GPT Healthcare Limited

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GPTHEALTH/CS/SE/2024-25 **May 27, 2024**

The Department of Corporate Services BSE Limited, Phiroze Jeejeebhoy Towers, Dalal Street Mumbai - 400001 **Scrip Code: 544131**	**National Stock Exchange of India Limited** Exchange Plaza, Plot no. C/1, G Block, Bandra-Kurla Complex, Bandra (E), Mumbai - 400 051 **Scrip Symbol: GPTHEALTH**

Dear Sir/Madam

Subject: Update on Conference Call held on May 22, 2024- Call Transcript

In compliance with Regulation 30 read with Part A of Schedule III of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015, please find enclosed herewith transcript of Conference Call held on Wednesday, May 22, 2024.

Kindly take the aforesaid information on record and oblige.

Thanking You,

Yours sincerely,

For GPT Healthcare Limited

ANKUR SHARMA Digitally signed by ANKUR SHARMA Date: 2024.05.27 12:32:28 +05'30'

Ankur Sharma
Company Secretary and Compliance Officer
M. No A31833

Encl. As Above.

"GPT Healthcare Limited Q4 FY24 Earnings Conference Call"

May 22, 2024

MANAGEMENT: **MR. ATUL TANTIA – GROUP CHIEF FINANCIAL OFFICER, GPT HEALTHCARE LIMITED**
MR. ANURAG TANTIA – CHIEF OPERATING OFFICER & EXECUTIVE DIRECTOR
MS. KRITI TANTIA – CHIEF FINANCIAL OFFICER, GPT HEALTHCARE

MODERATOR: **MR. JAINIL SHAH – JM FINANCIAL**

Moderator: Ladies and Gentlemen, Good Day and Welcome to GPT Healthcare Limited Q4 FY'24 Earnings Conference Call hosted by JM Financial.

As a reminder, all participant lines will be in the listen-only mode and there will be an opportunity for you to ask questions after the presentation concludes. Should you need assistance during the conference call, please signal an operator by pressing "*" then "0" on your touchtone phone. Please note that this conference is being recorded.

I now hand the conference over to Mr. Jainil Shah. Thank you and over to you, sir.

Jainil Shah: Hi, good afternoon, everyone and welcome to the Q4 FY'24 Earnings Conference Call of GPT Healthcare Limited.

Joining us today on the call are – Mr. Atul Tantia – Group CFO, Anurag Tantia – COO & Executive Director, and Kriti Tantia – CFO, GPT Healthcare.

I would like to now hand over the call to the "Management for their Opening Remarks." Thank you and over to you, sir.

Anurag Tantia: Good afternoon, everyone, and welcome to the GPT Healthcare Limited's Earning Conference Call for the 4th Quarter and Fiscal Year ended March 31st, 2024.

We extend our appreciation to JM Financial for hosting this call. We also have with us on call our Investor Relations advisors, Stellar IR.

As you are aware, we are coming to you for the first full year results post the successful IPO in February 2024 and are glad to announce a good set of results. GPT Healthcare Limited is the healthcare arm of GPT Group. We are driven by the ethos to provide quality healthcare, particularly in the underserved regions like eastern part of the country through our neighborhood tertiary care hospitals.

Our financial performance reflects our commitment to continued operational excellence. Revenues for the year-ended March 31st, 2024, exceeded Rs.400 crores, representing a growth of 11% YoY. EBITDA for the year amounted to Rs.93 crores, marking a growth of 16.3% and at an EBITDA margin of 23%. Profit after tax for the quarter and 12-month period witnessed a remarkable growth of more than 22%, reflecting our efficient financial management and operational leverage.

The existing four hospitals in Salt Lake Agartala, Dumdum and Howrah continue to perform well and are improving on all financial and operational metrics and increasing occupancy. Notably, our ARPOB stands at Rs.32,950 aligning with our commitment to serving the aspiring population of society with higher disposable income in the middle-to-high income segment. The ROC for FY'24 was 30.2% and ROE was 25.7%, surpassing the guidance of maintaining the same in the north of 25% bracket. Moreover, due to our neighborhood model, approximately

90% of our patient business is from cash and insurance patients only, which has enabled us to achieve cash flow from operations through EBITDA above our target of being 90% for the year, one of the highest in the industry, which reaffirms our model.

The network level bed occupancy currently stands at around 59% with inpatient and outpatient volumes respectively and ALOS of 3.95 days.

