,778	1,281	517	34,873	11	6,479	1,514	3,170	543	2,070	3,168	447	55,851
Re-classification/Adjustment	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additions	-	-	1,662	328	378	8,315	14	1,313	465	302	360	622	346	1,224	15,329
Disposals	-	-	(933)	(12)	(4)	(2,712)	(1)	(234)	(94)	(141)	(95)	(266)	(29)	(5)	(4,526)
As at March 31, 2023	-	-	2,507	1,597	891	40,476	24	7,558	1,885	3,331	808	2,426	3,485	1,666	66,654
Net carrying amount															
As at March 31, 2023	21,500	32,471	45,430	4,749	2,782	41,728	130	24,699	1,163	1,999	2,049	1,458	1,705	1,059	1,82,922
As at March 31, 2022	21,500	32,432	43,862	3,882	2,680	35,962	93	24,161	1,049	1,590	1,729	1,227	1,569	1,521	1,73,257

Notes forming part of Consolidated Financial Statements

4.01 Title deeds of all the immovable properties (other than properties where the Group is the lessee and the lease agreements are duly executed in favour of the lessee) are held in the name of the Group.

4.02 For the information on Property, plant and equipment pledged as security by the Group for securing financing facilities from banks (refer note 19).

4.03 Pursuant to e-auction dated August 27, 2021, Haryana Shehri Vikas Pradhikaran ("HSVP") had allotted a land parcel admeasuring ~ 6.11 acres located at Sector 53 in Gurugram (Haryana) to the Company on December 28, 2021 for setting up a hospital ("Project") at a consideration of INR 9550.46 lakhs, which was capitalised in the books of account. Subsequently, vacant physical possession of land was given to the Company on February 23, 2022. On December 21, 2022, the allotment was unilaterally cancelled by HSVP, on the grounds that a part of the land (measuring 2.58 acre) could not be transferred by the previous developer/land owner ('party') to HSVP as stipulated in the license granted by HSVP to such party earlier. The above unilateral cancellation of the allotment of the land by HSVP was followed by a bank remittance of INR 9928.73 lakhs towards cost of land of INR 9550.46 lakhs earlier paid by the Company and interest thereon of INR 378.27 lakhs (net of TDS of INR 42.03 lakhs) upto the date of the cancellation.

The Company has challenged the unilateral and arbitrary cancellation of allotment of the land by HSVP in the Hon'ble Punjab and Haryana High Court as it is in violation of allotment letter and the Hon'ble High Court has admitted the petition and directed all parties to maintain status quo. The Company is seeking appropriate legal recourse for revocation of cancellation and restoration of the allotment of said land by HSVP at the earliest.

The amount remitted by HSVP has thus, been recorded as a liability [refer note 21(iv)] by the Company and no adjustment has been made in the financial statements with respect to any balances carried in the books of account towards allotment and capitalisation and any subsequent expenditure incurred in connection with the land/Project.

4.04 For the information in respect to contractual capital commitments for purchase of property, plant and equipment refer note 34.

4.05 'During the financial year ended March 31, 2022, Saket City Hospital Limited (voluntarily liquidated and consolidated with the Company) purchased a land parcel of 17 acres situated in Shahdara, NCT of Delhi at a consideration of INR 400 Lakhs and submitted an application to register the sale deed of aforementioned property. During the current year, the sub-registrar has refused registration of the sale deed citing a deficiency memo. The Company has filed an appeal against the refusal of registration to the Registrar and resubmitted documents and believes that the said land will get registered upon adjudication of its appeal. There is no dispute on the ownership and the Company is in possession of the said land, accordingly no loss is expected for this land.

Notes forming part of Consolidated Financial Statements

5. Right-of-use assets

(INR in Lakhs)

Particulars	As at March 31, 2023				As at March 31, 2022			
	Leasehold land	Leasehold building	Medical equipment	Total	Leasehold land	Leasehold building	Medical equipment	Total
Gross carrying amount (at cost)								
Balance at beginning of the year	**5,213**	**21,102**	**639**	**26,954**	**5,213**	**18,913**	**657**	**24,783**
Additions	-	3,035	-	3,035	-	2,537	-	2,537
Less: Deletion/modification (refer footnote 5.02)	-	(3,697)	-	(3,697)	-	(381)	-	(381)
Adjustment	-	-	-	-	-	15	-	15
Reclassification	-	-	(387)	(387)	-	18	(18)	-
Balance at end of the year	5,213	20,440	252	25,905	5,213	21,102	639	26,954
Accumulated depreciation								
Balance at beginning of the year	2	4,580	271	4,853	1	2,019	215	2,235
Additions (refer footnote 5.03)	2	2,667	-	2,669	1	2,497	51	2,549
Less: Deletion/modification (refer footnote 5.02)	-	(523)	-	(523)	-	(89)	-	(89)
Adjustment	-	-	-	-	-	158	-	158
Reclassification	-	-	(80)	(80)	-	(5)	5	-
Balance at end of the year	4	6,724	191	6,919	2	4,580	271	4,853
Net carrying amount at end of the year	5,209	13,716	61	18,986	5,211	16,522	368	22,101

5.01 In respect of immovable properties that have been taken on lease and disclosed in financial statements as right-of-use assets, the lease agreements are duly executed in favour of the Group.

5.02 Modification mainly represents amendment in lease terms for one of the hospitals.

5.03 The depreciation on right-of-use assets use for ongoing projects amounting to INR Nil lakhs (March 31, 2022 : INR 24 lakhs) has been included in cost of capital work-in-progress.

6. Capital work-in-progress ("CWIP")

As at March 31, 2023

(INR in Lakhs)

Particulars	Amount in CWIP for a period of				Total
	Less than 1 year	1-2 years	2-3 years	More than 3 years	
Projects in progress	12,449	6,154	34	1,776	20,413
Projects temporarily suspended (refer footnote 4.03)	14	228	-	-	242
Total	**12,463**	**6,382**	**34**	**1,776**	**20,655**

As at March 31, 2022

(INR in Lakhs)

Particulars	Amount in CWIP for a period of				Total
	Less than 1 year	1-2 years	2-3 years	More than 3 years	
Projects in progress	8,498	46	372	1,557	**10,473**

Notes :

As on March 31, 2023 and March 31, 2022, there are no projects under capital work-in-progress whose completion is overdue or has exceeded its cost compared to its original plan.

Notes forming part of Consolidated Financial Statements

7. Goodwill

Goodwill represents purchase consideration in excess of net fair value of identifiable assets and liabilities including any contingent consideration payable.

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Carrying value at beginning of the year	2,45,466	2,45,466
Carrying value at end of the year	2,45,466	**2,45,466**

For the purpose of impairment testing, goodwill acquired on business combination or on consolidation is allocated to the Cash-Generating Units ("CGU") that are expected to benefit from the business combination. A CGU is the smallest identifiable group of assets that generates cash inflows that are largely independent of the cash inflows from other assets or group of assets. The carrying value of the goodwill has been allocated as follows:

(INR in Lakhs)

Cash generating units	As at March 31, 2023	As at March 31, 2022
Radiation Oncology services at Dr. B. L. Kapur Memorial Hospital	548	548
Operation & Management Contracts of the accounting acquirer for 'Silo':		
Dr. B.L. Kapur Memorial Hospital ('Silo')	34,673	34,673
Dr. Balabhai Nanavati Hospital ('Silo')	6,537	6,537
Hospital Operations acquired upon business combination effective June 01, 2020:		
Max Super Speciality Hospital, Saket (including related day care, other wings)	48,319	48,319
Max Super Speciality Hospital, Shalimar Bagh	20,729	20,729
Max Super Speciality Hospital, Dehradun	18,730	18,730
Max Super Speciality Hospital - Mohali	43,622	43,622
Max Super Speciality Hospital - Bathinda	2,522	2,522
Max Labs	6,526	6,526
Crosslay Remedies Limited	20,843	20,843
ALPS Hospital Limited	5,224	5,224
Business undertaking received consequent to voluntary liquidation		
Saket City Hospital Limited (refer note 35.19)	37,193	37,193
Total	2,45,466	**2,45,466**

The Group's evaluation of goodwill for impairment involves the comparison of the recoverable value of cash generating unit to its carrying value in accordance with Ind AS 36, Impairment of Assets. The recoverable amount is determined based on the higher of the fair value less cost of disposal or the value in use. Value-in-use is determined by discounting the future cash flows to be generated from the continuing use of the CGU. Key assumptions on which the Group has based its determinations of value-in-use include:

Key assumptions

Discount rate	14.16%
Long term growth rate (used for determining terminal value)	3%-7%

a) These calculations use cash flow projections over a period of six years/balance tenure of O&M agreement based on internal management budgets and estimates.

b) Terminal value is arrived by using sixth year's forecasted cash flows to perpetuity using a constant long-term growth rate. This long-term growth rate takes into consideration external macroeconomic sources of data.

c) The discount rates used are based on the Company's weighted average cost of capital of a comparable market participants, which is adjusted for specific risks.

Based on the assessment, the management has concluded that there is no impairment of goodwill in respect of the CGU's. The management believes that any reasonably possible further change in key assumptions on which recoverable amount is based would not cause the carrying amount of the goodwill related to each of the significant units to exceed its recoverable amount.

Notes forming part of Consolidated Financial Statements

8. Other intangible assets

(INR in Lakhs)

Particulars	Operation and management rights (Refer foot note 8.01)	Computer software	Non compete fee (Refer foot note 8.02(iii))	Trademarks (Refer foot note 8.02(ii))	Service agreement (Refer foot note 8.02 (i))	Total
Gross carrying amount (at cost)						
As at April 1, 2021	**16,820**	**3,843**	**1,311**	**49,378**	**1,70,320**	**2,41,672**
Reclassification	-	(12)	-	-	-	(12)
Additions (refer foot note 8.03)	-	178	-	-	32,604	32,782
Disposals	-	(10)	-	-	-	(10)
As at March 31, 2022	**16,820**	**3,999**	**1,311**	**49,378**	**2,02,924**	**274,432**
Additions	-	753	-	-	-	753
Disposals	-	(296)	-	-	-	(296)
As at March 31, 2023	**16,820**	**4,456**	**1,311**	**49,378**	**2,02,924**	**2,74,889**
Accumulated amortization						
As at April 1, 2021	**3,405**	**1,788**	**429**	**-**	**2,697**	**8,319**
Reclassification	-	(9)	-	-	-	(9)
Additions	601	730	515	-	3,342	5,188
Disposals	-	-	-	-	-	-
As at March 31, 2022	**4,006**	**2,509**	**944**	**-**	**6,039**	**13,498**
Additions	601	695	325	-	3,600	5,221
Disposals	-	(325)	-	-	-	(325)
As at March 31, 2023	**4,607**	**2,879**	**1,269**	**-**	**9,639**	**18,394**
Net carrying amount						
As at March 31, 2023	**12,213**	**1,578**	**42**	**49,378**	**1,93,285**	**2,56,496**
As at March 31, 2022	**12,814**	**1,490**	**367**	**49,378**	**1,96,885**	**2,60,934**

8.01 Operations and management rights recognised based on acquisition accounting for Silo as per Ind AS 103 'Business Combinations'. Dr. Balabhai Nanavati Hospital ('Silo') amortizes the operation and management rights for Dr. Balabhai Nanavati Hospital society over the contract period i.e. 29 years.

8.02 Pursuant to business combination accounting on June 01, 2020 as per Composite Scheme of Amalgamation and Arrangement ('Scheme'), identified intangible assets of accounting acquiree i.e. Max Healthcare Institute Limited and its subsidiaries were measured at acquisition date fair value, as determined by independent valuer engaged by the Group. These intangible assets include :

i) Service agreement: Service agreement is an intangible asset identified in terms of accounting principles of Ind AS, arising from medical service agreement and radiology and pathology agreement ('Agreements'), between the Group and other healthcare service providers to provide medical services. The Group receives service fees in consideration of medical services provided. Upon business combination accounting on June 01, 2020, service agreement of INR 1,70,320 lakhs were recognised as per Ind AS 103 at acquisition date fair value determined by independent valuation expert engaged by the Group. Such service agreements are amortised as per the terms of respective agreements.

ii) Trademarks: Hospital units held by accounting acquiree (Max Healthcare Institute Limited operate under the name of 'Max Healthcare' Trademark. The Group uses the 'Max Healthcare' trademark and this trademark was transferred as part of the scheme. Accordingly, trademark was recognised at the time of merger as per Ind AS 103 at acquisition date fair value determined by independent valuation expert engaged by the Group. The trademark have indefinite life and carried at acquisition date fair value less impairment losses, if any.

iii) Non compete fee of INR 1,311 lakhs has been recognised upon business combination as per Ind AS 103. Such non-compete fee is amortised over the period of non-compete agreement.

8.03 During the year ended March 31 2022, one of the wholly owned subsidiary (ALPS Hospital Limited) of the Company acquired 100% stake in ET Planners Pvt Ltd. (EPPL) in an all cash deal. EPPL has exclusive and long term rights to provide medical services in key specialties and aid development of a Children's Hospital ('Hospital') on this 3.5 acres of land, situated between Max Super Specialty Hospital, Saket and Max Smart Super Speciality Hospital, a unit of Gujarmal Modi Hospital and Research Centre for Medical Sciences. Acquisition of stake in EPPL resulted in recognition of Intangible Asset - Service Agreement towards the medical service agreement, which has been recorded after considering related deferred tax impact upon acquisition accounting in the consolidated financial statements.

Further, the Company entered into Shareholders Agreement for purchase of 100% equity of Eqova Healthcare Private Limited ('Eqova') in tranches. Eqova has an exclusive rights to aid development of and provide medical services to a 400 bed hospital to be built on 2.1 acres of land parcel in Patparganj, Delhi, owned by Nirogi Charitable and Medical Research Trust. Acquisition of stake in Eqova resulted in recognition of Intangible Asset - Service Agreement towards the medical service agreement, which had been recorded after considering related deferred tax impact upon acquisition accounting in the consolidated financial statements.

The service agreements are recorded at acquisition date fair value, basis the allocation of consideration paid to acquire such assets. Such service agreements are amortised over the remaining tenure of respective agreements.

9. Intangible assets under development

(INR in Lakhs)

Particulars	Amount in intangible assets under development for a period of				Total
	Less than 1 year	1-2 years	2-3 years	More than 3 years	
Intangible assets under development as at March 31, 2023	25	4,563	-	-	4,588
Intangible assets under development as at March 31, 2022	4,639	-	-	-	4,639

9.01 Projects in progress as at March 31, 2023 and March 31, 2022 INR 4,563 lakhs represents long terms service agreement with Muthoot Hospitals Private Limited ("MHPL"). The Group on January 20, 2022 has entered into a long term services agreement with Muthoot Hospitals Private Limited ("MHPL") towards operations and management ("O&M") of 300+ beds hospital being constructed and developed at Sector 10 Dwarka, New Delhi. The Services Agreement will have an initial term of 30 (thirty) years from the date of construction completion notice ('effective date'). The Group has paid an interest free refundable performance deposit under terms of Service Agreement, and will be entitled to a fixed and a variable service fee as stipulated in the Services Agreement upon provision of services from the effective date. The difference between the non-interest bearing refundable security deposit given under terms of O&M agreement and the present value of the same at the transaction date, has been recognised as identifiable intangible assets under development. Such intangible asset on completion of development will be amortised over the duration of contract i.e. 30 years from the effective date.

10. Non-current financial assets

(INR in Lakhs)

		As at March 31, 2023	As at March 31, 2022
i)	**Investment in equity instrument (fair value through OCI)**		
	Sandhya Hydro Power Projects Balargha Private Limited (refer footnote)		
	5,07,795 (March 31, 2022 : 5,07,795) equity shares of INR 10 each fully paid-up	51	51
		51	**51**
	Aggregate value of unquoted investments	**51**	**51**
	Amount of impairment in value of investments	**-**	**-**
	Note : The Group holds 507,795 equity shares of Sandhya Hydro Power Projects Balargha Private Limited, a company engaged in the business of generation and sale of hydro energy.		
ii)	**Trade receivables (unsecured)**		
	Trade receivables - considered good	10,284	10,773
		10,284	**10,773**

Notes forming part of Consolidated Financial Statements

No trade receivables are due from directors or other officers of the Group either severally or jointly with any other person. Neither any trade nor other receivables are due from firms or private companies in which any director is a partner, director or a members.

Max Medical Services Limited (merged with the MHIL with effect from October 1, 2016) on December 10, 2001, had entered into an agreement with a healthcare service provider to construct a hospital building of Devki Devi Foundation ("DDF"). The phase I of the construction was completed and handed over in financial year 2004-05 for a consideration of INR 2,431 lakhs. The said consideration is receivable in equal instalments over 26.5 years from the handover date. Further, the Company completed phase II of the construction in financial year 2010-11 and handed over the possession for a consideration of INR 3,520 lakhs. The said consideration is receivable in equal instalments over 20.5 years from the handover date. The recoverable value was fair valued on the date of business combination, based on expected cash flow as per the contractual terms and accordingly recognised.

Since the receipt of the consideration is spread over 26.5 years and 20.5 years respectively for phase I and phase II, an income amounting to INR 182 lakhs (March 31, 2022 : INR 180 lakhs), has been recognized based on a fixed percentage of the turnover of the healthcare service provider and disclosed under "Other income" as income from deferred credit and INR 1,207 lakhs (March 31, 2022 : INR 1,242 lakhs) as interest income on fair valuation of trade receivables under "Finance income". also refer to note 29.

