THIS IS A PUBLIC ANNOUNCEMENT FOR INFORMATION PURPOSES ONLY THIS IS NOT A PROSPECTUS ANNOUNCEMENT AND DOES NOT CONSTITUTE AN INVITATION OR ISSUE TO ACQUIRE, PURCHASE OR SUBSCRIBE FOR UNITS OR SECURITIES. NOT FOR RELEASE, PUBLICATION OR DISTRIBUTION DIRECTLY OR INDIRECTLY OUTSIDE INDIA. INITIAL PUBLIC OFFERING OF EQUITY SHARES ON THE EMERGE PLATFORM OF THE NATIONAL STOCK EXCHANGE OF INDIA LIMITED ("*NSE EMERGE*") IN COMPLIANCE WITH THE SECURITIES AND EXCHANGE BOARD OF INDIA (ISSUE OF CAPITAL AND DISCLOSURE REQUIREMENTS) REGULATIONS, 2018 AS AMENDED (THE "SEBI ICDR REGULATIONS")

[Please scan this QR Code to view the Addendum]

ABH HEALTHCARE LIMITED
Corporate Identity Number: U85300PB2021PLC052886

Our Company was originally incorporated as a private limited company in the name and style of "ABH Healthcare Private Limited" under the Companies Act, 2013 vide certificate of incorporation dated March 2, 2021 issued by Registrar of Companies, Central Registration Centre. Further, in accordance with the main objects, our Company acquired the sole proprietorship concern of Dr. Kamal Baghi, our Promoter in the name *"Anil Baghi Hospital"* pursuant to a Business Transfer Agreement dated March 16, 2022. Subsequently, our Company was converted from a private limited company to a public limited company, pursuant to a resolution passed in the Extraordinary general meeting of our members held on October 7, 2024 and consequently, the name of our Company was changed to "ABH Healthcare Limited", and a fresh certificate of incorporation consequent upon conversion dated November 15, 2024 was issued by the Registrar of Companies, Chandigarh.

For further details, see "***History and Certain Corporate Matters***" on page 158 of the Draft Red Herring Prospectus.

Registered Office: Anil Baghi Road, Ferozepur, Punjab - 152002, India
Tel No. / Mob No.: +91 7888690018**; Email:** investor@anilbaghihospital.com **; Website:** www.abhhealthcare.org
Contact Person: Rahul Sharma, Company Secretary & Compliance Officer

NOTICE TO INVESTORS: ADDENDUM TO THE DRAFT RED HERRING PROSPECTUS DATED JUNE 27, 2025 (*THE "ADDENDUM"*)

OUR PROMOTERS: DR. KAMAL BAGHI, DR. SAURABH BAGHI AND DR. VAISHALI SAINI

INITIAL PUBLIC ISSUE* OF UPTO 34,29,000 EQUITY SHARES OF FACE VALUE OF ₹10/- EACH ("EQUITY SHARES") OF ABH HEALTHCARE LIMITED, ("*ABH*" OR THE "OUR COMPANY" OR THE "ISSUER") FOR CASH AT A PRICE OF ₹[●]/- PER EQUITY SHARE (INCLUDING A SECURITIES PREMIUM) OF ₹ [●] /- PER EQUITY SHARE (THE "ISSUE PRICE") AGGREGATING TO ₹ [●] LAKHS (THE "ISSUE"), OF WHICH [●] EQUITY SHARES OF FACE VALUE OF ₹ 10/- EACH FOR CASH AT A PRICE OF ₹[●]/- PER EQUITY SHARE INCLUDING A SECURITIES PREMIUM OF ₹ [●]/- PER EQUITY SHARE AGGREGATING TO ₹ [●] LAKHS WILL BE RESERVED FOR SUBSCRIPTION BY MARKET MAKER TO THE ISSUE (THE "*MARKET MAKER RESERVATION PORTION"*). THE ISSUE LESS THE MARKET MAKER RESERVATION PORTION I.E. NET ISSUE OF [●] EQUITY SHARES OF FACE VALUE OF ₹10/- EACH AT A PRICE OF ₹ [●]/- PER EQUITY SHARE INCLUDING A SECURITIES PREMIUM OF ₹ [●]/- PER EQUITY SHARE AGGREGATING TO ₹[●] LAKHS IS HEREINAFTER REFERRED TO AS THE "NET ISSUE". THE ISSUE AND THE NET ISSUE WILL CONSTITUTE [●] % AND [●] %, RESPECTIVELY, OF THE POST-ISSUE PAID UP EQUITY SHARE CAPITAL OF OUR COMPANY.

**Subject to finalization of basis of allotment*

This addendum dated November 28, 2025 ("***Addendum***") should be read in conjunction with the Draft Red Herring Prospectus dated June 27, 2025 filed with Emerge Platform of the National Stock Exchange of India Limited ("**NSE EMERGE**") in relation to the Initial Public Offer of ABH Healthcare Limited.

In this regard, the Investor should note the following modifications to the information disclosed in the Draft Red Herring Prospectus:

In section I – in the Chapter titled ***"Definitions and Abbreviations"*** on page 2 of the Draft Red Herring Prospectus has been updated with respect to definition of "*Addendum*";

In section I – in the Chapter titled ***"Summary of Issue Document"*** on page 27 of the Draft Red Herring Prospectus has been updated with respect to summary of business.

In section II - *"Risk Factors"* beginning on page 33 of the Draft Red Herring Prospectus has been updated with respect to Risk Factors numbered 4 ,5, 6, 7,3, 15, 10 and 26 as appearing in the section entitled "***Risk factors***" beginning on pages 33 of the Draft Red Herring Prospectus ("DRHP") have been aligned and shifted to be read as Risk Factors 2, 3, 4, 5, 7 10,11 and 15 respectively;

In section III - "*General Information*" on page 76 of the Draft Red Herring Prospectus has been updated with respect to change in the statutory Auditors during last 3 (Three) years;

In section IV- ***"Objects of the Issue"*** on page 98 of the Draft Red Herring Prospectus has been updated with respect to Justification / Assumptions for our estimated working capital requirement and funding inorganic growth through unidentified acquisitions and general corporate purposes;

In section IV - "***Basis for Issue Price"*** on page 106 of the Draft Red Herring Prospectus has been updated with respect to comparison of Accounting Ratios with Listed Industry Peers by adding a footnote;

In section V-"***Business Overview"*** on page 130,133,135,138,140 and 143 of the Draft Red Herring Prospectus has been updated with respect to (i) Overview (ii) Diversified operations across clinical specialties, payor mix and hospitals (iii) Comprehensive operating infrastructure including information technology systems and modern equipments (iv) Continue to attract and retain qualified and experienced clinicians (v) Continue to upgrade our digital infrastructure to improve operational efficiencies and patient experience (vi) Strengthening our presence and expanding our reach (vii) Other Services and Facilities (viii) Procurement (ix) Marketing

In section V- *"Our Management"* on page 176 of the Draft Red Herring Prospectus has been updated with respect to changes in Key Managerial Personnel and Senior Management Personnel during the 3 (three) years by stating reason of resignation of Mr. Anil Kumar Rangra;

In section VI – *"Management Discussion and Analysis of Financial Conditions and Results of Operations"* on page 219 of the Draft Red Herring Prospectus has been updated with the changes in Fiscal 2024 compared to Fiscal 2023.

The above is to be read in conjunction with the Draft Red Herring Prospectus and, accordingly, the corresponding references in the Draft Red Herring Prospectus stands amended pursuant to this Addendum. Please note that the changes pursuant to this Addendum will be appropriately included in the Red Herring Prospectus and Prospectus, as and when filed with the RoC, the SEBI and the Stock Exchanges.

All capitalized terms used in this Addendum shall unless the context otherwise requires, have the meaning ascribed to them in the Draft Red Herring Prospectus.

Place: Ferozepur
Date: November 28, 2025

For ABH Healthcare Limited
on behalf of the Board of Directors
Sd/-
Dr.Kamal Baghi
Chairman & Whole-time Director
DIN: 08449735

BOOK RUNNING LEAD MANAGER	REGISTRAR TO THE ISSUE
FEDEX SECURITIES PRIVATE LIMITED B 7, 3rd Floor, Jay Chambers, Dayaldas Road, Vile Parle – [East], Mumbai- 400 057, Maharashtra, India **Tel. Number:** +91 81049 85249 **Email Id:** mb@fedsec.in **Website:** www.fedsec.in **Contact Person:** Saipan Sanghvi **SEBI Registration No.:** INM000010163 **Investors Grievance Id:** mb@fedsec.in	**BIGSHARE SERVICES PRIVATE LIMITED** S6-2, 6th Floor, Pinnacle Business Park, Mahakali Caves Road, next to Ahura Centre, Andheri East, Mumbai- 400093, Maharashtra, India **Tel No:** +91 22 62638200 **Fax No:** N.A. **E-mail Id:** ipo@bigshareonline.com **Website**: www.bigshareonline.com **Investor Grievance Id:** investor@bigshareonline.com **Contact Person**: Mr. Sagar Pathare **SEBI Registration No:** INR000001385

ISSUE PROGRAMME		
ANCHOR INVESTOR BID / ISSUE PERIOD[(1)]: [●]	**BID/ISSUE OPENS ON*: [●]**	**BID/ISSUE CLOSES ON[(2)(3)]: [●]**

[(1)] *Our Company, in consultation with the BRLM, may consider participation by Anchor Investors, in accordance with the SEBI ICDR Regulations. The Anchor Investor Bidding Date shall be one Working Day prior to the Bid/Issue Opening Date.*

[(2)] *Our Company, in consultation with the BRLM, may consider closing the Bid/Issue Period for QIBs one Working Day prior to the Bid/Issue Closing Date, in accordance with the SEBI ICDR Regulation.*

[(3)] *The UPI mandate end time and date shall be at 4:00 p.m. on the Bid/Issue Closing Day.*

TABLE OF CONTENTS

SECTION - I - GENERAL

DEFINITION AND ABBREVIATIONS

CORPORATE RELATED TERMS

Term	Description
Addendum	The addendum dated November 28, 2025 to the Draft Red Herring Prospectus.

SUMMARY OF ISSUE DOCUMENT

SUMMARY OF BUSINESS

Acquired by our Company in 2022, the hospital was established in 1985 with 30 (thirty) beds and is driven by a vision to provide affordable, accessible, and *quality* healthcare services. Since our acquisition, we have consistently invested in the hospital, expanding bed capacity, increasing our workforce, and introducing additional services and clinical specialties. We offer 25 (twenty-five) medical specialties such as, cardiac sciences, neurology, minimally invasive spine and brain surgeries, medical and surgical gastroenterology, laparoscopic and bariatric surgery, urology, pulmonology, nephrology, ENT, maxillofacial surgeries, obstetrics and gynecology, orthopedics and joint replacement, neuro-psychiatry and drug de-addiction, general surgery, physiotherapy, radiology, etc.

For more details, see "***Business Overview***" on page 130 of the Draft Red Herring Prospectus.