Coming to the "Hospitalize-Wise Performance":

The 85-bed Surgical Excellence Hospital at Salt Lake has revamped its gastroenterology set up to attract more patients and thereby diversify the specialty mix. The current occupancy from this hospital is at 61% due to the introduction of robotic surgery which has reduced the ALOS drastically from 4 to 3.2. We have an ARPOB here of approximately 34,000 and EBITDA margin of 26.3% and the FY'24 revenue for this hospital was at 65 crores.

The Agartala Hospital has received the BARC approval for our Radiation Oncology set up in this quarter and we expect the same to be commissioned in the calendar year 2024. Here also, the EBITDA margins have been at 26% with an ARPOB of around Rs.29,000. The hospital has achieved revenues of Rs.117 crores, thereby achieving a growth of 12% YoY.

The Dumdum Hospital has recorded an ARPOB of 38,000 for the year with a remarkable EBITDA margin of 29%. Dumdum ALOS which was higher at 5.2 earlier due to extensive renal transplant program with 190 surgeries performed in FY'24. The revenues for this hospital in FY'24 were Rs.167 crores.

The Howrah Hospital has improved its occupancy from 39% to 44% and this has led to an improvement in the revenue from Rs.39 crores to Rs.51 crores, an improvement of 31% which is speaking on the EBITDA margins as well, improving from 2.6% in FY'23 to 11.5% in FY'24. The ARPOB of this hospital also rose to about 27,700 crores from 23,300 and the ALOS was at 3.73.

In addition to our ongoing expansion efforts in Raipur and Ranchi, I'm excited to share our ambitious goal of becoming a 1,000-bed hospital chain in the next two to three years. This target underscores our commitment to scaling our operations and reaching more communities in need of quality healthcare services.

By expanding our footprint and enhancing our capabilities, we aim to make a meaningful impact on healthcare accessibility and patient outcomes across the eastern and Indian region. This vision drives us forward, guiding our strategic decisions and ensuring that we continue to lead the way in delivering excellence in healthcare.

To Summarize:

For the current Financial Year, FY'2025, we expect a growth of 14% to 15% from the existing hospitals, which will primarily be driven from improvements in the occupancy at Agartala and Howrah, and with operating leverage kicking in we expect the EBITDA margin to improve from 23% to 24% at a network level.

We also expect to maintain cash flow from operations to EBITDA at a healthy level of 80%.

During the year, we will commission the Radiation Oncology setup at Agartala, which will add revenues to that unit and the Raipur hospital will also get commissioned in the March quarter of FY'25.

The board has declared a final dividend of 1.5 per share, maintaining our dividend policy of rewarding shareholders. The total dividend declared for FY'24 is Rs.3.5 per share.

Thank you for your attention and I look forward to addressing any questions you may have. I will request the moderator to kindly open the floor to questions and answers.

Moderator: We will now begin the question-and-answer session. The first question is from the line of Chintan Shah from JM Financial. Please go ahead.

Chintan Shah: So, the first question is in terms of occupancy. So, we see the occupancy levels for this quarter for most of the hospitals have declined on a YoY basis. So, could just help us understand what has actually happened?

Management: So, the quarter gone by has been a quarter wherein there are a lot of I would say weather-related challenges and we expect the occupancy to improve for the full year. At the full year we are tracking at almost 59%. We expect occupancy in the full year of FY'25 for the existing hospitals to also touch almost 65%-odd. It was a March quarter generally a quarter which gives us almost 100 crores of revenues and we achieved about 99-odd crores of revenues for the quarter as well.

Chintan Shah: So, just to dive deeper into this, mean this also is a factor of say dynamic sector that is playing out, I mean how should we understand from a medium to longer perspective because our focus is more on micro markets where we have been present for this hospital for quite some time, so say for one of the hospitals the occupancies have gone down from say 18.3 to 7% odd, so just wanted to get a better sense, I mean apart from the simplest thing, is there something else also to read into this?

Management: Dumdum on occupancy of 84% is an aberration. We have always said earlier as well that the optimum occupancy for any hospital is about 75% to 80%. Achieving 84% for the last year was an aberration and that's not where we look at because then all the beds and all the resources of the hospital also get do stretched. So, that's why as a conscious call we do maintain occupancy around the 75% to 80% marks so that the patient service doesn't get compromised.

Chintan Shah: So, just going ahead also next year, I mean the majority of growth is to be driven by occupancy. So, what is this comfort basically that this occupancy levels will improve from here on?