Undisputed trade receivables-considered good ageing

Particulars	Not Due	Outstanding for following periods from due date					
		Less than 6 months	6 months - 1 year	1-2 years	2-3 years	More than 3 years	Total
As at March 31, 2023	10,284	-	-	-	-	-	10,284
As at March 31, 2022	10,773	-	-	-	-	-	10,773

iii) Loans (valued at amortized cost) (unsecured considered good unless stated otherwise)

Loans and advances to other healthcare service providers (refer footnote)	13,845	17,345
	13,845	**17,345**

Interest bearing loan amounting to INR 13,845 lakhs (March 31, 2022 : INR 14,845 lakhs) given to Gujarmal Modi Hospital & Research Centre for Medical Science and NIL (March 31, 2022: INR 2,500 lakhs) to Devki Devi Foundation. Loan carries interest rate @ 9.25% for the year ended March 31, 2023 (10.25 % for the year ended March 31, 2022). These loans are extended by the Group to extend the depth and width of its offering leading to growth in revenue & improvement in profitability. The Group does not expect any default. Also, refer note 35.15.

iv) Other financial assets

Deposit with bank having balance maturity of more than 12 months	-	151
Fixed deposits under lien #	435	522
Fixed deposits with escrow account (Refer footnote(a))	-	6,880
Security deposits - considered good (Refer footnote (b))	20,168	20,025
Security deposits - credit impaired	43	87
Less:- Impairment allowance for security deposits - credit impaired	(43)	(87)
	20,603	**27,578**

Margin money deposits made to secure Bank Guarantee/ Letter of Credit issued by banks for EPCG Licenses/ESIC/ Government authorities.

(a) Amount of INR 6,880 lakhs was deposited in escrow account towards purchase of further stake of 34% in Eqova Healthcare Private Limited subject to agreed condition precedent.

Further, on April 13, 2023, the Company completed the acquisition of additional 34,000 equity shares having face value of INR 10 each fully paid up of Eqova representing 34% of paid up equity share capital of Eqova consequent to contractual obligation of the Company to acquire equity shares of Eqova upon exercise of put option by one of the shareholders of Eqova pursuant to option agreement entered into by the Company, Eqova and such shareholder of Eqova on February 10, 2022. Amount of INR 7,234 lakhs has been reclassified to note 14(iii), "Bank balances other than(ii) above".

Notes forming part of Consolidated Financial Statements

(b) Security deposits includes interest bearing security deposits aggregating to INR 17,854 lakhs (March 31, 2022: INR 17,853 lakhs) given to Devki Devi Foundation, Balaji Medical and Diagnostic Research Centre and Gujarmal Modi Hospital & Research Centre for Medical Science under the term of long term service agreements with these healthcare service providers. The deposit carry interest @9.25% during the year ended March 31, 2023.

Further, the Group has also provided non-interest bearing security deposits aggregating to INR 9,569 lakhs (March 31, 2022: INR 9,139 lakhs) to Gujarmal Modi Hospital & Research Centre for Medical Science, Vikrant Children Foundation and Research Centre and Nirogi Charitable and Medical Research Trust under the terms of respective long term service agreements, which are refundable upon expiry of agreement and are recorded at discounted value in the financial statements at the period end.

These deposits are extended by the Group as it provides opportunities to the Group to increase the depth and width of its offering leading to growth in revenue and improvement in profitability. The Group does not expect any default. Also refer note 35.15.

11. Income tax assets

Advance income tax & tax deducted at source (net of provision)	9,572	15,517
	9,572	**15,517**

12. Other non current assets (unsecured considered good unless otherwise stated)

Capital advances [refer footnote (i)]	11,817	10,896
Unamortised contract expense [refer footnote (ii)]	9,235	9,545
Others		
Prepaid expense	9,651	9,148
Balance with statutory authorities	551	5
Other Advance [refer footnote (iii)]	1,156	1,156
Other Advances - credit impaired	308	308
Less:- Impairment allowance for Other Advances - credit impaired	(308)	(308)
	32,410	**30,750**

(i) Capital advances includes:

(a) Carrying value aggregating to INR 2,898 lakhs (March 31, 2022 : INR 2,898 lakhs) relates to pending land allotment by Greater Noida Industrial Development Authorities ("GNIDA"). The Company has applied to GNIDA for possession of land and is in regular discussion with GNIDA for the pending allotment to the Company.

(b) INR 4,189 lakhs (March 31, 2022 : INR 7,552 lakhs) as an advance for purchase of Transferable Development Rights ("TDR") from a third party, for purposes of increasing floor space index in connection with newly acquired hospital project land in Sector-53 and Sector-56, Gurugram. During the year the Company has received TDR certificate of INR 3,363 lakhs for land in Sector 56 Gurugram and accordingly, same have been transferred into CWIP.

(ii) Unamortized contract expense represents cost of land and buildings of Dr. B.L. Kapur Memorial Hospital and Dr Balabhai Nanavati Hospital being consolidated in the financial statements and expensed over the period of contract.

(iii) Other advances represents amounts receivable from Greater Mohali Area Development Authority ("GMADA") upon non-allotment of land by GMADA. The Company has filed for a refund of the amount paid and based on the discussions between GMADA officers and Company representative, an amount of INR 1,156 lakhs (net of estimated deduction) has been considered recoverable in the books of account.

Notes forming part of Consolidated Financial Statements

	As at March 31, 2023	(INR in Lakhs) As at March 31, 2022
13. Inventories (at lower of cost and net realisable value)		
Stock of drugs, consumables and implants	7,623	6,136
	7,623	**6,136**
14. Current financial assets		
(i) Trade receivables (Unsecured considered good, unless otherwise stated)		
Trade receivables - considered good (also refer note 35.15)	33,595	38,535
Trade receivables from related parties- considered good (refer note 35.10)	17	1
Trade receivables - credit impaired	2,694	4,298
Less : Impairment allowance for trade receivables	(2,694)	(4,298)
	33,612	**38,536**

Trade receivables are not interest bearing.

Trade receivables ageing as at March 31,2023

Particulars	Not Due	Outstanding for following periods from due date of payment					Total
		Less than 6 months	6 months - 1 year	1-2 years	2-3 years	More than 3 years	
Undisputed Trade receivables – considered good	24,975	6,912	1,317	370	38	-	33,612
Undisputed Trade receivables – credit impaired	-	224	652	1,139	344	334	2,694
Total	**24,975**	**7,136**	**1,969**	**1,509**	**382**	**334**	**36,306**
Less: Impairment allowance for trade receivables							(2,694)
							33,612
Trade receivables - Unbilled [refer note 14(v)]							3,018
							36,630

Trade receivables ageing as at March 31,2022

Particulars	Not Due	Outstanding for following periods from due date of payment					Total
		Less than 6 months	6 months - 1 year	1-2 years	2-3 years	More than 3 years	
Undisputed Trade receivables – considered good	23,279	13,242	2,015	-	-	-	38,536
Undisputed Trade receivables – credit impaired	-	315	814	1,268	989	912	4,298
Total	**23,279**	**13,557**	**2,829**	**1,268**	**989**	**912**	**42,834**
Less: Impairment allowance for trade receivables							(4,298)
							38,536
Trade receivables - Unbilled [refer note 14(v)]							2,458
							40,994

ii) Cash and cash equivalents		
Balances with banks:		
On current accounts	2,601	3,330
Deposits with original maturity of three months or less	886	26,887
Cheques, drafts on hand	575	466
Cash on hand	213	231
	4,275	**30,914**

Notes forming part of Consolidated Financial Statements

iii) Bank balances other than (ii) above		
Bank deposits with maturity of more than three months	1,23,512	17,183
Deposits in escrow accounts (refer footnote (i) and (ii))	7,857	540
Deposit against amount received back from HSVP Haryana (refer note 4.03)	9,681	-
Deposits under lien (refer footnote (iii))	1,482	1,294
	1,42,532	**19,017**

(i) Deposits on escrow account include INR 603 lakhs (March 31, 2022: INR 540 Lakhs) towards concessional fee payable to Punjab Health Systems Corporation under Public Private Partnership agreement.

(ii) Amount of INR 7,234 lakhs (March 31, 2022: INR 6,880 lakhs) is deposited in escrow account towards purchase of further stake of 34% in Eqova Healthcare Private Limited subject to agreed condition precedent. Further, on April 13, 2023, the Company completed the acquisition of additional 34,000 equity shares having face value of ₹ 10 each fully paid up of Eqova representing 34% of paid up equity share capital of Eqova consequent to contractual obligation of the Company to acquire equity shares of Eqova upon exercise of put option by one of the shareholders of Eqova pursuant to option agreement entered into by the Company, Eqova and such shareholder of Eqova on February 10, 2022.

(iii) Margin money deposits given as security includes :

- INR 92 Lakhs (March 31, 2022: INR 90 Lakhs) to secure bank guarantee issued for EPCG Licenses and other government authorities.
- INR 2 Lakhs (March 31, 2022: INR 2 Lakhs) to secure bank guarantee issued to customers i.e. ECHS,ESIC and Northern Railways.
- INR 870 Lakhs (March 31, 2022: INR 333 Lakhs) to secure fixed deposit to bank against letter of credit.
- INR 518 Lakhs (March 31, 2022: INR 869 Lakhs) to secure bank guarantee issued to banks against overdraft limit.

iv) Loan (valued at amortized cost) (unsecured considered good, unless otherwise stated)		
Loans to other healthcare service providers	-	258
	-	**258**
v) Other financial assets (unsecured considered good, unless otherwise stated)		
Unbilled revenue	3,018	2,458
Security deposits	-	7
Service exports from India Scheme scrips	-	545
Interest receivable on income tax refund and others	36	-
	3,054	**3,010**

15. Income tax assets

Advance income tax & tax deducted at source (net of provision)	1,578	-
	1,578	**-**

16. Other current assets (unsecured considered good unless otherwise stated)

Other advances:		
Considered good	245	275
Credit impaired	24	20
Less: Impairment allowance for Other advances - credit impaired	(24)	(20)
Balance with statutory authorities	18	29
Prepaid expenses	1,060	1,501
Unamortised contract expense	310	307
Licenses receivable	-	46
	1,633	**2,158**

Notes forming part of Consolidated Financial Statements

17. Equity share capital

(INR in Lakhs)

	As at March 31, 2023	As at March 31, 2022
Authorized capital		
1,26,00,00,000 (March 31, 2022: 1,26,00,00,000) equity shares of INR 10 each	1,26,000	1,26,000
12,50,00,000 (March 31, 2022: 12,50,00,000) cumulative preference shares of INR 10 each	12,500	12,500
	1,38,500	**1,38,500**
Issued, subscribed and paid-up share capital		
97,09,22,825 (March 31, 2022: 96,96,13,455) fully paid up equity shares of INR 10 each	97,092	96,961
Total issued, subscribed and paid-up share capital	**97,092**	**96,961**

a) Reconciliation of the shares outstanding at the beginning and at the end of the reporting year:

Equity shares	March 31, 2023		March 31, 2022	
	Number of shares	Share capital amount	Number of shares	Share capital amount
At the beginning of the year	96,96,13,455	96,961	96,59,45,006	96,595
Shares issued on exercise of employee stock options (refer footnote)	13,09,370	131	36,68,449	366
At the end of the year	**97,09,22,825**	**97,092**	**96,96,13,455**	**96,961**

During the year ended March 31, 2023, the Company issued and allotted 13,09,370 (March 31, 2022 : 36,68,449) ordinary shares of INR 10 each on exercise of employee stock option granted under the Company's Employee Stock Option 2020 Scheme.

b) Terms and rights attached to equity shares

The Company has only one class of equity shares having a par value of INR 10 per share. Each holder of equity shares is entitled to one vote per share.

In the event of liquidation of the Company, the holders of equity shares will be entitled to receive remaining assets of the Company, after distribution of all preferential amounts, if any. The distribution will be in proportion to the number of equity shares held by the shareholders.

c) Details of shareholders holding more than 5% shares in the Company

Name of the shareholder	March 31, 2023		March 31, 2022	
	No. of shares	% held	No. of shares	% held
Equity Shares of INR 10 each fully paid				
Mr. Abhay Soi	23,08,07,699	23.77%	22,39,33,252	23.10%
Kayak Investments Holding Pte. Limited('Kayak')	-	-	26,70,71,209	27.54%
SBI Focused Equity Fund	-	-	7,94,33,334	8.19%
SBI Mutual Fund (Under various schemes)	7,30,94,306	7.53%	-	-
New World Fund Inc	7,03,83,770	7.25%	-	-
Government of Singapore	6,07,36,393	6.26%	-	-
Smallcap World Fund, Inc	6,02,49,322	6.21%	-	-

Notes forming part of Consolidated Financial Statements

d) Details of shareholding of promoters

As at March 31, 2023

S. No.	Name of promoter	No. of shares as at March 31, 2023	% of total shares	% of change during the year	
1	Mr. Abhay Soi	23,08,07,699	23.77%	0.67%	
2	Kayak Investments Holding Pte. Limited ('Kayak')	-	-	-27.54%	Refer foot note (i)
	Total	**23,08,07,699**	**23.77%**	**-26.87%**	

During the FY 22-23 following changes have been made in promoter shareholdings

(i) During the year ended March 31, 2023, Kayak Investments Holding Pte. Ltd. ("Kayak"), one of the promoter, had divested its entire shareholding held in the Company. Since Kayak ceased to hold any shares or exercise control in any manner whatsoever in the Company, a request was received from Kayak on September 30, 2022 for reclassification of its category from 'Promoter' to 'Public' in terms of Regulation 31A of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015. Based on the request, the Company had submitted the requisite application seeking approval from stock exchanges i.e. National Stock Exchange of India Limited and BSE Limited, for reclassification of Kayak from 'Promoter' to 'Public' category and the same is yet to be approved.

In terms of Shareholders' Agreement dated December 24, 2018 executed by and amongst (i) Mr. Abhay Soi ("Promoter/ Mr. Abhay Soi"); and (ii) Kayak Investments Holding Pte. Ltd. ("Investor/Kayak"), as amended from time to time ("Post Merger SHA") and the Deed of Accession and Adherence dated June 01, 2020 executed by the Company and upon pre-clearance approval accorded by the Board of Directors via resolution passed by circulation on August 18, 2022, 68,74,447 equity shares of the Company as "Upside Share" arise due to achieving of Internal Rate of Return ("IRR") threshold, were transferred to Mr. Abhay Soi by Kayak in dematerialized form at a price of INR 10 per 10,000 shares or part thereof, aggregating to a total consideration of INR 6,880.

As at March 31, 2022

S. No.	Name of promoter	No. of shares as at March 31, 2022	% of total shares	% of change during the year	
1	Mr. Abhay Soi	22,39,33,252	23.10%	1.32%	Refer footnote (i)
2	Kayak Investments Holding Pte. Limited ('Kayak')	26,70,71,209	27.54%	-21.10%	Refer footnote (i)
	Total	**49,10,04,461**	**50.64%**	**-19.78%**	

During the FY 21-22 following changes have done in promoter shareholdings:

(i) In August, 2021, Kayak sold 27,26,754 equity shares through open market sale towards compliance with the minimum public shareholding (MPS) threshold. In addition, Kayak has sold 18,64,79,885 equity shares through block trade during the year. Further, 1,35,67,988 equity shares were sold to Abhay Soi.

(ii) Promoter named Mr Analjit Singh, Ms. Piya Singh, Mrs. Neelu Analjit Singh, Ms. Tara Singh Vachani, Mr. Veer Singh & Max Ventures Investment Holdings Private Limited are classified from 'Promoter' category to 'Public' category of the Company, with effect from March 24, 2022.

e) Pursuant to Regulation 31 of the SEBI Listing Regulations, the details of shareholding for the quarter ended March 31, 2023 have been submitted to the stock exchanges.

f) Share reserved for issue under option

Information relating to Max Healthcare Employee Stock Option Plan, including details of options issued, exercised and lapsed during the financial year and options outstanding at the year end, is set out in note 35.05.

Notes forming part of Consolidated Financial Statements

g) Dividend

The final dividend on shares is recorded as a liability on the date of approval by the shareholders. Interim dividends are recorded as a liability on the date of declaration by the Company's Board. The Company declares and pays dividends in Indian Rupees.

The Board of Directors at their meeting held on May 16, 2023 recommended a maiden dividend of INR 1 per share (10% of face value) out of the profits of the financial year 2022-23, subject to approval of the shareholders.

18. Other equity

(INR in Lakhs)

	As at March 31, 2023	As at March 31, 2022
Securities premium [refer note (a) below]	5,15,803	5,14,313
Retained earnings [refer note (b) below]	1,23,406	14,218
Share options outstanding account [refer note (c) below]	4,158	2,212
Share application money pending for allotment [refer note (d) below]	5	0.2
Other comprehensive income [refer note (e) below]	495	543
	6,43,867	**5,31,286**

Notes:

(a) Securities premium [refer footnote (i)]		
At the beginning of the year	5,14,313	5,10,481
Add: Transfer on account of exercise of employee stock options [refer foot note (ii)]	1,490	3,832
At the end of the year	**5,15,803**	**5,14,313**

(i) Securities premium is recognized to record the premium on issue of shares. This can be utilized only for limited purpose as per the provision of the Companies Act, 2013.

(ii) During the year ended March 31, 2023, Company issued and allotted 13,09,370 (March 31, 2022 : 36,68,449) ordinary shares (face value of INR 10 per share). The amount of INR 1,490 lakhs (March 31, 2022: INR 3,832 lakhs) recorded in stock options outstanding account is transferred to securities premium upon exercise of stock options.

(b) Retained earnings		
At the beginning of the year	14,218	(46,137)
Profit for the year	1,10,351	60,505
Increase in 'Payable for Share Purchase' [refer note 21 (ii) and 24 (iii) (e)]	(1,163)	(150)
At the end of the year	**1,23,406**	**14,218**

(c) Share options outstanding account		
At the beginning of the year	2,212	2,651
Add : Employee stock options compensation expenses	3,436	3,393
Less: Transfer on account of exercise of employee stock options	(1,490)	(3,832)
At the end of the year	**4,158**	**2,212**

The above reserve relates to stock options granted by the Group to its employees under its employee stock option plan. Further information about share-based payments to employees is set out in note 35.05.

