

July 7, 2026

<b>Listing Department, National Stock Exchange of India Limited Exchange Plaza, Bandra-Kurla Complex, Bandra (E), Mumbai – 400 051</b>	<b>Listing Department, BSE Limited Phiroze Jeejeebhoy Towers, Dalal Street, Mumbai – 400 001</b>
<b>NSE Symbol: ARTEMISMED</b>	<b>Scrip Code: 542919</b>

**Sub: Business Responsibility and Sustainability Report for the Financial Year 2025-26**

Dear Sir/ Ma'am,

Pursuant to Regulation 34(2)(f) of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015, please find enclosed herewith the Business Responsibility and Sustainability Report of the Company for the Financial Year 2025-26, which forms part of the Annual Report of the Company for the Financial Year 2025-26.

This is for your information and records.

Thanking you,

Yours faithfully,

**For Artemis Medicare Services Limited**

**Poonam Makkar  
Company Secretary & Compliance Officer**

**Encl.:** As above



## **BUSINESS RESPONSIBILITY AND SUSTAINABILITY REPORT**

For the fiscal year ended March 31, 2026, Artemis Medicare Services Limited (“AMSL” / “Artemis” / “the Company”) is pleased to present its Business Responsibility and Sustainability Report. We remain dedicated to providing healthcare in a way that is in line with all-encompassing ESG and sustainability standards, and we will not waver from this commitment.

Care, ethics, and thinking about the future form the basis of our approach to sustainability. Responsible resource management, lowering our environmental impact, and conforming to International best practices in ESG are all priorities for us. Our strategic choices are infused with sustainability, from energy-efficient infrastructure to fair employment practices.

The importance of tackling medical and social determinants of health is something we, as a reliable healthcare provider, are well-aware of. In this dynamic climate, our unwavering dedication is to provide healthcare services that are accessible, efficient, and have a high effect. Our goal is to contribute to the well-being of society while also reducing our environmental impact. Our goals include fostering inclusive community involvement, advancing environmental stewardship via innovation, supporting climate resilient economic development, and building long-term, trust-based partnerships with our stakeholders.

Our continuous effort to build a healthcare environment that is more robust, inclusive, and long-lasting is reflected in this report. It accurately portrays our progress and responsibility by providing a balanced representation of qualitative insights and quantitative ESG metrics. The report provides a thorough review of our ESG performance and also emphasizes our efforts to integrate sustainability into our day-to-day operations.

We are providing a comprehensive assessment of our activities across many ESG dimensions and are reiterating our commitment to responsible business practices as we make these disclosures. We show our adherence with the nine principles of the National Guidelines on Responsible Business Conduct (NGRBC) and detail how sustainability is incorporated into our operations since healthcare institutions are major societal shapers.

### **Section A: General Disclosures**

#### **I. Details of the listed entity**

1.	Corporate Identity Number (CIN) of the Listed Entity	L85110DL2004PLC126414
2.	Name of the Listed Entity	Artemis Medicare Services Limited
3.	Year of incorporation	2004
4.	Registered office address	Plot No. 14, Sector-20, Dwarka, Delhi - 110075
5.	Corporate address	Artemis Hospital, Sector-51, Gurugram- 122001, Haryana
6.	E-mail	investor@artemishospitals.com
7.	Telephone	+91-124-4511 111
8.	Website	www.artemishospitals.com
9.	Financial year for which reporting is being done	2025-26
10.	Name of the Stock Exchange(s) where shares are listed	1. National Stock Exchange of India Limited (“NSE”). NSE Symbol: ARTEMISMED 2. BSE Limited (“BSE”) BSE Scrip Code: 542919
11.	Paid-up Capital	Rs. 15,83,06,247
12.	Name and contact details (telephone, email address) of the person who may be contacted in case of any queries on the BRSR report	Mr. Joginder Pal Email: <a href="mailto:joginderpal@artemishospitals.com">joginderpal@artemishospitals.com</a> Phone: +91-124-4511 111 (Ext. 7781)
13.	Reporting boundary - Are the disclosures under this report made on a standalone basis (i.e. only for the entity) or on a consolidated basis (i.e. for the entity and all the entities which form a part of its consolidated financial statements, taken together).	Standalone Basis
14.	Name of assurance provider	Not Applicable
15.	Type of assurance obtained	Not Applicable

## II. Products/ services

### 16. Details of business activities (accounting for 90% of the turnover):

S. No.	Description of Main Activity	Description of Business Activity	% of Turnover of the entity
1.	Healthcare Services	Multi-speciality Medical Services	99.56%

### 17. Products/Services sold by the entity (accounting for 90% of the entity's Turnover):

S. No.	Product/Service	NIC Code	% of total Turnover contributed
1.	Hospital Activities	86100*	99.56%

\*NIC Code list link: [https://www.ncs.gov.in/Documents/NIC\\_Sector.pdf](https://www.ncs.gov.in/Documents/NIC_Sector.pdf)

## III. Operations

### 18. Number of locations where plants and/or operations/offices of the entity are situated:

Location	Number of plants*	Number of Offices	Total
National	3	Nil	3
International	Nil	Nil	Nil

\*For Artemis, the term "plants" is interpreted as hospitals/units.

### 19. Markets served by the entity:

#### a. Number of locations

Locations	Number
National (No. of States)	2
International (No. of Countries)	Nil*

\* The Company does not have any hospitals setup at international locations, but it extends services to patients arriving in India for treatment from across the globe.

#### b. What is the contribution of exports as a percentage of the total turnover of the entity?

Exports accounted for 19.87% of the total turnover of the Company.

#### c. A brief on types of customers

Artemis serves retail domestic patients, corporate clients, insurance companies, empanelled customers and international patients seeking advanced multi-speciality care.

#### IV. Employees

##### 20. Details as at the end of Financial Year:

##### a. Employees and workers (including differently abled)

S. No.	Particulars	Total (A)	Male		Female		Others	
			No. (B)	% (B/A)	No. (C)	% (C/A)	No. (H)	% (H/A)
<b>EMPLOYEES</b>								
1	Permanent (D)	397	289	72.80%	108	27.20%	-	-
2	Other than Permanent (E)	2	2	100%	-	-	-	-
<b>3</b>	<b>Total Employees (D+E)</b>	<b>399</b>	<b>291</b>	<b>72.93%</b>	<b>108</b>	<b>27.07%</b>	-	-
<b>WORKERS</b>								
4	Permanent (F)	1,658	735	44.33%	923	55.67%	-	-
5	Other than Permanent (G)	19	11	57.89%	8	42.11%	-	-
<b>6</b>	<b>Total Workers (F+G)</b>	<b>1,677</b>	<b>746</b>	<b>44.48%</b>	<b>931</b>	<b>55.52%</b>	-	-

##### b. Differently abled Employees and workers

The Company does not currently have any differently abled persons on its payroll.

##### 21. Participation/ Inclusion/ Representation of women:

	Total (A)	No. and percentage of Females	
		No. (B)	% (B/A)
Board of Directors*	10	3	30.00%
Key Management Personnel*	3	2	66.67%

\*Dr. Devlina Chakravarty is Managing Director and KMP of the Company.

##### 22. Turnover rate for permanent employees and workers (Disclose trends for the past 3 years):

	FY 2025-26 (Turnover rate in current FY)			FY 2024-25 (Turnover rate in previous FY)			FY 2023-24 (Turnover rate in the year prior to the previous FY)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<b>Permanent Employees</b>	13.73%	9.09%	12.53%	11.52%	4.55%	9.80%	13.74%	20.12%	15.36%
<b>Permanent Workers</b>	42.41%	50.58%	46.99%	40.03%	49.54%	45.26%	35.71%	50.72%	43.72%

#### V. Holding, Subsidiary and Associate Companies (including joint ventures)

##### 23. Names of holding/ subsidiary/ associate companies / joint ventures:

S. No.	Name of the holding/ subsidiary/ associate companies/ joint ventures (A)	Indicate whether holding/ Subsidiary/Associate/ Joint Venture	% of shares held by listed entity	Does the entity indicated at column A, participate in the Business Responsibility initiatives of the listed entity? (Yes/No)
1.	Constructive Finance Private Limited*	Holding	0%	No
2.	Artemis Cardiac Care Private Limited	Subsidiary	65%	No

\*Constructive Finance Private Limited is the holding company of AMSL (the listed entity) with a holding of 58.38% of its share capital as on March 31, 2026.

#### VI. CSR Details

24. (i) Whether CSR is applicable as per section 135 of Companies Act, 2013 (Yes/No): Yes  
(ii) Turnover (Rs. in Lacs): 106,049.17  
(iii) Net worth (Rs. in Lacs): 72,515.78

## VII. Transparency and Disclosures Compliances

### 25. Complaints/ Grievances on any of the principles (Principles 1 to 9) under the National Guidelines on Responsible Business Conduct:

Stakeholder group from whom complaint is received	Grievance Redressal Mechanism in Place (Yes/No)*	FY 2025-26			FY 2024-25		
		Number of complaints filed during the year	Number of complaints pending resolution at close of the year	Remarks	Number of complaints filed during the year	Number of complaints pending resolution at close of the year	Remarks
Communities	Yes <sup>1</sup>	Nil	Nil	-	2	Nil	-
Investors (other than shareholders)	Yes <sup>2</sup>	Nil	Nil	-	Nil	Nil	-
Shareholders	Yes <sup>3</sup>	1	Nil	-	Nil	Nil	-
Employees and workers	Yes <sup>4</sup>	Nil	Nil	-	Nil	Nil	-
Customers	Yes <sup>5</sup>	148 <sup>6</sup>	Nil	-	553 <sup>6</sup>	Nil	-
Value Chain Partners	Yes <sup>7</sup>	Nil	Nil	-	Nil	Nil	-
Other (please specify)	NA	NA	NA	-	NA	NA	-

\*(If Yes, then provide web-link for grievance redress policy).

1. Community members can raise their grievances through an e-mail to [info@artemishospitals.com](mailto:info@artemishospitals.com).
2. We have considered Compulsorily Convertible Debenture ("CCDs") Holders as "Investor (other than shareholders) and the said CCDs has been converted into equity shares during FY 2025-26.
3. The Company has a designated email address [investor@artemishospitals.com](mailto:investor@artemishospitals.com) for shareholders to submit their grievances. If the shareholder is not satisfied with the resolution, he/she may escalate the matter by filing a complaint on the SEBI SCORES platform. If these options are exhausted and the issue remains unresolved, shareholder may initiate dispute resolution through the Online Dispute Resolution (ODR) Portal at <https://smartodr.in/login>.
4. Employees can raise their grievances through an email to [hr.artemis@artemishospitals.com](mailto:hr.artemis@artemishospitals.com).
5. For detailed grievance redress mechanism for customers please refer to the response provided under Principle 9 Question 1.
6. Based on the patient's experience at the hospital.
7. Value chain partners may raise grievances through an email to [purchase@artemishospitals.com](mailto:purchase@artemishospitals.com).