SECTION – II – RISK FACTORS

Risk Factors numbered 4 ,5, 6, 7, 3, 15, 10 and 26 as appearing in the section entitled "Risk factors" beginning on page 33 of the Draft Red Herring Prospectus ("DRHP") have been aligned and shifted to be read as Risk Factors 2, 3, 4, 5, 7, 10, 11 and 15 respectively.

~~4.~~ 2. Our revenues are significantly dependent on our only hospital in Ferozepur, Punjab, any change in the economic or political circumstances in or around the areas of Ferozepur, could materially affect our business, financial condition and results of operations.

We derive almost all of our revenue from operations from our only hospital in Ferozepur, Punjab. For instance, for the nine months period ended December 31, 2024 and Fiscal 2024 and, our total revenue was ₹ 3,638.36 lakhs of which 100% and ₹ 4,138.02 lakhs of which 100% respectively were derived solely from the operations of our hospital in Ferozepur, Punjab. Any material impact on our revenues from our hospital in Ferozepur, Punjab, including by reason of a reduction in patient footfall, regulatory changes, reputational harm, liabilities on account of medical negligence, adverse publicity or natural calamities and increased competition, could have a material adverse effect on our business, financial condition and results of operations. Due to the geographical concentration of our hospital primarily in Ferozepur, Punjab, we are exposed to adverse economic or political circumstances that affect demand for healthcare services in the region and damage to our infrastructure in an event of war. Any regional slowdown, political unrest, disruption, disturbance, or sustained downturn in the economy of such regions could adversely affect our business, financial condition and results of operations. While we did not experience any significant negative impact from such events during the disclosed financial period, we cannot foresee the potential impact of similar future occurrences on our service demand in Punjab, or their subsequent effect on our business and operations.

~~5.~~ 3. If we are unable to keep pace with technological changes, new equipments and service introductions, changes in patients' needs and evolving industry standards as well as failure or malfunction of our medical or other equipments, our business and financial condition may be adversely affected.

We believe that the healthcare services industry is characterized by periodic technological changes, new equipments and service introductions, changes in patients' needs and evolving industry standards, including, for example, changes associated with diagnosis process, treatments, and patient-doctor interactions in telemedicine offerings. Our continued success depends on our ability to anticipate industry trends and identify, develop, and market new value-added services that meet client demands, to continually enhance our equipment and technologies in a timely and cost-effective manner. For instance, we adopted cutting-edge digital technologies in healthcare for which our hospital was accredited as NABH Digital Standards during the Fiscal 2025, for enhancing our operational capabilities.

Developing new services in a timely and cost-effective manner may be difficult, particularly as market preferences can change rapidly. Our assessment of the market and evolving customer preferences may not lead to new services that are commercially successful. We may also experience delays or failures in any stage of our service development, introduction, or implementation. Further, as industry standards evolve, we may be required to enhance and develop our internal processes and procedures, as well as equipment and technologies, to comply with such standards and maintain the accreditations that we have received. The research, design and development of new services may also require significant resources, including financial and management time and attention. If we are unable to introduce new services in a timely manner to meet market demand, or if there is insufficient demand for our services, our business, financial condition, results of operations and prospects may be materially and adversely affected.

Rapid changes in the medical and healthcare industry require sourcing for and investing in new medical equipment and technology. We may not be able to continually invest in, procure and integrate the latest equipment and technologies at commercially suitable terms and in a timely manner. We may not be able to recover the financial outlay for the medical equipment and systems that we invest in. We may incur significant costs in replacing or modifying equipment in which we have already made a substantial investment. New equipment and services based on new or improved technologies or new industry standards can lead to earlier than planned redundancy of our medical equipment and result in asset impairment charges in the future. For instance, we incurred a sum of ₹ 59.09 lakhs, and ₹ 889.51 lakhs, ₹ 114.49 lakhs and ₹ 1,618.45 lakhs for the nine months period ended December 31, 2024 and Fiscal 2024, Fiscal 2023 and Fiscal 2022, respectively towards addition of plant and machinery. We may experience short-term disruptions to our operations if our equipment is damaged or breaks down. Extended downtime of our medical equipment, and repair or replacement costs of such equipment, could result in loss of revenue, client dissatisfaction, and damage to our reputation. Injuries caused by medical equipment in our healthcare facilities due to equipment defects, improper maintenance or improper operation could also subject us to liability claims, which may not be insured completely or at all. Regardless of their merit or eventual outcome, such liability claims could result in significant legal defense costs for us, damage to our reputation, and a material adverse effect on our business, financial condition and results of operation.

Our operations are also subject to risks inherent in the use of complex medical equipment. Some equipment we use in our hospital involves radioactive substances. Failures, accidents, defects, improper use or lack of maintenance of our equipment may lead to injury of our patients and healthcare professionals. We may incur significant repair and maintenance costs and may experience disruptions in our operations in the event of any material malfunction or breakdown of our equipment in the future. In addition, we may not be able to respond to such failures or malfunctions in a timely manner or with acceptable cost, which could adversely impact our ability to provide patients with necessary treatments and quality services, result in injury of our healthcare professionals, and damage our reputation.

~~6.~~ 4. We rely on certain third parties, including suppliers, and also enter into contracts with third-party payers such as insurance companies, third party administrators, corporations and government departments. Termination, non-renewal or any breach of the conditions of such contracts could have a material adverse impact on our business, financial condition and results of operations.

We source a majority of our medical supplies, drugs, pharmaceuticals and medical equipment for our operations from limited number of third-party suppliers. We also outsource various activities, such as cleaning and maintenance services, laboratory services, house-keeping and as well as security services, by entering into an arrangement/contract with original equipment manufacturers ("*OEM*") and third-party suppliers. The use of third-party suppliers, OEMs and sub-contractors exposes us to supply chain bottlenecks, quality problems, reputational damage from their actions, and other potential liabilities or disruptions that may arise in cases where such third-party suppliers and sub-contractors fail to meet their commitments. We also rely on a limited number of equipment suppliers to carry out repairs and maintenance of our equipment. Any failure or negligence by such third parties in performing their obligations could adversely affect our business, financial condition, results of operations, reputation and brand. Further, any failure to procure equipment or supplies on a timely basis, or at all, from such third parties and on commercially suitable terms could affect our ability to provide our services.

The contribution of our top five suppliers in our purchase of medicines and consumable items as a percentage of the total purchase of the Company for the period under reporting is summarised hereunder –

Sr. No.	Name of suppliers*	Nine months period ended December 31, 2024		Fiscal 2024		Fiscal 2023		Fiscal 2022	
		Amount in lakhs	% contribution in the total purchase	Amount in lakhs	% contribution in the total purchase	Amount in lakhs	% contribution in the total purchase	Amount in lakhs	% contribution in the total purchase
1.	Top 2 suppliers	463.92	53.43	650.67	54.43	442.19	53.02	101.24	41.53
2.	Top 5 suppliers	561.76	64.69	783.82	65.56	531.54	63.73	153.59	63.01
3.	Top 10 suppliers	646.51	74.46	892.14	74.63	588.88	70.60	192.62	79.03

**As on the date of the Draft Red Herring Prospectus, we have not received consent from our suppliers*

Our reliance on a limited number of suppliers for our business exposes us to risks, that may include, but are not limited to, reductions, delay or failure on the part of our suppliers to deliver products in a timely manner, deterioration in the financial condition or business prospects of these suppliers, failure to negotiate favourable terms with our key suppliers, all of which could have a material adverse effect on the business, financial condition, results of operations and future prospects of our Company.

We derive a significant portion of our Company's revenues from our agreements with government departments, insurance companies, third party administrators and corporations entered in ordinary course of business. As on nine months period ended December 31, 2024 and Fiscal 2024, Fiscal 2023 and Fiscal 2022, we derived ₹2,016.95 lakhs, ₹2,176.32 lakhs, ₹1,096.90 lakhs and ₹270.67 lakhs, respectively, from government departments, insurance companies, third party administrators and corporations, accounting for 55.52% and 52.59%, 37.04% and 77.34%, respectively, of our revenue from operations from healthcare service in the same years, on consolidated basis.

Such contracts are typically for a specified term ranging between one to five years and we are exposed to the consequences of early termination. If at the time of agreement renewal, our negotiations fail, including due to a failure to agree on the pricing for our services, our revenues and profitability would be affected due to significant loss incurred by us. Any commercial disputes with such parties or any inability to renew these contracts on favourable terms or at all, could have a material adverse impact on our business, financial condition and results of operations.

We do not have any long-term supply contracts with our suppliers. We generally make our purchases with suppliers through purchase orders. Thus, our suppliers may be unable to provide us with a sufficient quantity of medicines and consumables, at prices acceptable to us. Further, any unexpected rise in the prices of the medicines and consumables or shortage in supply or any adverse change in terms and conditions of supply would result in increase of our procurement cost. In case we are not able to pass on any such increase in cost to the patients because of competition or otherwise, it may affect the profitability of the Company.

We may not be able to renegotiate our pricing or delivery terms on a reasonable basis or find suitable alternative suppliers in the future, which may affect our business, financial condition, cash flows and results of operations. If we are required to identify alternative third parties for any of our required products, the process of qualification and approval could cause delays in providing services to clients. Any extended interruption in the supply of medicines and consumables could disrupt our operations and can have a material adverse effect on our business, results of operations or financial condition. Although we believe we have maintained stable relationships with these suppliers in the past, we cannot assure you that, we will be able to source adequate quantities of products in a timely manner from our existing suppliers in the future or we will be able to find alternative suppliers at acceptable prices and quality levels or at all. Our inability to do so may adversely affect our reputation, business, results of operations and cash flows.

~~7.~~ 5. We operate in a highly regulated industry, and compliance with applicable safety, health, environmental and other governmental regulations and any violations of existing regulations may adversely affect our business, results of operations and cash flows

The healthcare industry is subject to laws, rules and regulations in the regions where we conduct our business or in which we intend to expand our operations. For description of the regulations to which we are subject to, see "***Key Industry Regulations and Policies***" on page 148 of the Draft Red Herring Prospectus. Health and safety laws and regulations in India have become increasingly stringent over time, and it is possible that they will become more stringent in the future.

The regulatory licenses that we require are typically granted for a limited term and are subject to renewal at the end of such terms. Further, we cannot assure you that the approvals, licenses, registrations and permits issued to us would not be suspended or revoked in the event of non-compliance or alleged non-compliance with any terms or conditions thereof, or pursuant to any regulatory action. Any failure to renew the approvals that have expired or apply for and obtain the required approvals, licenses, registrations or permits, or any suspension or revocation of any of the approvals, licenses, registrations and permits that have been or may be issued to us, may impede our operations and may have an adverse effect on our business, financial condition and results of operations. For a description of the pending approvals and licenses, see "***Government and Other Statutory Approvals***" on page 244 of the Draft Red Herring Prospectus.