(d) Share application money pending for allotment		
At the beginning of the year	0.2	-
Add : Received during the year (Refer footnote)	5.0	0.2
Less : Shares issued during the year	0.2	-
At the end of the year	**5.0**	**0.2**

Notes forming part of Consolidated Financial Statements

(INR in Lakhs)

	As at March 31, 2023	As at March 31, 2022
Share application money received for 46,991 (March 31, 2022: 2,000) shares under the Employee stock options		
(e) Other comprehensive income		
At the beginning of the year	543	278
Add : Remeasurement gain / (loss) on defined benefit plans (net of tax)	(38)	258
Add : Exchange differences on translation of foreign operation	(10)	7
At the end of the year	**495**	**543**

19. Borrowings

(INR in Lakhs)

	As at March 31, 2023	As at March 31, 2022
Non-current borrowings		
Term loans from banks (secured) [refer footnote (I) below]	49,238	62,410
Vehicle loans (secured) [refer footnote (III) below]	370	481
Deferred payment liabilities (secured) [refer footnote (IV) below]	-	-
Term loan from others (unsecured) [refer footnote (II) below]	50	50
	49,658	**62,941**
Current borrowings		
Cash credit from banks (secured) [Refer footnote (V) below]	4,558	7,453
Current maturity of non current borrowings		
Term loans from banks (secured) [refer footnote (I) below]	2,089	1,927
Vehicle loans (secured) [refer footnote (III) below]	161	252
Deferred payment liabilities (secured) [refer footnote (IV) below]	16	92
	6,824	**9,724**
Aggregate secured loans (Non-Current and current borrowings)	56,432	72,615
Aggregate unsecured loans (Non-Current and current borrowings)	50	50

Borrowing notes

(I) Term loan from banks :-

(i) INR 19,825 lakhs (March 31, 2022 : INR 21,751 lakhs) from IDFC First Bank Limited repayable in 52 quarterly installments from April, 2018 is secured by way of :

a) A first mortgage and charge on entire immovable properties of the Company pertaining to Max Saket Hospital and Max Shalimar bagh Hospital, both present and future.

b) A first charge by way of hypothecation of entire movable PPE (except the movable current assets) of the Company, both present and future, including movable plant and machinery, machinery spares, tools and accessories, furniture, fixtures, vehicles, and all other movable PPE of whatsoever nature but excluding the movable properties financed by specific vehicle/equipment finance loans.

c) A charge on the entire current assets including cash flows, receivables, books debts, revenues, raw material, stock-in-trade, and inventory of the Company of whatsoever nature and wherever arising, both present and future (subject to a prior charge in favor of working capital Lenders restricted to working capital limits of INR 19,000 lakhs in aggregate).

Notes forming part of Consolidated Financial Statements

d) A first charge on the entire intangible assets of the Company, including but not limited to goodwill and uncalled capital, intellectual property, both present and future.

e) A first charge/mortgage/assignment, as the case may be, of -(a) all the rights, title, interest, benefits, claims and demands whatsoever of the Company in the project document (including the documents given in schedule 2), duly acknowledged and consented to by the relevant counter-parties to such project Documents, all as amended, varied or supplemented from time to time (b) subject to applicable Law, all the rights, title, interest, benefits, claims and demands whatsoever of the Company in the Clearance, and (c) all the rights, title, interest, benefits, claims and demands whatsoever of the Company in any letter of credit guarantee, performance bond, corporate guarantee, bank guarantee provided by any party to the Project Document, (d) all the right , title, interest, benefits claims and demands whatsoever of the Company under all insurance contracts.

(ii) INR 3,094 lakhs (March 31, 2022 : INR 3,636 lakhs) from IDFC First Bank Limited repayable in 23 quarterly installments from August, 2022 is secured by way of :

a) 1st pari passu on charge on land and building of MHIL Saket and MHIL Shalimar Bagh with other term lenders.

b) 1st pari passu on entire intangible assets both present and future with other term lenders.

c) 1st pari passu on entire movable fixed assets of MHIL both present and future (except equipment/ vehicle finance by specific loans) with other term lenders.

d) 2nd pari passu on entire current assets of MHIL with other term lenders (working capital lenders have first Charge on the entire current assets for their working capital limits of INR 19,000 lakhs).

(iii) INR 1,714 lakhs (March 31, 2022 : INR 1,951 lakhs) from Indusind Bank Limited repayable in 150 monthly installments from June, 2019 is secured by way of :

a) 1st pari pasu charge on the entire current assets, both present and future, subject to the first prior charge of working capital facility lenders to the extent of INR 19,000 lakhs.

b) 1st pari passu charge on the moveable fixed asset (excluding vehicles specifically charged to lenders who have financed those assets) including medical equipment (except medical equipment specifically charged to lenders who have financed those assets), movable plant and machinery, spares etc. of the borrower with other term lenders.

c) 1st pari passu charge on the non-current asset of the borrower but not limited to goodwill and uncalled capital, intellectual property, both present and future of the borrower with other term lenders.

(iv) INR 2,781 lakhs (March 31, 2022 : Nil) from Axis Bank Limited repayable in 17 equal quarterly installments from April 1 , 2024 is secured as mentioned below by way of :

a) First pari passu charge over the Movable Fixed Assets of the Company both present and future (Except vehicle financed by banks/NBFCs).

b) Second pari passu charge on current assets of the Company.

Security against term loan taken from Axis Bank Limited in Saket City Hospital Limited (SCHL) is mentioned below. After voluntary liquidation of SCHL, these term loan liability has become part of the Company's liability:

INR Nil (March 31, 2022 INR 4,499 lakhs) from Axis Bank Limited repayable in 52 quarterly installment from January, 2019. The Loan is secured by way of :-

(a) A first pari passu charge on all Borrower's movables and immovables (if any acquired in future), including but not limited to movable plant and machinery, machinery, spares, tools and accessories, furniture, fixtures, and all other movable assets intangible, goodwill, uncalled capital, both present and future.

(b) A first pari passu charge by way of assignment/hypothecation/creation of security interest, including but not limited to, of all the rights, title, interest, benefits, claims and demands, whatsoever of the Borrower in all documents executed by the borrower with SHRC including but not limited to the Hospital Service Agreement both present and future.

(c) First pari passu charge on all receivables, current assets, present and future, of the borrower.

(d) Pledge of 25.50% share capital (on a fully diluted basis) of the Borrower (in compliance with BR Act) and option to increase it to 51% subject to inclusion of new lenders; and

(e) Negative lien for the remaining 21% shareholding of the Borrower. Total aggregate percentage of pledge and negative lien not to exceed 51% of share Capital at any time.

(f) Corporate guarantee by Max Healthcare Institute Limited (MHIL)

(v) INR 2,577 lakhs (March 31, 2022 : 3,739 lakhs) from Indusind Bank Limited for ALPS Hospital Limited repayable structured in monthly installments is secured by way of :

(a) Exclusive charge on all movable fixed assets (present and future) (except vehicles and assets charged exclusively to lenders).

(b) Exclusive charge on entire Current Assets (present and future) (except vehicles and assets charged exclusively to lenders).

(c) Exclusive charge on Intangible assets both present and future.

(d) Pledge over 30% of the equity shares capital of ALPS Hospital Limited.

(e) NDU over 21% of the equity share capital of ALPS Hospital Limited.

(f) Corporate guarantee by Max Healthcare Institute Limited.

(vi) INR 3,821 lakhs (March 31, 2022 : INR 4,792 lakhs) from IDFC First Bank Limited for Hometrail Buildtech Private Limited repayable in 52 quarterly installments from June, 2018 is secured by way of :

(a) A first charge by way of hypothecation of entire movable PPE (except the movable current assets) of the Company present and future, including movable plant and machinery, machinery spares, tools and accessories, furniture, fixtures, vehicles, and all other movable PPE of whatsoever nature but excluding the movable properties financed by specific vehicle/equipment finance loans.

b) A charge on the entire current assets including cash flows, receivables, books debts, revenues, raw material, stock-in-trade, and inventory of the Borrower of whatsoever nature and wherever arising, both present and future.

(c) A First Charge on entire intangible assets of the Borrower including but not limited to goodwill and uncalled capital, intellectual property, both present and future.

(d) A first charge/mortgage/assignment, as the case may be, of -(a) all the rights, title, interest, benefits, claims and demands whatsoever of the Company in the project document (including the documents given in schedule 2), duly acknowledged and consented to by the relevant counter-parties to such project Documents, all as amended, varied or supplemented from time to time (b) subject to applicable Law, all the rights, title, interest, benefits, claims and demands whatsoever of the Company in the Clearance, and (c) all the rights, title, interest, benefits, claims and demands whatsoever of the Company in any letter of credit guarantee, performance bond, corporate guarantee, bank guarantee provided by any party to the Project Document, (d) all the right , title, interest, benefits claims and demands whatsoever of the Company under all insurance contracts.

(e) Pledge of 51% of the equity shares capital of Hometrail Buildtech Private Limited.

(f) An irrevocable and unconditional corporate guarantee of the guarantor.

(vii) INR 3,360 lakhs (March 31, 2022 : INR 4,207 lakh) from IDFC First Bank for Hometrail Buildtech Private Limited repayable in 52 quarterly installments from June, 2018 is secured by way of :

(a) A first charge by way of hypothecation of entire movable PPE (except the movable current assets) of the Company present and future, including movable plant and machinery, machinery spares, tools and accessories, furniture, fixtures, vehicles, and all other movable PPE of whatsoever nature but excluding the movable properties financed by specific vehicle/equipment finance loans.

Notes forming part of Consolidated Financial Statements

(b) A charge on the entire current assets including cash flows, receivables, books debts, revenues, raw material, stock-in-trade, and inventory of the borrower of whatsoever nature and wherever arising, both present and future.

(c) A First Charge on entire intangible assets of the Borrower including but not limited to goodwill and uncalled capital, intellectual property, both present and future.

(d) A first charge/mortgage/assignment, as the case may be, of -(a) all the rights, title, interest, benefits, claims and demands whatsoever of the Company in the project document (including the documents given in schedule 2), duly acknowledged and consented to by the relevant counter-parties to such project Documents, all as amended, varied or supplemented from time to time (b) subject to applicable Law, all the rights, title, interest, benefits, claims and demands whatsoever of the Company in the Clearance, and (c) all the rights, title, interest, benefits, claims and demands whatsoever of the Company in any letter of credit guarantee, performance bond, corporate guarantee, bank guarantee provided by any party to the Project Document, (d) all the right , title, interest, benefits claims and demands whatsoever of the Company under all insurance contracts.

(e) Pledge of 51% of the equity shares capital of Hometrail Buildtech Private Limited.

(f) An irrevocable and unconditional Corporate Guarantee of the Guarantor.

Security interest for the term lenders of the Hometrail Buildtech Private Limited set out in sub clause (b) shall be subject to the first prior charge of only working capital facility lenders to the extent of INR 2,000 lakhs.

(viii) INR 7,442 Lakhs (March 31, 2022: INR 10,450 Lakhs) from Axis Bank Limited for Crosslay Remedies Limited (CRL) repayable in 45 unstructured quarterly instalment from December 31, 2021 is secured by way of :

(a) First and exclusive charge by way of equitable mortgage over the land and building of the Company.

(b) First charge by way hypothecation over all movable fixed assets of the Company both present and future

(c) Second charge by way hypothecation over all current assets of the Company both present and future.

(d) Collaterally secured by way of Corporate Guarantee of Max Healthcare Institute Limited.

(ix) INR 775 lakhs (March 31, 2022: INR 779 lakhs) from HDFC Bank Ltd for Dr. B.L. Kapur Memorial Hospital as repayable in remaining 30 monthly instalments commencing from June 5, 2024 is secured by way of Hypothecation of medical equipments Dr. B.L. Kapur Memorial Hospital.

(x) INR Nil (March 31, 2022: INR 1,366 lakhs) from Yes Bank of Dr. B.L. Kapur Memorial Hospital as repayable in 15 quarterly instalments commencing from June 2023 is secured by way of:

(a) Exclusive charge on all Movable Fixed Assets/Current assets.

(b) Corporate Guarantee given by Max Healthcare Institute Ltd.

(xi) INR 5,938 lakhs (March 31, 2022: INR 7,167 lakhs) from IndusInd Bank Limited for Dr. Balabhai Nanavati Hospital as repayable in 28 quarterly instalments from April 30, 2018 and INR 1,940 lakhs (March 31, 2022 : INR 1,779 lakhs) repayable in 35 quarterly instalments commencing from February 29, 2020 is secured by way of :

(a) First exclusive charge upon all movable fixed assets and immovable property.

(b) Exclusive charge on the Designated Account of the borrower, including Collaboration Collection Account, to be maintained with the bank.

(c) Corporate Guarantee given by Max Hospitals And Allied Services Limited.

(II) Unsecured Term loan from Others:-

Unsecured Term loan of INR 50 Lakhs (March 31, 2022: INR 50 Lakhs) from Rajiv Chaudhary HUF for Dr. B.L. Kapur Memorial Hospital is interest free & repayable on demand.

Notes forming part of Consolidated Financial Statements

(III) Vehicle loan :-

Vehicle Loans of INR 531 lakhs (March 31, 2022: INR 733 lakhs) are repayable over the period ranging from one to five years and are secured by way of hypothecation of respective vehicles.

The rate of interest ranging from 7.25% to 12.01% on outstanding loan on the basis of actual rate charged depending upon the tenure and lending institution.

(IV) Deferred payment liabilities :-

Deferred payment liabilities is secured by hypothecation of medical equipment and repayable in 20 quarterly instalments from June 2018.

(V) Cash credit from banks (secured)

(i) Cash credit facility of Max Healthcare Institute Limited

(a) INR 884 lakhs (March 31, 2022: INR 834 lakhs) against sanctioned limit of INR 3,500 lakhs from Yes Bank Limited.

(b) INR 647 lakhs (March 31, 2022: INR 745 lakhs) against sanctioned limit of INR 2,000 Lakhs from Indusind Bank Limited.

(c) INR 246 lakhs (March 31, 2022: INR 220 lakhs) against sanctioned limit of INR 2,000 Lakhs from ICICI Bank Limited.

(d) INR 269 lakhs (March 31, 2022: INR 487 lakhs) against sanctioned limit of INR 2,000 Lakhs from IDFC First Bank Limited.

These cash credits are secured by way of pari – passu charge on stocks, book debts and other current assets, present and future of the Company prior to charge in favor of term lenders of the Company. The cash credits are repayable on demand.

(ii) Security against term loan taken from Axis Bank Limited in Saket City Hospital Limited (SCHL) is mentioned below. After voluntary liquidation of SCHL, these term loan liability has become part of the Company's liability:

Cash credit facility of INR Nil (March 31, 2022: INR 54 lakhs) against sanctioned limit of INR 750 lakhs from Axis Bank Limited is secured by way of :

(a) First pari passu charge on all borrower's movables and immovables (if any acquired in future), including but not limited to movable plant and machinery, machinery, spares, tools and accessories, furniture, fixtures, and all other movable assets intangible, goodwill, uncalled capital, both present and future.

(b) A First pari passu charge by way of assignment/hypothecation/creation of security interest, including but not limited to, of all the rights, title, interest, benefits, claims and demands, whatsoever of the borrower in all documents executed by the borrower with GMHRC "Gujarmal Modi Hospital and Research Centre for Medical Sciences" including but not limited to the hospital service agreement both present and future.

(c) First pari passu charge on all receivables, current assets, present and future, of the Borrower.

(d) Pledge of 51% share capital (on a fully diluted basis) of the borrower (in Compliance with BR Act) on pari-passu basis.

(e) Negative lien for the remaining 21% shareholding of the Borrower. Total aggregate percentage of pledge and negative lien not to exceed 51% of share Capital at any time.

(f) Corporate guarantee by Max Healthcare Institute Limited.

(iii) INR 289 lakhs (March 31, 2022: INR 130 lakhs) against sanctioned limit of INR 1,000 Lakhs from Indusind Bank Limited of ALPS Hospital Ltd is repayable on demand and secured by way:-

(a) Exclusive charge on the entire current assets (present and future) (except vehicles and assets charges exclusively to lenders).

Notes forming part of Consolidated Financial Statements

(b) Exclusive charge on all movable fixed assets (present and future) (except vehicles and assets charges exclusively to lenders).

(c) Exclusive charge on Intangible Assets (present and future).

(iv) INR 283 lakhs (March 31, 2022: INR 109 lakhs) against sanctioned limit of INR 1,500 lakhs from IndusInd Bank Limited of Hometrail Buildtech Private Limited is secured by way of :

(a) First pari-passu charge by way of hypothecation over all the current assets of the borrower, present and future (except the Escrow account between government of punjab and company).

(b) Second pari-passu charge, by way of hypothecation, on all the movable fixed assets of borrower, present and future.

(v) INR 542 lakhs (March 31, 2022: INR 456 lakhs) from Indusind bank of Crosslay Remedies Ltd against sanctioned limit of INR 2,000 lakhs is repayable on demand and are secured by way of:

(a) First charge by the way hypothecation over all current assets of the borrower both present and future.

(b) Second charge by the way hypothecation over all movable fixed assets of the borrower both present and future.

(c) Second charge by way of equitable mortgage over the land and building of the borrower

(vi) INR 1,092 lakhs (March 31, 2022: INR 2,454 lakhs) from Punjab National Bank of Dr. B.L. Kapur Memorial Hospital repayable on demand and is secured by way of:

(a) Exclusive charge on Current Assets/Movable Fixed Assets.