### 26. Overview of the entity's material responsible business conduct issues:

Please indicate material responsible business conduct and sustainability issues pertaining to environmental and social matters that present a risk or an opportunity to your business, rationale for identifying the same, approach to adapt or mitigate the risk along-with its financial implications, as per the following format.

S. No.	Material issue identified	Indicate whether risk or opportunity (R/O)	Rationale for identifying the risk/opportunity	In case of risk, approach to adapt or mitigate	Financial implications of the risk or opportunity (Indicate positive or negative implications)
1.	<b>Regulatory Risks</b>  The business may be exposed to potential risks if government regulations regarding emissions, waste disposal, renewable energy use, water use, social obligations (such as EWS regulations), and data privacy change, resulting in either an increase in costs or a decrease in revenue.	Risk	Due to its high degree of regulation, the healthcare sector is constantly scrutinized by a range of stakeholders. Any changes in government policies, such as the imposition of more stringent emission controls, the enforcement of biomedical waste disposal regulations, the mandatory adoption of renewable energy, the observance of data protection laws, or the duty to support economically weaker sections (EWS), may result in increased operational costs or revenue loss.	To contribute to the evolution of healthcare policy, the Company periodically interacts with regulatory organizations and complies with established industry standards. To continue to reduce the risks, we also prioritize reducing waste, cutting expenses, and improving operational effectiveness.	Negative  The Company's topline may be impacted, or costs will be directly increased.

S. No.	Material issue identified	Indicate whether risk or opportunity (R/O)	Rationale for identifying the risk/opportunity	In case of risk, approach to adapt or mitigate	Financial implications of the risk or opportunity (Indicate positive or negative implications)
2.	<p><b>Availability of Skilled Clinical Talent</b></p> <p>The Company's operations are characterized by a specialized nature, which presents a continuous challenge in terms of the availability of competent clinical manpower. This challenge is further exacerbated by the ongoing brain outflow, particularly among nurses, who are increasingly pursuing more lucrative career opportunities abroad.</p>	Risk	The Company operates in a highly specialised industry, the foundation for which is skilled clinical manpower. In addition, the business is exposed to risks such as cost escalation and a disruption in the continuity of care due to the growing industry's demand for competent talent and attrition.	The Company pays its nurses and paramedical personnel in line with the most efficient business practices and offers them specific training programs and certifications. We offer fair pay and performance-based incentives to our medical staff. We are dedicated to broadening our sources of hiring, and the arrival of more medical schools will help diversify our talent pool and reduce risk.	<p>Negative</p> <p>The costs of the Company are exacerbated by the competitive compensation of the medical staff and the training and upskilling programs for the support staff. Additionally, the burden is exacerbated by certain recruitment-related expenses.</p>
3.	<p><b>Natural and Man-made disasters</b></p> <p>Operations can be disrupted in both qualitative and quantitative ways by emergencies, disasters, and calamitous events, whether they are natural or man-made, such as pandemics, natural calamities, cyberattacks, or mass casualty incidents.</p>	Risk	Disruption of services that affect patient care may result from such disasters. These can also result in financial losses due to unanticipated expenditure and injury to reputation in the event of poor crisis management, which further affects stakeholder confidence. Additionally, these events can exacerbate the situation by affecting the availability and accessibility of resources, including medical medications and other supplies.	The organization conducts risk assessments, implements catastrophe management plans, and ensures disaster preparedness, which includes fallback facilities, supplies for emergencies, and auxiliary systems of communication. A controlled emergency response approach to communication ensures that stakeholders are kept informed, while regular staff training, practice exercises, and liaisons with disaster agencies strengthen resilience against natural and man-made disruptions.	<p>Negative</p> <p>Patient care will be adversely affected by service disruptions, resulting in financial and reputational damage.</p>

S. No.	Material issue identified	Indicate whether risk or opportunity (R/O)	Rationale for identifying the risk/opportunity	In case of risk, approach to adapt or mitigate	Financial implications of the risk or opportunity (Indicate positive or negative implications)
4.	<p><b>Energy and emissions management</b></p> <p>The sustainable operations of a hospital are contingent upon ensuring the responsible management of emissions and energy usage. This entails the incremental transition from fossil fuels to renewable energy sources via the management of energy consumption and emissions.</p>	Opportunity	In the event of a scarcity resulting from natural disasters or geopolitical shifts, the supply may be impacted by an excessive reliance on fossil fuels, which are non-renewable resources. It also prompts apprehension regarding the environmental consequences of our carbon imprint. We perceive this as an opportunity to introduce more renewable energy solutions and implement energy-efficient practices, which will also assist the Company in complying with changing regulations.	-	<p>Positive</p> <p>The risk of dependence on non-renewable resources is reduced by opting for renewable resources, and energy-efficient practices reduce long-term expenses.</p>
5.	<p><b>Data privacy and cybersecurity</b></p> <p>A global concern, data theft and privacy are a risk to the healthcare industry, as hospitals have access to sensitive and private patient data. In addition, the majority of hospital operations are reliant on technology that is susceptible to cyberattacks.</p>	Risk	The digitization of healthcare data is becoming increasingly common worldwide, resulting in the dependence of most hospitals on electronic health records (EHRs). Telemedicine and connected medical devices (IoT) are being increasingly implemented in various hospital sectors. In addition, hospitals are more susceptible to cyber-attacks and data thievery than ever before due to their reliance on technology-based systems for operations such as finance, supply chain, and administration.	Legal and regulatory requirements are adhered to during the collection, storage, and processing of the data. There are numerous firewalls and safeguards in place to safeguard both patient and enterprise data. Robust user authentication and access control systems are in place to prevent data leakage and unauthorized access.	<p>Negative</p> <p>Financial penalties may be imposed for non-compliance with data privacy and cybersecurity regulations. Collateral risks encompass financial and reputational harm, as well as operational disruptions that could damage the Company's financials.</p>
6.	<p><b>Artificial Intelligence (AI)</b></p> <p>The global adoption of AI is on the rise in various industries. It has facilitated the processing of data in a more efficient and timely manner. AI has the potential to revolutionize the healthcare sector by improving diagnostics, treatment planning, operational efficiency, and patient engagement.</p>	Opportunity	Deliberate and prudent incorporation of AI will enhance patient care, services, and operational efficiency. It may be beneficial in the development of personalized treatment plans, telemedicine, and clinical decision-making.	-	<p>Positive</p> <p>The reputable and ethical implementation of AI has the potential to improve patient care, resulting in higher patient satisfaction and better treatment outcomes. This will subsequently enhance the hospital's reputation, promote benevolence, and stimulate revenue growth.</p>

S. No.	Material issue identified	Indicate whether risk or opportunity (R/O)	Rationale for identifying the risk/opportunity	In case of risk, approach to adapt or mitigate	Financial implications of the risk or opportunity (Indicate positive or negative implications)
7.	<p><b>Expansion Risk (Execution)</b></p> <p>Planned capacity expansion and entry into new geographies involve execution risks related to project timelines, cost overruns, and ramp-up of occupancy and clinical services.</p>	Risk	The Company is undertaking capacity expansion and entering new geographies, which exposes it to execution-related challenges such as project delays, cost overruns, and ramp-up risks in occupancy and clinical services. These factors may affect operational efficiency and return on invested capital.	The Company mitigates execution risks through a calibrated expansion strategy, including phased project implementation, focus on brownfield developments, and a cluster-based approach to leverage operational synergies. Strong project monitoring mechanisms and disciplined capital allocation further support timely execution and cost control.	<p>Negative</p> <p>Potential increase in capital expenditure and project delays may impact cash flows and margins during the initial ramp-up phase.</p>
8.	<p><b>Cost Pressures and Margin Sensitivity:</b></p> <p>Rising costs related to medical consumables, energy, advanced technology and skilled clinicians and other manpower may impact margins in a price sensitive environment with increasing insurer and corporate influence on pricing. Additionally, the need for continuous technology upgrades and infrastructure investments may elevate capital intensity.</p>	Risk	Rising costs related to medical consumables, energy, advanced technologies, and skilled manpower, coupled with pricing pressures from insurers and corporate clients, may impact profitability and margins in a price-sensitive healthcare environment.	The Company manages cost pressures through continuous focus on operational efficiency, disciplined procurement practices, and optimization of specialty mix. Adoption of technology-enabled solutions and productivity improvements further support cost control and help maintain margin resilience while ensuring quality of care.	<p>Negative</p> <p>Rising input and manpower costs, coupled with pricing pressures, may lead to margin compression and reduced profitability.</p>

## Section B: Management and Process Disclosures

This section is aimed at helping businesses demonstrate the structures, policies and processes put in place towards adopting the NGRBC Principles and Core Elements.

<b>P1</b>	Businesses should conduct and govern themselves with integrity, and in a manner that is Ethical, Transparent and Accountable.
<b>P2</b>	Businesses should provide goods and services in a manner that is sustainable and safe.
<b>P3</b>	Businesses should respect and promote the well-being of all employees, including those in their value chains.
<b>P4</b>	Businesses should respect the interests of and be responsive to all its stakeholders.
<b>P5</b>	Businesses should respect and promote human rights.
<b>P6</b>	Businesses should respect and make efforts to protect and restore the environment.
<b>P7</b>	Businesses, when engaging in influencing public and regulatory policy, should do so in a manner that is responsible and transparent.
<b>P8</b>	Businesses should promote inclusive growth and equitable development.
<b>P9</b>	Businesses should engage with and provide value to their consumers in a responsible manner.