We also maintain certain accreditations, including accreditations from the National Accreditation Board for Hospitals and Healthcare Providers ("NABH") for our hospital. Further, we have also been accredited with NABH Digital Standards, highlighting our adoption of cutting-edge digital technologies in healthcare in the year 2024-25. If we lose current accreditations or fail to renew such accreditations of our hospital by NABH and other agencies, or if we fail to obtain additional accreditations for our hospitals, our reputation, business operations could be adversely affected. Furthermore, in the event certain accreditations are made compulsory, either by law or as a condition for empanelment, our business, financial condition, results of operations and cash flows may get impacted as we may not be able to obtain such accreditation in a timely manner, or at all.

The qualification and practicing activities of our healthcare professionals are strictly regulated by applicable laws, regulations, policies and guidelines, as well as by applicable codes of professional conduct or ethics. If our health professionals fail to comply with applicable laws, regulations, policies or guidelines, including professional licensing requirements, we may be subject to penalties including fines, loss of licenses or restrictions on our healthcare facilities and operations, which could materially and adversely affect our business and reputation.

Compliance with applicable health and safety standards is time consuming, costly and requires a number of dedicated personnel. We may incur substantial costs in order to comply with such health and safety standards and other current or future laws, rules and regulations, and we may not be able to maintain, at all times, full compliance with such laws, regulations, policies and guidelines. These current or future laws, rules and regulations may also impede our operations. Any non-compliance with the applicable laws, rules and regulations may subject us to regulatory action, including penalties and other civil or criminal proceedings, which may materially and adversely affect our business, prospects and reputation. Our compliances costs may adversely affect our revenues.

~~3~~ 7. We are significantly dependent on our key personnels, including our Promoters, Dr. Kamal Baghi, Dr. Saurabh Baghi, Dr. Vaishali Saini, senior management and other healthcare professionals and any loss of or our inability to attract or retain such persons could adversely affect our business, financial condition, results of operations and cash flows.

Our operations depend on the efforts, ability and experience of our healthcare professionals, including our doctors, nurses, consultants and other medical staff at our hospital. Further, our Promoters are also experienced doctors and we are highly dependent on our Promoters for strategy and operation of the hospital. As on March 31, 2025, we had 29 doctors, out of whom 23 doctors were Senior Consulting Doctors and 6 Part-time Consulting Doctors. Our performance and the execution of our business strategies depend substantially on our ability to attract, recruit and retain leading healthcare professionals in a particular specialty or in a region relevant to our growth plans. We compete with other healthcare services providers in recruiting and retaining trained healthcare professionals, which are in shortage in the market.

Factors that healthcare professionals consider important before deciding where they will work include emoluments and incentives, reputation of the healthcare establishment, quality of the facilities, academic and research opportunities, and a sufficient number of patients and surgeries made available to them. There can be no assurance that healthcare professionals will conclude that we compare favorably with other healthcare service providers on these factors. We seek to attract healthcare professionals who are well-known personalities in their fields and regions with large patient bases and referral networks, and it may be difficult to negotiate favourable terms and arrangements with these professionals. We typically agree to pay our specialist physicians a professional fee based on the services they provide or minimum assured fees, as the case may be. Depending on market conditions and scarcity of the trained professionals, we may have to increase the fees and salaries (as applicable) paid to our healthcare professionals and consultants, and there would be no assurance that we will be able to control such expenses completely as planned. If we are unable to make payments to these consultants or other healthcare professionals on time, or if our relationship with them deteriorates, or these professionals receive better opportunities with other healthcare service providers, we may be unable to retain them.

Failure to attract and retain sufficient qualified healthcare professionals for our hospital could adversely affect our business, financial condition, results of operations, cash flows and prospects. Certain patients choose our hospital because of the reputation of some of our individual doctors. If we fail to retain these key doctors, we may not be able to attract such patients, which may have an adverse impact on the patient volume and our profitability at such locations.

There is no assurance that our consultant doctors will continue to provide services to us or devote the whole/ significant of their time to our hospital. We may, as a result, be unable to effectively utilize their time and expertise in providing services to our patients. These arrangements may also give rise to conflicts of interest, including with regard to how these doctors allocate their time and other resources between our hospital and other clinics or hospitals at which they work and where doctors refer patients. *Such conflicts may prevent us from maintaining the standards of service at our hospital and adversely affect our patient intake which could impact our business, results of operations and cash flow.*

Our performance also depends on our ability to identify, attract and retain other healthcare professionals, including nurses. We have experienced, and expect to continue to experience pressure to increase wages and other benefits, due to a general shortage of qualified nurses and paramedical staff in India.

As a multi-specialty hospital operator, we must attract and retain qualified healthcare professionals in a wide range of specialty areas, and there may be fewer qualified professionals and competition for these individuals in a particular specialty area at the time when our staffing needs arise. We may also face heightened challenges in attracting sophisticated and efficient healthcare professionals at peripheral units, as healthcare professionals usually prefer to settle down in major cities and metropolitan areas. We may experience a slower-than-usual growth rate in peripheral units due to the lack of qualified healthcare professionals. If one or more of these individuals or any other member of our senior management team are unwilling or unable to continue in their present positions, we may not be able to replace them with persons of comparable skill and expertise promptly, which could have a material adverse effect on our business, financial condition, results of operations, cash flows and prospects. We may take a significant period of time to hire and train replacement personnel when skilled personnel terminate their employment with our Company. Our attrition rate for the period under reporting is summarised as under:

Particulars	For the nine months period ended December 31, 2024	Fiscal 2024	Fiscal 2023	Fiscal 2022
Resident/ Medical officers				
- Number of resident doctors	18	18	12	13
- % attrition	10.00	14.29	14.29	0.00
Senior consulting Doctors				
- Number of resident doctors	23	21	16	21
- % attrition	17.86	22.22	23.81	0.00
Part-time Consulting Doctors				
- Number of resident doctors	5	6	4	6
- % attrition	28.57	45.45	55.56	0.00

If we are unable to attract or retain healthcare professionals as required, we may not be able to maintain the quality of our services and we may have to face admissions of fewer patients to our hospital, thereby having a material adverse effect on our business, financial condition, results of operations, cash flows and prospects. We may also be required to incur increased costs to retain and recruit medical personnel, which may have a material adverse effect on our business, financial condition, results of operations, cash flows and prospects.

~~15.~~ 10. We have a high debt-equity ratio and may face certain funding risks. Any further increase in borrowings may have a material adverse effect on our business, financial condition and results of operations. Further, if we do not generate sufficient amount of cash flow from operations, our liquidity and ability to service our indebtedness could be adversely affected.

Our Company has raised funds from a combination of borrowings such as working capital limits and term loans from banks / NBFCs / FIs and through unsecured borrowing from our Promoters and third-party lenders. Such financing has caused an increase to our debt-to-equity ratio. Our debt-to-equity ratio as of nine months period ended December 31, 2024 and for the Fiscal 2024, Fiscal 2023 and Fiscal 2022 was 4.14 and 5.69, 4.54 and 225.84, respectively. If we are unable to borrow at favourable market conditions, it could have a material impact on our operations. Our ability to borrow from banks or financial institutions to meet our future financial requirements and fund our working capital is dependent, inter alia, on favourable market conditions and may be affected by our rating. In the absence of favourable market conditions, to meet our financial needs we will rely on available free cash flow. If sufficient sources of debt financing are not available in the future for these or other reasons, we may be unable to meet our financing/refinancing requirements, which could materially and adversely affect our operations, results of operations and financial condition and impact on our ability to fund our working capital and to refinance existing indebtedness at maturity. Our approach toward funding risk is aimed at securing competitive financing and ensuring a balance between average maturity of funding, flexibility and diversification of sources, however, these measures may not be sufficient to fully protect us from such risk. In addition, we may be subject to the restrictive covenants and interest rate risk arising on our existing and future financial indebtedness, which may vary depending on whether such indebtedness is secured or unsecured or at a fixed or at a floating rate. Our capacity to service these debts depends on our continued profitability and availability of liquidity. In case, we are unable to achieve the desired growth, due to internal constraints or external factors, we may find it difficult to service the debt and this may affect our credit rating, profitability and growth adversely.

~~10~~11. We are exposed to legal claims and regulatory actions arising from the provision of healthcare services and may be subject to liabilities arising from claims of malpractice and medical negligence which could materially and adversely affect our reputation and prospects.

Owning and operating medical facilities entails a number of operational, financial and reputational risks. Healthcare quality is measured by certain factors, including the quality of medical care, doctor expertise, friendliness of staff, waiting times and ease of access to doctors. If we are unable to provide high quality services to our patients or fail to maintain a high level of patient satisfaction or experience a high rate of mortality or medical malpractice suits, our brand or reputation could be damaged.

For example, our business involves the treatment of patients with a variety of infectious diseases, and individuals may contract serious communicable diseases at our facilities which could result in significant claims for damages against us and subsequent loss of reputation. In addition, our hospitals could be subjected to quarantines and sterilizations, which could significantly limit their operations, as well as regulatory restrictions on, or the withdrawal of, permits and authorizations, any of which could result in reduced utilization or reputational damage.

Furthermore, we are exposed to the risk of legal claims and regulatory actions arising out of the healthcare services we provide and any alleged non-compliance with the provisions of various laws and regulations. The healthcare industry is subject to stringent laws, rules and regulations, compliance with which requires substantial cost and management attention, please refer chapter titled *"**Key Industry Regulations and Policies**"* on page 148 of the Draft Red Herring Prospectus. In addition, there are ongoing and proposed reforms in the healthcare industry in India, and we are subject to the uncertainty associated with such development including pharmaceutical pricing.

From time to time, we may be subject to complaints from our patients, or be involved in litigation alleging, among other things, medical negligence by our doctors and other healthcare professionals. Complaints (including First Information Reports (FIRs) may be filed against our doctors and show cause notices may be issued or inquiries may be initiated by regulatory or adjudicating authorities with respect to the treatment and other services provided to our patients. An adverse outcome in such proceedings could lead to the suspension or removal of our doctors from the register of medical practitioners, de-empanelment of our hospitals from state medical councils or have financial consequences and/or exposure to criminal or other liability. Even if our Company is not a party to such proceedings, our reputation and business may be adversely impacted by their negative outcomes and publicity.

We rely on our healthcare professionals to make proper diagnoses, administer proper treatment and make other clinical decisions. However, we do not have direct control over the clinical activities of our healthcare professionals, as their diagnoses and treatments of patients are subject to their professional judgment, and in most cases, must be performed on a real time basis. In addition, some doctors who work are on a consultancy basis are subject to proceedings for medical negligence, which may lead to their removal from the register of medical practitioners for a period of time or permanently. Even though we are not a party to such proceedings, our reputation and business may be adversely impacted by their negative outcomes and publicity. Furthermore, our healthcare professionals are susceptible to contracting diseases that we treat in our facilities, and if our healthcare professionals become infected, it may significantly reduce the treatment and care capacity at our medical facilities. In addition, medical consumables used in various treatments and other products we sell may be subject to contamination, mislabelling, malicious tampering and other damage such as errors in the dispensing and packaging of pharmaceuticals, which may lead to injury or death to our patients. Current or former patients or their families may commence or threaten litigation for medical negligence or malpractice against us. If such claims succeed, we may become liable for damages and other financial consequences and may even be exposed to criminal liability, which may materially and adversely affect our reputation, financial condition, results of operations and cash flows. Additionally, clinical trials conducted at our facilities may cause unintended adverse consequences including personal injury, sickness or death of patients participating in such trials. We could be held liable and may be required to pay damages for such consequences.