(b) Corporate Guarantee given by Max Healthcare Institute Limited

(vii) Cash credit facilities INR 306 lakhs (March 31, 2022: INR 1,964 lakhs) of Dr. Balabhai Nanavati Hospital against sanctioned limit of INR 4,000 lakhs from IndusInd Bank Limited is secured by way of :

(a) First exclusive charge upon all movable fixed assets and mortgage/leasehold rights on all the immovable property.

(b) Exclusive charge on the Designated Account of the Borrower to be maintained with the bank.

(c) Corporate Guarantee given by Max Hospitals And Allied Services Limited.

(INR in Lakhs)

	As at March 31, 2023	As at March 31, 2022
20. Lease liabilities - non current		
Lease liabilities	10,788	17,017
	10,788	**17,017**
21. Other financial liabilities - non current		
Contingent consideration payable [refer footnote (i) below]	23,833	24,023
Put option liability [refer footnote (ii) below]	8,124	13,827
	31,957	**37,850**

(i) Contingent Consideration payable has been recognized based on acquisition accounting applied by the Group as per Ind AS 103 Business Combinations. Contingent consideration is remeasured at fair value at each reporting date and changes in the fair value of the contingent consideration are recognized in the Consolidated Statement of Profit and Loss.

(ii) On February 10, 2022, the Company entered into Shareholders Agreement for purchase of 100% equity of Eqova Healthcare Private Limited ('Eqova') in tranches. Accordingly, the Company acquired 26% stake in Eqova on February 15, 2022 and also placed a deposit of INR 6,840 lakhs in escrow account towards purchase of a further stake of 34%, subject to agreed conditions precedent. Subsequently, on April 13, 2023, the Company completed the acquisition of 34% stake in Eqova upon exercise of put option by one of the shareholders of Eqova pursuant to option agreement entered into by the Company, Eqova and such shareholder of Eqova on February 10, 2022. Further, the Company shall acquire the remaining stake of 40%, upon exercise of put / call options as per shareholders option agreement.

Notes forming part of Consolidated Financial Statements

22. Provisions - non current

Provision for restoration under public private partnership [refer footnote (i) below]	370	325
Provision for gratuity (refer note 35.01)	5,351	5,391
Provision for Post retirement medical benefit (refer note 35.02)	327	263
	6,048	**5,979**

(i) As per the concession agreement dated February 20, 2009 entered by the Company along with its holding company, with the Punjab Health Systems Corporation, the Company is required to handover the hospital premises with all the medical equipment and other plant and machinery in working conditions at the end of concession period. The provisions for restoration and rehabilitation represent the management's best estimate of the costs which will be incurred in the future to meet the Company's obligations under the contractual arrangements.

23. Other non current liabilities

Government grant [Refer footnote (i) below]	1,173	1,082
Unfavourable lease liability [Refer footnote (ii) below]	21,332	21,929
	22,505	**23,011**

Note:

(i) Movement in government grant under EPCG Scheme

(INR in Lakhs)

Particulars	As at March 31, 2023	**As at March 31, 2022**
Opening balance	1,082	1,141
Add:- Liability towards custom duty for imports under EPCG discharged	1,413	520
Less:- Income booked during the year	(1,322)	(579)
Closing balance	1,173	**1,082**

(ii) Unfavourable lease liability is net of Fair value of Land at Mohali & Bathinda provided by Punjab Health Systems Corporation for a period of 50 years and Present value of estimated outflow obligation against such land as per the concession agreement recognised upon acquisition date.

24. Current financial liabilities

(INR in Lakhs)

	As at March 31, 2023	**As at March 31, 2022**
Current financial liabilities		
(i) Lease liabilities		
Lease liabilities	1,626	1,656
	1,626	**1,656**
(ii) Trade payables		
Total outstanding dues of Micro Enterprises and Small Enterprises ("MSME")	386	546
Total outstanding dues of creditors other than Micro Enterprises and Small Enterprises ("MSME")	53,960	43,854
Trade payable to related party (refer note 35.10)	-	11
	54,346	**44,411**

Notes forming part of Consolidated Financial Statements

Trade payables ageing as at March 31, 2023

Particulars	Not due	Outstanding for following periods from transaction date: Less than 1 year	1-2 years	2-3 years	More than 3 years	Total
(i) MSME	4	379	2	1	-	**386**
(ii) Others	9,626	42,520	647	428	739	**53,960**
Total	**9,630**	**42,899**	**649**	**429**	**739**	**54,346**

Trade payables ageing as at March 31, 2022

Particulars	Not due	Outstanding for following periods from transaction date: Less than 1 year	1-2 years	2-3 years	More than 3 years	Total
(i) MSME	-	546	-	-	-	**546**
(ii) Others	15,703	27,203	308	344	307	**43,865**
Total	**15,703**	**27,749**	**308**	**344**	**307**	**44,411**

Trade payables are usually non- interest bearing, unsecured and are settled as per contract terms.

(iii) Other financial liabilities - current		
Contingent consideration (refer note 21)	1,153	871
Transfer fee payable [refer footnote (a)]	1,475	1,475
Concessional fee payable [refer footnote (b)]	819	823
Provision for deferred compensation (refer note 35.05)	-	740
Capital creditors [refer footnote (c)]	6,673	3,943
Security deposits	743	685
Payable for share purchase [refer footnote (d) and (e)]	6,865	48
Payable to trust	755	668
Amount payable to HSVP on restoration of allotment of land (refer footnote 4.03)	9,971	-
Foreign exchange forward contracts	2	-
	28,456	**9,253**

Note:

(a) Transfer fees payable represent amount payable to Dr. Balabhai Nanavati Hospital (a Society) upon completion of certain condition precedent as per term of agreement.

(b) Hometrail Buildtech Private Limited had entered into tri-partite long term concession agreement dated February 20, 2009 along with its holding company, with the Punjab Health Systems Corporation. As per the terms of concession agreement, the Group is to build and operate a hospital for initial term of 50 years on Public-Private-Partnership ("PPP") mode. The Group is obliged to pay concession fee to Government of Punjab as per terms of agreement.

(c) Capital creditors amount includes INR 689 lakhs (March 31, 2022: INR 1,246 lakhs) of stamp duty payable on land registration of sector-53 (refer footnote 4.03)

(d) During the year ended March 31, 2023 and March 31, 2022, the Group has acquired 1,41,148 and 2,46,17,449 equity shares respectively of Crosslay Remedies Limited, a subsidiary of the Group and post acquisition it holds 100.00% equity stake in Crosslay Remedies Limited (as at March 31, 2022 : 99.90%).

(e) On April 13, 2023, the Company completed the acquisition of 34% stake in Eqova upon exercise of put option by one of the shareholders of Eqova pursuant to option agreement entered into by the Company, Eqova and such shareholder of Eqova on February 10, 2022. Further, the Company shall acquire the remaining stake of 40%, upon exercise of put / call options as per shareholders option agreement.

Notes forming part of Consolidated Financial Statements

25. Other current liabilities

Advance from patients/customers	3,342	2,181
Unfavourable lease liability	597	595
Statutory dues	3,893	2,989
Unearned income	9	-
Grant - Deferred Liability Current	26	24
Others	601	726
	8,468	**6,515**

26. Provisions - current

Provision for income tax (net of advance tax)	268	-
Provision for compensated absences	3,293	3,181
Provision for gratuity (refer note 35.01)	1,216	948
Post retirement medical benefit (refer note 35.02)	60	39
	4,837	**4,168**

27. Income taxes

(INR in Lakhs)

		Year ended March 31, 2023	Year ended March 31, 2022
(a)	**Income tax expense in the statement of profit and loss comprises :**		
	Current income tax charge	20,478	11,584
	Deferred tax		
	Relating to origination and reversal of temporary differences	(24,457)	1,801
	Income tax expense reported in the statement of profit and loss	**(3,979)**	**13,385**
(b)	**Other comprehensive income**		
	Re-measurement (gain) / losses on defined benefit plans	(29)	(40)
	Income tax related to item recognised in OCI during the year	**(29)**	**(40)**
(c)	**Reconciliation of tax expense and the accounting profit multiplied by India's domestic tax rate :**		
	Accounting profit before tax	1,06,372	73,890
	Applicable tax rate	25.17%	25.17%
	Computed tax expense at applicable tax rate	**26,772**	**18,597**
	Losses on which no deferred tax recognised	1,231	562
	Profit not considered for deferred tax purpose	(4,518)	(2,981)
	Income not considered for tax purpose	(181)	(283)
	Expense not allowed for tax purpose	188	11
	Employee Stock Option Plan expenses claimed under tax law (Refer note 35.05)	(1,876)	(2,256)
	Reversal of Deferred tax liability on fair valuation of land	(1,324)	(186)
	Other	(57)	(79)
	On account of SCHL Voluntary Liquidation	(24,624)	-
	Long term capital gain recognised on redemption of preference shares	410	-
	Income tax reported in the statement of profit and loss	**(3,979)**	**13,385**

Notes forming part of Consolidated Financial Statements

(d) Deferred tax (assets)/liabilities comprises :

	Balance sheet As at March 31, 2023	As at March 31, 2022
Deferred tax liability		
Difference in book base and tax base of property plant and equipment and intangible assets	32,164	54,783
Fair valuation of land and purchase price allocation adjustment	25,966	25,966
Difference in written down value of right of use assets net of lease liability	1,708	866
Others	3,205	2,737
Recognized deferred tax liability	**63,043**	**84,352**
Deferred tax asset :		
Unfavourable lease liability	(5,519)	(5,670)
Expenses allowed on payment basis	(1,479)	(2,920)
Employee Stock Option Plan expenses allowable under tax law	(1,751)	(742)
Amortisation of security deposit	(6,051)	(5,002)
Others	(4,471)	(1,708)
Recognized deferred tax (asset)	**(19,271)**	**(16,042)**
Net deferred tax liabilities/(asset)	**43,772**	**68,310**
Deferred tax assets on carried forward losses & depreciation restricted to deferred tax liability	(59)	(169)
Recognized deferred tax (asset) / liability*	**43,713**	**68,141**
Reflected in balance sheet as follows :		
Deferred tax asset	-	-
Deferred tax liabilities	43,713	68,141
Net deferred tax liabilities/(asset)	**43,713**	**68,141**

(e) Movement in deferred tax (assets)/liabilities (net) for the year ended March 31, 2023

	As at April 01, 2022	(Credit) / charge to statement of profit and loss	(Credit)/ charge to other comprehensive income	Movement in deferred tax assets/ deferred tax liabilities relating to subsidiaries	As at March 31, 2023
Deferred tax liabilities					
Property, plant & equipments and intangible assets	53,636	(22,470)	-	1,000	32,166
Fair valuation of land and purchase price allocation	25,966	-	-	-	25,966
Trade receivables	1,854	(6)	-	-	1,848
Right to use assets and lease liabilities	866	842	-	-	1,708
Security deposit	291	774	-	-	1,065
Government grant	-	31	-	-	31
Others	593	(320)	-	(10)	263
Deferred tax assets					
Unfavourable lease liability	(5,670)	151	-	-	(5,519)
Provisions for expense allowed for tax purpose on payment basis (including employee benefit)	(1,594)	58	29	29	(1,478)
Employee Stock Option Plan expenses allowable under tax law	(742)	(1,009)	-	-	(1,751)
Carry forward merger expense	(733)	244	-	-	(489)
Amortisation of security deposit	(4,878)	-		(1,175)	(6,053)
Others	(1,279)	(2,752)	-	46	(3,985)
	68,310	**(24,457)**	**29**	**(110)**	**43,772**
Deferred tax assets on carried forward losses & depreciation restricted to deferred tax liability	(169)	-	-	-	(59)
Recognized deferred tax (asset) / liability*	**68,141**				**43,713**

Notes forming part of Consolidated Financial Statements

Movement in deferred tax (assets)/liabilities (net) for the year ended March 31, 2022

	As at April 01, 2021	(Credit) / charge to statement of profit and loss	Deferred tax liabilities relating to acquisition*	(Credit)/ charge to other comprehensive income	Movement in deferred tax assets/ deferred tax liabilities relating to subsidiaries	As at March 31, 2022
Deferred tax liabilities						
Property, plant & equipments and intangible assets	46,484	(1,453)	8,205	-	400	53,636
Fair valuation of land and purchase price allocation	26,033	(67)	-	-	-	25,966
Trade receivables	1,682	172	-	-	-	1,854
Right to use assets and lease liabilities	1,110	(244)	-	-	-	866
Security deposit	287	4	-	-	-	291
Others	829	(213)	-	-	(23)	593
Deferred Tax Assets						
Unfavourable lease liability	(5,819)	149	-	-	-	(5,670)
Provisions for expense allowed for tax purpose on payment basis (including employee benefit)	(1,342)	(286)	-	40	(6)	(1,594)
Employee Stock Option Plan expenses allowable under tax law	(852)	110	-	-	-	(742)
Unabsorbed tax depreciation and loss	(4,006)	4,006	-	-	-	-
Carry forward merger expense	-	(733)	-	-	-	(733)
Amortisation of security deposit	(4,130)	-	-	-	(748)	(4,878)
Others	(1,671)	357	-	-	35	(1,279)
	58,605	**1,802**	**8,205**	**40**	**(342)**	**68,310**
Deferred tax assets on carried forward losses & depreciation restricted to deferred tax liability	(511)					(169)
Recognized deferred tax (asset) / liability*	**58,094**					**68,141**

* Deferred Tax Liability on fair valuation is recognised on date of acquistion and also considered as part of buiness combination.

During the year ended March 31, 2023, the liquidator, appointed pursuant to scheme of voluntary liquidation approved by the shareholders of Saket City Hospitals Limited ("SCHL"), a wholly owned subsidiary of the Company, had distributed the entire business undertaking of SCHL to the Company, on a going concern basis. The said distribution of business undertaking was accounted for using the pooling of interests method in accordance with Appendix C of Ind AS 103 'Business combinations of entities under common control'.

Notes forming part of Consolidated Financial Statements

The above distribution resulted in inter-alia recognition of long term service agreements in block of intangible assets in tax books of the Company at fair value as on August 31, 2022. Accordingly, the deferred tax liability recognised upon an earlier business combination, was reversed, resulting in deferred tax credit of INR 28,250 lakhs in statement of profit or loss. Simultaneously, a capital gains tax of INR 3,828 lakhs arising on account of difference in fair value of assets received upon distribution vis a vis the indexed value of the Company's investments in SCHL was also recorded as part of current tax expense in the year ended March 31, 2023.

28. Revenue from operation

	Year ended March 31, 2023	(INR in Lakhs) Year ended March 31, 2022
Revenue from operation		
Revenue from contracts with customers	4,48,895	3,88,319
Other operating revenue (refer note 28.3)	7,365	5,336
	4,56,260	**3,93,655**

28.1 Disaggregated revenue information

The table below presents disaggregated revenues from contracts with customers by type of goods or service provided, geography and the timing of transfer of goods and services.

Revenues by type of goods or service		
Revenue from healthcare services (net)	4,38,188	3,77,612
Sale of drugs and pharmaceuticals supplies	10,707	10,707
	4,48,895	**3,88,319**
Revenues by geography		
India	4,48,895	3,88,319
Outside India	-	-
	4,48,895	**3,88,319**
Revenues by timing of revenue recognition		
Services provided over time	4,38,188	3,77,612
Goods transferred at a point in time	10,707	10,707
	4,48,895	**3,88,319**

28.2 Reconciling of revenue recognized in the statement of profit and loss with contracted price

Revenue as per contracted price	4,75,772	4,11,516
Discount and expected disallowances	(26,877)	(23,197)
Revenue from contract with customers	**4,48,895**	**3,88,319**

28.3 Other operating revenue

Income from sponsorship and educational income	2,999	1,724
Deferred income under EPCG	1,322	579
Income from ancillary activities	2,921	2,490
Income from service exports from India scheme	123	545
	7,365	**5,338**

Notes forming part of Consolidated Financial Statements

29. Other income

Income from deferred credit (refer note 10 (ii))		182		180
Unclaimed balances and excess provisions written back		1,381		2,634
Provision for doubtful debts and advances/ bad debts written off				
Provision for doubtful debts	1,604		1,956	
Provision for doubtful advances	(566)		465	
Bad debts written off	(542)		(889)	
Debit balances written off	(199)	297	(35)	1,497
Income on modification/ termination of Lease under Ind AS 116		135		62
Other non-operating income		558		345
Net gain on sale/disposal of property, plant and equipment		133		-
Finance Income :				
- Interest income on				
Bank deposits		5,170		2,117
Security deposits		113		73
Non current trade receivables (refer note 10 (ii))		1,207		1,242
Loans to other healthcare service providers		3,188		3,631
Loan to others		-		145
Income tax refund		1,560		301
		13,924		**12,227**

	Year ended March 31, 2023	(INR in Lakhs) Year ended March 31, 2022
30. Employee benefits expense		
Salaries, wages and bonus	71,724	66,119
Contribution to provident and other funds	3,100	2,960
Share based payments to employees (refer note 35.05)	3,436	4,682
Gratuity expense (refer note 35.01)	1,186	1,158
Post retirement medical benefits (refer note 35.02)	41	30
Staff welfare expenses	1,448	1,043
	80,935	**75,992**
31. Finance cost		
Interest on debts and borrowings	5,510	7,128
Interest on lease liabilities	1,622	1,873
Bank charges	1,254	1,086
	8,386	**10,087**
32. Depreciation and amortization expense		
Depreciation on tangible assets (refer note 4)	15,329	14,399
Depreciation on right of use assets (refer note 6)	2,669	2,525
Amortization of intangible assets (refer note 8)	5,221	5,188
	23,219	**22,112**

Notes forming part of Consolidated Financial Statements

(INR in Lakhs)

	Year ended March 31, 2023	Year ended March 31, 2022
33. Other expenses		
Outside lab investigation	2,314	1,932
Concessional fee (Refer footnote)	1,604	1,377
Patient catering expenses	4,129	3,487
Rent	1,390	1,215
Insurance	1,226	1,148
Rates and taxes	835	663
Facility maintenance expenses	4,441	4,277
Power and fuel	6,892	6,267
Repairs and maintenance:		
- Building	763	713
- Plant and equipment	4,930	4,386
- Others	1,319	1,424
Printing and stationery	1,408	1,215
Travelling and conveyance	3,156	2,145
Communication	597	515
Legal and professional	12,238	8,211
Share issue expenses	-	19
Information technology support expense	1,921	1,473
Watch and ward	1,501	1,434
Directors' sitting fee	264	142
Advertisement and publicity	5,755	4,462
Loss on foreign exchange fluctuation (net)	24	34
Contract expense	307	310
Payment/ fair value loss on contingent consideration	1,247	1,300
Charity and donation	-	2
Equipment hiring charges	1,112	670
Net loss on sale/disposal of property, plant and equipment	-	306
Expenditure on Corporate Social Responsibility	307	25
Expenses for medical treatment of weaker section	191	124
Capital work in progress/asset written off	-	6
Miscellaneous expenses	569	381
	60,440	49,663

Hometrail Buildtech Private Limited had entered into tri-partite long term concession agreement dated February 20, 2009 along with its holding company, with the Punjab Health Systems Corporation. As per the terms of concession agreement, the Group is to build and operate a hospital for initial term of 50 years on Public-Private-Partnership ("PPP") mode. The Group is obliged to pay concession fee to Government of Punjab as per terms of agreement.