Management: So, Agartala, like Anurag said in his opening remarks, we expect the radiation oncology setup to be started in this calendar year, that will obviously add to the occupancy in Agartala. Howrah has enough and more headroom to grow. The current occupancy in Howrah is about 44%. We expect Howrah to kind of follow the glide path of Dumdum and a region occupancy level close to 70% over the next two to three years. So, those are the two hospitals which will drive the major improvement in occupancy.

Chintan Shah: So, is it fair to say for us change occupancies to reach 65%, 70% takes approx.. around at least 5-6 years?

Management: Mature hospital generally takes three to four years to reach that kind of occupancy. Howrah has again due to the two years of the pandemic, kind of those you can kind of knock off if you were to remove that from the Howrah operations. We have actually been in Howrah for now close to three years compared to five years, that is optically available in Howrah. So, pandemic was an aberration and again so in five years we should hit occupancy of 65%, 70% for Howrah as well.

Chintan Shah: Any update in terms of the inorganic opportunity that we were looking at?

Management: Inorganic opportunities, we are evaluating opportunities in Jamshedpur, in Guwahati as well. Some are in advanced cities, some are in very initial cities. We'll come back to the investors once we have finalized something. Right now, it's too preliminary to comment on.

Moderator: The next question is from the line of Sunil Jain from Nirmal Bang Securities. Please go ahead.

Sunil Jain: How you expect utilization in Agartala and Howrah in FY'25?

Management: So, occupancy in Howrah, we expect to improve from 44% to almost 55%-odd for the year. So, almost a 10% increase. In terms of Agartala, we expect from 53% to almost 60%odd for Agartala.

Sunil Jain: So, the utilization in Salt Lake also if you can say?

Management: Salt Lake, honestly, the utilization has dipped on account of the improvement in the ALOS due to the robotic surgery that we do and also because of the gastroenterology program led to some closure of some parts of the hospital because we had done the refurbishment of the gastroenterology department there. That should get back to the normal occupancy of close to 70% mark in this financial year.

Sunil Jain: Is there any seasonality in Q1 means how -?

Management: Q1 is a seasonally down quarter. Q2 is a seasonally good quarter generally. So, that's across I think all the hospitals is not just us. And also Q1 has also led to some challenges on account of the elections because some restriction in the movement of patients and their families also there.

Sunil Jain: The price increase whatever you may be taking, any direction for that?

Management: So, we are very conscious of the pricing levels that we are at like Anurag said in his opening remarks, we are addressing the middle to high income part of the society, and we don't want to be very overpriced per se. We had 32,900 market in terms of the ARROB at the network level. We have already implemented some price increases, but most of the business driven by these insurance companies, the GYPSA rates, the contracts do come up for renewal once in three years. So, on the overall basis, I think we expect the ARPOB to hit a close to 35,000-odd mark for the year from 33,000.

Sunil Jain: Consolidated level.

Management: Yes, at the consolidated level.

Sunil Jain: But like what we see that Howrah has very low ARPOB. So, is there higher chances of improvement there Or first you will be looking for filling up the hospital?

Management: So, Howrah honestly the ARPOB was lower. ARPOB has improved from 23,280 to almost 27,670. That was an introductory ARPOB personally for Howrah. Howrah is slowly catching up to the overall network level ARPOB. It will take some time. We can't obviously do a very drastic price increase overnight, otherwise there will be a lot of other challenges, so that will be a gradual exercise, not an immediate exercise.

Sunil Jain: In this quarterly result, the other expenses are a bit higher. So, is there anything exceptional in that or it's all normal?

Management: So, the other expenses relate to doctor payouts and other household services, etc., So, there's nothing exceptional about it, it's almost flat from 37 crores to 38 crores, there's no challenge there.

Sunil Jain: Likely to remain here?

Management: In our presentation, we have also given a breakup of the other expenses. If you look at slide 15 presentation, there is a break up of this doctor payout and other expenses sort of improved that much, doctor payout is at almost Rs.104 crores, at par with almost what it was last year.

Moderator: The next question is from the line of Ankur Shah from Quasar Capital. Please go ahead.

Ankur Shah: Sir, can you just give a guidance on growth because I think till the time the two new hospitals won't come in, the growth is going to be related to pricing, right? So, like it must be quite predictable so.