We have outsourced our in-house pharmacies "*Anil Baghi Pharmacy*" at our hospital which are open round-the-clock and offer branded and generic prescription drugs and over-the-counter medication. Further, we may also be subject to complaints related to product negligence and product liability for medical devices or pharmaceuticals we dispense. Medical products that they sell, or we use could become subject to contamination, tampering, mislabelling or other damage. In addition, errors in any form, including in the dispensing and packaging of pharmaceuticals could lead to serious injury, illness or even death. Product liability claims may be asserted against us with respect to any of the products or pharmaceuticals we use or sold by the pharmacy. A product liability judgment against us could have a material adverse effect on our business, cash flows, financial condition or results of operations.

Furthermore, we could also be the subject of complaints from patients who are dissatisfied with the quality and cost of healthcare services or inquiries or investigations may be initiated by regulatory or adjudicating authorities with respect to such matters. The results of these inquiries, investigations, claims and lawsuits cannot be predicted, and it is possible that the ultimate resolution of these legal claims and regulatory actions, individually or in the aggregate, may have a material adverse effect on our business both in the near and long term, financial position, results of operations or cash flows. These matters could:

1. require us to pay substantial damages or amounts in judgments or settlements, which individually or in the aggregate could exceed amounts, if any, that may be recovered under our insurance policies where coverage applies and is available;

2. harm our reputation and the goodwill associated with our brand;

3. cause us to incur substantial expenses and/or substantial increases in our insurance premiums;

4. require significant time and attention from our management; and

5. require us to incur debt to finance any damages or amounts in judgment or settlement.

The existence of any such claims may harm our professional standing and market reputation and/or that of the doctors and medical professionals involved. Regardless of their validity, negative publicity arising from such claims may adversely impact the number of patients visiting our healthcare facilities and the revenue therefrom.

In addition, our operations involve the use of hazardous and flammable materials, including chemicals, radioactive and nuclear materials. Most of the radiation therapy and diagnostic imaging equipment we use contain radioactive and nuclear materials or emit radiation during operation. Radiation, radioactive materials and nuclear materials are extremely hazardous unless properly managed and contained. We source nuclear and radioactive material from authorized suppliers, and we store and dispose of such materials in accordance with the applicable rules and guidelines. We cannot eliminate the risk of contamination or injury from these materials. In the event of contamination or injury resulting from our use of hazardous materials, we could be held liable for any resulting damages, and any liability could exceed our resources. We also could incur significant costs associated with civil or criminal fines and penalties.

If any of our cases are not resolved in our favor, and if our insurance coverage or any applicable indemnity is insufficient to cover the damages awarded, we may be required to make substantial payments or modify or restrict our operations, which could have an adverse impact on our reputation and competitive position, as well as our business and financial results. Also see "*Our insurance coverage may not adequately protect us against potential risk, and this may have a material adverse effect on our business"* below.

While we seek to mitigate against such risks, there is no assurance that we will be successful in doing so. Further, while there has been no material adverse impact on our operations, results of operations and financial conditions in the last three financial years due to any instance of medical and legal risks associated with the operation of our medical facilities, including negative publicity, there is no assurance such instances will not occur in the future. *Further there are no past instance of claim exceeding liability insurance cover.*

~~26.~~ 15. If we are unable to increase our hospital occupancy rates and reduce average length of stay of our patient, we may not be able to generate adequate returns on our capital expenditure.

Our ability to sustain current levels of profitability and operating efficiencies depends on our ability to maintain and increase bed occupancy rates. We have invested and continue to invest a significant amount of capital expenditure in expanding bed capacity. For instance, we have increased our bed capacity from 75 beds as of March 31, 2022 to 100 beds as of March 31, 2024 and 150 beds as of December 31, 2024. Over the last three fiscals, we have consistently demonstrated strong growth in our performance on account of an increase in number of patients at our hospital. We currently have a committed pipeline of hospital expansion in 30 beds, which has been approved by our Board of Directors. The table below provides certain details of our operating metrics during the last three Fiscals and nine months period ended December 31, 2024:

Particulars	For the nine months period ended December 31, 2024	Fiscal 2024	Fiscal 2023	Fiscal 2022
Total bed capacity (count) (1)	150	100	85	75
Number of operational beds (count) (2)	125	85	70	60
Number of ICU beds (count) (3)	70	49	38	35
Bed Occupancy Rate (%) (4)	47%	63%	65%	70%

Note:

(1) Total bed capacity is as at end of relevant fiscal and denotes the number of beds for which the civil structure has been planned for.

(2) Number of operational beds includes census beds (bed available for mid-night occupancy such as intensive care units ("ICUs") and wards and non-census beds (all other bed available other than census beds, such as day-care beds, casualty beds).

(3) Number of ICU beds represents the total intensive care unit beds operational as of the end of the respective fiscal.

(4) Bed occupancy rate is calculated by dividing the total number of occupied beds days by the total number of operational bed days.

For details, please see chapter titled ***"Business Overview"*** on page 130 of the Draft Red Herring Prospectus. We have also introduced new technologies, modernized our facilities and expanded our range of services.

We intend to focus on improving occupancy rates at our hospital. Improving occupancy rates at our hospital is highly dependent on factors such as brand recognition, wider acceptance in the communities in which we operate, our ability to attract and retain quality healthcare professionals, our ability to develop super-specialty practices and our ability to compete effectively with other hospitals and clinics. For instance, bed occupancy rate reduced from 70% in Fiscal 2022 to 65% in Fiscal 2023, while our total bed capacity increased from 75 beds to 85 beds during the corresponding period. Similarly, our bed occupancy rate reduced from 65% in Fiscal 2023 to 63% in Fiscal 2024, while our total bed capacity increased from 85 beds to 100 beds during the corresponding period. If we fail to improve our occupancy rates, but continue to incur significant expenditure in the future, this could materially adversely affect our operating efficiencies and our profitability.

SECTION III- GENERAL INFORMATION

CHANGE IN THE STATUTORY AUDITOR DURING LAST 3 (THREE) YEARS

Except as disclosed below, there has been no change in the Statutory Auditors during the 3 (three) years immediately preceding the date of the Draft Red Herring Prospectus:

Name of the Auditor	**M/s. G. D. Singhal & Associates**	**M/s. Gagan Deep Singhal & Associates**	**M/s. G. D. Singhal & Associates**
FRN	017648N	0032757N	017648N
Peer Review No.	014519	N.A.	014519
Date of Appointment	*September 30, 2024*	*September 30, 2023*	*December 31, 2022*
Tenure of Appointment	*April 1, 2024 to March 31, 2029*	*April 1, 2023 to March 31, 2024*	*April 1, 2022 to March 31, 2027*
Date of Resignation	N.A.	August 2, 2024	July 18, 2023
Email ID	gdsinghal_1974@yahoo.co.in	gdsinghal_1974@yahoo.co.in	gdsinghal_1974@yahoo.co.in
Address	Singhal Niwas, Malwal Road, Ferozepur, Punjab - 152002, India.	Singhal Niwas, Malwal Road, Ferozepur, Punjab - 152002, India.	Singhal Niwas, Malwal Road, Ferozepur, Punjab -152002, India.
Reason for change	N.A.	Pre-occupation in other assignments*	Pre-occupation in other assignments

** Also M/s. Gagan deep Singhal & Associates was not holding a valid Peer review certificate M/s. G. D. Singhal & Associates had previously resigned w.e.f July 18, 2023 due to pre-occupation in other assignments.*

SECTION – IV – PARTICULARS OF THE ISSUE

OBJECTS OF THE ISSUE

DETAILS OF THE OBJECTS OF THE FRESH ISSUE

***Justification /** Assumptions for our estimated working capital requirement:*

The table below sets forth the key *justification/* assumptions for our working capital projections:

Sr. No.	Particulars	*Justification*/ Assumptions (No. of days)
1.	Trade receivables	Our revenue from operations mainly comprises of revenue from out-patient department services, in-patient department services, share of revenue from in-house pharmacy and other operating income. While we generally receive our revenue from out-patient service and self-pay patient against our service, our revenue from patient covered under various government scheme and insurance are received over time. Further, we receive the income from other operating revenue over time. The holding levels of trade receivables were at 143 days for nine months period ended December 31, 2024, 106 days in Fiscal 2024, 73 days in Fiscal 2023 and 1 day in Fiscal 2022. *The reason for the sudden increase in Trade Receivable days in Fiscal 2023, Fiscal 2024 as compared to Fiscal 2022 is on account of increasing trend of revenue from operations for the Fiscal 2023 & Fiscal 2024 as compared to the Fiscal 2022. Further, the increase in revenue is majorly on account of increased revenues under Govt. Schemes & PSU, Insurance & TPA and for Fiscal 2022 it is for a period of 16 days as against 365 days in Fiscal 2023.* Our trade receivable days is estimated to be around 150 days in Fiscal 2025. We have considered the trade receivable days to be around 120 days for Fiscal 2026 and Fiscal 2027, which is in line with our increase in revenue, our strategy to rationalise the revenue mix and improve our collection cycle.
2.	Inventories	The inventories mainly comprise of medicines, medical implants, medical consumables, etc. The holding levels of inventories were at 28 days for the nine months period ended December 31, 2024 and 26 days for Fiscal 2024, 28 days for Fiscal 2023 and 9 days for Fiscal 2022. The inventory level for Fiscal 2025 is estimated to be around 32 days. We have considered that inventory would be maintained at its present level of around 30 days for the projected period of Fiscal 2026 and Fiscal 2027. This is in line with the objective to maintain an optimum inventory level for smooth functioning of the operations.
3.	Short Term Loans & Advances	Our short term loans & advances comprises of advance to suppliers and contractors. Advance to contracts are essentially advance paid to customers undertaking repair, maintenance and development work. Further, advance to suppliers are payment made to suppliers of medicines, medical implants, consumables etc. Short term loans & advances days were at 9 days for nine months period ended December 31, 2024, 4 days in Fiscal 2024, 3 days in Fiscal 2023 and 1 day in Fiscal 2022. We have considered that the short-term loans & advances days would be around 10 days for Fiscal 2025, Fiscal 2026 and Fiscal 2027.
4.	Other Current Assets	Other current assets include advance tax paid, TDS, unutilised MAT credit and other current assets. Our Company had maintained holding level of other current assets at 9 days for nine months period ended December 31, 2024, 16 days in Fiscal 2024, 11 days in Fiscal 2023 and 0 days in Fiscal 2022. We have estimated other current assets days to be maintained at 15 days for Fiscal 2025 and going forward we would maintain the other current assets days at 10 days for Fiscal 2026 and Fiscal 2027.
5.	Trade payables	Trade payable comprises of amount payable to vendors and other service providers, Further, trade payable includes payable to MSME creditors and non-MSME creditors. While we have maintained payment to MSME creditors within the statutory payment days our non-MSME creditors are paid as per our standard terms. The holding levels of trade payables were at 52 days for nine months period ended December 31, 2024, 49 days in Fiscal 2024, 61 days in Fiscal 2023 and 18 days in Fiscal 2022.