Disclosure Questions	P1	P2	P3	P4	P5	P6	P7	P8	P9
<b>Policy and management processes</b>									
<b>1. a. Whether your entity's policy/policies cover each principle and its core elements of the NGRBCs. (Yes/No)</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Anti-Bribery Fraud and Corruption Policy	✓								
Anti-Sexual Harassment					✓				
Artemis Immunization Policy			✓						
Artemis Retirement Policy			✓						
Business Responsibility and Sustainability Policy	✓	✓	✓	✓	✓	✓	✓	✓	✓
Code of Conduct for Directors and Senior Management	✓								
Code of Practices and Procedures for Fair Disclosure of Unpublished Price Sensitive Information	✓								
Confidentiality & Information Security	✓								✓
Corporate Social Responsibility Policy				✓				✓	
Employee Disciplinary Action Policy	✓								
Employee Grievance Redressal Policy			✓						
Employee Retirement Policy			✓						
Employee Reward Recognition Policy			✓						
Employee Rights & Responsibilities	✓		✓		✓				
Equal Employment Opportunity Policy			✓		✓				
Gift Policy	✓								
Hospital Utility Program						✓			
Leave Policy			✓						
Medical Benefits at Artemis Hospital			✓						
Policy on Occupational Hazards			✓						
Personal Accident Insurance			✓						
Policy on Ethical Framework	✓								
Policy on Patient Rights & Responsibility				✓	✓				✓
Post Exposure Prophylaxis			✓						
Pre-Employment & Annual Health Check Up			✓						
Privacy Policy									✓
Related Party Transactions Policy	✓								
Staff Health & Safety Policy			✓						
The Diversity, Equity and Inclusion Policy			✓	✓	✓				
The HIV/AIDS workplace policy			✓						
The Transgender Persons (Protection of Rights) Policy				✓	✓				
Whistle Blower Policy	✓								

Disclosure Questions	P1	P2	P3	P4	P5	P6	P7	P8	P9
<b>1. b. Has the policy been approved by the Board? (Yes/No)</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	The Company follows a defined governance framework wherein key policies are reviewed and approved by the Board of Directors or the Chairman and Managing Director, depending on the nature of the policy and applicable regulatory requirements. This approach ensures that policies are authorised at the appropriate level within the organisation.								
<b>1. c. Web Link of the Policies, if available</b>	<p>All relevant and applicable policies are available on the Company's website, while internal policies are hosted on the Company's intranet and are accessible to all employees. The following policies can be accessed through the link below.</p> <ul style="list-style-type: none"> <li>Business Responsibility and Sustainability Policy (<a href="https://www.artemishospitals.com/BackEndImages/downloads/Investorsdata/business-responsibility-and-sustainability-policy.pdf">https://www.artemishospitals.com/BackEndImages/downloads/Investorsdata/business-responsibility-and-sustainability-policy.pdf</a>)</li> <li>Code of Conduct for Directors and Senior Management (<a href="https://www.artemishospitals.com/BackEndImages/downloads/Investorsdata/codeof-conduct-for-senior-management-directors.pdf">https://www.artemishospitals.com/BackEndImages/downloads/Investorsdata/codeof-conduct-for-senior-management-directors.pdf</a>)</li> <li>Code of Practices and Procedures for Fair Disclosure of Unpublished Price Sensitive Information (<a href="https://www.artemishospitals.com/BackEndImages/downloads/Investorsdata/code-of-fair-disclosure.pdf">https://www.artemishospitals.com/BackEndImages/downloads/Investorsdata/code-of-fair-disclosure.pdf</a>)</li> <li>Anti-Bribery Fraud and Corruption Policy (<a href="https://www.artemishospitals.com/about-us/public-information/anti-bribery-fraud-and-corruption-policy">https://www.artemishospitals.com/about-us/public-information/anti-bribery-fraud-and-corruption-policy</a>)</li> <li>Corporate Social Responsibility Policy (<a href="https://www.artemishospitals.com/BackEndImages/downloads/Investorsdata/corporate-social-resonsibility-policy.pdf">https://www.artemishospitals.com/BackEndImages/downloads/Investorsdata/corporate-social-resonsibility-policy.pdf</a>)</li> <li>Equal Employment Opportunity Policy (<a href="https://www.artemishospitals.com/BackEndImages/PublicInformationPdf/EO%20Policy.pdf">https://www.artemishospitals.com/BackEndImages/PublicInformationPdf/EO%20Policy.pdf</a>)</li> <li>Privacy Policy (<a href="https://www.artemishospitals.com/privacy-policy">https://www.artemishospitals.com/privacy-policy</a>)</li> <li>Related Party Transactions Policy (<a href="https://www.artemishospitals.com/BackEndImages/downloads/Investorsdata/related-party-transaction-policy.pdf">https://www.artemishospitals.com/BackEndImages/downloads/Investorsdata/related-party-transaction-policy.pdf</a>)</li> <li>Whistle Blower Policy (<a href="https://www.artemishospitals.com/BackEndImages/downloads/Investorsdata/whistle-blower-policy.pdf">https://www.artemishospitals.com/BackEndImages/downloads/Investorsdata/whistle-blower-policy.pdf</a>)</li> </ul>								
<b>2. Whether the entity has translated the policy into procedures. (Yes/No)</b>	P1	P2	P3	P4	P5	P6	P7	P8	P9
	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>3. Do the enlisted policies extend to your value chain partners? (Yes/No)</b>	P1	P2	P3	P4	P5	P6	P7	P8	P9
	No	No	Yes	No	Yes	No	No	No	No
<b>4. Name of the national and international codes/certifications/labels/standards (e.g. Forest Stewardship Council, Fairtrade, Rainforest Alliance, Trustea) standards (e.g. SA 8000, OHSAS, ISO, BIS) adopted by your entity and mapped to each principle.#</b>	P1	P2	P3	P4	P5	P6	P7	P8	P9
	NABH-EC JCI	JCI NABH-H NABH-BB NABH-ES NABL	NABH-NE JCI NABH-H	JCI NABH-H	NABH-EC JCI NABH-H	NABH-H JCI	*	-	ISO 27001 JCI NABL NABH-H

# Certification Index

Code	Full Name
JCI	Joint Commission International, USA
NABH-H	National Accreditation Board for Hospitals and Healthcare Providers – Hospitals
NABH-BB	National Accreditation Board for Hospitals and Healthcare Providers – Blood Bank
NABH-EC	National Accreditation Board for Hospitals and Healthcare Providers – Ethics Committee
NABH-NE	National Accreditation Board for Hospitals and Healthcare Providers – Nursing Excellence
NABH-ES	National Accreditation Board for Hospitals and Healthcare Providers – Emergency Services
NABL	National Accreditation Board for Testing & Calibration of Laboratories
ISO 27001	International Standard Organization 27001 – Information Security Management System

\* P7: Governed by internal Code of Conduct / Policy.

Disclosure Questions	P1	P2	P3	P4	P5	P6	P7	P8	P9
<p>5. Specific commitments, goals and targets set by the entity with defined timelines (list all sustainability goals with year-wise targets)</p>	<p>AMSL is dedicated to preserving natural resources to promote sustainable future and is actively contributing to efforts aimed at combating climate change.</p> <p>Goals and targets set for FY 2026-27 are as follows:</p> <ul style="list-style-type: none"> <li>• <b>Scope 2 reduction:</b> Approximately 30% reduction in scope 2 emission through a third-party off site solar energy plant. The solar power source is being introduced in a phased manner, therefore the reduction in emissions may not be achieved immediately but is expected to reflect in subsequent reporting periods</li> <li>• Strengthen patient centric healthcare delivery through continuous improvement in patient satisfaction, service quality, and patient safety practices.</li> <li>• Improve energy efficiency across hospital operations through optimisation initiatives, energy monitoring systems, and adoption of energy efficient technologies.</li> <li>• Enhance water efficiency through conservation measures, responsible consumption practices, and monitoring mechanisms across facilities.</li> <li>• Improve waste management practices through effective segregation, safe biomedical waste disposal, and responsible waste handling across facilities.</li> <li>• Strengthen employee well-being, learning and development, diversity, and workplace engagement through regular training and awareness programmes.</li> <li>• Promote community health and preventive healthcare through health camps, awareness programmes, and outreach initiatives for underserved communities.</li> </ul>								
<p>6. Performance of the entity against the specific commitments, goals and targets along with reasons in case the same are not met</p>	<p>The Company has undertaken multiple sustainability initiatives aligned with its commitment to environmental stewardship and climate action. These initiatives focus on energy efficiency, emission reduction, water conservation, and sustainable resource management.</p> <p>The Company has achieved the <b>IGBC Platinum Rating certification</b>, demonstrating its commitment to green building practices and sustainable infrastructure. Further, the Company has operationalized an <b>Organic Waste Composter (OWC) machine</b> for on-site treatment of organic waste, supporting its waste management and circularity initiatives.</p> <p><b>Key initiatives include:</b></p> <ul style="list-style-type: none"> <li>• <b>Renewable Energy Adoption:</b> Installation of rooftop solar power systems with capacities of <b>150 kW and 60 kW</b>. Installation of solar water heaters to reduce conventional energy consumption.</li> <li>• <b>Energy Efficiency &amp; Optimization:</b> Installation of <b>Variable Frequency Drives (VFDs)</b> and <b>heat pumps</b> in HVAC systems. Replacement of conventional fans with <b>energy-efficient E-fans in cooling towers</b> to optimize energy consumption.</li> <li>• <b>Emission Reduction &amp; Air Quality Management:</b> Installation of <b>Retrofit Emission Control Devices (RECD)</b> in diesel generators to reduce particulate matter (PM), SOx, and NOx emissions. Installation of a <b>new diesel generator (DG) set with improved emission and efficiency standards</b>.</li> <li>• <b>Water Conservation Initiatives:</b> Installation of water aerators across facilities to reduce water consumption. Enhancement of <b>rainwater harvesting (RWH)</b> capacity</li> <li>• <b>Transition to Cleaner Fuels:</b> Replacement of Liquefied Petroleum Gas (LPG) with <b>Piped Natural Gas (PNG)</b> in kitchen operations</li> </ul> <p>These initiatives contribute to reducing the Company's environmental footprint and support its broader climate action objectives. The initiatives are aligned with the Company's material ESG priorities, including climate change mitigation, energy management, emissions reduction, and water stewardship.</p>								