Notes forming part of Consolidated Financial Statements

34. Contingent liabilities, litigations and commitments

A. Contingent liabilities (to the extent not provided for)

(INR in Lakhs)

S. No.	Particulars	As at March 31, 2023	As at March 31, 2022
(i)	Corporate guarantee given to financial institutions / banks in respect of financial assistance availed by other healthcare service providers (Amount is computed based on sanction working capital limits and outstanding term loan/ LC amount payable as on March 31, 2023.)(refer footnote (a) below)	9,717	21,924
(ii)	Claims against the Group not acknowledged as debts		
	- Civil Cases (refer footnote (b) and (g) below)	17,542	19,067
	- VAT cases (refer footnote (c) below)	771	557
	- Income taxes (refer footnote (h) below)	3,657	21
	- Others (refer footnote (i) below)	979	652

Note:

(a) Guarantees given by the Group to the lenders on behalf of other healthcare services provider is not considered as prejudicial to the interest of the Group as it provides opportunities to the Group to increase the depth and width of its offering leading to growth in revenue & improvement in profitability. The Group does not expect any default by other healthcare services provider and any liability to accrue on the Group.

(b) Claims against the Group not acknowledged as debts represent the cases that are pending with various Consumer Disputes Redressal Commissions / Courts and the group , including its legal advisers, expect that its position will likely be upheld on ultimate resolution and will not have a material adverse effect on the Group financial positions and results of operations. In addition to this, the Group has taken Professional Indemnity Insurance Policy for certain claims pending against the Group to secure the Group from any financial implication in case of claims adjudicated against the Group.

(c) The Group is contesting the demands of VAT on drugs and consumables used for treatment of patients in In-patient department and the group , including its tax advisors, believe that its position will likely be upheld in the appellate process. No tax expense has been accrued in the financial statements for the tax demand raised. The management believes that the ultimate outcome of these proceedings will not have a material adverse effect on the Group financial position and results of operations.

(d) There are numerous interpretative issues relating to the Supreme Court (SC) judgement dated February 28, 2019 on provident fund (PF) on the inclusion of allowances for the purpose of PF contribution as well as its applicability of effective date. The Company is evaluating and seeking legal inputs regarding various interpretative issues. However, in absence of clarity on effective date, the Company has implemented the Supreme court (SC) Judgement in respect to PF calculation from April 1, 2019 and included all allowances for the purpose of PF contribution calculation.

(e) Directorate General of Health Services ("DGHS"), Govt. of NCT Delhi had, on December 8, 2017, issued an order under Section 7 of the Delhi Nursing Home Registration Act, 1953 for cancelling the registration of Max Super Speciality Hospital, Shalimar Bagh "Hospital" with immediate effect and further directed to refrain from admitting any IPD Patients in the Hospital. Against this order, the Group had filed an appeal bearing no. 335/2017 before the Hon'ble Financial Commissioner, Govt. of Delhi "Appellate Authority" on December 13, 2017. On December 19, 2017, the Appellate Authority stayed the operation of the said cancellation order. Accordingly, the Hospital resumed its operations on December 20, 2017 and the stay continues. The parents of the deceased child had filed an application for impleadment in the said appeal. On the last date of hearing i.e September 09, 2022, the Hon'ble Financial Commissioner was pleased to dismiss the application of the deceased child's parents for impleadment in the matter. The case is now fixed for May 30, 2023 for final arguments. The Group is of the view that the said cancellation order was passed by the DGHS in contravention of the provisions of Section 8 of Delhi Nursing Home Registration Act and violates the principles of natural justice and due process prescribed under the Act. The Company is confident that the Appellate Authority will set aside the cancellation order dated December 8, 2017 and uphold its view in the matter.

(f) A writ petition was filed by the Association of Healthcare Providers (India) ("AHPI"), which represented a majority of "healthcare providers" in Delhi, including the Company's hospitals in Delhi, before the Delhi High Court, in relation to an order dated June 25, 2018 issued by the Director General Health Services ("DGHS"), Government of National Capital Territory of Delhi ("DGHS Order"). DGHS Order mandated that all private hospitals in Delhi comply with the recommendations of the Expert

Notes forming part of Consolidated Financial Statements

Committee, constituted pursuant to the Supreme Court order dated January 29, 2016, in W.P.(C) No. 527/2011, regarding the working conditions and pay of nurses in private hospitals. The Single Bench of Delhi High Court, on July 24, 2019, upheld the DGHS Order and directed mandatory compliance by all the private hospitals within a period of three months i.e. by October 24, 2019. It was further directed by the Single Bench that before cancellation of the registration of any private hospital for any non-compliance, DGHS will give the concerned private hospital a personal hearing and an opportunity to represent against such proposed cancellation of registration and the cancellation will be only through a speaking order. Till date no private hospital in Delhi has been called for personal hearing by DGHS. AHPI has appealed against the said Single Bench Order before the Division Bench of Delhi High Court. During the year ended March 31, 2022, DGHS vide its order dated November 25, 2021 directed that nurses working in private hospitals are covered under minimum rates of wages and accordingly, previous order of DGHS dated June 25, 2018 stands withdrawn. The next date of the hearing is scheduled on October 10, 2023 and appropriate steps will be taken by the appellant (AHPI). The Group is complying with applicable rules and accordingly, the management believes that there is unlikely to be any material adverse impact on the Group.

(g) The Assistant Charity Commissioner (Hospital) filed a criminal complaint against Dr. Balabhai Nanavati Hospital and certain others, pursuant to an order dated September 25, 2017, passed by the Hon'ble Charity Commissioner directing the Assistant Charity Commissioner (Hospital) to file the said complaint, under section 66B of the Maharashtra Public Trust Act, 1950, for the irregularities/illegalities found in the implementation of the scheme framed by the Bombay High Court in Writ Petition (PIL) No. 3132 of 2004. The matter is currently pending and management basis legal view believes that the ultimate outcome of the proceeding will not have a material adverse effect on the Group's financial position and results of operations.

(h) Crosslay Remedies Limited during the previous year has received a demand from Ghaziabad Development Authority ('GDA') with respect to infrastructure surcharge of 10% due upon allotment of land bearing no. W-3, Sector-1,Vaishali, Ghaziabad ('Hospital Plot') aggregating to INR 139 lakhs. The Company has filed detailed representation with The Secretary, State of U.P. Housing and Urban Planning Department, U.P. Secretariat Lucknow, denying any liability whatsoever. The management, based on its legal assessment, believes that the demand of GDA is not tenable and accordingly no provision is recorded in these financial statements.

(i) Crosslay Remedies Limited during the previous year has received a demand from Ghaziabad Development Authority ('GDA') with respect to infrastructure surcharge of 10% due upon allotment of land bearing no. W-3, Sector-1,Vaishali, Ghaziabad ('Hospital Plot') aggregating to INR 139 lakhs. The Company has filed detailed representation with The Secretary, State of U.P. Housing and Urban Planning Department, U.P. Secretariat Lucknow, denying any liability whatsoever. The management, based on its legal assessment, believes that the demand of GDA is not tenable and accordingly no provision is recorded in these financial statements.

B. Capital commitment

Estimated amount of capital contracts remaining to be executed and not provided for (net of advances)

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Estimated amount of contracts remaining to be executed on capital account	53,390	20,191
Less: Capital advances	11,817	10,895
Balance value of contracts	**41,573**	**9,296**

C. Other commitment

(i) The Group has no other commitments other than those in the nature of its routine business operation for purchase/ sales as per the normal operating cycle of Company, obligations under other long term agreements towards medical and management services with healthcare service providers including indemnities to such healthcare service providers.

(ii) The Group does not have any long term commitments or material non-cancellable contractual commitments/ contracts, including derivative contracts for which there were any material foreseeable losses.

Notes forming part of Consolidated Financial Statements

35. Other notes to accounts

35.01 Defined benefit obligations :

Gratuity

The Group has a defined benefit gratuity plan. Under gratuity plan, every employee who has completed five years or more of service gets a gratuity on cessation of employment at 15 days of last drawn basic salary for each completed year of service. The scheme is partially funded with Life Insurance Company of India and Max Life Insurance Company Limited in the form of a qualifying insurance policy.

Defined benefit plan

(INR in Lakhs)

		As at March 31, 2023	As at March 31, 2022
(a)	**Reconciliation of opening and closing balances of defined benefit obligation**		
	Defined benefit obligation at the beginning of the year	6,493	6,544
	Acquisition adjustment	77	85
	Interest expense	421	383
	Current service cost	773	781
	Past service cost	-	-
	Benefit paid	(875)	(1,000)
	Employees transferred from /(to) other companies	44	24
	Remeasurement of (gain)/loss in other comprehensive income		
	Actuarial changes arising from changes in demographic assumptions	(95)	(216)
	Actuarial changes arising from changes in financial assumptions	(305)	(278)
	Actuarial changes arising from changes in experience adjustments	216	170
	Defined benefit obligation at year end	**6,749**	**6,493**
(b)	**Reconciliation of opening and closing balances of fair value of plan assets**		
	Fair value of plan assets at beginning of the year	154	125
	Plan assets taken on business acquisition	16	12
	Expected return on plan assets	-	-
	Investment Income	-	-
	Returns of plan assets	12	17
	Fair value of plan assets at year end	**182**	**154**
(c)	**Net defined benefit asset/(liability) recognized in the balance sheet**		
	Present value of defined benefit obligation	(6,749)	(6,493)
	Fair value of plan assets	182	154
	Amount recognized in balance sheet- asset/(liability) at year end	**(6,567)**	**(6,339)**
(d)	**Net defined benefit expense (Recognized in the statement of profit and loss for the year)**		
	Current service cost	773	781
	Past service cost	-	-
	Interest cost on benefit obligation	421	381
	Net actuarial(gain) / loss recognized in the year	-	-
	Expected return on plan assets	(8)	(4)
	Net defined benefit expense debited to statement of profit and loss	**1,186**	**1,158**

Notes forming part of Consolidated Financial Statements

(INR in Lakhs)

		As at March 31, 2023	As at March 31, 2022
(e)	**Other comprehensive income**		
	Change in demographic assumptions	(95)	(216)
	Change in financial assumptions	(305)	(272)
	Return on plan assets	(2)	(11)
	Experience variance	216	167
	Remeasurement of (Gain)/loss in other comprehensive income	**(186)**	**(332)**
(f)	**Broad categories of plan assets as a percentage of total assets**		
	Insurer managed funds	100%	100%
(g)	**Principal assumptions used in determining defined benefit obligation**		
	Assumption particulars		
	Discount rate	7.35% to 7.46%	6.11% to 7.12%
	Salary escalation rate	6.5% to 8%	6.5% to 8%
	Mortality rate	100% of IALM 2012-14	100% of IALM 2012-14
(h)	**Quantitative sensitivity analysis for significant assumptions is as below:**		
	Increase / (decrease) on present value of defined benefits obligations at the end of the year		
	(i) Discount rate		
	Discount rate		
	Increase by 1%	(313)	(360)
	Decrease by 1%	337	404
	(ii) Salary growth rate		
	Increase by 1%	335	396
	Decrease by 1%	(303)	(352)
	(iii) Attrition rate		
	Increase by 50% of attrition rate	(263)	(236)
	Decrease by 50% of attrition rate	481	471
	(iv) Discount rate (excluding Dr. Balabhai Nanavati Hospital)		
	Discount rate		
	Increase by 1%	(198)	(202)
	Decrease by 1%	220	224
	(v) Discount rate (Dr. Balabhai Nanavati Hospital)		
	Increase by 0.50%	(158)	(158)
	Decrease by 0.50%	180	180
	(vi) Salary growth rate (excluding Dr. Balabhai Nanavati Hospital)		
	Increase by 0.50%	212	216
	Decrease by 0.50%	(195)	(191)
	(vii) Salary growth rate (Dr. Balabhai Nanavati Hospital)		
	Increase by 1%	180	180
	Decrease by 1%	(161)	(161)

Notes forming part of Consolidated Financial Statements

(INR in Lakhs)

		As at March 31, 2023	As at March 31, 2022
	(viii) Attrition rate		
	Increase by 50% of attrition rate	(13)	(13)
	Decrease by 50% of attrition rate	15	15
(i)	**Maturity profile of defined benefit obligation(undiscounted, as per actuarial certificate)**		
	Within the next 12 months (next annual reporting period)	1,202	948
	Between 2 and 5 years	3,303	2,660
	Between 6 and 10 years	2,784	2,414
	More than 10 years	5,867	4,869
	Total expected payments	**13,156**	**10,891**

(j) The average duration of the defined benefit plan obligation at the end of the reporting period is 5-9 Years .

(k) The plan assets are maintained with LIC of India and Max Life Insurance Company Limited.

(l) The estimates of rate of escalation in salary considered in actuarial valuation are after taking into account inflation, seniority, promotion and other relevant factors including demand and supply in the employment market. The above information is as certified by the actuary.

(m) Discount rate is based on the prevailing market yields of Indian Government securities as at the balance sheet date for the estimated term of the obligations.

(n) The sensitivity analysis above have been determined based on a method that extrapolates the impact on defined benefit obligation as a result of reasonable changes in key assumptions occurring at the end of the reporting period.

35.02 Post- Retirement Medical Benefits

The Group also pays for the post-employment medical costs for certain categories employees of one of the deemed separate entities i.e. 'Silos'.

Liabilities in respect of the Post-employment medical benefits are determined by an actuarial valuation, based upon which the Hospital makes provision for defined benefit obligation in books of accounts.

The most recent actuarial valuation of the defined benefit obligation along with the fair valuation of the plan assets in relation to the post-employment medical costs was carried out as at March 31, 2023. The present value of the defined benefit obligations and the related current service cost and past service cost, were measured using the Projected Unit Credit Method.

Based on the actuarial valuation obtained in this respect, the following table sets out the details of the employee benefit obligation and the plan assets as at balance sheet date:

Change in the Present Value of Projected Benefit Obligation

(INR in Lakhs)

Particulars	March 31, 2023	March 31, 2022
Present Value of Benefit Obligation at the beginning of the year	302	300
Interest cost	22	16
Current service cost	20	13
(Benefit paid directly by the employer)	(152)	(62)
Actuarial (gains)/losses on obligations - due to change in demographic assumptions	-	-

Notes forming part of Consolidated Financial Statements

(INR in Lakhs)

Particulars	March 31, 2023	March 31, 2022
Actuarial (gains)/losses on obligations - due to change in financial assumptions	(8)	(15)
Actuarial (gains)/losses on obligations - due to experience	203	50
Present value of benefit obligation at the end of the year	**387**	**302**
Current	60	45
Non-current	327	277
Total	**387**	**322**

Expenses recognized in the statement of profit or loss for the year

Particulars	March 31, 2023	March 31, 2022
Current service cost	22	13
Net interest cost	17	17
Expenses recognized	**39**	**30**

Expenses recognized in the other comprehensive income (OCI) for the year

Particulars	March 31, 2023	March 31, 2022
Actuarial (gains)/losses on obligation for the year	195	34
Net (income)/expense for the year recognized in OCI	**195**	**34**

Maturity analysis of the benefit payments from the employer

Particulars	March 31, 2023	March 31, 2022
Within next 12 months	60	39
Between 2 and 5 years	138	114
Between 6 and 10 years	186	154
Above 10 years	456	377
Particulars	**March 31, 2023**	**March 31, 2022**
Projected benefits payable in future years from the date of reporting		
1st Following year	39	39
2nd Following year	35	35
3rd Following year	30	30
4th Following year	26	26
5th Following year	23	23
Sum of year 5 and above	531	531

Particulars	March 31, 2023	March 31, 2022
Actuarial assumptions The following were the principal actuarial assumptions at the reporting date (expressed as weighted averages).		