		We have considered the trade payable days to be around 53 days for Fiscal 2025 and have estimated to maintain at 45 days for Fiscal 2026 and Fiscal 2027. Reducing the credit period would enable us in improving the gross margin.
6.	Other current liabilities	Other current liabilities include expenses payable, statutory dues, security payable, interest accrued but not due and unpresented cheques. Our Company had maintained holding level of other current liabilities at 16 days for nine months period ended December 31, 2024, 19 days in Fiscal 2024, 23 days in Fiscal 2023 and 6 days in Fiscal 2022. We have estimated other current liabilities days to be around at 22 days for Fiscal 2025 and going forward we would maintain the other current liabilities days at 20 days for Fiscal 2026 and Fiscal 2027.
7.	Short term provisions	Short term provisions include provision towards employee benefit expenses and provision for tax. Our Company had maintained holding level of short term provisions at less than 1 day for nine months period ended December 31, 2024, Fiscal 2024, Fiscal 2023 and Fiscal 2022. We have estimated short term provisions to be around 1 day for Fiscal 2025 and going forward we would maintain the short term provisions at 1 day for Fiscal 2026 and Fiscal 2027, in line with increase in estimated employee expenses.
8.	*Working capital Cycle*	*Working capital cycle days were at 121 days for nine months period ended December 31, 2024, 84 days in Fiscal 2024, 31 days in Fiscal 2023 and (13) days in Fiscal 2022. For Fiscal 2022, the Company commenced operation upon purchase of the proprietary business vide Business Transfer Agreement dated March 16, 2022. Accordingly, the financials for the Fiscal 2022 is prepared for the 16 days period ending on March 31, 2022 and hence not comparable. Further, the negative working capital is also on account of excess of sundry creditors taken over current asset by ₹117.41 lakhs.* *The increase in working capital requirement of the Company for Fiscal 2023, Fiscal 2024 & for nine months period ended December 31, 2024 is on primarily on account of increase in trade receivables from ₹589.27 lakhs in Fiscal 2023 to ₹1197.87 lakhs in Fiscal 2024 and ₹1892.23 lakhs in nine months period ended December 31, 2024. The increase in trade receivable is directly linked to revenue receivable under various from the government and government-controlled entities. As the Company undertakes treatment on more and more and complex treatment patients, the receivables would also increase. The increase in revenue from operations is mainly on account of increased revenue from patients covered under Govt. Schemes & PSU and Insurance & TPA which are received over a period of time leading to increase in receivables collection period from 73 days in Fiscal 2023 to 106 days in Fiscal 2024 and 143 days in nine months period ended December 31, 2024. The same is again has been estimated at 150 days in Fiscal 2025 and 120 days in Fiscal 2026 and Fiscal 2027. The reason for decrease in receivables days in Fiscal 2026 and 2027 as compared to Fiscal 2025 is on account of our strategy to rationalise our revenue mix by reducing our dependency on government scheme as a percentage of our revenue from operations and improve the collection cycle.* *The healthcare revenue cycle, at times also referred as hospital operating cycle, encompasses all the activities involved in providing patient care and generating revenue from such services. It's a series of interconnected processes that start with patient registration and end with payment collection. As evident from the financial statements there is an upward trend in revenue from operations from Fiscal 2022 to nine months period ended December 31, 2024. In line with the increase in revenue from operation, the volume of purchases has also increased. This increased level of operations has led the Company to be in a position for better terms of negotiation with the suppliers resulting in improvement in gross margins. For instance, the procurement of stents increased from 199 units in Fiscal 2023 to 612 units for nine months period ended December 31, 2024 while our cost of material consumed reduced from 27.32 % to 21.77 % during the aforesaid period. Further, the Company proposes to utilize part of its net proceeds towards working capital requirements resulting in increase in cashflow. This increase in cashflow will help in reducing the credit period which would result in increase of gross margin. Accordingly, the Company will improve the gross margin by reducing the credit period which will ultimately reduce the working capital cycle for the estimated period.*

		Accordingly, we have considered the working capital cycle days would be around 131 days for Fiscal 2025, 104 days for Fiscal 2026 and Fiscal 2027.

3. Funding inorganic growth through unidentified acquisitions and general corporate purposes

We expect to utilize ₹ [●] lakhs of the Net Proceeds towards funding inorganic growth through unidentified acquisitions and general corporate purposes, subject to (a) the cumulative amount to be utilized for general corporate purposes and our object of 'funding inorganic growth through unidentified acquisitions' shall not exceed 35% of the Gross Proceeds, and (b) the amount to be utilized for our object of "*general corporate purpose*" shall not exceed 15% of the gross proceeds from the Fresh Issue or ₹ 1,000.00 lakhs, whichever is less in accordance with the SEBI ICDR Regulations. In addition to growing our business organically, our Company has in the past evaluated acquisitions and we shall continue to evaluate acquisition opportunities in the future that we believe will fit well with our strategic business objectives and growth strategies.

Strategic intent of potential future acquisitions

We will evaluate inorganic growth opportunities, keeping in line with our strategy to grow and develop our market share or to add new clinical process or for additional bed capacity or entities engaged in meeting our supply requirement such as, pharmacies, consumables, tech platforms. We may consider opportunities for inorganic growth, such as through business or asset purchase, mergers and acquisitions, to acquire new entities, expanding into new geographies, consolidate our market position in our existing lines of business, backward integration by acquiring suppliers/pharmacies.

Nature of benefit expected from such transaction

The objective of such acquisition would be to (a) increase in revenue from operation: The Company propose to acquire majority shareholding or business. Accordingly, the revenue from such acquisition would stand consolidated with the existing revenue of the Company and would thus result in higher revenue from operations; (b) expand the region where we operate: The Company currently operates from single location. Further, considering limitation in availability of liquidity, the Company would search for target which are economically priced and available within the state of Punjab. Therefore, the acquisition would result in having operation beyond the present location; (c) increase in service offering: The Company propose to acquire target that complements the existing line of service such as IVF, dialysis center, pharmacies, etc. Therefore, such acquisition would result in the service being offered by the Company and (c) increase in the profitability: The Company is identifying targets that are profitable and therefore the acquisition would increase the profitability on consolidation but will enhance post-acquisition due to synergy of operation.

Acquisition/ investment process

The acquisition process would involve, identification of target, negotiating on broad terms of acquisition, entering into non-binding agreement, undertaking due diligence and executing definitive agreement. The actual deployment of funds will depend on a number of factors, including the timing, nature, size and number of acquisitions undertaken, as well as general factors affecting our results of operation, financial condition and access to capital. These factors will also determine the form of investment for these potential strategic initiatives and acquisitions, i.e., whether they will be directly done by our Company in the form of equity, debt or any other instrument or combination thereof, or whether these will be in the nature of asset or technology acquisitions or joint ventures or invest in entities. Depending on the objectives decided by our management, such acquisitions and inorganic growth initiatives may be in the nature of, among others, acquisition of a minority interest in an entity, entering into a joint venture arrangement or acquisition of a majority stake in an entity or acquisition of business as a going concern or acquisition through identified assets and liablities. The amount of Net Proceeds to be used for acquisitions may not be the aggregate value of any such acquisitions but is expected to provide us with sufficient financial leverage to pursue such acquisitions. As on the date of this Addendum we have not entered into any definitive agreements towards any future acquisitions or strategic initiatives.

Track Record of past acquisitions/ strategic partnerships by the Company

The Company has entered into a supplementary Limited Liability Partnership agreement dated November 20, 2024 with Five Creeks Healthcare LLP and dated November 20, 2024 with ABH Clinics LLP. For further details, please refer chapter titled "History and Certain Corporate Matters – Material acquisitions or divestments of business / undertakings, mergers, amalgamation, any revaluation of assets, etc. since incorporation" on page 159 of the Draft Red Herring Prospectus.

Our Company intends to deploy any balance left out of the Net Proceeds towards general corporate purposes, as approved by our management, from time to time, subject to (i) such utilization for general corporate purposes not exceeding 15% of the gross proceeds from the Fresh Issue or ₹ 1,000.00 lakhs, whichever is less in accordance with the SEBI ICDR Regulations, and (ii) the cumulative amount to be utilized for general corporate purposes and our object of funding inorganic growth through unidentified acquisitions shall not exceed 35% of the Gross Proceeds, in compliance with SEBI ICDR Regulations. The general corporate purposes for which our Company proposes to utilise the Net Proceeds include, but not limited to, opening or setting up offices, business development initiatives, R&D, acquiring fixed assets, meeting any expense of our Company, including salaries and wages, rent, administration, insurance, repairs and maintenance, payment of taxes and duties, meeting any capital expenditure requirements, meeting expenses incurred in the ordinary course of business i.e. working capital and towards any exigencies.

The allocation or quantum of utilization of funds towards the specific purposes described above will be determined by our Board, based on our business requirements and other relevant considerations, from time to time. Our Company's management, in accordance with the policies of our Board, shall have flexibility in utilising surplus amounts, if any. In the event we are unable to utilise the entire amount that we have currently estimated for use out of Net Proceeds in a Fiscal, we will utilise such unutilised amount(s) in the subsequent Fiscals.