Management: So, the growth is not related to just pricing, it's also related to improvement in occupancy. In our opening remarks, we have already commented on the growth per se that it will be at almost 14% to 15% from the existing hospitals. Obviously, the Raipur and Ranchi hospital once they get commissioned will obviously add better growth, but from the existing hospitals this year we expect 14% to 15% kind of growth both from a) increase in occupancy and b) increase in prices.

Ankur Shah: Because this 14%, 15% growth, we are not seeing since the last two quarters?

Management: So, quarter is not a very, I would say correct picture. If you see even last year we had grown that much almost 15%-odd. This year we have grown about close to 11% this year and we expect to grow at 14% to 15% mark. Slightly subdued on account of the refurbishment in Salt Lake, but that will also now go up because Salt Lake the revenues were almost flat at Rs.65 crores.

Ankur Shah: A small oncology division which was coming up in Agartala, any update on that and the kind of revenues which it can generate or anything on that front?

Management: So, the oncology division, which is supposed to come up in Agartala, we have received the BARC approval for that and we are expecting the machines to get installed in the next three or four months. We have already started minor medical oncology work in that hospital. We expect the oncology program in the first year to contribute something to the tune of around 5% increase in revenues. Down the line, as the program picks up, we expect a better input from there.

Ankur Shah: 5% of the Agartala hospital, right?

Management: Yes.

Ankur Shah: Any updates to provide on the facility on the execution front?

Management: So, the Raipur Hospital is currently in the completion stage. We expect that hospital get commissioned in the last quarter FY'25.

Ankur Shah: And the CAPEX is going in line -?

Management: The finishing as the CAPEX is in line, we have started the process of ordering equipments. So, it is well on track, and we are confident of commissioning that hospital in the last quarter.

Moderator: The next question is from the line of Sunny, an individual investor. Please go ahead.

Sunny: Just regarding the Dumdum hospital, I just want to know is there any room for expansion from the 155 beds that we currently have over there?

Management: From an FSI perspective, we have maxed out the space available in Dumdum. We don't have any space to increase the number of beds through a real estate perspective. We are looking at reclassifying our internal bed layout and adding the number of ICU beds there, which should add to the overall ARPOB level of that hospital.

Sunny: And given that there's not much room for increase in occupancy in Dumdum, can you give a breakup of the ARPOB increase year-on-year and what was the ARPOB increase in FY'24 and next year onwards, what is the planned ARPOB increase as a percentage?

Management: In FY'23 our ARPOB was around 32,000 mark, by focusing on high end surgeries and short surgeries, we have managed to increase the ARPOB to 38,000 in FY'24. We expect ARPOB this year to be maintained at around the 40,000 mark.

Sunny: So, it's a case mix as well as rate increase, it's a mix of both?

Management: Yes.

Moderator: The next question is from the line of Priyanka Parekh from MSE. Please go ahead.

Priyanka Parekh: Wanted to understand on the plan to deploy our treasury investment and cash. So, I think we have around 65 crores of cash and you are saying that 55 crores of the CAPEX funding for Raipur Hospital would be for internal approval and debt. Wanted to understand what we are going to do with this 55 crores cash and investment?

Management: You're right that we have about 55 crores in terms of corporate treasury. This is for funding our expansion program. This year, we expect to spend about 10 crores in terms of maintenance CAPEX and about 55 crores for the hospital in Raipur. This would be funded by a mix of debt and equity like we have said earlier. We are mindful of the fact that if the long-term equipments like MRI, CT scans and other radiation oncology equipments wherein we can get cheaper financing from the equipment suppliers like Siemens, Dragger, you would take on that cheaper financing model and the balance would be spending from the internal accruals. Like we said earlier in our opening remarks the cash flow to EBITDA is also quite strong at 90% and this will not be just funded by the treasury sitting on the balance sheet, but also the internal accruals for this financial year FY'25 as well.

Priyanka Parekh: And how much we have earmarked for our inorganic expansion?

Management: So, inorganic expansion, honestly, there's nothing that is earmarked per se, we don't have a number. Once we identify an opportunity, we get a valuation on the table, then we can obviously leverage the balance sheet further as well if required. But we don't anticipate that too much because we don't have any debt on the balance sheet right now. There is some debt about 10-odd crores which is hardly any debt on the balance sheet. So, we have enough headroom in case we get a good opportunity in terms of inorganic proposals as well.

Priyanka Parekh: If I have to ask in some different ways, so the 65 crores that we currently have in our balance sheet is like we foresee the plan to deploy the same in next one to two years?