Notes forming part of Consolidated Financial Statements

(INR in Lakhs)

Particulars	March 31, 2023	March 31, 2022
Leaving service attrition rate	For service years, 0 to 2 - 15%, 3 to 4 - 0.9%, 4 and above - 5.20%	For service years, 0 to 2 - 15%, 3 to 4 - 0.9%, 4 and above - 5.20%
Rate of medical cost inflation	5.00%	5.00%
Discount rate	7.46%	7.12%
Mortality rate	Indian Assured Lives Mortality (2012-14)	Indian Assured Lives Mortality (2012-14)

(INR in Lakhs)

Sensitivity Analysis	As at March 31, 2023	As at March 31, 2022
Increase / (decrease) on present value of defined benefits obligations at the end of the year		
Discount rate		
Increase by 1.00%	(28)	(22)
Decrease by 1.00%	35	27
Attrition rate		
Increase by 50% of attrition rate	(19)	(16)
Decrease by 50% of attrition rate	20	19

35.03 Other long term benefit plans

Compensated absences

The Group pays leave encashment benefits to employees as and when claimed subject to the policies of the Group. The liability towards compensated absences based on actuarial valuation using the projected accrued benefit method amounted to as follows:

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Current provision	3,293	3,181
Non-current provision	-	-
Total	**3,293**	**3,181**

(A) Assumptions used for Silos :

The significant actuarial assumptions used for the purposes of the actuarial valuations of Dr. B. L. Kapur Memorial Hospital were as follows.

Assumption Particulars	As at March 31, 2023	As at March 31, 2022
Discount rate	7.35%	6.11%
Salary escalation rate	8%	8%
Mortality rate	100% of IALM 2012-14	100% of IALM 2012-14

Notes forming part of Consolidated Financial Statements

The significant actuarial assumptions used for the purposes of the actuarial valuations of Dr. Balabhai Nanavati Hospital were as follows.

Assumption Particulars	As at March 31, 2023	As at March 31, 2022
Discount rate	7.46%	6.32%
Salary escalation rate	6.50%	6.50%
Mortality rate	100% of IALM 2012-14	100% of IALM 2012-14

(B) Assumptions used for entities other than Silos:

The significant actuarial assumptions used for the purposes of the actuarial valuations were as follows.

Assumption Particulars	As at March 31, 2023	As at March 31, 2022
Discount rate	7.35%	6.11%
Salary escalation rate	8%	8%
Mortality rate	100% of IALM 2012-14	100% of IALM 2012-14

35.04 Provident Fund

Retirement benefit in the form of provident fund is a defined contribution scheme. The group has no obligation, other than the contribution payable to the regional PF Commissioner. The Group recognizes contribution payable to provident fund scheme as an expenditure, when an employee renders related service.

35.05 Share based payment plans

A. Equity settled plans

The Nomination and Remuneration Committee of Board of Directors of the Company ("NRC") on September 29, 2020, November 12, 2021 and August 11, 2022 approved the grant of 61,65,265, 3,75,924 and 2,45,715 respectively Employee Stock Options ('ESOPs') to the eligible employees of the Company and its subsidiaries , under the MHIL ESOP 2020 Scheme, at an exercise price of INR 10 per share . These options will vest subject to requirements of the SEBI SBEB Regulations and the MHIL ESOP 2020 Scheme.

Further, the Employee Stock Option Plan 2022' was approved by the Shareholders in annual general meeting ""AGM"" held on September 26, 2022. Subsequent to approval by Nomination and Remuneration Committee, the Company has granted 81,57,706 ESOPs under the ESOP 2022 (39% of grants linked to organizational performance), to the 268 eligible employees of the Company and / or its subsidiaries, on October 31, 2022. ESOPs granted shall vest between 3rd to 5th year from the date of grant at exercise price of INR 350 per share.

The following table provides an overview of all existing stock option plans of the Group :

Particulars	Numbers	Grant Date	Vesting Date	Exercise price	Fair value at grant date
Max Healthcare Institute Ltd. (1 year vesting plan)	43,15,689	September 29, 2020	September 29, 2021	10	104
Max Healthcare Institute Ltd. (2 years vesting plan)	18,49,576	September 29, 2020	September 29, 2022	10	105
Max Healthcare Institute Ltd. (1 year vesting plan)	3,75,924	November 12, 2021	November 12, 2022	10	335
"Max Healthcare Institute Ltd. (1 years vesting plan)"	2,45,715	August 11, 2022	August 11, 2023	10	363
"Max Healthcare Institute Ltd. (3 year vesting plan)"	14,95,477	October 31, 2022	October 30, 2025	350	239
"Max Healthcare Institute Ltd. (4 year vesting plan)"	14,95,477	October 31, 2022	October 30, 2026	350	255
Max Healthcare Institute Ltd. (5 year vesting plan)	51,66,752	October 31, 2022	October 30, 2027	350	269

Notes forming part of Consolidated Financial Statements

The stock options vesting is subject to service and certain performance conditions mainly pertaining to certain financial parameters.

The movement in the number of stock options and the related weighted average exercise prices are given in the table below:

Particulars	For the year ended March 31, 2023		For the year ended March 31, 2022	
MHIL ESOP 2020 Scheme	Number of stock Options	Weighted average exercise price	Number of stock Options	Weighted average exercise price
Outstanding at the beginning of year	24,40,985	10	59,30,769	10
Granted	2,45,715	10	3,75,924	10
Exercised	13,54,361	10	36,70,449	10
Lapsed/Forfeited	44,855	10	1,95,259	10
Outstanding at end of year	12,87,484	10	24,40,985	10
Exercisable at end of year	10,41,769	10	3,85,003	10

Particulars	For the year ended March 31, 2023	
MHIL ESOP 2022 Scheme	Number of stock Options	Weighted average exercise price
Outstanding at the beginning of year	-	-
Granted	81,57,706	350
Exercised	-	-
Lapsed/Forfeited	79,872	350
Outstanding at end of year	80,77,834	350
Exercisable at end of year	-	-

The weighted average remaining contractual life for the stock options outstanding as at March 31, 2023 are as follows:

Date of grant	March 31, 2023		March 31, 2022	
	Number of options	Weighted average remaining life in years	Number of options	Weighted average remaining life in years
September 29, 2020	2,39,579	2.5 years	3,85,003	2.5 years
September 29, 2020	4,76,804	3.5 years	16,80,058	3.5 years
November 12, 2021	3,25,386	2.5 years	3,75,924	2.5 years
August 11, 2022	2,45,715	2.5 years		
October 31, 2022	14,79,143	4.5 years		
October 31, 2022	14,79,143	5.5 years		
October 31, 2022	51,19,548	6.5 years		

Stock compensation expense under the fair value method has been determined based on fair value of the stock options. The fair value of stock options is determined using the Black Scholes Option Pricing Model with the following assumptions.

Notes forming part of Consolidated Financial Statements

MHIL ESOP 2020 Scheme

Particulars	Inputs used for different grant dates for black scholes valuation of option granted			
	1 year vesting plan (August'2023)	1 year vesting plan (November'2022)	1 year vesting plan (September'2021)	2 year vesting plan (September'2022)
A. Stock Price (in INR)	371.8	343.5	113.4	113.4
B. Exercise Price (in INR)	10	10	10	10
C. Expected Volatility (Standard Deviation- Annual)	36.1%	44.9%	39.2%	36.0%
D. Expected Life of the options granted (Vesting and exercise period) in years	2.5	2.5	2.5	3.5
E. Expected Dividend	-	-	-	-
F. Average Risk- Free Interest Rate	6.60%	4.74%	4.70%	5.20%
G. Expected Dividend Rate	0	-	-	-

MHIL ESOP 2022 Scheme

Particulars	Inputs used for different grant dates for Black Scholes Valuation of Option Granted			
	3 year vesting plan (October'2025)	4 year vesting plan (October'2026)	5 year vesting plan (October'2027)	5 year vesting plan (Org.) (October'2027)
A. Stock Price (in INR)	456	456	456	456
B. Exercise Price (in INR)	350	350	350	350
C. Expected Volatility (Standard Deviation- Annual)	38.2%	36.4%	34.6%	34.6%
D. Expected Life of the options granted (Vesting and exercise period) in years	4.5	5.5	6.5	6.5
E. Expected Dividend	-	-	-	-
F. Average Risk- Free Interest Rate	7.3%	7.3%	7.4%	7.4%
G. Expected Dividend Rate	-	-	-	-

The Company granted stock options to the eligible employees (including employees of the subsidiary companies) under the MHIL ESOP 2020 and 2022 Scheme. In accordance with the provisions of Ind-AS and guidance note on accounting for employee share-based payments, issued by the Institute of Chartered Accountants of India for the purposes of accounting of the stock options, estimated fair value of the options determined on grant date is recognised as an expense in the statement of profit and loss on a straight-line basis over the required service period for each separately vesting portion, as 'Share-based payments to employees'. Accordingly, INR 3,436 lakhs has been debited to the statement of profit and loss to the extent relating to the employees of the Company.

The market value of shares as on the date of exercise of the options is much higher than the fair value of the stock options as on the date of grant. ESOP value to the extent of a) the difference between the fair value of the equity shares on the date of exercise and exercise price paid by the employees and b) expense already recognised in the books of account (based on fair value of the grants), aggregating to INR 2,703 lakhs (including INR 531 lakhs pertaining to stock options issued to subsidiary but not recovered from the subsidiaries by the Company) is not debited to the profit and loss account of the Company in the books of account, in terms of above accounting principles.

However, basis the legal advice, total amount of INR 5,590 lakhs (INR 2,887 lakhs debited to P&L and INR 2,703 lakhs as mentioned in above para) is to be claimed as deduction in the return of income of the Company and accordingly, the Company has claimed such tax deduction in computation of income for tax purposes for the financial year 2022-23.

Notes forming part of Consolidated Financial Statements

B. Cash settled (Employee Phantom Stock Plan 2017)

Employee Phantom Stock Plan, 2017 ('the Scheme') are cash settled rights where the employees are entitled to get cash compensation based on the Group's fair value, provided certain conditions as laid out in the Scheme are met. The fair value of the amount payable to the employees in respect of phantom stocks, which are settled in cash, is recognized as an expense with a corresponding increase in liabilities, over the period during which the employees become unconditionally entitled to payment.

The liability is remeasured at each reporting date at fair value until the liability is settled with any changes in the liability are recognized in statement of profit and loss as detail given below:-

Particulars	As at March 31, 2023	As at March 31, 2022
Opening balance	740	1,004
Add: Expenses during the year	-	1,288
Less : Payment during the year	-	-
Less : Lapsed/forfeited during the year	(740)	(1,552)
Closing balance [refer note 24 (iii)]	-	740

During the year ended March 31, 2023, certain employees of the Group surrendered their retention incentive in terms of unvested/vested phantom shares. The group has reversed the net liability aggregating to INR 740 Lakhs.

The details of the grant/issue as at March 31, 2023 and as at March 31, 2022 are given below:

Particulars	As at March 31, 2023	As at March 31, 2022
Outstanding as at beginning of the year	3,10,655	7,77,945
Lapsed/ forfeited/ surrendered during the year	3,10,655	4,67,290
Outstanding as at the year end	-	3,10,655
Exercisable as at the year end	-	-

*NRC vide its meeting held on May 8, 2018 extended the exercise period of first two tranches of Phantom Stock Options, granted on May 23, 2017 by 12 month each for all option holders.

There is no grant option granted during the year and outstanding at the end of the financial year

35.06 During the year Group has capitalized the following expenses to the cost of fixed asset/capital work-in-progress(CWIP). Consequently, expenses disclosed under the respective notes are net of amounts capitalized by the Company. (refer note 4, 6 and 32)

(INR in Lakhs)

Particulars	March 31, 2023	March 31, 2022
Opening Balances	-	205
Add:		
Rent	-	6
Salaries, wages and bonus	-	7
Interest & other finance cost	58	51
Depreciation and amortization expense	-	24
Miscellaneous Expenses	38	71
Less:		
Rent Concession recognised as Income*	-	-
Total	**96**	**364**
Less: Capitalized during the year	66	364
Preoperative expenses pending for capitalization	**30**	**-**

*As per the practical expedient of Ind AS 116.

Notes forming part of Consolidated Financial Statements

35.07 Financial instruments

The carrying value and fair value of financial instruments by categories are as follows:

(INR in Lakhs)

Category	March 31, 2023 Carrying Value	March 31, 2023 Fair Value	March 31, 2022 Carrying Value	March 31, 2022 Fair Value
1) Financial assets at amortized cost				
Trade receivables (current/non-current)	43,896	43,896	49,309	49,309
Cash and cash equivalents	4,275	4,275	30,914	30,914
Other bank balances (current)	1,42,532	1,42,532	19,017	19,017
Loans (current/non current)	13,845	13,845	17,603	17,603
Other financial assets (current/non-current)	23,657	23,657	30,588	30,588
2) Financial Liabilities at amortized cost				
Borrowings (current/non-current)	56,482	56,482	72,665	72,665
Trade payables	54,346	54,346	45,208	45,208
Lease liabilities (current/non-current)	12,414	12,414	18,673	18,673
Other financial liabilities (current/non-current)	35,427	35,427	21,412	21,412
3) Financial assets carried at fair value through OCI				
Non Current Investment	51	51	51	51
4) Financial assets carried at fair value through profit and loss				
Current Investment	-	-	-	-
5) Financial liabilities carried at fair value through profit and loss				
Other financial liabilities (current/non-current)	24,986	24,986	24,894	24,894

The Group assessed that the carrying value of all financial assets and financial liabilities approximates the fair value.

The fair value of the financial assets and liabilities is included at the amount at which the instrument could be exchanged in a current transaction between willing parties, other than in a forced or liquidation sale. The following methods and assumptions were used to estimate the fair values:

Long-term fixed-rate and variable-rate receivables/borrowings are evaluated by the Group based on parameters such as interest rates, individual credit worthiness of the customer. Based on this evaluation, allowances are taken into account for the expected credit losses of these receivables.

The fair value of unquoted instruments, loans from banks and other financial liabilities as well as other noncurrent financial liabilities are estimated by discounting future cash flows using rates currently available for debt on similar terms, credit risk and remaining maturities. The valuation requires management to use observable and unobservable inputs in the model, of which the significant observable and unobservable inputs are disclosed in the table below. Group regularly assesses a range of reasonably possible alternatives for those significant observable and unobservable inputs and determines their impact on the total fair value.

The fair values of the Group's interest-bearing borrowings and other non-current financial liabilities are determined by using DCF method using discount rate that reflects the issuer's borrowing rate as at the end of the reporting period. The own non-performance risk as at March 31, 2023 was assessed to be insignificant.

35.08 Fair value hierarchy

The Group uses the following hierarchy for determining and disclosing the fair value of financial instruments by valuation technique:

Level 1: quoted (unadjusted) prices in active markets for identical assets or liabilities

Level 2: other techniques for which all inputs that have a significant effect on the recorded fair value are observable, either directly or indirectly

Level 3: techniques that use inputs that have a significant effect on the recorded fair value that are not based on observable market data

Notes forming part of Consolidated Financial Statements

Quantitative disclosures of fair value measurement hierarchy for financial assets/liability as on March 31, 2023

(INR in Lakhs)

Particulars	Carrying Value	Fair Value Level 1	Fair Value Level 2	Fair Value Level 3
Assets carried at amortized cost for which fair value are disclosed				
Trade receivables (current/non-current)	43,896	-	-	-
Loans (current/non current)	13,845	-	-	-
Other financial assets (current/non-current)	23,657	-	-	-
Assets carried at fair value through OCI				
Investment (non current)	51	-	-	-
Liabilities carried at amortized cost for which fair value are disclosed				
Borrowings (current/non-current)	56,482	-	-	-
Trade payables	54,346	-	-	-
Other financial liabilities (current/non-current)	35,427	-	-	-
Financial liabilities carried at fair value through profit and loss				
Other financial liabilities (current/non-current)	24,986	-	-	-

Quantitative disclosures of fair value measurement hierarchy for financial assets/liability as on March 31, 2022

(INR in Lakhs)

Particulars	Carrying Value	Fair Value Level 1	Fair Value Level 2	Fair Value Level 3
Assets carried at amortized cost for which fair value are disclosed				
Trade receivables (current/non-current)	49,309	-	-	-
Loans (current/non current)	17,603	-	-	-
Other financial assets (current/non-current)	30,588	-	-	-
Assets carried at fair value through OCI				
Investment (non current)	51	-	-	-
Assets carried at fair value through profit and loss				
Investment (current)	-	-	-	-
Liabilities carried at amortized cost for which fair value are disclosed				
Borrowings (current/non-current)	72,665	-	-	-
Trade payables	45,208	-	-	-
Other financial liabilities (current/non-current)	21,412	-	-	-
Financial liabilities carried at fair value through profit and loss				
Other financial liabilities (current/non-current)	24,894	740	-	-

35.09 Financial risk management objectives and policies

The Group has instituted an overall risk management programme which also focuses on the unpredictability of financial markets and seeks to minimize potential adverse effects on the Group's financial performance. The Group uses forward covers to hedge foreign currency risk exposures. Financial risk management is carried out by a corporate finance department under policies approved by the Audit and Risk Management Committee from time to time. The corporate finance department, evaluates and hedges financial risks in close co-operation with the various stakeholders. The Audit and Risk Management Committee approves written principles for overall financial risk management, as well as written policies covering specific areas, such as foreign exchange risk, credit risk, use of derivative financial instruments and non-derivative financial instruments, and investment of excess liquidity.

Notes forming part of Consolidated Financial Statements

The Group is exposed to capital risk, market risk, credit risk and liquidity risk. These risks are managed pro-actively by the senior management of the Group, duly supported by various functionaries and committees.