6) Comparison of Accounting Ratios with Listed Industry Peers

Set forth below are the details of comparison of key performance of indicators with our listed industry peers:

Name of the company	Consolidated/ Standalone	Current Market Price (CMP)	Revenue from Operations (₹ in Lakhs)	EPS (in ₹)		P/E Ratio	PAT margin (%)	RONW (%)	NAV (Per Share)	Face Value (in ₹)	Market cap to Revenue from operation
				Basic	Diluted						
ABH Healthcare Limited	Consolidated	[●]	4,138.02	2.07*	2.07*	[●]	4.00	30.33	7.87	10.00	[●]
Peer Group											
Sangani Hospitals Limited	Consolidated	71.50	1,567.62	2.17	2.17	32.95	17.20	10.48	26.99	10.00	6.28
Maitreya Medicare Limited	Consolidated	277.65	4,776.30	4.15	4.15	66.90	6.64	14.23	44.61	10.00	3.93
Asarfi Hospital Limited	Consolidated	133.40	8,440.04	2.31	2.31	57.75	4.93	7.41	39.01	10.00	3.11

**Includes 60,00,000 bonus Equity Shares issued on April 29,2025.*

Source: All the financial information for listed industry peers mentioned above is on a consolidated basis and is sourced from the annual reports/ financial results as available of the respective company for the year ended March 31, 2024 submitted to stock exchanges or on company's website as available on www.bseindia.com and www.nseindia.com

Notes:

a) The figures ABH Healthcare Limited are based on the Restated Consolidated Financial Statements for the Fiscal 2024.
b) Current market price (CMP) is the closing market price of the equity shares of the respective companies on NSE on June 26, 2025
d) Diluted EPS refers to the diluted earnings per share sourced from the annual reports/annual results as available of the respective company for the year ended March 31, 2024 submitted to stock exchanges
e) NAV is computed as the closing net worth divided by the closing outstanding number of equity shares. Net worth means the aggregate value of the paid-up equity share capital, share premium account, and reserves and surplus (excluding revaluation reserve) as reduced by the aggregate of intangible assets, miscellaneous expenditure (to the extent not adjusted or written off) and the debit balance of the profit and loss account.
f) P/E Ratio for the peer has been computed based on the closing market price of respective equity shares as on June 26, 2025 sourced from website of Stock Exchange as divided by the Basic/diluted EPS as applicable.
g) RoNW is computed as net profit after tax, as attributable to the owners of the Company divided by closing net worth. Net worth means the aggregate value of the paid-up equity share capital, share premium account, and reserves and surplus (excluding revaluation reserve) as reduced by the aggregate of intangible assets, miscellaneous expenditure (to the extent not adjusted or written off) and the debit balance of the profit and loss account.

BUSINESS OVERVIEW

Overview

Acquired by our Company in 2022, the hospital was established in 1985 with 30 (thirty) beds and is driven by a vision to provide affordable, accessible, and *quality* healthcare services, delivered with compassion.

We have adopted comprehensive information technology ecosystem aimed at transforming both the patient and clinical experience, as well as boosting the business and operational efficiency. Central to our strategy is the adoption of cutting-edge technologies, including digitalizing our patient experience through our patient portal, website and widely-used messaging platforms. We have also implemented a Computerized Physician Order Entry (*CPOE*) system and Electronic Health Record (EHR) platform, licensed from a third-party service provider. *We have installed an inhouse Dell PowerEdge R660xs T40 Server for storage of data along with other data safety measures. Further, we have employed a professional to look after any kind of issues related to IT system.*

The table below provides certain details of our financial and operating metrics on standalone basis during the last three Fiscals:

Particulars	For the nine months period ended December 31, 2024	Fiscal 2024	Fiscal 2023	Fiscal 2022
Total bed capacity (count) (1)	150	100	85	75
Number of operational beds (count) (2)	125	85	70	60
Number of ICU beds (count) (3)	70	49	38	35
Bed Occupancy Rate (%) (4)	47%	63%	65%	70%
Average revenue per occupied bed (“ARPOB”)(5)	18,948	17,808	14,276	45,870
Average length of stay (“ALOS”) (in days) (6)	3.33	3.41	3.23	2.85
In-patient volume – discharged patients (count) (7)	4,828	5,723	5,162	236
In-patient revenue(8) (₹ lakhs)	3,043.38	3,476.03	2,376.89	308.70
Out-patient volume – consultations (count) (9)	39,665	43,415	39,153	1,959
Out-patient revenue (₹ lakhs) (10)	408.95	462.45	474.13	41.27
Revenue from Operations (₹ lakhs) (11)	3,632.74	4,138.02	2,961.06	349.97
Total Income (₹ lakhs) (12)	3,636.35	4,139.47	2,961.06	349.97
Profit / (loss) before tax (₹ lakhs) (13)	467.73	220.78	115.78	12.30
Profit / (loss) for the year (₹ lakhs) (14)	335.22	165.56	71.23	8.50
EBITDA (₹ lakhs) (15)	900.53	689.28	404.65	23.82
EBITDA Margin(16) (%)	24.79	16.66	13.67	6.81
RoE (%) (17)	42.02	30.33	30.23	93.00
RoCE (%) (18)	15.77	14.96	10.64	0.80
Capital expenditure (Gross Block) *(₹ lakhs)*	3,751.56	3,692.70	2,434.57	2,354.98
Capital expenditure per total bed capacity (19) (₹ lakhs)	25.01	36.93	28.64	31.40
Debt to Equity (times) (20)	4.00	5.69	4.54	225.84
Revenue Growth Rate (%)(21)	NA	39.75	746.09	NA
Increase in EBITDA (%) (22)	NA	70.34	1,598.78	NA
Capital Employed (₹ lakhs) (23)	4,935.58	4,284.64	2,603.02	2,071.28
Net profit ratio (%) (24)	9.23	4.00	2.41	2.43
Number of surgeries (count) (25)	1,757	2,137	1,608	76

Diversified operations across clinical specialties, payor mix and hospitals

We offer medical services across multiple specialties, covering a wide range of healthcare needs, ensuring that we provide comprehensive and quality treatments across a wide spectrum of healthcare needs. Our facility serves as a one-stop solution, addressing both routine and complex medical conditions, and delivering personalized care that meets the unique needs of each patient. Whether it's preventive care, diagnostic services, or advanced treatments, we strive to be a trusted healthcare partner for all aspects of our patients' wellbeing.

Our key departments include internal medicine & Critical Care (including its sub-specialties such as Pulmonology, Nephrology, Emergency Medicine), Cardiology, Neurosurgery, General Surgery, Orthopedics & Joint Replacement.

Internal Medicine & Critical Care*: Internal Medicine focuses on the prevention, diagnosis, and treatment of adult diseases. It manages chronic illnesses such as diabetes, hypertension, and respiratory condition. Critical Care, a sub-specialty, provides life-saving interventions for patients with severe, acute, or life-threatening conditions in the ICU, using cardiac monitoring, ventilator support, and multidisciplinary decision-making.*

Cardiology & Interventional Cardiology*: Cardiology deals with disorders of the heart and circulatory system, including hypertension, arrhythmias, heart failure, and ischemic heart disease. Interventional Cardiology is a specialized branch that uses catheter-based procedures such as angioplasty, stenting, and device implantation to treat coronary artery disease and structural heart defects.*

Neurosurgery*: Neurosurgery is the surgical treatment of disorders affecting the brain, spine, and peripheral nerves. It includes procedures for trauma, tumors, aneurysms, congenital anomalies, and degenerative spinal conditions.*

General Surgery*: General Surgery addresses a wide range of surgical conditions involving the abdomen, skin, and soft tissues. This includes procedures such as appendectomy, hernia repair, gallbladder removal, and bowel surgeries.*

Orthopedics & Joint Replacement*: Orthopedics focuses on the diagnosis and treatment of the musculoskeletal system, including bones, joints, ligaments, and muscles. Joint Replacement is a subspecialty involving surgical replacement of arthritic or damaged joints—commonly hips and knees—with prosthetic implants to restore mobility and improve quality of life.*

Comprehensive operating infrastructure including information technology systems and modern equipments

We have developed a comprehensive information technology infrastructure to support the delivery of our services to a broader population in need of healthcare. We believe that combining advanced technology with an extensive service network has allowed us to address our patients' medical needs more effectively.

Continue to attract and retain qualified and experienced clinicians

We will focus on attracting qualified and experienced clinicians to ensure that the healthcare services provided to our patients are of *quality*. By establishing quality hospital in the region where we operate, we have successfully created an environment that attracts professionals who are renowned in their fields with experience in medical institutes globally. *We provide training to newly hired junior doctors. This training helps them integrate seamlessly into our hospital system and perform their clinical duties effectively. The training covers essential medical skills such as thorough history-taking and physical examination, basic procedures like nasogastric tube insertion and central venous catheter placement, as well as proper medical documentation practices. Trainees are mentored by senior consultants and are encouraged to participate in bedside rounds and case discussions. By the end of the training, these doctors are ready to take on greater responsibilities in patient care.*

To further strengthen the capabilities of our healthcare team, we continuously invest in training programs designed to keep our staff abreast with the medical advancements. Further, to ensure continuous learning we have subscribed to health publications and global medical repositories which can be accessed by our doctors. We also support research work and support in publishing several case reports in international journals. Furthermore, we plan to introduce the Diplomate of National Board (DNB) in two specialized streams in the near future. In addition to the training and learning opportunities, we will continue to support our existing clinicians by sourcing a wide range of sophisticated medical devices.
We believe that these initiatives ensure that our clinicians and medical staffs are updated on the latest research, treatment methodologies, and best practices from around the world and are well-equipped to handle the evolving needs of our patients while providing the highest standard of care.

Further, the hospital consistently attracts top medical talent by offering: (a) Advanced infrastructure and cutting-edge technology; (b) Robust marketing support and (c) Competitive remuneration packages. The hospital offers 24×7 availability of over 25 super-specialists. Amongst the doctors associated with the hospital are highly experienced and exceptionally trained doctors who bring expertise to the patients. For instance,

- *A Neurosurgeon who has completed advanced training at Apollo Hospital, Chennai, followed by a prestigious fellowship in minimally invasive and endoscopic skull base surgery in Japan, and has since worked across leading centres in New*

Delhi and the NCR.
- *An Obstetrician who has specialised fellowship training from Postgraduate Institute of medical education and Research Chandigarh, ensuring the highest standards of maternal and fetal care.*
- *A Chief Intensivist who brings years of international critical-care experience from Saudi Arabia, providing expert management of complex and critically ill patients.*
- *A Neurologist who is a graduate of New York Presbyterian–Weill Cornell, one of the world's foremost institutions in Neurology.*
- *An Orthopedic Surgeon trained in Joint Replacement at Shalby Hospital, Ahmedabad—one of India's highest-volume centres for joint replacement surgeries.*

It has become easier to hire and retain top medical talent because the hospital has built a reputation for clinical excellence, a supportive professional environment, and access to advanced technology.

Continue to upgrade our digital infrastructure to improve operational efficiencies and patient experience

We plan on establishing off-campus outpatient clinics to expand our presence in the local healthcare market and enhance accessibility and standard of healthcare services in the community. By establishing quality hospital in the region where we operate, we have successfully created an environment that attracts professionals who are renowned in their fields with experience in medical institutes globally.

To further strengthen the capabilities of our healthcare team, we continuously invest in training programs designed to keep our staff abreast with the medical advancements. Further, to ensure continuous learning we have subscribed to health publications and global medical repositories which can be accessed by our doctors. We also support research work and support in publishing several case reports in international journals. Furthermore, we plan to introduce the Diplomate of National Board (DNB) in two specialized streams in the near future. In addition to the training and learning opportunities, we will continue to support our existing clinicians by sourcing a wide range of sophisticated medical devices.

We believe that these initiatives ensure that our clinicians and medical staffs are updated on the latest research, treatment methodologies, and best practices from around the world and are well-equipped to handle the evolving needs of our patients while providing the highest standard of care.