Governance, Leadership and Oversight																				
<p><b>7. Statement by director responsible for the business responsibility report, highlighting ESG related challenges, targets and achievements (listed entity has flexibility regarding the placement of this disclosure):</b></p> <p>Sustainability remains an integral part of the Company’s strategic framework, with Environmental, Social and Governance (ESG) principles embedded across its operations and long-term growth plans. The Company continues to align its healthcare delivery model with responsible environmental practices, efficient resource utilization and strong governance standards.</p> <p>During the year, the Company achieved a significant milestone with the award of Platinum Green Building certification, reflecting its commitment to sustainable infrastructure and environmentally responsible operations. This was further supported by key initiatives such as the replacement of HVAC and chiller systems with energy-efficient equipment and the installation of two new DG generators to ensure reliable and optimized energy usage. These measures are aimed at improving energy efficiency while maintaining uninterrupted patient care.</p> <p>The Company has also strengthened its water and waste management practices. The construction of additional rainwater harvesting pits has been completed, enhancing water conservation efforts and supporting sustainable groundwater management. Further, the sanction of an organic waste composting machine marks a step forward in promoting environmentally responsible waste disposal and reducing the overall ecological footprint.</p> <p>From a social and governance perspective, the Company continues to focus on delivering accessible, high-quality healthcare while upholding strong ethical standards and accountability. Initiatives aimed at community outreach, preventive healthcare awareness and patient engagement remain central to its approach. Internally, the Company fosters a culture of inclusivity, compliance and professional excellence, supported by robust governance frameworks.</p> <p>Going forward, the Company remains committed to strengthening its sustainability agenda through continued investments in efficient infrastructure, responsible resource management and inclusive healthcare delivery. Sustainability will continue to guide the Company’s efforts to create long-term value while contributing positively to the environment and society.</p>																				
<p><b>8. Details of the highest authority responsible for implementation and oversight of the Business Responsibility policy(ies):</b></p>					<p>Dr. Devlina Chakravarty Managing Director DIN: 07107875</p>															
<p><b>9. Does the entity have a specified Committee of the Board/ Director responsible for decision making on sustainability related issues? (Yes / No). If yes, provide details:</b></p>					<p>Yes, the Company has a Business Responsibility and Sustainability Committee, which oversees and guides decision-making on sustainability related matters. For further details, please refer to the Corporate Governance Report.</p>															
<p><b>10. Details of review by NGRBCs by the Company:</b></p>																				
<p><b>Subject for Review</b></p>			<p><b>Indicate whether review was undertaken by Director / Committee of the Board/ Any other Committee</b></p>					<p><b>Frequency (Annually/ Half yearly/ Quarterly/ Any other – please specify)</b></p>												
			P1	P2	P3	P4	P5	P6	P7	P8	P9	P1	P2	P3	P4	P5	P6	P7	P8	P9
<p>Performance against above policies and follow up action.</p>			<p>Committee of the Board</p>					<p>Annually</p>												
<p>Compliance with statutory requirements of relevance to the principles, and rectification of any non-compliances</p>			<p>Committee of the Board</p>					<p>Annually</p>												
<p><b>11.</b></p>																				
<p><b>Question</b></p>			P1	P2	P3	P4	P5	P6	P7	P8	P9									
<p>Has the entity carried out independent assessment/ evaluation of the working of its policies by an external agency? (Yes/No). If yes, provide name of the agency.</p>			<p>Principle 1 – NABH, NABL, JCI Principle 2 – NABH, NABL, JCI Principle 3 – NABH, NABL, JCI Principle 4 – Patients and employees are covered under NABH, NABL, JCI. Principle 5 – Statutory Auditors, Internal Auditor Principle 8 – Statutory Auditors, Internal Auditor Principle 9 – NABH, NABL, JCI, ISO 27001</p>																	
<p><b>12. If answer to question (1) above is “No” i.e. not all Principles are covered by a policy, reasons to be stated:</b></p>																				
<p><b>Questions</b></p>			P1	P2	P3	P4	P5	P6	P7	P8	P9									
<p>The entity does not consider the principle material to its business (Yes/No)</p>			<p>Not Applicable</p>																	
<p>The entity is not at a stage where it is in a position to formulate and implement the policies on specified principles (Yes/No)</p>																				
<p>The entity does not have the financial or/human and technical resources available for the task (Yes/No)</p>																				
<p>It is planned to be done in the next financial year (Yes/No)</p>																				
<p>Any other reason (please specify)</p>																				

## Section C: Principle-wise Disclosures

**PRINCIPLE 1: Businesses should conduct and govern themselves with integrity, and in a manner that is Ethical, Transparent and Accountable.**

### Essential Indicators

**1. Percentage coverage by training and awareness programmes on any of the principles during the financial year:**

Segment	Total number of training and awareness programmes held	Topics/principles covered under the training and its impact	%age of persons in respective category covered by the awareness programmes
Board of Directors	4	The Board of Directors and Key Managerial Personnel (KMPs) are periodically provided with trainings on developments across Clinical Governance, patient and physician safety standards, operational and regulatory matters, and Environmental, Social & Governance (ESG) considerations.	100%
Key Managerial Personnel	4		100%
Employees other than BoD and KMPs	82*	The Company fosters a culture of continuous learning and development through structured training programmes for its workers and employees across functions and levels. These initiatives reflect Artemis's commitment to building a capable, accountable, and patient-centric workforce.  Training programmes cover a wide range of areas, including: <ul style="list-style-type: none"> <li>- Artemis Core Values and Code of Conduct</li> <li>- Anti Bribery Fraud and Corruption Policy</li> <li>- Patient Safety</li> <li>- Overview of Employee Growth Path</li> <li>- Performance Evaluation Matrix</li> <li>- Employee Rights &amp; Responsibilities</li> <li>- Patient Rights and Responsibilities</li> <li>- Employee Grievance Redressal Mechanism</li> <li>- Awareness Sessions on POSH Act</li> <li>- Safety Trainings i.e., fire, radiation etc.</li> <li>- Handling of hazardous material</li> </ul>	98%
Workers			99%

\*The Company conducted 82 training and awareness sessions during the year, attended by employees and workers across the organisation.

**2. Details of fines/ penalties/ punishment/ award/ compounding fees/ settlement amount paid in proceedings (by the entity or by directors / KMPs) with regulators/ law enforcement agencies/ judicial institutions, in the financial year, in the following format (Note: the entity shall make disclosures on the basis of materiality as specified in Regulation 30 of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 and as disclosed on the entity's website).**

MONETARY					
	NGRBC Principle	Name of the regulatory/ enforcement agencies/ judicial institutions	Amount (In INR)	Brief of Case	Has appeal been preferred (Yes/No)
Penalty/ Fine	P1	Office of the Collector of Stamps, Government of NCT of Delhi	Rs. 10,00,000	Delayed filing of application for determination of stamp duty to the jurisdictional Collector of Stamps, Government of NCT of Delhi	No
Settlement	NA	-	-	-	-
Compounding fee	NA	-	-	-	-
NON – MONETARY					
	NGRBC Principle	Name of regulatory/ enforcement agencies/ judicial institutions	Amount (In INR)	Brief of Case	Has appeal been preferred (Yes/No)
Imprisonment	NA	-	-	-	-
Punishment	NA	-	-	-	-

**3. Of the instances disclosed in Question 2 above, details of the Appeal/ Revision preferred in cases where monetary or non-monetary action has been appealed.**

No appeal or revision has been preferred against the order disclosed in Question 2 above during FY 2025-26.

**4. Does the entity have an anti-corruption or anti-bribery policy? If yes, provide details in brief and if available, provide a web-link to the policy.**

Yes, the Company has a comprehensive Anti-Bribery and Anti-Corruption Policy in place, applicable to all Directors, Key Managerial Personnel, employees, and third parties acting on behalf of the Company. The policy prohibits all forms of improper payments including bribes, kickbacks, and undue gratification, and provides clear guidance on gifts and hospitality, political contributions, donations, conflict of interest, marketing and promotional activities, and anti-money laundering. The policy outlines specific Do's and Don'ts to ensure ethical conduct and regulatory compliance across all levels of the organisation. The policy is accessible on the Company's website at <https://www.artemishospitals.com/about-us/public-information/anti-bribery-fraud-and-corruption-policy>.

**5. Number of Directors/KMPs/employees/workers against whom disciplinary action was taken by any law enforcement agency for the charges of bribery/ corruption:**

Category	FY 2025-26	FY 2024-25
Directors	Nil	Nil
KMPs	Nil	Nil
Employees	Nil	Nil
Workers	Nil	Nil

**6. Details of complaints with regard to conflict of interest:**

Particulars	FY 2025-26		FY 2024-25	
	Number	Remarks	Number	Remarks
Number of complaints received in relation to issues of Conflict of Interest of the Directors	Nil	-	Nil	-
Number of complaints received in relation to issues of Conflict of Interest of the KMPs	Nil	-	Nil	-

**7. Provide details of any corrective action taken or underway on issues related to fines / penalties / action taken by regulators/ law enforcement agencies/ judicial institutions, on cases of corruption and conflicts of interest.**

Since there were no cases of corruptions or conflicts of interest during FY 2025-26, this question is not applicable.

**8. Number of days of accounts payables ((Accounts payable \*365)/ Cost of goods/services procured) in the following format:**

	FY 2025-26	FY 2024-25
Number of days of accounts payables	49	57

**9. Open-ness of business:**

**Provide details of concentration of purchases and sales with trading houses, dealers, and related parties along-with loans and advances & investments, with related parties, in the following format:**

Parameter	Metrics	FY 2025-26	FY 2024-25
Concentration of Purchases	a. Purchases from trading houses as % of total purchases <sup>#</sup>	29.43%	30.68%
	b. Number of trading houses where purchases were made from <sup>#</sup>	404	366
	c. Purchases from top 10 trading houses as % of total purchases from trading houses <sup>#</sup>	60.39%	49.39%
Concentration of Sales	a. Sales to dealers/ distributors as % of total sales*	NA	NA
	b. Number of dealers/ distributors to whom sales are made*	NA	NA
	c. Sales to top 10 dealers/ distributors to whom sales are made*	NA	NA
Share of RPTs in	a. Purchases (Purchases with related parties/ Total purchases)	3.03%	1.74%
	b. Sales (Sales to related parties/ Total Sales)	0.37%	0.49%
	c. Loans & advances (Loans & advances given to related parties/ Total loans & advances) <sup>§</sup>	0.41%	0%
	d. Investments (Investments in related parties/ Total investments made) <sup>§</sup>	100%	100%

<sup>#</sup> The Company has made this disclosure in line with the updated definition of "Trading Houses" as currently applicable.

\*Not Applicable, as the Company directly provides services to the end customer.

<sup>§</sup>For loans, advances, and investments, the closing balances disclosed in the Audited Standalone Financial Statements for the year ended March 31, 2026 have been considered.

**Leadership Indicators**

**1. Awareness programmes conducted for value chain partners on any of the principles during the financial year:**

During FY 2025-26, Artemis has been actively strengthening its internal ESG and compliance frameworks as a foundational step towards building a responsible and transparent value chain. While formal structured awareness programmes for value chain partners are yet to be conducted, the Company is committed to progressively extending its standards of ethical conduct, environmental responsibility, and social accountability to its suppliers and partners. Dedicated awareness and capacity-building initiatives for value chain partners are planned for the forthcoming financial year, reflecting Artemis commitment to fostering a sustainability-oriented ecosystem across its entire supply chain.

**2. Does the entity have processes in place to avoid/ manage conflict of interests involving members of the Board? (Yes/No). If Yes, provide details of the same:**

Yes, the Company has processes in place to prevent and manage conflict of interests involving its Board members. All the Directors are expected to adhere to the 'Code of Conduct for Directors & Senior Management' which, inter-alia, provides for avoidance of conflict of interest. Further, all the Board members and Senior Management personnel have affirmed compliance with the Code for the year ended March 31, 2026. A declaration to this effect signed by the Managing Director is provided in the Corporate Governance Report forming part of the Annual Report.