Management: We don't have 55 crores of debt. We have 55 crores of investment on the balance sheet. So, we expect to use that mostly for inorganic opportunities but for the Raipur hospital will be funded from the internal accruals for this year as well as part some debt.

Priyanka Parekh: So, I was going through your annual report and found that you have pharmacy sales classified in the last three annual reports. So, wanted to understand what exactly is it?

Management: So, three of our hospitals have an outpatient pharmacy. These pharmacies are other than Salt Lake in Agartala and Howrah and Dumdum. This is coming as part of pharmacy sales. The medicines that are administered to the patient that admitted to the hospital come as sale of services not come as sale of pharmacy.

Priyanka Parekh: So, it is not a retail pharmacy?

Management: No, it is a retail pharmacy, but it is not outside the hospital, it is part of the hospital building.

Priyanka Parekh: Any patient coming in would have the option to buy those medicines from -?

Management: Correct or even since we are located in a neighborhood in a very densely populated neighborhood, if someone is staying next door, they can also walk into the pharmacy and buy any medicine he or she requires.

Priyanka Parekh: So, we reclassify the pharmacy sales of FY'22 to the medical services in the annual report of '23. So, wanted to understand why we did it and how we think about it?

Management: So, we reclassified it because inpatient pharmacy sales have gone to sale of services and not a sale of goods because that is more in line with the GST requirement because GST is charged on outpatient pharmacy sales or these for the outpatient pharmacy sales. For inpatient, there is no GST that is charged on it as per the GST norm.

Priyanka Parekh: And the sales we are seeing in FY'24, how much is it from pharmacy sales, that is 400 crores of sales, so how much is coming from there?

Management: The consumption of pharmacy is almost 20%-percent which is almost 80-odd crores consumption of pharmacy. So, sales I would hazard a guess honestly but I would not like to give an incorrect number right now.

Priyanka Parekh: Any sales we see would have 20% coming from others?

Management: 20% is my cost. 20% is not sales.

Moderator: The next question is from the line of Sagar Doshi from Future Investment. Please go ahead.

Sagar Doshi: So, I wanted to understand regarding the new hospital we are coming up with. So, let's say the Raipur Hospital, which is on an asset light model, so out there, how do we share revenues with developers, so what percentage if it add? And due to that scenario what would be our margins be? So, let's say when the hospital is matured, will we be able to maintain EBITDA margin of 23%- 24% or due to revenue sharing it would go down and what would be the scenario there?

Management: So, the upcoming hospital at Raipur and Ranchi in fact both are on fixed lease rental. We have not entered into any revenue share program with the partner. It is a fixed lease rental. We have taken the building on a long-term lease rental of 60 years from the developer. As far as the EBITDA margins are concerned, it will not affect the overall EBITDA margin because it goes below the line in IndAS reporting.

Moderator: The next question is from the line of Jainil Shah from JM Financial. Please go ahead.

Jainil Shah: My question is on what's the current status of Ranchi Hospital?

Management: So, with regards to the Ranchi hospital, we have started receiving due approvals from the state government, which is slightly delayed on account of the elections right now. There are a couple of approvals pending, after which we will start the construction, the developer will start the construction process for the hospital.

Jainil Shah: So, which approvals are pending now?

Management: At this point, the pollution approvals are still pending, which we are waiting.

Jainil Shah: And it would take another year and half to get?

Management: The pollution approvals are pending at the developer end. So, developers actually looking after the approval process. Once we get all the approvals, the finishing will take another 2-2.5 years.

Jainil Shah: And how is our doctor engagements going on in Raipur?

Management: So, Raipur doctor engagements are going well. We have considerable interest from the market. Our operations teams are engaging with the clinicians from that area, not just limited to Raipur, but overall Chhattisgarh and we are having some keen interest of doctors wanting to associate with us.

Jainil Shah: And on the inorganic side, when do we target this particular acquisition, should we expect an announcement this year or next year?

Management: So, like I said earlier, inorganic opportunities, we are actively scouting for new opportunities, we are looking at opportunities in various cities in the eastern part of the country. Some are in discussion stages; some are in very preliminary stages. I cannot give honestly a date as to when we can announce. It could be as early as this year as well, but the board also is also conscious of the fact and there's has been a discussion in the board to kind of get the opportunity done in this financial year. So, let's hope we can keep our fingers crossed that we do something in this financial year.

Moderator: The next question is from the line of Sunny, an individual investor. Please go ahead.

Sunny: I just want to know as a percentage of our total revenues, how much does that OPD sales contribute?