Strengthening our presence and expanding our reach

To enhance our reach and impact in the local healthcare ecosystem, we are actively expanding our relationship with independent practitioners, single-provider clinics, and smaller healthcare facilities. By fostering official affiliations and co-branding initiatives, we aim to streamline communication between healthcare providers, enabling more coordinated and efficient patient care. These strategic alliances will also facilitate seamless referrals, granting local patients, easier access to our advanced super-specialty services. Through these collaborative efforts, we seek to improve access to *quality* healthcare while reinforcing our commitment to comprehensive and affordable medical care.

Other Services and Facilities

Emergency Medicine - Our Emergency Department is equipped to manage all medical and surgical emergencies across all age groups. Our medical staff follows global standard of care guidelines such as ACLS *(Advanced Cardiac Life Support)* as well ATLS *(Advanced Trauma Life Support)* protocols to manage patients.

Neonatology - *Our Neonatal Intensive Care Unit is equipped with medical devices to manage pre-term, low birth weight (LBW) and very low birth weight babies (VLBW)."*

Procurement

We source our equipment and supplies from third party suppliers under various arrangements. We procure *quality* medical equipment from globally recognized suppliers, ensuring that our healthcare facilities are equipped with the latest diagnostic and treatment technologies. Any failure to procure equipment, reagents or drugs on a timely basis, or at all, from such third parties and on commercially suitable terms could affect our ability to provide our services.

Our suppliers are selected based on factors such as consumer demand, quality, price, profitability, cost effectiveness, supplier history, service levels and delivery capability, which our procurement team reviews on a regular basis and accords approval for such purchase in consultation with relevant medical specialist. The purchase of supplies is monitored and conducted by our procurement team who in turn is responsible for establishing a strategic and unified plan for procurement and distribution on a regular basis. *For further details, please refer section titled "Risk factor - We rely on certain third parties, including suppliers, and also enter into contracts with third-party payers such as insurance companies, third party administrators, corporations and government departments. Termination, non renewal or any breach of the conditions of such contracts could have a material adverse impact on our business, financial condition and results of operations" on page 36 of the Draft Red Herring Prospectus.*

Our on-campus pharmacy is outsourced and we understand that necessary licenses to run and operate the pharmacy are up to date and available as of the date of the Draft Red Herring Prospectus. We also have a regular oversight mechanism to check compliance, expiry, procurements, storage and adequate inventory management.

Marketing

Our branding activities also include marketing activities and efforts undertaken to improve brand recall such as organizing medical camps, conducting regular community outreach programmes, health talks at different forums, regular programmes on school health education, encouraging to contribute research paper and continuous medical education (CME) for doctors. Through these CMEs, our healthcare professionals are able to discuss relevant medical experiences with their fellow colleagues and foster an environment of community learning.

Our hospital actively leverages popular social media platforms such as Facebook, Instagram, etc to promote our medical services and engage with the community. These platforms are used to advertise the introduction of new doctors, the launch of advanced medical procedures, and the organization of health camps. Additionally, we use them to spread awareness about free medical initiatives and public health activities, thereby enhancing our outreach and ensuring timely communication with patients and the general public.

The details of Social Media Platforms are as follows –

Particulars	***Links***
Facebook	*https://www.facebook.com/anilbaghihospitals*
Instagram	*https://www.instagram.com/anilbaghihospital/*
Youtube	*https://youtube.com/@anilbaghihospitalferozepur?si=QBKZrAfYGnZ8ewxN*
LinkedIn	*https://www.linkedin.com/company/anil-baghi-hospital-ferozepur*

Changes in Key Managerial Personnel and Senior Management Personnel during the 3 (three) years

Changes in our Key Management Personnel and Senior Managerial Personnel during the 3 (three) years immediately preceding the date of the Draft Red Herring Prospectus are set forth below:

Sr. No.	Name of KMPs	Date of events	Reason
1.	Dr. Saurabh Baghi	June 1, 2023	Change in Designation from Executive Director to Managing Director
2.	Mr. Rahul Sharma	July 15, 2024	Appointment as Company Secretary and Compliance Officer
3.	Mr. Anil Kumar Rangra	December 1, 2024	Appointment as Chief Financial Officer
4.	Dr. Kamal Baghi	February 1, 2025	Change in Designation from Executive Director to Whole-time Director
5.	Mr. Anil Kumar Rangra	February 28, 2025	Resignation as Chief Financial Officer *due to personal reasons*.
6.	Mr. Rajeev Agarwal	March 1, 2025	Appointment as Chief Financial Officer

MANAGEMENT DISCUSSION AND ANALYSIS OF FINANCIAL CONDITIONS AND RESULTS OF OPERATIONS

Fiscal 2024 compared to Fiscal 2023

Total Income

Total income increased by ₹ 1,178.41 lakhs mainly on account of increase in revenue from operations by ₹1,176.96 Lakhs. The increase in total income is mainly on account of upward trend in the revenue from operations in financial year 2023 and 2024 due to following reasons –

Particulars	Fiscal 2024	Fiscal 2023	Fiscal 2022
No. of Operating Days in Year	*366*	*365*	*15*
In-Patient Revenue	*3,476.03*	*2,376.89*	*308.70*
Out-Patient Revenue	*462.45*	*474.13*	*41.27*
Income from Pharmacy	*174.46*	*93.90*	*0.00*
Other Operating Income	*25.08*	*16.14*	*0.00*
Total Revenue from Operations	*4,138.02*	*2,961.06*	*349.97*
Other Income	*1.45*	*0.00*	*0.00*
Total Income	*4,139.47*	*2,961.06*	*349.97*
Growth in Total Income (%)	39.80	746.09	N.A.

The above increase is mainly on account of –

Increase in Total Bed Capacity as follows –

Particulars	Fiscal 2024	Fiscal 2023	Fiscal 2022
Total bed capacity (count)	*100*	*85*	*75*
Number of operational beds (count)	*85*	*70*	*60*
Number of ICU beds (count)	*49*	*38*	*35*

From the above table, it is clearly evident that the company has increased its bed capacity from Fiscal 2022 till Fiscal 2024. This increase has resulted in increase in number of patients as follows –

Particulars	Fiscal 2024	Fiscal 2023	Fiscal 2022
In-Patient Volume (In Nos.)	*5,723*	*5,162*	*236*
Growth (%)	*10.87*	*2087.29*	*N.A.*
Out-Patient Volume (In Nos.)	*43,415*	*39,153*	*1,959*
Growth (%)	*10.89*	*1898.62*	*N.A.*
ARPOB (₹)	*17,808*	*14,276*	*45,870*
Growth (%)	*24.74*	*(68.88)*	*N.A.*

Thus, with increase in the bed capacity, the volume of patients has increased leading to increase in Total Income of the Company.

Revenue from operations

Revenue from operations increased by ₹1,176.96 lakhs on account of increase in IPD Revenue by ₹1,099.14 lakhs and other operating revenue by ₹ 89.50 lakhs which is further off-set by decrease in OPD Revenue by ₹ 11.68 lakhs.

Other Income

Other Income includes Interest Income of ₹ 0.86 lakhs and Misc. Income of ₹ 0.59 lakhs.

Total expenses

Total expenses increased by ₹1,073.41 lakhs.

Cost of Material Consumed

Cost of material consumed increased by ₹ 323.17 lakhs mainly on account of increase in purchases ₹ 361.37 lakhs which is further off-set by net increase in inventories by ₹ 38.20 lakhs when compared for both periods.

Employee Benefits Expense

Our employee benefits expense increased by ₹ 136.60 lakhs. The increase is mainly on account of director remuneration of ₹ 12.00 lakhs, increase in salaries by ₹ 107.38 lakhs and increase in contributions to employee benefit funds by ₹ 18.98 lakhs which is further off-set by decrease in staff welfare expenses of ₹ 1.76 lakhs. *The employee benefit expense is increased by ₹136.60 lakhs, however, the percentage of expense to Total Income has decreased from 19.24% in Fiscal 2023 to 17.06% in Fiscal 2024. The variance in expenses is on account of the following :-*

- *Increase in director remuneration from ₹ Nil in Fiscal 2023 to ₹12.00 lakhs in Fiscal 2024;*
- *Increase of salaries from ₹515.96 lakhs in Fiscal 2023 to ₹623.34 lakhs in Fiscal 2024 because of increase in number of employees from 235 to 336. However, percentage of expense to total income has been decreased from 17.42% in Fiscal 2023 to 15.06% in Fiscal 2024;*
- *Increase in contributions to employee benefit funds from ₹51.38 lakhs in Fiscal 2023 to ₹70.36 lakhs in Fiscal 2024 i.e. percentage of same has been decreased from 1.74% in Fiscal 2023 to 1.70% in Fiscal 2024 and*
- *Decrease in staff welfare expenses from ₹2.38 Lakhs in Fiscal 2023 to ₹0.62 Lakhs in Fiscal 2024 i.e. percentage of same has been decreased from 0.08% in Fiscal 2023 to 0.01% in Fiscal 2024.*

Finance Costs

Our finance costs increased by ₹ 162.71 lakhs. The increase is mainly on account of increase in Interest on Working Capital loan by ₹ 29.39 lakhs, on Term Loans by ₹ 69.80 lakhs and on unsecured loans by ₹ 59.99 lakhs and bank charges by ₹ 3.53 lakhs. The overall increase in finance cost is on account of increased working capital limits by ₹ 250 lakhs and net increase in long term borrowings (including Current Maturities) by ₹1,226.92 lakhs. *The variance in expenses is on account of the –*

- *Increase in interest on working capital limits from ₹ 30.71 lakhs in Fiscal 2023 to ₹60.10 lakhs in Fiscal 2024 i.e. percentage of same has been increased from 1.04% in Fiscal 2023 to 1.45% in Fiscal 2024 on account of increase in working capital limits by ₹250.00 lakhs.*
- *Increase in interest on term loans and unsecured loans from directors & ICDs from ₹ 90.10 lakhs in Fiscal 2023 to ₹219.89 lakhs in Fiscal 2024 i.e. percentage of same has been increased from 3.04% in Fiscal 2023 to 5.31% in Fiscal 2024 on account of net increase in long term borrowings by ₹1,226.92 lakhs.*
- *Increase in bank charges from ₹12.18 lakhs in Fiscal 2023 to ₹15.71 lakhs in Fiscal 2024. However, percentage of same has been decreased from 0.41% in Fiscal 2023 to 0.38% in Fiscal 2024*

Depreciation and Amortization Expenses

Our depreciation and amortization expense increased by ₹18.37 lakhs, mainly on account of addition to fixed assets (after adjusting Capital WIP) by ₹1,414.34 lakhs. *The increase in expense is on account of net increase in PPE by ₹1,294.27 lakhs.*