(a) Capital risk

The Group's objective when managing capital is to safeguard its ability to continue as a going concern in order to provide returns to its shareholders and benefits for other stakeholders and to provide for sufficient capital expansion. The capital structure of the Group consists of equity and debt, which includes the borrowings and lease liabilities disclosed in notes 19, 20 and 24(i), cash and cash equivalents disclosed in note 14 and equity as disclosed in the Balance sheet. The Group uses the Debt : Equity as well as Net Debt to EBITDA ratio to measure the funding versus raising of additional share capital requirement. Debt: Equity ratio is calculated as debt divided by the Shareholder's Fund and for calculating Net Debt to EBITDA Net Debt is divided by the Normalized EBITDA. Net debt is calculated as long term borrowings (including current maturities and lease liabilities) and short term borrowings as shown in the note 19, 20 and 24(i) . Normalized EBITDA is defined as earnings before interest, tax, depreciation and amortization. In order to maintain or adjust the capital structure, the Group may issue new shares or sell assets to reduce debt or raise debt and review decision on distributions to the shareholders. The Debt : Equity ratio of the Group as at March 31, 2023 and March 31, 2022 stood at 0.09 and 0.15 respectively.

Note : The cash and cash equivalents is more than the debt amount. Accordingly, net debt to EBITDA ratio is indeterminable as at March 31, 2023 (March 31, 2022 : 0.43)

The Audit and Risk Management Committee and the Senior management review the status vis a vis approved maximum limit of debt, based on lower of Debt : Equity of 2:1 and Net Debt to EBITDA ratio of 4:1.

(b) Liquidity risk

Liquidity risk is the risk that the Group will not be able to meet its financial obligations as they become due. The Group employs prudent liquidity risk management practices which inter alia means maintaining sufficient cash and marketable securities and the availability of funding through an adequate amount of committed credit facilities. Given the nature of the underlying businesses, the corporate finance maintains flexibility in funding by maintaining availability under committed credit lines and this way liquidity risk is mitigated by the availability of funds to cover future commitments. Cash flow forecasts are prepared not only for the entities but the Group as a whole and the utilized borrowing facilities are monitored on a daily basis and there is adequate focus on good management practices whereby the collections are managed efficiently. The Group while borrowing funds for large capital project, negotiates the repayment schedule in such a manner that these match with the generation of cash on such investment.

The table below represents the maturity profile of Group's financial liabilities at the end of March 31, 2023 and March 31, 2022 based on contractual undiscounted payments:-

(INR in Lakhs)

Particulars March 31, 2023	0-1 Years	1-5 Years	More than 5 Years	Total
Interest bearing borrowings	6,824	26,817	22,841	56,482
Lease liabilities (refer note 20 & 24 (i))	1,641	8,460	2,313	12,414
Trade payable	54,346	-	-	54,346
Other financial liabilities	28,418	8,248	23,747	60,413
% to Total	50%	24%	27%	100%
Particulars				
March 31, 2022				
Interest bearing borrowings	9,723	38,730	24,212	72,665
Lease liabilities (refer note 20 & 24 (i))	1,656	4,499	12,518	18,673
Trade payable	43,614	-	-	43,614
Other financial liabilities	9,248	12,057	25,798	47,103
% to Total	**35%**	**30%**	**35%**	**100%**

(c) Credit risk

Credit risk is the risk of financial loss arising from counterparty failure to repay or service debt according to the contractual terms or obligations. Credit risk encompasses of both, the direct risk of default and the risk of deterioration of creditworthiness as well as concentration of risks. Credit risk is controlled by analysing credit limits and creditworthiness of customers on a continuous basis to whom the credit has been granted after obtaining necessary approvals for credit.

Notes forming part of Consolidated Financial Statements

(i) Trade receivables

Customer credit risk is managed by each business unit subject to the Group's established policy, procedures and control relating to customer credit risk management. Management evaluate credit risk relating to customers on an ongoing basis. Receivable control management department assessed the credit quality of the customer, taking into account its financial position, past experience and other factors. The Group provides credit to individuals on exceptional basis only. An impairment analysis is performed at each reporting date on an individual basis. Trade receivables comprise a widespread customer base and a large part of these sits in the State and Central Government bodies and institutions. A large segment of the Group's customers settle their bill in cash or using major credit cards on discharge date as far as possible. Further, a fairly large proportion of the customers are discharged post confirmation of third party administrator of the insurance companies, with whom the Group has a written contract. Further the Group provides for allowance for deductions based on empirical evidence whereby the receivables from various counterparties is marked down at the time of recognition of revenue. The management does not expect any significant loss from non-performance by counterparties on credit granted during the period under review that has not been provided for.

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
Neither past due or impaired	35,259	34,052
0 to 180 days due past due date	6,912	13,242
More than 180 days due past due date	1,725	2,015
Total trade receivables (refer note 10(ii) & 14(i))	43,896	**49,309**

The following table summarizes the change in provision for doubtful debts measured using the life time expected credit loss model:

(INR in Lakhs)

Particulars	As at March 31, 2023	As at March 31, 2022
At the beginning of the year	4,298	6,242
Provision/(Reversal) during the year	(1,062)	(1,055)
Bad debts written off	(542)	(889)
At the end of the year	2,694	**4,298**

The Group has provided the general provision in the case of trade receivables as follows (refer note 14(i)):

(INR in Lakhs)

Category	March 31, 2023	March 31, 2022
Corporate and TPA	Amount exceeding 365 days from transaction date after adjusting allowance for deduction created at the time revenue recognition.	Amount exceeding 365 days from transaction date after adjusting allowance for deduction created at the time revenue recognition.
Central Government, State Government, Local bodies and public Institutional	50% for outstanding bills between 1-2 year 100% for outstanding bills > 2 Years	Amount exceeding 365 days from transaction date after adjusting allowance for deduction created at the time revenue recognition.
Individual	Amount exceeding 90 days from transaction date	Amount exceeding 120 days from transaction date

The Group uses an allowance for expected disallowance to estimate initial expected credit loss for determining the realizable revenue recognition and portfolio of collectible trade receivables. Allowance for expected disallowance has been created on total trade receivable. These estimates are reviewed periodically and change in estimates are taken on prospective basis. Management has fixed a percentage for allowance for deduction for each category of its customer as at March 31, 2023 as given below:

Notes forming part of Consolidated Financial Statements

Category	March 31, 2023	March 31, 2022
Corporate and other	0.50%	0.50%
TPA	0.80%	1.00%
PSU	3.00%	3.00%

(ii) Financial instruments and cash deposit

Credit risk from balances with banks and financial institutions is managed by the Group's treasury department in accordance with the Group's policy. Investments of surplus funds are made in bank deposits and other risk free securities. The limits are set to minimize the concentration of risks and therefore mitigate financial loss through counter party's potential failure to make payments. Credit limits of all authorities are reviewed by the management on regular basis. All balances with banks and financial institutions is subject to low credit risk due to good credit ratings assigned by international and domestic credit rating agencies.

The Group's maximum exposure to credit risk for the components of the balance sheet at March 31, 2023 is the carrying amounts as illustrated in note 35.09 and the liquidity table above.

(d) Market risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. Market prices comprises three types of risk: currency rate risk, interest rate risk and other price risks, such as equity price risk and commodity price risk. Financial instruments affected by market risks include loans and borrowings, deposits, investments and foreign currency receivables and payables. The sensitivity analysis in the following sections relate to the position as at March 31, 2023. The analysis exclude the impact of movements in market variables on; the carrying values of gratuity and other post-retirement obligations; provisions; and the non-financial assets and liabilities. The sensitivity of the relevant Profit and Loss item is the effect of the assumed changes in the respective market risks. This is based on the financial assets and financial liabilities held as at March 31, 2023.

(i) Foreign currency risk

Foreign currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. The Group's exposure to the risk of changes in foreign exchange rates relates primarily to the Group's operating activities (when revenue or expense is denominated in foreign currency). Foreign currency exchange rate exposure is partly balanced by purchasing of goods from the respective countries. The Group evaluates exchange rate exposure arising from foreign currency transactions and follows established risk management policies.

Foreign currency risk sensitivity

The following tables demonstrate the sensitivity to a reasonably possible change in foreign exchange rates, with all other variables held constant and the impact on the Group profit before tax is due to changes in the fair value of monetary assets and liabilities.

Unhedged foreign currency exposures recognized by the Group are as under:

(INR in Lakhs)

Currency	March 31, 2023 Foreign currency	March 31, 2023 Indian Rupees	Increase/decrease in percent	Impact on profit before tax
Payables in EURO	0.3	27	1%	0.3
Payables in USD	1.7	139	1%	1
Payable in GBP	0.2	17	1%	0.2
Payable in AED	0.5	10	1%	0.1
Payables in Kenyan Shilling	78.4	49	1%	0.5

The impact of foreign exchange sensitivity on the Company profit and loss to change in the fair value of monetary assets and liabilities will be 2.7 Lakhs as there was no unhedged foreign currency exposure as at March 31, 2022.

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(INR in Lakhs)

Currency	March 31, 2022 Foreign currency	March 31, 2022 Indian Rupees	Increase/decrease in percent	Impact on profit before tax
Payables in EURO	0.5	43	1%	0.4
Payables in USD	2.6	190	1%	1.9
Payables in Kenyan Shilling	47	31	1%	0.3

The Group has derivative financial instruments such as foreign currency forward contracts to mitigate the risk of changes in exchange rate on foreign currency exposures. The counterparty for these contracts is generally a bank or a financial institution. The details of the outstanding foreign exchange forward are as follows:

(INR in Lakhs)

Particulars	March 31, 2023	March 31, 2022
Payable in AED	-	-
Payables in Euro	1,033	-

(ii) Interest rate risk

Interest rate is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Group's exposure to the risk of changes in market interest rates relates primarily to the Group's long term debt obligation at floating interest rates. The Group's policy is to hedge part of its borrowings

Interest rate Sensitivity of Borrowings

With all other variables held constant, the following table demonstrates the sensitivity to a reasonably possible change in interest rates on floating rate portion of borrowings.

(INR in Lakhs)

Year ended	Increase/decrease in interest rate	Effect on profit before tax
March 31, 2023	0.50%	298
March 31, 2022	0.50%	365

35.10 Related party transactions

As per Ind AS-24, the disclosures of transactions with the related parties are given below:

Balances and transactions between the Company and its subsidiaries/silos, which are related parties of the Company, have been eliminated on consolidation and are not disclosed in this note.

(A) Names of related parties and description of relationship of the Group

(i) Entity / Individual having significant influence / exercising control over the Group

1. Mr. Abhay Soi
2. Kayak Investments Holding Pte. Ltd. (Parent Company till March 9, 2021 and had control till August 16, 2022)

(ii) Entity under control of Mr. Abhay Soi

1. Radiant Life Care Private Limited

(iii) Enterprises in which directors are interested (with whom transaction has taken place last year)

1. Epimoney Private Limited
2. KKR India Advisors Private Limited

(iv) Directors of MHIL (with whom transaction has taken place)

1. Mr. Abhay Soi, Chairman and Managing Director
2. Mr. Kummamuri Murthy Narasimha, Independent Director

Notes forming part of Consolidated Financial Statements

3. Mr. Mahendra Gumanmalji Lodha, Independent Director
4. Mr. Upendra Kumar Sinha, Independent Director (w.e.f. June 21, 2019 till May 20, 2021)
5. Mr. Michael Thomas Neeb, Independent Director
6. Ms. Harmeen Mehta (w.e.f. May 24, 2021)
7. Mr. Anil Bhatnagar (w.e.f. August 31, 2022)
8. Mr. Pranav Amin (w.e.f. August 10, 2022)

(v) Key Managerial Personnel "KMPS" (with whom transactions have taken place)

1. Mr. Abhay Soi, Chairman and Managing Director
2. Mr. Yogesh Kumar Sareen, Chief Financial Officer
3. Ms. Ruchi Mahajan, Company Secretary of MHIL (w.e.f acquisition date June 01, 2020 till November 01, 2022)
4. Mr. Dhiraj Aroraa, Company Secretary of MHIL (w.e.f. February 03, 2023)

(vi) Relative of directors/Key Managerial Personnel (with whom transactions have taken place)

1. Mr. Aditya Soi (Brother of Mr. Abhay Soi)

(B) Transactions during the year

(INR in Lakhs)

	Year ended March 31, 2023	Year ended March 31, 2022
Security deposit Received		
Mr. Yogesh Kumar Sareen	-	4
Security deposit refund		
Mr. Yogesh Kumar Sareen	-	16
Healthcare services rendered		
KKR India Advisors Private Limited	-	2
Epimoney Private Limited	-	3
Purchase of equity shares in subsidiaries from existing shareholders		
Mr. Abhay Soi	-	0.10
Key management personnel remuneration (refer note 1 and 2 below)		
Mr. Yogesh Kumar Sareen	419	284
Ms. Ruchi Mahajan	96	97
Mr. Dhiraj Aroraa	17	-
Director's remuneration (refer note 1 below)		
Mr. Abhay Soi	1,400	1,400
Remuneration to relative of director (refer note 1 below)		
Mr. Aditya Soi	180	127
Independent Director's remuneration		
Mr. Kummamuri Murthy Narasimha	26	13
Mr. Mahendra Gumanmalji Lodha	26	13
Mr. Michael Thomas Neeb	26	13
Ms. Harmeen Mehta	26	13
Mr. Pranav Amin	13	-
Mr. Anil Bhatnagar	13	-
Director's sitting fee		
Mr. Kummamuri Murthy Narasimha	22	19
Mr. Upendra Kumar Sinha	-	1
Mr. Mahendra Gumanmalji Lodha	22	20
Mr. Michael Thomas Neeb	17	15
Ms. Harmeen Mehta	16	13
Mr. Pranav Amin	9	-
Mr. Anil Bhatnagar	9	-

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(INR in Lakhs)

	Year ended March 31, 2023	Year ended March 31, 2022
Space taken on lease rent		
Radiant Life Care Private Limited	17	19
Reimbursement of expenses		
Radiant Life Care Private Limited	2	-

As the future liability for gratuity and compensated absences is provided on an actuarial basis for the Company as a whole, the amount pertaining to the directors /KMPS has not been ascertained separately and, therefore, not included in above mentioned managerial remuneration. Managerial remuneration mentioned above also do not include accrual recorded towards employee share based payments but includes benefit value on account of ESOP exercise during the reporting year.

(C) Balances at the year end

(INR in Lakhs)

Particulars	Year ended March 31, 2023	Year ended March 31, 2022
Trade payable		
Mr. Kummamuri Murthy Narasimha	-	1
Mr. Aditya Soi	12	8
Mr. Michael Thomas Neeb	-	4
Ms. Harmeen Mehta	-	4
Radiant Life Care Private Limited	9	0.22
Trade receivables :		
Epimoney Private Limited	-	1
Security deposit received		
Mr. Yogesh Kumar Sareen	4	4
Ms. Ruchi Mahajan	-	3

Terms and conditions of transactions with related parties :-

1. The income/expense from sales to and purchases from related parties are made on arm's length basis. Outstanding balances at the year end are unsecured and interest free.
2. The above transactions with related parties are excluding of taxes.
3. During the year ended March 31, 2023, Kayak Investments Holding Pte. Ltd. ("Kayak"), one of the promoter of the Company divested its entire shareholding. Since Kayak was neither holding any shares nor entitled to exercise control in any manner whatsoever in the Company, it had requested the Company to initiate the process of reclassification of Kayak from 'Promoter' to 'Public' category in terms of Regulation 31A of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015. During the quarter ended December 31, 2022, the Company has submitted the requisite application seeking approval from stock exchanges i.e. National Stock Exchange of India Limited and BSE Limited for reclassification of Kayak from 'Promoter' to 'Public' category. The said application is pending for approval by stock exchanges.

35.11 Earnings per share (EPS)

(INR in Lakhs)

Particulars	Year ended March 31, 2023	Year ended March 31, 2022
a) Basic earnings per share		
Numerator for earnings per share		
Profit/ (loss) after taxation	1,10,351	60,505
Denominator for earnings per share		
Weighted average number of equity shares outstanding during the year	97,00,63,788	96,74,65,373

Notes forming part of Consolidated Financial Statements

(INR in Lakhs)

Particulars	Year ended March 31, 2023	Year ended March 31, 2022
Earnings per share-Basic (one equity share of INR 10 each)	11.38	6.25
b) Diluted earnings per share		
Numerator for earnings per share		
Profit/ (loss) after taxation	1,10,351	60,505
Denominator for earnings per share		
Weighted average number of equity shares outstanding during the year*	97,17,10,919	96,93,82,717
Earnings per share- Diluted (one equity share of INR 10 each)	11.36	6.24

35.12 Capital management

For the purpose of the Group's capital management, capital includes issued equity attributable to the equity shareholders of the Group, share premium and all other equity reserves. The primary objective of the Group's capital management is to maintain an efficient capital structure and maximize the shareholder value.

The Group manages its capital structure and makes adjustments in light of changes in economic conditions and the requirements of the financial covenants. To maintain or adjust the capital structure, the Group may adjust the dividend payment to shareholders, return capital to shareholders or issue new shares. The Group monitors capital using a gearing ratio, which is net debt divided by total capital plus net debt. The Group's policy is to keep the gearing ratio between 20% and 50%. The net debt includes borrowings and lease liabilities, less cash and cash equivalents, excluding discontinued operations.