Pursuant to Section 184 of the Companies Act, 2013, read with the applicable rules, every Director is required to disclose his/her interest by submitting Form MBP-1 at the first Board Meeting in which he/she participates as a Director, and thereafter at the first Board Meeting of every financial year. In case of any change in the disclosures already made, the Director must disclose the same at the first Board Meeting held after such change. The disclosure shall include his/her concern or interest in any company or companies, bodies corporate, firms, or other association of individuals, including shareholding. Further, any Director who is interested or concerned in any agenda item shall abstain from participating in discussions and voting on such item to avoid any conflict of interest

**PRINCIPLE 2: Businesses should provide goods and services in a manner that is sustainable and safe.**

**Essential Indicators**

**1. Percentage of R&D and capital expenditure (capex) investments in specific technologies to improve the environmental and social impacts of product and processes to total R&D and capex investments made by the entity, respectively.**

Particulars	FY 2025-26	FY 2024-25	Details of improvements in environmental and social impacts
R&D	100%	100%	<ul style="list-style-type: none"> <li>• <b>Diagnostic Test Innovation:</b> We aim to strengthen and expand in-house diagnostic capabilities by improving existing assays and developing novel, cost-effective diagnostic platforms. Our focus includes identifying reliable biomarkers for early disease detection and gaining deeper insights into pathogen pathophysiology, thereby enabling clinicians to make timely and precise treatment decisions.</li> <li>• <b>Infectious Diseases &amp; Antimicrobial Resistance (AMR):</b> Our research emphasizes molecular characterization of antimicrobial resistance mechanisms in priority pathogens, along with detailed evaluation of host-pathogen interactions. We also study transmission dynamics within healthcare settings to support evidence-based antimicrobial stewardship and infection prevention strategies. Additional focus areas include biofilm-associated virulence and early detection of environmental reservoirs, such as contaminated water sources, to mitigate infection risks.</li> <li>• <b>Gut Microbiome and Dysbiosis:</b> Recognizing the influence of age, diet, environment, and lifestyle on gut microbiota, we investigate microbiome alterations and their clinical implications. Our work supports the diagnosis of dysbiosis and assists clinicians, particularly gastroenterologists, in personalizing treatment approaches like fecal microbiota transplantation (FMT) to improve patient outcomes and quality of life.</li> <li>• <b>Lifestyle and Metabolic Disorders:</b> We conduct translational research on conditions such as polycystic ovarian syndrome (PCOS), obesity, and diabetes, with a focus on elucidating underlying mechanisms, identifying biomarkers, and enabling early diagnosis and targeted interventions to enhance long-term health outcomes.</li> <li>• <b>Virology and Emerging Infections:</b> This program focuses on understanding virus-host interactions, viral replication, and disease pathogenesis. The knowledge generated is leveraged to develop broad-spectrum antiviral strategies and preparedness frameworks for emerging and re-emerging viral infections, including Chandipura virus, Chikungunya and Dengue.</li> <li>• <b>Stem Cell and Regenerative Medicine:</b> Our research is centred on the isolation and characterization of clinical-grade mesenchymal stem cells, particularly from human umbilical cord tissue. We aim to advance understanding of stem cell biology especially the CAR-T cell therapy and explore its therapeutic potential in regenerative and cellular therapies.</li> <li>• <b>Education, Training, and Workforce Development:</b> In addition to advancing patient care, our research initiatives contribute to academic excellence through integration of innovative teaching methodologies and skill development programs. These efforts also generate employment opportunities and support capacity building in healthcare and biomedical research sectors.</li> </ul>
Capex	2.41%	1.13%	<ul style="list-style-type: none"> <li>• <b>Energy Efficiency:</b> Installation of epoxy FRP (EFRP) fans in cooling towers and replacement of existing chillers with high-efficiency chillers to reduce energy consumption.</li> <li>• <b>Renewable Energy:</b> Commissioning of rooftop solar PV systems with capacities of 150 kW and 80 kW at Sector 51 and Sector 82 facilities in Gurugram, respectively.</li> <li>• <b>Emission Control:</b> Commissioning of new DG sets and installation of retrofit emission control devices on diesel generator exhaust stacks to reduce particulate emissions.</li> <li>• <b>HVAC Upgradation:</b> Replacement of existing 110 TR chiller with a high-efficiency 120 TR chiller to enhance cooling performance and improve energy efficiency.</li> <li>• <b>Water Conservation:</b> Installation of low-flow aerators on taps and implementation of drip irrigation systems in landscaped areas to optimize water usage.</li> <li>• <b>Green Building Certification:</b> Achievement of IGBC Platinum certification, reflecting adherence to advanced green building and sustainability standards.</li> <li>• <b>Waste Management:</b> Commissioning and Operation of organic waste composting machine.</li> <li>• <b>Biodiversity and Air Quality:</b> Expansion of green belt areas within the premises to support local biodiversity and improve ambient air quality.</li> </ul> <p>These initiatives collectively contribute to reduction in energy consumption, greenhouse gas emissions, resource conservation, and overall environmental performance.</p>

**2. a. Does the entity have procedures in place for sustainable sourcing? (Yes/No)**

Yes, the Company has implemented sustainable sourcing processes and included ESG and sustainable procurement concerns in its Supplier Code of Conduct and procurement SOPs. Since the Company is in the healthcare services industry, items and services are purchased from authorized suppliers that comply with the appropriate regulatory standards. Given the specialized nature of medical equipment procurement, most of the goods are procured from internationally known Original Equipment Manufacturers via approved distributors/service providers, many of which have global sustainability frameworks and ESG standards in place. During the reporting year, the Company performed a phased secondary/desktop ESG evaluation of selected important medical equipment suppliers that are substantial contributors to procurement expenditure based on publicly accessible sustainability disclosures, ESG policies, certifications and governance procedures. The Company's sustainable sourcing structure is in a nascent phase and will be further improved throughout coming financial years.

**b. If yes, what percentage of inputs were sourced sustainably?**

33% of inputs are sourced sustainably.

**3. Describe the processes in place to safely reclaim your products for reusing, recycling and disposing at the end of life, for (a) Plastics (including packaging) (b) E-waste (c) Hazardous waste and (d) other waste.**

Parameter	Process Description
<b>(a) Plastics (including packaging waste)</b>	Plastic waste generated through hospital operations and patient care delivery is not reused or recycled on-site. All plastic waste is disposed of through authorised waste management vendors.
<b>(b) E-waste</b>	E-waste generated by the Company is not reused or recycled on-site. All e-waste is disposed of through government approved recyclers/vendors.
<b>(c) Hazardous waste</b>	Hazardous waste generated by the Company is not reused or recycled on-site. All hazardous waste is disposed of through government approved recyclers/vendors.
<b>(d) Other waste</b>	Other waste generated by the Company is not reused or recycled on-site. All such waste is disposed of through government approved recyclers/vendors.

**4. Whether Extended Producer Responsibility (EPR) is applicable to the entity's activities (Yes / No). If yes, whether the waste collection plan is in line with the Extended Producer Responsibility (EPR) plan submitted to Pollution Control Boards? If not, provide steps taken to address the same.**

EPR regulations are not directly applicable to the Company's hospital operations. Nonetheless, the Company ensures responsible use and disposal of plastic products in accordance with all applicable regulations and guidelines.

**Leadership Indicators**

**1. Has the entity conducted Life Cycle Perspective / Assessments (LCA) for any of its products (for manufacturing industry) or for its services (for service industry)? If yes, provide details in the following format.**

The Company has not conducted Life Cycle Evaluations for its services during the current financial year.

NIC Code	Name of Product / Service	% of total Turnover contributed	Boundary for which the Life Cycle Perspective / Assessment was conducted	Whether conducted by independent external agency (Yes/No)	Results communicated in public domain (Yes/No) If yes, provide the web-link.
Nil					

**2. If there are any significant social or environmental concerns and/or risks arising from production or disposal of your products / services, as identified in the Life Cycle Perspective / Assessments (LCA) or through any other means, briefly describe the same along-with action taken to mitigate the same.**

While a formal Life Cycle Assessment has not been conducted, the Company has identified the following social and environmental concerns and risks through an internal evaluation of its healthcare operations:

Name of Product/ Service	Description of Risk/ Concern	Action Taken
Healthcare Services	Infection to community and hospital-acquired infection	<ul style="list-style-type: none"> <li>Appropriate use of Personal Protective Equipment (PPE) is enforced, with strict adherence to hygiene protocols by all hospital staff during patient care activities.</li> <li>Patient attendants are regularly educated on the hospital's Visitor Policy to manage movement within the facility.</li> <li>A dedicated Infection Control Team conducts ongoing surveillance, including regular audits of hand hygiene compliance and infection prevention protocols.</li> </ul>
	Anti-microbial resistance	<ul style="list-style-type: none"> <li>Internal Standard Operating Procedures are in place to regulate antibiotic use in accordance with established clinical protocols.</li> <li>Community awareness programmes are conducted to promote responsible and recommended antibiotic use.</li> </ul>
	Generation of radioactive waste and radioactive exposure	<ul style="list-style-type: none"> <li>Radioactive waste is managed and disposed of under the Delay and Decay Policy, in compliance with established SOPs and applicable regulatory requirements.</li> </ul>
	Generation of hazardous waste and community exposure	<ul style="list-style-type: none"> <li>Hazardous waste is disposed of exclusively through a vendor authorised and licensed by the Haryana State Pollution Control Board, in full compliance with applicable environmental regulations.</li> </ul>
	Generation of biomedical waste and community exposure to infectious diseases	<ul style="list-style-type: none"> <li>Biomedical waste is segregated and stored in accordance with Central Pollution Control Board guidelines, ensuring safe handling and environmental compliance.</li> <li>Disposal is carried out exclusively through vendors authorised by the Haryana State Pollution Control Board.</li> </ul>
	Generation of e-waste and community exposure to neurotoxins including lead and mercury	<ul style="list-style-type: none"> <li>E-waste is managed and disposed of through a certified vendor approved by the Haryana State Pollution Control Board, in line with prescribed environmental norms.</li> </ul>

**3. Percentage of recycled or reused input material to total material (by value) used in production (for manufacturing industry) or providing services (for service industry).**

As a healthcare service provider, the Company does not use recyclable or reusable input materials in the delivery of its services. Therefore, this disclosure is not applicable.

Indicate Input Material	Recycled or re-used input material to total material	
	FY 2025-26 (Current Year)	FY 2024-25 (Previous Year)
Not Applicable		

**4. Of the products and packaging reclaimed at end of life of products, amount (in metric tonnes) reused, recycled, and safely disposed, as per the following format.**

As the Company provides healthcare services, there is no scope of products or packaging being reclaimed at the end of life, therefore this question is not applicable.