Other expenses

Our other expenses increased by ₹ 432.56 lakhs. This is mainly on account of increase in doctor's professional charges by ₹ 267.84 lakhs, rebates, discounts & deductions by ₹ 103.47 lakhs, loss on sale of PPE by ₹ 72.39 lakhs, electricity expenses by ₹ 20.07 lakhs, annual maintenance charges by ₹ 9.77 lakhs, repairs to machinery by ₹ 7.33 lakhs, advertisement expenses by ₹ 7.06 lakhs, consumption of misc. consumables by ₹ 6.01 lakhs and other various expenses by ₹ 14.10 lakhs. The overall increase is further off-set by decrease in repairs to building ₹ 55.70 lakhs, outsourcing charges by ₹15.53 lakhs and other misc. expenses by ₹ 4.25 lakhs. *The variance in expenses is primarily on account of the following factors –*

- *Increase in doctor's professional charges from ₹736.43 lakhs in Fiscal 2023 to ₹1,004.27 lakhs in Fiscal 2024 due to increase in full time & part-time consultants from 20 in Fiscal 2023 to 27 in Fiscal 2024. However, percentage of expense to total income has been decreased from 24.87% in Fiscal 2023 to 24.26% in Fiscal 2024.*

- *Increase in rebates, discounts & deductions from ₹42.00 lakhs in Fiscal 2023 to ₹145.47 lakhs in Fiscal 2024 i.e. percentage of same has been increased from 1.42% in Fiscal 2023 to 3.51% in Fiscal 2024.*

- *Increase in loss on sale of PPE from ₹1.90 lakhs in Fiscal 2023 to ₹74.29 lakhs in Fiscal 2024 i.e. percentage of same has been increased from 0.06% in Fiscal 2023 to 1.79% in Fiscal 2024.*

- *Increase in electricity expenses from ₹124.35 lakhs in Fiscal 2023 to ₹144.42 lakhs in Fiscal 2024 however, percentage of same has been decreased from 4.20% in Fiscal 2023 to 3.49% in Fiscal 2024.*

- *Increase in annual maintenance charges from ₹4.96 lakhs in Fiscal 2023 to ₹14.73 lakhs in Fiscal 2024 i.e. percentage of same has been increased from 0.17% in Fiscal 2023 to 0.36% in Fiscal 2024.*

- *Increase in repairs to machinery from ₹6.45 lakhs in Fiscal 2023 to ₹13.78 lakhs in Fiscal 2024 i.e. percentage of same has been increased from 0.22% in Fiscal 2023 to 0.33% in Fiscal 2024.*

- *Increase in advertisement cost from ₹22.79 lakhs in Fiscal 2023 to ₹29.85 lakhs in Fiscal 2024. However, percentage of expense to total income has been decreased from 0.77% in Fiscal 2023 to 0.72% in Fiscal 2024.*

- *Increase in consumption to misc. consumables from ₹44.47 lakhs in Fiscal 2023 to ₹50.48 lakhs in Fiscal 2024. However, percentage of expense to total income has been decreased from 1.50% in Fiscal 2023 to 1.22% in Fiscal 2024.*

- *Decrease in repairs to building from ₹55.70 Lakhs in Fiscal 2023 to Nil in Fiscal 2024 i.e. percentage of same has been decreased from 1.88% in Fiscal 2023 to Nil in Fiscal 2024.*

- *Decrease in outsourcing charges from ₹36.54 Lakhs in Fiscal 2023 to ₹21.01 lakhs in Fiscal 2024 i.e. percentage of same has been decreased from 1.23% in Fiscal 2023 to 0.51% in Fiscal 2024.*

- *Increase in other miscellanous expenses from ₹100.60 lakhs in Fiscal 2023 to ₹110.45 lakhs in Fiscal 2024. However, percentage of expense to total income has been decreased from 3.40% in Fiscal 2023 to 2.67% in Fiscal 2024.*

Profit before Extraordinary Items and tax

As a result of the foregoing, we recorded an increase of ₹ 105.00 lakhs in profit before tax.

Tax expenses

Our tax expenses increased by ₹10.67 lakhs. This is mainly on account of increase in current tax by ₹ 31.04 lakhs. The overall increase is off-set by increase in MAT Credit Entitlement by ₹ 6.18 lakhs, decrease in deferred tax expense by ₹ 13.71 lakhs due to temporary difference in depreciation as per Companies Act and as per Income-Tax Act and earlier year tax adjustments by ₹ 0.48 Lakhs.

Restated Profit for the period

As a result of the foregoing, we recorded an increase of ₹ 94.33 Lakhs in restated profit for the period.

DECLARATION

I hereby declare that all relevant provisions of the Companies Act 2013 and the rules, regulations and guidelines issued by the Government of India, or the rules, regulations or guidelines issued by the SEBI, established under Section 3 of the Securities and Exchange Board of India Act, 1992, as the case may be, have been complied with and no statement made in the Addendum is contrary to the provisions of the Companies Act 2013, the Securities Contracts (Regulation) Act, 1956, the Securities Contract (Regulation) Rules, 1957 and the Securities and Exchange Board of India Act, 1992, each as amended, or the rules, regulations or guidelines issued thereunder, as the case may be. We further certify that all the statements and disclosures made in this Addendum are true and correct.

SIGNED BY CHAIRMAN & WHOLE-TIME DIRECTOR

Sd/-

DR. KAMAL BAGHI
DIN: 08449735
Date: November 28, 2025
Place: Ferozepur

DECLARATION

We hereby declare that all relevant provisions of the Companies Act 2013 and the rules, regulations and guidelines issued by the Government of India, or the rules, regulations or guidelines issued by the SEBI, established under Section 3 of the Securities and Exchange Board of India Act, 1992, as the case may be, have been complied with and no statement made in the Addendum is contrary to the provisions of the Companies Act 2013, the Securities Contracts (Regulation) Act, 1956, the Securities Contract (Regulation) Rules, 1957 and the Securities and Exchange Board of India Act, 1992, each as amended, or the rules, regulations or guidelines issued thereunder, as the case may be. We further certify that all the statements and disclosures made in this Addendum are true and correct.

SIGNED BY MANAGING DIRECTOR

Sd/-

Dr. Saurabh Baghi
DIN: 09088201
Date: November 28, 2025
Place: Ferozepur

DECLARATION

We hereby declare that all relevant provisions of the Companies Act 2013 and the rules, regulations and guidelines issued by the Government of India, or the rules, regulations or guidelines issued by the SEBI, established under Section 3 of the Securities and Exchange Board of India Act, 1992, as the case may be, have been complied with and no statement made in the Addendum is contrary to the provisions of the Companies Act 2013, the Securities Contracts (Regulation) Act, 1956, the Securities Contract (Regulation) Rules, 1957 and the Securities and Exchange Board of India Act, 1992, each as amended, or the rules, regulations or guidelines issued thereunder, as the case may be. We further certify that all the statements and disclosures made in this Addendum are true and correct.

SIGNED BY NON-EXECUTIVE DIRECTOR

Sd/-

DR. VAISHALI SAINI
DIN: 09088202
Date: November 28, 2025
Place: Ferozepur

DECLARATION

We hereby declare that all relevant provisions of the Companies Act 2013 and the rules, regulations and guidelines issued by the Government of India, or the rules, regulations or guidelines issued by the SEBI, established under Section 3 of the Securities and Exchange Board of India Act, 1992, as the case may be, have been complied with and no statement made in the Addendum is contrary to the provisions of the Companies Act 2013, the Securities Contracts (Regulation) Act, 1956, the Securities Contract (Regulation) Rules, 1957 and the Securities and Exchange Board of India Act, 1992, each as amended, or the rules, regulations or guidelines issued thereunder, as the case may be. We further certify that all the statements and disclosures made in this Addendum are true and correct.

SIGNED BY NON-EXECUTIVE INDEPENDENT DIRECTOR

Sd/-

____

MR. BALWINDER SINGH
DIN: 10920013
Date: November 28, 2025
Place: Ferozepur

DECLARATION

We hereby declare that all relevant provisions of the Companies Act 2013 and the rules, regulations and guidelines issued by the Government of India, or the rules, regulations or guidelines issued by the SEBI, established under Section 3 of the Securities and Exchange Board of India Act, 1992, as the case may be, have been complied with and no statement made in the Addendum is contrary to the provisions of the Companies Act 2013, the Securities Contracts (Regulation) Act, 1956, the Securities Contract (Regulation) Rules, 1957 and the Securities and Exchange Board of India Act, 1992, each as amended, or the rules, regulations or guidelines issued thereunder, as the case may be. We further certify that all the statements and disclosures made in this Addendum are true and correct.

SIGNED BY NON-EXECUTIVE INDEPENDENT DIRECTOR

Sd/-

MR. YOG RAJ SAINI
DIN: 10842383
Date: November 28, 2025
Place: Ferozepur

DECLARATION

We hereby declare that all relevant provisions of the Companies Act 2013 and the rules, regulations and guidelines issued by the Government of India, or the rules, regulations or guidelines issued by the SEBI, established under Section 3 of the Securities and Exchange Board of India Act, 1992, as the case may be, have been complied with and no statement made in the Addendum is contrary to the provisions of the Companies Act 2013, the Securities Contracts (Regulation) Act, 1956, the Securities Contract (Regulation) Rules, 1957 and the Securities and Exchange Board of India Act, 1992, each as amended, or the rules, regulations or guidelines issued thereunder, as the case may be. We further certify that all the statements and disclosures made in this Addendum are true and correct.

SIGNED BY NON-EXECUTIVE INDEPENDENT DIRECTOR

Sd/-

DR. SATNAM SINGH NIJJAR
DIN: 01343663
Date: November 28, 2025
Place: Ferozepur

DECLARATION

We hereby declare that all relevant provisions of the Companies Act 2013 and the rules, regulations and guidelines issued by the Government of India, or the rules, regulations or guidelines issued by the SEBI, established under Section 3 of the Securities and Exchange Board of India Act, 1992, as the case may be, have been complied with and no statement made in the Addendum is contrary to the provisions of the Companies Act 2013, the Securities Contracts (Regulation) Act, 1956, the Securities Contract (Regulation) Rules, 1957 and the Securities and Exchange Board of India Act, 1992, each as amended, or the rules, regulations or guidelines issued thereunder, as the case may be. We further certify that all the statements and disclosures made in this Addendum are true and correct.

SIGNED BY COMPANY SECRETARY AND COMPLIANCE OFFICER

Sd/-

MR. RAHUL SHARMA
Date: November 28, 2025
Place: Ferozepur

DECLARATION

We hereby declare that all relevant provisions of the Companies Act 2013 and the rules, regulations and guidelines issued by the Government of India, or the rules, regulations or guidelines issued by the SEBI, established under Section 3 of the Securities and Exchange Board of India Act, 1992, as the case may be, have been complied with and no statement made in the Addendum is contrary to the provisions of the Companies Act 2013, the Securities Contracts (Regulation) Act, 1956, the Securities Contract (Regulation) Rules, 1957 and the Securities and Exchange Board of India Act, 1992, each as amended, or the rules, regulations or guidelines issued thereunder, as the case may be. We further certify that all the statements and disclosures made in this Addendum are true and correct.

SIGNED BY CHIEF FINANCIAL OFFICER

Sd/-

____

MR. RAJEEV AGARWAL
Date: November 28, 2025
Place: Ferozepur