(INR in Lakhs)

	As at March 31, 2023	As at March 31, 2022
Borrowings (including Lease liabilities and current maturities of long term borrowing) (refer note 19, 20 and 24)	68,896	91,338
Total debt (a)	68,896	91,338
Cash and cash equivalents and other bank balance (refer note 14)	1,27,787	48,097
Net debt (refer note 10,14,19,20 and 24)	(58,891)	43,241
Equity (refer note 17 and 18)	7,40,959	6,28,247
Total capital (b)	7,40,959	6,28,247
Gearing ratio (Total Debt/Equity)	9.30%	14.54%
Gearing ratio (Net Debt/Equity)	-7.95%	6.88%

35.13 Ratio

S. No.	Ratio	Numerator	Denominator	March 31, 2023	March 31, 2022	% Variance	Reason for variance
1	Current ratio	Current assets	Current liabilities	1.86	1.32	40.69%	Improvement due to Cash from operations during the year.
2	Debt equity ratio	Total debt	Shareholder's equity	0.09	0.15	-36.04%	Repayment/Prepayment of term loan and increase in "other equity" due to profit.
3	Debt service coverage ratio	Earnings available for debt service	Total debt service	8.19	5.11	60.34%	Reduction in debt, coupled with increase in Earnings has led to improvement in DSCR.
4	Return on equity ratio	Net profit/ (loss) after tax	Average shareholder's equity	16.12	10.15	58.79%	Improved profitability has led to better ROE.
5	Inventory turnover ratio	Cost of good sold	Average inventory	13.40	16.03	-16.38%	
6	Trade receivables turnover ratio	Revenue from operations	Average trade receivables	5.15	4.69	9.79%	
7	Trade payables turnover ratio	Net credit purchases*	Average trade payables	6.01	5.96	0.93%	
8	Net capital turnover ratio	Revenue from operations	Average working capital	8.00	13.33	-39.99%	Increase due to increase in working capital in current year.
9	Net profit ratio	Net Profit/ (loss) after tax	Total revenue	24.19	15.37	-57.36%	Due to increased in current year net profit.
10	Return on capital employed	Net profit/ (loss) before interest and tax	Capital employed**	29.83	27.96	6.68%	
11	Return on investment	Not possible as the company does not have any investment in marketable securities.					

* Net credit purchases comprises of cost of good sold, professional and consultancy fee and other expense

Capital employed = Tangible net worth* + Total debt + Deferred tax liability

***Tangible net worth = Total assets - Total liabilities - Intangible assets

35.14 Segment reporting

Operating results are regularly reviewed by the Chief operating Decision Maker ('CODM') who makes decisions about resources to be allocated to the segment and assess its performance. Segment results that are reported to the CODM include items directly attributable to a segment as well as those that can be allocated on a reasonable basis. The Group has only one reportable business segment as it deals mainly in providing healthcare facilities comprising of primary care clinics, secondary care hospitals/medical centres and tertiary care facilities in terms of Ind AS 108 "Operating Segment". Further, the Group operates only in one geographical segment -India.

35.15 Impairment assessment of recoverable amounts from healthcare service providers

The Group has amount receivable amounting to INR 54,549 lakhs (March 31, 2022 : INR 63,960 lakhs) from other healthcare service providers, i.e., Devki Devi Foundation, Balaji Medical and Diagnostic Research Centre, Gujarmal Modi Hospital & Research Centre for Medical Sciences, Vikrant Children Foundation and Research Centre and Nirogi Charitable and Medical Research Trust with whom the Group have long term medical services and pathology service agreement ('Service Agreements'). Amounts recoverable include the following:

- Trade receivable aggregating to INR 10,284 lakhs (March 31, 2022 : INR 10,773 lakhs) [Refer note 10(ii)] and INR 3,493 lakhs (March 31, 2022 : INR 8,746 lakhs) [Refer note 14(i)] as current trade receivable for amounts due against Service agreements after offsetting INR 255 Lakhs(March 31, 2022 : INR 158 lakhs) of Sundry creditors.

- an amount of INR 17,853 lakhs (March 31, 2022 : INR 17,854 lakhs) as security and performance deposit as per the terms of Service Agreement. In addition, an amount of INR 13,845 lakhs (March 31, 2022 : INR 17,604 lakhs) has been advanced as loan.

- INR 9,244 lakhs (March 31, 2022 : INR 8,983 lakhs) as prepaid expenses, difference between present value and security and performance deposit given.

The recovery of these balances depends on the future cash flows and earning capacity of these healthcare service providers. Management has carried out an assessment and have concluded that the amounts are fully recoverable and no impairment in the value of the amount is necessitated.

Notes forming part of Consolidated Financial Statements

35.16 Exceptional items include :

(INR in Lakhs)

Particulars	For the Year ended March 31, 2023	For the Year ended March 31, 2022
(a) Voluntary Retirement Scheme ("VRS") expenses (Refer footnote)	-	(903)
Total	**-**	**(903)**

During the year ended March 31, 2022, one of the Managed Healthcare Facilities of the Group i.e. Dr. Balabhai Nanavati Hospital, announced VRS for its eligible employees. The expenditure related to VRS Scheme amounting to INR 903 Lakhs was recorded for the year ended March 31, 2022 as an exceptional item.

35.17 Details of entities and their respective share in consolidated financials:

Particulars	Country of incorporation	Proportion of ownership as at March 31, 2023	Net Assets, i.e., total assets minus total liabilities		Share in total comprehensive income/(loss)	
			As at March 31, 2023		For the year ended March 31, 2023	
			As % of consolidated net assets	Amount (in INR lakhs)	As % of consolidated profit or loss	Amount (in INR lakhs)
Parent						
Max Healthcare Institute Limited	India		95%	7,04,211	63%	69,501
Subsidiaries and Silos						
Max Hospitals And Allied Services Limited (Formerly known as Radiant Life Care Mumbai Private Limited)	India	100%	2%	16,242	-1%	(767)
Hometrail Buildtech Private Limited	India	100%	3%	24,715	8%	8,767
ALPS Hospital Limited	India	100%	2%	14,786	3%	3,574
Crosslay Remedies Limited	India	100% [refer footnote 24 (iii) (d)]	5%	40,725	14%	15,000
Dr. B.L. Kapur Memorial Hospital	India	[refer footnote (b)]	3%	20,101	14%	15,440
Dr. Balabhai Nanavati Hospital	India	[refer footnote (b)]	-2%	(18,010)	2%	2,373
Max Lab Limited	India	100% [refer footnote (c)]	0%	(2,731)	-3%	(3,123)
Max Healthcare FZ-LLC	United Arab Emirates	100% [refer footnote (d)]	0%	59	0%	(455)
MHC Global Healthcare (Nigeria) Limited	Nigeria	100%	0%	137	0%	(41)
ET Planners Private Limited	India	100% [refer footnote (e)]	0%	(162)	0%	(257)
Eqova Healthcare Private Limited	India	100% [refer footnote (f) and 21(ii)]	0%	(231)	0%	(247)
Total			**108%**	**7,99,842**	**100%**	**1,09,765**

Notes forming part of Consolidated Financial Statements

Particulars	Country of incorporation	Proportion of ownership as at March 31, 2023	Net Assets, i.e., total assets minus total liabilities		Share in total comprehensive income/(loss)	
			As at March 31, 2023		For the year ended March 31, 2023	
			As % of consolidated net assets	Amount (in INR lakhs)	As % of consolidated profit or loss	Amount (in INR lakhs)
Inter company elimination			-7%	(53,812)	1%	1,407
Consolidation adjustment			-1%	(5,071)	-1%	(869)
Gross total			**100%**	**7,40,959**	**100%**	**1,10,303**

Particulars	Country of incorporation	Proportion of ownership as at March 31, 2022	Net Assets, i.e., total assets minus total liabilities		Share in total comprehensive income/(loss)	
			As at March 31, 2022		For the year ended March 31, 2022	
			As % of consolidated net assets	Amount (in INR lakhs)	As % of consolidated profit or loss	Amount (in INR lakhs)
Parent						
Max Healthcare Institute Limited	India		100%	6,31,138	55%	33,239
Subsidiaries and Silos						
Max Hospitals And Allied Services Limited (Formerly known as Radiant Life Care Mumbai Private Limited)	India	100%	3%	16,866	-1%	(405)
Hometrail Buildtech Private Limited	India	100%	3%	15,969	11%	6,753
ALPS Hospital Limited	India	100%	2%	11,148	4%	2,647
Crosslay Remedies Limited	India	100% [refer note 24 (iv) b]	4%	25,660	18%	10,681
Dr. B.L. Kapur Memorial Hospital	India	[refer footnote (b)]	1%	4,662	15%	9,093
Dr. Balabhai Nanavati Hospital	India	[refer footnote (b)]	-3%	(20,384)	2%	1,076
Max Lab Limited	India	100% [refer footnote (c)]	0%	(1,134)	-3%	(1,645)
Max Healthcare FZ-LLC	United Arab Emirates	100% [refer footnote (d)]	0%	218	0%	(70)
MHC Global Healthcare (Nigeria) Limited	Nigeria	100%	0%	161	0%	(15)
ET Planners Private Limited	India	100% [refer footnote (e)]	0%	(48)	0%	(48)
Eqova Healthcare Private Limited	India	100% [refer footnote (f) and 21(ii)]	0%	(22)	0%	(31)

Notes forming part of Consolidated Financial Statements

Particulars	Country of incorporation	Proportion of ownership as at March 31, 2022	Net Assets, i.e., total assets minus total liabilities		Share in total comprehensive income/(loss)	
			As at March 31, 2022		For the year ended March 31, 2022	
			As % of consolidated net assets	Amount (in INR lakhs)	As % of consolidated profit or loss	Amount (in INR lakhs)
Total			**109%**	**6,84,234**	**104%**	**61,275**
Inter company elimination			-8%	(52,947)	2%	1,089
Consolidation adjustment			0%	(3,040)	-3%	(1,594)
Gross total			**100%**	**6,28,247**	**100%**	**60,770**

Notes:

(a) The above amounts / percentage of net assets and net profit or (loss) in respect of the Parent Company, its subsidiaries and silos are determined based on the amounts of the respective entities included in consolidated financial statements before inter-company eliminations / consolidation adjustments.

(b) Deemed separate entity i.e. 'Silos' (refer note 3.1)

(c) On June 02, 2021, Max Lab Limited has been incorporated in India as a wholly owned subsidiary of the Company to inter alia pursue healthcare services or diagnostic testing, third party Hospital Lab Management in India or elsewhere, for providing range of diagnostic services including pathology lab services, prognostic monitoring services, testing to retail customers and other organisations etc.

(d) On July 12, 2021, Max Healthcare FZ-LLC, has been incorporated in Dubai Healthcare City, United Arab Emirates as a wholly owned subsidiary of the Company for the purpose of business development and support services to potential international medical value travellers from Middle East and Africa region.

(e) Step Down Subsidiary (ALPS Hospital Limited) w.e.f August 27, 2021. Refer note 35.24

(f) Subsidiary w.e.f. February 15, 2022. Refer note 35.25

35.18 Note on code of wages

The Code on Social Security,2020 ('Code') relating to employee benefits during employment and post employment benefits received Presidential assent in September 2020. The Code has been published in the Gazette of India. However, the date on which the Code will come into effect has not been notified. The Company will assess the impact of the code when it comes into effect and will record any related impact in the period the Code becomes effective.

35.19 Business combination

During the year ended March 31, 2023, the liquidator, appointed pursuant to voluntary liquidation approved by the shareholders of Saket City Hospitals Limited (""SCHL""), a wholly owned subsidiary of the Company, had distributed the entire business undertaking of SCHL to the Company, on a going concern basis, with effect from close of business hours on August 31, 2022. The said distribution of business undertaking was accounted for using the pooling of interests method in accordance with Appendix C of Ind AS 103 'Business combinations of entities under common control'. The above distribution resulted in inter-alia recognition of long term service agreements in block of intangible assets in tax books of the Company at fair value as on August 31, 2022. Accordingly, the deferred tax liability recognised upon an earlier business combination, was reversed, resulting in deferred tax credit of INR 28,250 lakhs in statement of profit or loss. Simultaneously, a capital gains tax of INR 3,828 lakhs arising on account of difference in fair value of assets received upon distribution vis a vis the indexed value of the Company's investments in SCHL, in pursuance of the voluntary liquidation of SCHL, was also recorded as part of current tax expense in the year ended March 31, 2023.

Notes forming part of Consolidated Financial Statements

35.20 The Board of Directors of ALPS Hospital Limited ('ALPS''/'Transferor') and Max Hospitals and Allied Services Limited (''MHASL''/'Transferee') (formerly known as Radiant Life Care Mumbai Private Limited) at their respective meetings held on May 16, 2022 approved the Scheme of Amalgamation (hereinafter referred to as "Scheme") under the provision of sections 230 to 232 of the Companies Act, 2013 and relevant rules made thereunder, for the merger of ALPS with MHASL. The Scheme is subject to necessary statutory and regulatory approvals under applicable laws and approval of the Hon'ble National Company Law Tribunal, Mumbai Bench.

35.21 There has been no delay in transferring amounts, required to be transferred, to the Investor Education and Protection Fund by the Parent and its Subsidiary Companies.

35.22 No funds (which are material either individually or in the aggregate) have been advanced or loaned or invested (either from borrowed funds or share premium or any other sources or kind of funds) by the Group to or in any other person(s) or entity(ies), including foreign entities ("Intermediaries"), with the understanding, whether recorded in writing or otherwise, that the Intermediary shall, directly or indirectly lend or invest in other persons or entities identified in any manner whatsoever by or on behalf of the Group ("Ultimate Beneficiaries") or provide any guarantee, security or the like on behalf of the Ultimate Beneficiaries.

35.23 No funds (which are material either individually or in the aggregate) have been received by the Group from any person(s) or entity(ies), including foreign entities ("Funding Parties"), with the understanding, whether recorded in writing or otherwise, that the Group shall, directly or indirectly, lend or invest in other persons or entities identified in any manner whatsoever by or on behalf of the Funding Party ("Ultimate Beneficiaries") or provide any guarantee, security or the like on behalf of the Ultimate Beneficiaries. 'No funds have been received by the Group from any person(s) or entity(ies), including foreign entities ("Funding Parties"), with the understanding, whether recorded in writing or otherwise, that the Group shall, directly or indirectly, lend or invest in other persons or entities identified in any manner whatsoever by or on behalf of the Funding Party ("Ultimate Beneficiaries") or provide any guarantee, security or the like on behalf of the Ultimate Beneficiaries.

35.24 Acquisition of ET planners private limited ('EPPL')

On August 27, 2021, the Group acquired 100% equity shares in ET Planners Private Limited (EPPL) through its wholly owned subsidiary i.e. ALPS Hospital Limited for a cash consideration of Rs. 6,012 Lakhs, paid to ertshile shareholders of the EPPL. EPPL has an exclusive and long term rights to provide medical services and aid development of 500 bedded hospital to be built on 3.5 acres of land situated between two of Max network facilities at Saket, South Delhi. Details in respect of acquisition of EPPL is provided below:

(INR in Lakhs)

No.	Particulars	Amount
A.	**Consideration transferred**	
(i)	Consideration paid by the Group	6,012
	Total consideration (A)	**6,012**
B.	**Fair value of identifiable assets and liabilities recognised**	
	Assets	
(i)	Intangible assets	8,034
(ii)	Other financial assets	500
(iii)	Cash and cash equivalents	1
	Total assets acquired (a)	**8,535**
	Liabilities	
(i)	Long term borrowings	500
(ii)	Deferred tax liabilities (net)	2,022
(iii)	Trade payables	1
	Total liabilities acquired (b)	**2,523**
	Net assets acquired (Assets - Liabilities) (B) (a-b)	**6,012**
C.	**Goodwill (A-B)**	**-**

Notes forming part of Consolidated Financial Statements

35.25 Acquisition of eqova healthcare private limited ('Eqova')

On February 10, 2022, the Company entered into Shareholders Agreement for purchase of 100% equity of Eqova Healthcare Private Limited ('Eqova') in tranches. Accordingly, the Company acquired 26% stake in Eqova on February 15, 2022 and also placed a deposit of INR 6,840 Lakhs in escrow account towards purchase of a further stake of 34%, subject to agreed conditions precedent. Further, the Company shall acquire the remaining stake of 40%, upon exercise of put/ call options as per shareholders option agreement.

The management basis its assessment of non-controlling interest under Ind AS 110, considering the terms of Shareholders Agreement and Option Agreement, believes that the Group has 100% ownership interest in Eqova and has thus, recorded financial liability towards amount payable under Options Agreement at its present fair value (""Put Option Liability""). Further any subsequent change in the Put Option Liability is accounted for through corresponding charge directly to the shareholders' equity in the consolidated financial results. Eqova has an exclusive and long term rights to provide medical services and aid development of 400 bedded hospital to be built on 2.1 acre land situated at East Delhi.

Details in respect of acquisition of Eqova is provided below:

(INR in Lakhs)

No.	Particulars	Amount
A.	**Consideration transferred**	
(i)	Consideration paid by the Group	4,718
(ii)	Consideration payable by the Group on the date of acquisition	13,677
	Total consideration (A)	**18,395**
B.	**Fair value of identifiable assets and liabilities recognised**	
	Assets	
(i)	Intangible assets	24,570
(ii)	Cash and cash equivalents	13
	Total assets acquired (a)	**24,583**
	Liabilities	
(i)	Other current liabilities	2
(ii)	Deferred tax liabilities (net)	6,186
	Total liabilities acquired (b)	**6,188**
	Net assets acquired (Assets - Liabilities) (B) (a-b)	**18,395**
C.	**Goodwill (A-B)**	**-**

35.26 The Board of Directors at their meeting held on May 16, 2023 recommended a maiden dividend of INR 1 per share(10% of face value) out of the profits of the financial year 2022-23, subject to approval of shareholders.

35.27 The Group does not have any transaction with struck off companies U/s 248 and 560 of the Companies Act, 2013.

35.28 The figures have been rounded off to the nearest lakhs of rupees up to two decimal places. The figure "0" wherever stated represents value less than INR 50,000/-.

35.29 Note no. 1 to 35 forms integral part of the consolidated financial statements.

For and on behalf of the Board of Directors of
MAX HEALTHCARE INSTITUTE LIMITED

ABHAY SOI
(Chairman and Managing Director)
DIN: 00203597

YOGESH KUMAR SAREEN
(Chief Financial Officer)
ICAI Membership Number: 087383

DHIRAJ ARORAA
(Company Secretary)
Membership Number: A28079

Place: New Delhi
Date: May 16, 2023

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CIN: L72200MH2001PLC322854

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