	FY 2025-26 (Current Year)			FY 2024-25 (Previous Year)		
	Re-used	Recycled	Safely Disposed	Re-used	Recycled	Safely Disposed
Plastics (including packaging)	Not Applicable			Not Applicable		
E-waste						
Hazardous waste						
Other waste						

**5. Reclaimed products and their packaging materials (as percentage of products sold) for each product category.**

Indicate product category	Reclaimed products and their packaging materials as % of total products sold in respective category
Not Applicable	

**PRINCIPLE 3: Businesses should respect and promote the well-being of all employees, including those in their value chains.**

**Essential Indicators**

**1. a. Details of measures for the well-being of employees:**

Category	% of Employees covered by										
	Total (A)	Health Insurance		Accident Insurance		Maternity Benefits		Paternity Benefits		Day Care Facilities	
		Number (B)	% (B/A)	Number (C)	% (C/A)	Number (D)	% (D/A)	Number (E)	% (E/A)	Number (F)	% (F/A)
<b>Permanent Employees</b>											
Male	289	280	96.89%	289	100%	-	-	-	-	-	-
Female	108	96	88.89%	108	100%	106	98.15%	-	-	106	98.15%
<b>Total</b>	<b>397</b>	<b>376</b>	<b>94.71%</b>	<b>397</b>	<b>100%</b>	<b>106</b>	<b>26.70%</b>	-	-	<b>106</b>	<b>26.70%</b>
<b>Other than Permanent Employees</b>											
Male	2	-	-	2	100%	-	-	-	-	-	-
Female	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>2</b>	-	-	<b>2</b>	<b>100%</b>	-	-	-	-	-	-

**b. Details of measures for the well-being of workers:**

Category	% of Workers covered by										
	Total (A)	Health Insurance		Accident Insurance		Maternity Benefits		Paternity Benefits		Day Care Facilities	
		Number (B)	% (B/A)	Number (C)	% (C/A)	Number (D)	% (D/A)	Number (E)	% (E/A)	Number (F)	% (F/A)
<b>Permanent Workers</b>											
Male	735	688	93.61%	735	100%	-	-	-	-	-	-
Female	923	831	90.03%	923	100%	885	95.88%	-	-	885	95.88%
<b>Total</b>	<b>1,658</b>	<b>1,519</b>	<b>91.62%</b>	<b>1,658</b>	<b>100%</b>	<b>885</b>	<b>53.38%</b>	-	-	<b>885</b>	<b>53.38%</b>
<b>Other than Permanent Workers</b>											
Male	11	-	-	11	100%	-	-	-	-	-	-
Female	8	-	-	8	100%	8	100%	-	-	8	100%
<b>Total</b>	<b>19</b>	-	-	<b>19</b>	<b>100%</b>	<b>8</b>	<b>42.11%</b>	-	-	<b>8</b>	<b>42.11%</b>

**c. Spending on measures towards well-being of employees and workers (including permanent and other than permanent) in the following format:**

	FY 2025-26	FY 2024-25
Cost incurred on well-being measures as a % of total revenue of the company	0.43%	0.47%

These expenses comprise staff welfare costs incurred by the Company on training and development, annual functions, festival celebrations, gifts, entertainment, and food and beverages. Since these benefits are extended uniformly to all employees regardless of gender, a gender-wise break-up has not been disclosed under P3 – Q1(a) and P3 – Q1(b).

**2. Details of retirement benefits, for Current FY and Previous Financial Year:**

Benefits	FY 2025-26			FY 2024-25		
	No. of employees covered as a % of total employees	No. of workers covered as a % of total workers	Deducted and deposited with the authority (Y/N/N.A.)	No. of employees covered as a % of total employees	No. of Workers covered as a % of total workers	Deducted and deposited with the authority (Y/N/N.A.)
PF	100%	100%	Y	100%	100%	Y
Gratuity	100%	100%	NA	100%	100%	NA
ESI	-	26.65%	Y	-	34.90%	Y
Others– please specify	-	-	NA	-	-	NA

### 3. Accessibility of workplaces

**Are the premises / offices of the entity accessible to differently abled employees and workers, as per the requirements of the Rights of Persons with Disabilities Act, 2016? If not, whether any steps are being taken by the entity in this regard?**

Yes, the Company's premises and offices are accessible to differently abled employees and workers in accordance with the requirements of the Rights of Persons with Disabilities Act, 2016. The facilities are equipped with wheelchairs and wheelchair-friendly elevators, with direct access from the parking area, ensuring ease of access for differently abled visitors.

### 4. Does the entity have an equal opportunity policy as per the Rights of Persons with Disabilities Act, 2016? If so, provide a web-link to the policy.

Yes, the Company has adopted an Equal Opportunity Policy formulated in accordance with the Rights of Persons with Disabilities Act, 2016. The Policy is available at: <https://www.artemishospitals.com/BackEndImages/PublicInformationPdf/EO%20Policy.pdf>

### 5. Return to work and Retention rates of permanent employees and workers that took parental leave:

Gender	Permanent Employees		Permanent Workers	
	Return to work rate	Retention rate	Return to work rate	Retention rate
Male	NA	NA	NA	NA
Female	100%	60%	50%	50%
<b>Total</b>	<b>100%</b>	<b>60%</b>	<b>50%</b>	<b>50%</b>

### 6. Is there a mechanism available to receive and redress grievances for the following categories of employees and worker? If yes, give details of the mechanism in brief.

Category	Yes/No	If yes, give details of the mechanism in brief.
Permanent Workers	Yes	The Company has constituted a Grievance Redressal Committee ("GRC") comprising an equal number of representatives from employees and workers. The GRC functions in accordance with the provisions of the Employee Grievance Policy.
Other than Permanent Workers	Yes	
Permanent Employees	Yes	
Other than Permanent Employees	Yes	<p>The grievance redressal mechanism operates through the following three stages:</p> <ul style="list-style-type: none"> <li>Stage 1: Employees may submit grievances in writing to their immediate supervisor or Reporting Manager (RM), who is required to resolve the matter within 7 days.</li> <li>Stage 2: If the grievance remains unresolved within the stipulated time, the RM, in consultation with Human Resources (HR) or a designated HR representative, attempts to resolve it within a further 2 days.</li> <li>Stage 3: If the grievance still remains unresolved, it is escalated to the GRC. The GRC communicates its decision, in writing, to the concerned employee or worker within 15 days of receipt of the complaint.</li> </ul>

### 7. Membership of employees and worker in association(s) or Unions recognised by the listed entity:

Not applicable, as there are no association(s) or unions that are recognised by the entity of which employees and workers are members.

### 8. Details of training given to employees and workers:

Category	FY 2025-26					FY 2024-25				
	Total (A)	On Health & Safety Measures		On Skill Upgradation		Total (D)	On Health & Safety Measures		On Skill Upgradation	
		No. (B)	% (B/A)	No. (C)	% (C/A)		No. (E)	% (E/D)	No. (F)	% (F/D)
<b>Employees</b>										
Male	291	282	96.91%	282	96.91%	281	281	100%	212	75.44%
Female	108	104	96.30%	105	97.22%	90	89	98.89%	68	75.56%
<b>Total</b>	<b>399</b>	<b>386</b>	<b>96.74%</b>	<b>387</b>	<b>96.99%</b>	<b>371</b>	<b>370</b>	<b>99.73%</b>	<b>280</b>	<b>75.47%</b>
<b>Workers</b>										
Male	746	714	95.71%	716	95.98%	754	754	100%	669	88.73%
Female	931	905	97.20%	905	97.21%	974	974	100%	813	83.47%
<b>Total</b>	<b>1,677</b>	<b>1,619</b>	<b>96.54%</b>	<b>1,621</b>	<b>96.66%</b>	<b>1,728</b>	<b>1,728</b>	<b>100%</b>	<b>1,482</b>	<b>85.76%</b>

**9. Details of performance and career development reviews of employees and workers:**

Category	FY 2025-26			FY 2024-25		
	Total (A)	No. (B)	% (B/A)	Total (C)	No. (D)	% (D/C)
<b>Employees</b>						
Male	291	260	89.35%	281	276	98.22%
Female	108	99	91.67%	90	90	100%
<b>Total</b>	<b>399</b>	<b>359</b>	<b>89.97%</b>	<b>371</b>	<b>366</b>	<b>98.65%</b>
<b>Workers</b>						
Male	746	442	59.25%	754	620	82.23%
Female	931	467	50.16%	974	666	68.38%
<b>Total</b>	<b>1,677</b>	<b>909</b>	<b>54.20%</b>	<b>1,728</b>	<b>1,286</b>	<b>74.42%</b>

*All employees are subject to annual performance and career development reviews on completion of at least six months of service in the Company.*

**10. Health and safety management system:**

**a. Whether an occupational health and safety management system has been implemented by the entity? (Yes/ No). If yes, the coverage of such system?**

Yes, Artemis has implemented a robust Occupational Health and Safety (OHS) Management System across all its facilities, ensuring 100% coverage encompassing all patients, visitors, permanent employees, contractual staff, and workers engaged within the hospital premises, including clinical, paramedical, administrative, and support functions.

The Safety Management Plan outlines policies and procedures aimed at minimising risks through a structured hazard surveillance programme and data-driven analysis. The primary objectives of the system are to:

- Protect staff from occupational injuries and illnesses;
- Prevent accidents, including fires;
- Ensure preparedness for emergencies;
- Identify and mitigate physical, chemical, and biological hazards;
- Communicate potential risks to employees; and
- Maintain a consistently safe and healthy working environment.

Key areas covered under the OHS framework include needle-stick injury management, hospital-acquired infections (HAIs) and exposure to blood and body fluids, radiation safety, staff injuries, vaccination and pre/post-exposure prophylaxis, management of spillages, environmental hazards, fire safety, and equipment-related risks. The system is aligned with both NABH and JCI accreditation standards, which mandate robust patient and workforce safety protocols, and is overseen by a dedicated safety committee responsible for monitoring compliance, investigating incidents, and driving continuous improvement in workplace safety across all operational areas.

**b. What are the processes used to identify work-related hazards and assess risks on a routine and non-routine basis by the entity?**

Artemis employs a comprehensive and structured approach to identify work-related hazards and assess risks on both routine and non-routine bases, embedded within its Safety Management Plan. The key processes include:

- **Hazard and Risk Vulnerability Assessment (HRVA):** Forms the foundation for emergency preparedness and planning, enabling the organisation to anticipate and mitigate potential risks across all facility operations.
- **Risk Identification and Analysis:** Risk Identification and Analysis are conducted systematically for each Facility Management Programme, followed by the design and implementation of appropriate risk mitigation strategies.
- **Performance Monitoring:** Regular tracking and evaluation of Key Performance Indicators across all Facility Management Programmes to ensure sustained safety compliance and continuous improvement.
- **Monthly Facility and Safety Rounds:** Facility and Safety Rounds are conducted by a multidisciplinary team to proactively identify and address facility-related risks, physical hazards, and safety gaps across all operational areas.

- **Hazard Identification and Risk Analysis (HIRA):** Hazard Identification and Risk Analysis are performed on an area-wise basis to detect, assess, and mitigate specific workplace hazards relevant to each department and function.
- **Evaluation of Emergency Preparedness:** Periodic review of mock drill outcomes and assessment of safety training requirements to ensure organisational readiness for emergency scenarios.
- **Annual Culture of Safety Survey:** Collects staff feedback on patient and workplace safety concerns, with findings shared with hospital leadership for timely corrective action.
- **Fire Detection and Protection System Oversight:** Ensures the ongoing effectiveness, maintenance, and compliance of fire safety infrastructure across all facilities.
- **Incident Reporting System:** Facilitates structured reporting and root cause analysis of errors, near-misses, and safety events, fostering a culture of learning and accountability.
- **Third-Party Audits:** Independent external assessments of critical safety areas including fire safety systems and electrical safety, providing an objective evaluation of compliance and risk exposure.

**c. Whether you have processes for workers to report the work-related hazards and to remove themselves from such risks. (Y/N)**

Yes, the Company has a well-established and structured process enabling workers to report work-related hazards and, where necessary, remove themselves from situations posing unacceptable risk. The incident reporting system applies to both routine and non-routine tasks, ensuring prompt identification, escalation, and resolution of safety concerns.