Management: Close to 18%.

Sunny: Lastly, how much does all these transplant surgeries, everything contributes of all the hospitals together?

Management: The transplant is only in the Dumdum hospital. So, in Dumdum hospital transplant program would contribute as a percentage of the overall sales would contribute about 7.5%- 8%.

Sunny: Of our overall sales in Dumdum hospital?

Management: No, not Dumdum of the overall sales.

Moderator: The next question is from the line of Ankur Shah from Keyshare Capital. Please go ahead.

Ankur Shah: Sir, I just wanted to know the thought process behind the inorganic acquisition because seeing the past we have executed the hospitals on our own, we have built it from scratch and also generally in these areas, which you're talking about, maybe Jamshedpur, Cuttack, I wouldn't imagine a shortage of land or something. So, what would be the rationale to go inorganic because obviously inorganic is always going to cost you?

Management: So, the rationale honestly for an inorganic opportunity is time to market. The time to market is much faster and sometimes we are getting a lot of opportunities in our hospitals in these cities wherein the doctors have either aged or the next generation is not interested in running the hospital anymore or there are multiple partners, and they are falling apart. So, then it gives us an opportunity to step in and kind of get to the market much faster compared to Greenfield hospital, which typically takes 2.5-3 years.

Ankur Shah: Because typically if I look at the criteria which you mentioned is quite interesting in the sense that you choose a very good neighborhood area where there's a lot of population, then you try to be within that 100- 130 beds. So, all of these criteria maybe on inorganic, I would think that there would be some compromise just to make the deal?

Management: Not necessarily. The deals that we're looking at are having that filter that we have discussed.

Moderator: The next question is from the line of Harsh from Bhandan Asset Managers. Please go ahead.

Harsh: Just two quick clarifications. One, just to understand the growth profile for the 3rd Quarter and the 4th Quarter, it is a bit repetitive, but I'll just reiterate what I understood. Is that the 3% to 4% year-on-year growth is one is the Salt Lake you have the gastro refurbishment which may have impacted the growth? And the second aspect could be to do with the COVID base in the Dumdum numbers. So, these are the two major reasons, which is why we are saying that single-digit growth rate. That would be the right assumption for 3rd Quarter and 4th Quarter.

Management: No, the second one is incorrect because the COVID base was not in Dumdum in FY'23. FY'23 was a fully non-COVID year. Dumdum, we have strategically kind of pivoted away from an overdependence on the transplant program and we are now doing much more critical care cases like Anurag said, we are kind of are changing beds to more ICU beds. So, that will actually improve the case mix and further improve the ARPOB of the hospital with shorter stays as well. Right now, it's above five, which is slightly a number that we are not comfortable with. We want the ALOS to be around four there as well. So, that's the idea of driving down the ALOS at Dumdum as well.

Harsh: And just on the Raipur commissioning part, I think so from the last call we had mentioned if I'm not wrong, we had mentioned that it might take 2-2.5 years for that breakeven at least that's what I can understand. Is this a certain level of newly modeling or something that has been done at the backend for us to understand what would be the first 12-months level of operating losses, because that breakeven level would kick in somewhere around let's say 30- 35% of occupancy, so, you must have some level of operating losses in the first 12 months. Is there anything we should keep in mind just for our modeling purpose to that extent?

Management: So, in terms of Raipur, we expect month-on-month EBITDA breakeven to happen around the 15 to 18 months mark. We have historically done a month-on-month EBITDA breakeven for our hospitals in the 10th month in Dumdum and the eighth month in Howrah. We are mindful of the fact that we are moving away from our home market. Raipur would be a slightly newer market for us. We are doing the branding exercise accordingly. You're right that in two years you would do a full breakeven a month-on-month basis we would do a with a break even around the 15 months. Going back to your question with respect to the first-year losses, honestly, it's too premature to say that right now. We will come back to you in the next couple of quarters once we are closer to commissioning.

Moderator: As there are no further questions from the participants, I now hand the conference over to the management for closing comments.

Management: Thank you, everyone, for your questions, which I hope we have suitably addressed. In case you have any further queries, please get in touch with us or through our IR advisors. Thank you for your continued support and trust and accompanying its vision and capabilities. Together, we look forward to achieving new milestones and creating lasting value. Thank you and have a good day ahead.

Moderator: On behalf of JM Financial, that concludes this Conference Call. Thank you for joining us and you may now disconnect your call.