**Incident Reporting Procedure:**

- **Immediate Notification:** Upon occurrence of an incident, the concerned staff member notifies their immediate supervisor and submit an incident report form within 2 hours of the event.
- **Departmental Review:** The report is forwarded to the concerned Head of Department within 24 hours for further evaluation and initial assessment.
- **Root Cause Analysis (RCA):** The HOD must conduct a Root Cause Analysis and submit the completed RCA to the Medical Superintendent (MS) within 48 hours. A robust RCA involves identifying systemic contributing factors and engaging all key stakeholders patients, families and involved staff to understand the full context of the event and identify areas for improvement.
- **Review and Feedback:** MS reviews the RCA, and where discrepancies are noted, returns it to the Head of Department for revision.
- **Final Verification:** MS reviews, comments, and forwards the finalised report to the Quality Department within 72 hours.
- **Committee Review:** The Quality Department compiles and reviews all incident reports, which are subsequently discussed during Safety Committee meetings for appropriate corrective action and organisational learning.

**Ongoing Safety Measures:**

- **Monthly Risk Assessment Rounds:** Risk Assessment rounds are conducted organisation-wide to proactively identify and address potential safety hazards across all departments and functions.
- **Scheduled Departmental Risk Assessments:** Each department conducts structured risk assessments as per a defined and monitored schedule.
- **Occupational Safety Training:** Regular training on occupational hazards, including the safe use of personal protective equipment, is provided to all staff to ensure continued awareness, preparedness, and well-being.

**d. Do the employees/ worker of the entity have access to non-occupational medical and healthcare services? (Yes/ No)**

Yes, all employees and workers can access the non-occupational medical and healthcare services available at the Company's hospitals. In addition, they are entitled to discounted medical services and are provided with health insurance coverage by the Company.

**11. Details of safety related incidents, in the following format:**

Safety Incident	Category	FY 2025-26	FY 2024-25
Lost Time Injury Frequency Rate (LTIFR) (per one million person hours worked)	Employees	0	0
	Workers	0	0
Total recordable work-related injuries	Employees	0	0
	Workers	0	0
Number of fatalities	Employees	0	0
	Workers	0	0
High consequence work-related injury or ill-health (excluding fatalities)	Employees	0	0
	Workers	0	0

**12. Describe the measures taken by the entity to ensure a safe and healthy workplace.**

Artemis is committed to maintaining a safe and healthy work environment through a comprehensive and proactive safety framework. Key measures implemented include:

- **Hazard Surveillance Programme:** Departmental stakeholders are actively engaged in the continuous identification, monitoring, and mitigation of potential workplace risks.
- **Ongoing Risk Management:** Systematic risk assessments are carried out across all operational areas, with targeted mitigation strategies deployed to control identified hazards.
- **Comprehensive Safety Training:** Staff are regularly trained on the Hazard Communication Programme, interpretation of Safety Data Sheets (SDS), spill management protocols, emergency and disaster preparedness, emergency codes, and the correct usage of Personal Protective Equipment (PPE) including safety glasses, TLD badges, radiation aprons, and other relevant gear.
- **Monthly Facility & Safety Inspections:** Facility & Safety inspections are conducted across all departments to proactively identify and rectify physical and operational hazards, ensuring a consistently safe working environment.
- **Scheduled Mock Drills:** Mock Drills are carried out at defined intervals to assess emergency response readiness, validate established protocols, and strengthen inter-departmental coordination.
- **Third-Party Audits:** Independent audits are conducted on critical utility services, including fire safety systems and electrical infrastructure, providing objective assurance of compliance with applicable safety standards.

**13. Number of Complaints on the following made by employees and workers:**

Category	FY 2025-26			FY 2024-25		
	Filed during the year	Pending resolution at the end of year	Remarks	Filed during the year	Pending resolution at the end of year	Remarks
Working Conditions	Nil	Nil	-	Nil	Nil	-
Health & Safety	Nil	Nil	-	Nil	Nil	-

**14. Assessments for the year:**

Category	% of your plants and offices that were assessed (by entity or statutory authorities or third parties)
Health and safety practices	100%
Working Conditions	100%

**15. Provide details of any corrective action taken or underway to address safety-related incidents (if any) and on significant risks / concerns arising from assessments of health & safety practices and working conditions.**

During FY 2025-26, no significant safety-related incidents or major concerns arising from health and safety assessments were reported that necessitated corrective action. The Company's proactive hazard surveillance, regular safety inspections, and ongoing risk management programmes have ensured a safe and healthy working environment across all operational areas.

**Leadership Indicators**

**1. Does the entity extend any life insurance or any compensatory package in the event of death of-**

- a. Employees (Y/N) – No
- b. Workers (Y/N) – Yes, the Company has a Workmen’s Compensation Policy in place to provide fair compensation to workers (or their dependents) in the event of death, injury, or disability arising out of and in the course of employment, in line with the provisions of the Employees’ Compensation Act, 1923.

**2. Provide the measures undertaken by the entity to ensure that statutory dues have been deducted and deposited by the value chain partners.**

The Company has established mechanisms to ensure that statutory dues are appropriately deducted and deposited by value chain partners. Contractor invoices are processed only upon submission of the necessary documentary evidence, including proof of ESI contributions, PF contributions, and other applicable statutory payments or deposits. In addition, the Company conducts periodic and random audits to verify that all statutory dues are accurately deducted and deposited within the prescribed timelines.

**3. Provide the number of employees/ workers having suffered high consequence work-related injury/ ill-health/ fatalities (as reported in Q11 of Essential Indicators above), who have been rehabilitated and placed in suitable employment or whose family members have been placed in suitable employment:**

	Total no. of affected employees/ workers		No. of employees/workers that are rehabilitated and placed in suitable employment or whose family members have been placed in suitable employment	
	FY 2025-26	FY 2024-25	FY 2025-26	FY 2024-25
Employees	Nil	Nil	Nil	Nil
Workers	Nil	Nil	Nil	Nil

**4. Does the entity provide transition assistance programs to facilitate continued employability and the management of career endings resulting from retirement or termination of employment? (Yes/ No)**

Yes, professional services may be continued beyond superannuation or retirement based on business requirements and the individual’s medical fitness, facilitating continuity of expertise and knowledge within the organization.

**5. Details on assessment of value chain partners:**

	% of value chain partners (by value of business done with such partners) that were assessed
Health & Safety Practices	Nil
Working Conditions	Nil

**6. Provide details of any corrective actions taken or underway to address significant risks / concerns arising from assessments of health and safety practices and working conditions of value chain partners.**

Not Applicable.

**PRINCIPLE 4: Businesses should respect the interests of and be responsive to all its stakeholders.**

**Essential Indicators**

**1. Describe the processes for identifying key stakeholder groups of the entity.**

Identifying key stakeholder groups of the Company involves recognising the individual groups or organisations that are either directly impacted by or have an influence on the Company’s operations. The process typically begins by categorising stakeholders into primary groups - such as Patients and their Families, Healthcare Professionals, Employees and Suppliers - based on their direct engagement with the Company. Other stakeholders, including Government Agencies, Regulatory Bodies, Industry Associations, and Communities, are also considered due to their indirect influence. The next step is to assess each group’s needs, concerns and level of interest through consultations and analysis.

This process ensures that all relevant stakeholders are identified and effectively managed to align with the Company’s objectives.

**2. List stakeholder groups identified as key for your entity and the frequency of engagement with each stakeholder group.**

Stakeholder Group	Whether identified as Vulnerable & Marginalised Group (Yes/No)	Channels of communication (Email, SMS, Newspaper, Pamphlets, Advertisement, Community Meetings, Notice Board, Website), Other	Frequency of engagement (Annually/Half yearly/ Quarterly/Others - please specify)	Purpose and scope of engagement including key topics and concerns raised during such engagement
Patients/ Customers	No	Other- <ul style="list-style-type: none"> <li>Digital communication channels</li> <li>Patient interaction mechanisms</li> <li>Awareness and outreach programmes</li> <li>Helpline and support desks</li> <li>Management hospital rounds</li> </ul>	Other-Throughout the year and on receipt of complaint/ feedback	<ul style="list-style-type: none"> <li>The purpose is to keep patients informed about their healthcare needs and address their concerns.</li> <li>Patients are educated on alternative treatment methods, as well as the risks and benefits of recommended procedures, medication management, newly onboarded doctors, and appropriate dietary plans.</li> </ul>
Healthcare Professionals  (Doctors, Nurses, Other Employees, Consultants, etc.)	No	Other- <ul style="list-style-type: none"> <li>E-mail, SMS, Website, Intranet, Meetings</li> <li>Trainings</li> <li>Employee experience surveys</li> <li>One-to-one Physician and HOD interactions</li> </ul>	Other-Throughout the year	<ul style="list-style-type: none"> <li>To provide ongoing education and training on the latest procedures and technologies.</li> <li>To share updates on the Company's policies and procedures.</li> <li>To sensitise and inform staff about quality standards and service excellence.</li> <li>To support career development and growth opportunities.</li> <li>To create a workplace environment that prioritises employee safety, inclusivity, and empowerment, through initiatives such as compensation benchmarking and performance feedback mechanisms..</li> </ul>
Suppliers/ Vendors/ Contractors	No	Other- <ul style="list-style-type: none"> <li>Email communication</li> <li>Telephonic interactions</li> <li>Quarterly meetings</li> </ul>	Other-Throughout the year	<ul style="list-style-type: none"> <li>To ensure quality assurance in the supply chain and address procurement-related issues.</li> <li>To mitigate Environmental and Social risks within the supply chain.</li> <li>To manage routine procurement activities, including order placement, supply planning, inventory management, and handling queries or escalations.</li> </ul>
Shareholders & Investors	No	Other- <ul style="list-style-type: none"> <li>Stock exchange filings</li> <li>Email communications</li> <li>General meetings</li> <li>Company's website</li> <li>Earning Calls</li> <li>Annual report</li> </ul>	Annually, half yearly, quarterly, and ongoing (depending on nature of the communication)	<ul style="list-style-type: none"> <li>To keep shareholders updated on statutory requirements.</li> <li>To update stakeholders on the operational and financial performance of the Company through quarterly earning calls.</li> <li>To address queries and concerns of shareholders and investors.</li> </ul>
Government/ Regulatory Authorities	No	Other- <ul style="list-style-type: none"> <li>Emails</li> <li>Newspaper</li> <li>Regulatory reporting practices</li> </ul>	Other-As and when required	<ul style="list-style-type: none"> <li>To ensure statutory compliance, understand policies across areas, and obtain support from authorities for issue resolution.</li> </ul>

Stakeholder Group	Whether identified as Vulnerable & Marginalised Group (Yes/No)	Channels of communication (Email, SMS, Newspaper, Pamphlets, Advertisement, Community Meetings, Notice Board, Website), Other	Frequency of engagement (Annually/Half yearly/ Quarterly/Others - please specify)	Purpose and scope of engagement including key topics and concerns raised during such engagement
Community	No	Other- <ul style="list-style-type: none"> <li>• Advertisements</li> <li>• Social media platforms</li> <li>• Print media outreach</li> <li>• Community activities</li> </ul>	Other-Throughout the year	<ul style="list-style-type: none"> <li>• To support communities through CSR and outreach programmes.</li> <li>• To address community grievances.</li> <li>• To promote health awareness and enhance brand visibility through camps, as well as social and print media.</li> </ul>
Industry Associations	No	Other- <ul style="list-style-type: none"> <li>• Notice board communication</li> <li>• Email communication</li> <li>• Industry forums and meets</li> </ul>	Other-Throughout the year	<ul style="list-style-type: none"> <li>• To build collaborative partnerships for community development and awareness.</li> </ul>
Media	No	Other- <ul style="list-style-type: none"> <li>• Press releases</li> <li>• Panel discussions</li> </ul>	Other-Throughout the year	<ul style="list-style-type: none"> <li>• To share updates on good practices, awards, achievements, and new initiatives undertaken by the Company.</li> </ul>

### Leadership Indicators

**1. Provide the processes for consultation between stakeholders and the Board on economic, environmental, and social topics or if consultation is delegated, how is feedback from such consultations provided to the Board.**

Artemis has a formal stakeholder engagement framework through which the Management engages continuously with key stakeholder groups including investors, employees, patients, and suppliers. Investor engagement is conducted through structured financial and ESG disclosures. Employee feedback is gathered via internal surveys and grievance mechanisms. Patient inputs are collected through satisfaction surveys and complaint redressal processes. Suppliers are engaged through vendor assessments and procurement reviews.

Since day-to-day consultation is delegated to relevant functional teams, feedback is consolidated by designated committees including the Quality, Safety, CSR, and HR Committees, based on the nature of the concern. Material issues and critical stakeholder concerns identified by these committees are escalated to the Board of Directors through periodic committee reports and management reviews. The Board of Directors considers this feedback while reviewing ESG performance, risk posture, and strategic priorities, ensuring decisions remain aligned with stakeholder expectations.

**2. Whether stakeholder consultation is used to support the identification and management of environmental, and social topics (Yes / No). If so, provide details of instances as to how the inputs received from stakeholders on these topics were incorporated into policies and activities of the entity.**

Yes, the stakeholder consultation is actively used to identify and manage environmental and social topics at Artemis. Inputs received through engagement processes are reviewed by relevant committees and translated into policies and operational practices. Some key instances are outlined below:

- **Patient Feedback:** Inputs received from patients on hygiene, infection control, and waste management have been incorporated into the continuous improvement of housekeeping protocols and biomedical waste management processes across clinical areas.
- **Employee Inputs:** Feedback from healthcare staff on occupational health risks and chemical exposure led to the strengthening of the Hospital Hazmat Programme, including enhanced PPE protocols and more frequent hazmat mock drills.
- **Supplier Engagement:** Inputs from vendor assessments highlighted gaps in hazardous waste packaging practices, which prompted the introduction of stricter supplier compliance requirements and periodic audits of authorised collectors.
- **Government and Regulatory Stakeholders:** Feedback from stakeholders played a significant role in the adoption of the Tuberculosis Elimination Programme, which aligns with national health priorities. This initiative was implemented as a CSR project under the advisement of the Ministry of Health and Family Welfare, a key regulatory stakeholder of Artemis.

Additionally, following an assessment conducted in the Gurugram region, the Central Ground Water Authority (CGWA) raised concerns regarding the depletion of groundwater levels. In response, Artemis launched 'BOONDH,' a CSR initiative focused on restoring groundwater through rainwater harvesting, directly reflecting the organisation's commitment to acting on regulatory and environmental feedback.

- **Community Interactions:** Feedback gathered through CSR programmes reinforced the need for targeted health awareness initiatives in surrounding communities, which have since been incorporated into Artemis's annual CSR plan.

These instances demonstrate that stakeholder consultation is not limited to information gathering but is directly linked to policy refinement, operational improvement, and the design of community-focused initiatives.

**3. Provide details of instances of engagement with, and actions taken to, address the concerns of vulnerable/ marginalized stakeholder groups.**

Artemis is committed to ensuring quality healthcare is accessible to all, with CSR initiatives specifically designed to support disadvantaged and marginalised segments of society. Key instances are outlined below:

- **Economically Weaker Patients:** Feedback from lower-income patients on affordability has informed the design of financial assistance schemes and empanelment with government programmes such as Ayushman Bharat.
- **Tuberculosis Elimination Programme:** A CSR initiative addressing tuberculosis has been implemented, encompassing beneficiary education, nutritional support for economically weaker sections, medication adherence support, and establishment of a community task force for long-term programme success.
- **Contractual and Frontline Workers:** Engagement with on-site contractual staff led to the extension of hazmat training, PPE provisioning, and grievance redressal mechanisms to all contractual workers.
- **Elderly Patients and Persons with Disabilities:** Accessibility feedback from patients and caregivers has resulted in infrastructure improvements including dedicated assistance desks, wheelchair access enhancements, and priority queuing systems.
- **Marginalised Communities:** Through health camps and community outreach programmes, Artemis addresses preventive healthcare access and health literacy among underserved populations in its vicinity.

These engagements are documented and reviewed periodically to ensure stakeholder concerns are reflected in Artemis's operations and social responsibility agenda.

**PRINCIPLE 5: Businesses should respect and promote human rights**

**Essential Indicators**

**1. Employees and workers who have been provided training on human rights issues and policy(ies) of the entity, in the following format:**

Category	FY 2025-26			FY 2024-25		
	Total (A)	No. of employees/ workers covered (B)	% (B/A)	Total (A)	No. of employees/ workers covered (B)	% (B/A)
<b>Employees</b>						
Permanent	397	390	98.24%	369	355	96.21%
Other than permanent	2	2	100%	2	2	100%
<b>Total Employees</b>	<b>399</b>	<b>392</b>	<b>98.25%</b>	<b>371</b>	<b>357</b>	<b>96.23%</b>
<b>Workers</b>						
Permanent	1658	1629	98.25%	1708	1702	99.65%
Other than permanent	19	19	100%	20	16	80.00%
<b>Total Workers</b>	<b>1,677</b>	<b>1,648</b>	<b>98.27%</b>	<b>1,728</b>	<b>1,718</b>	<b>99.42%</b>

**2. Details of minimum wages paid to employees and workers, in the following format:**

Category	FY 2025-26					FY 2024-25				
	Total (A)	Equal to Minimum Wage		More than Minimum Wage		Total (D)	Equal to Minimum Wage		More than Minimum Wage	
		No. (B)	% (B/A)	No. (C)	% (C/A)		No. (E)	% (E/D)	No. (F)	% (F/D)
<b>EMPLOYEES</b>										
<b>Permanent</b>	<b>397</b>	-	-	<b>397</b>	<b>100%</b>	<b>369</b>	-	-	<b>369</b>	<b>100%</b>
Male	289	-	-	289	100%	279	-	-	279	100%
Female	108	-	-	108	100%	90	-	-	90	100%
<b>Other than Permanent</b>	<b>2</b>	-	-	<b>2</b>	<b>100%</b>	<b>2</b>	-	-	<b>2</b>	<b>100%</b>
Male	2	-	-	2	100%	2	-	-	2	100%
Female	-	-	-	-	-	-	-	-	-	-
<b>WORKERS</b>										
<b>Permanent</b>	<b>1,658</b>	-	-	<b>1,658</b>	<b>100%</b>	<b>1,708</b>	-	-	<b>1,708</b>	<b>100%</b>
Male	735	-	-	735	100%	741	-	-	741	100%
Female	923	-	-	923	100%	967	-	-	967	100%
<b>Other than Permanent</b>	<b>19</b>	-	-	<b>19</b>	<b>100%</b>	<b>20</b>	-	-	<b>20</b>	<b>100%</b>
Male	11	-	-	11	100%	13	-	-	13	100%
Female	8	-	-	8	100%	7	-	-	7	100%

**3. Details of remuneration/salary/wages**

**a. Median remuneration / wages:**

	Male		Female	
	Number	Median remuneration/ salary/ wages of respective category	Number	Median remuneration/ salary/ wages of respective category
Board of Directors (BoD)	Nil	Nil	1	Rs. 5,268.59 Lacs <sup>#</sup>
Key Managerial Personnel	1	Rs. 113.74 Lacs	1	Rs. 69.61 Lacs
Employees other than BoD and KMP	290	Rs. 11.32 Lacs	106	Rs. 10.12 Lacs
Workers	746	Rs.4.41 Lacs	931	Rs. 3.84 Lacs

<sup>#</sup> Remuneration paid to Dr. Devlina Chakravarty includes ESOP Perquisite of Rs. 4,437.29 Lacs

**b. Gross wages paid to females as % of total wages paid by the entity, in the following format:**

	FY 2025-26	FY 2024-25
Gross wages paid to females as % of total wages	41.64%	40.82%

**4. Do you have a focal point (Individual/ Committee) responsible for addressing human rights impacts or issues caused or contributed to by the business? (Yes/No)**

Yes, Artemis has instituted a clearly defined accountability structure for the identification, assessment, and remediation of human rights impacts caused or contributed to by its business operations. The Company's Chief People Officer (CPO) serves as the designated focal point and senior accountable authority for overseeing human rights due diligence, stakeholder grievance intake, and corrective action across the organisation.

Complaints and disclosures pertaining to human rights violations including but not limited to discrimination, harassment, forced labour, and workplace dignity concerns are channelled through a structured grievance redressal mechanism underpinned by the following policy instruments:

- Employee Disciplinary Action Policy
- Anti-Sexual Harassment Policy (aligned with the POSH Act, 2013)
- Employee Grievance Redressal Policy

Remedial action is instituted in accordance with the findings and recommendations of the respective Internal Committees, ensuring procedural fairness, confidentiality, and non-retaliation for all complainants.

**5. Describe the internal mechanisms in place to redress grievances related to human rights issues.**

The Company has established a robust policy framework to address human rights concerns across its operations. Key instruments include the Employee Disciplinary Action Policy, Employee Grievance Redressal Policy, and Anti-Sexual Harassment Policy which collectively govern the prevention, reporting, and redressal of human rights violations in the workplace. Written complaints received from aggrieved individuals are processed and remediated in accordance with the prescribed procedures and timelines stipulated under these policies, with action instituted as per the recommendations of the relevant Internal Committees.

**6. Number of Complaints on the following made by employees and workers:**

	FY 2025-26			FY 2024-25		
	Filed during the year	Pending resolution at the end of year	Remarks	Filed during the year	Pending resolution at the end of year	Remarks
Sexual Harassment	Nil	Nil	-	Nil	Nil	-
Discrimination at workplace	Nil	Nil	-	Nil	Nil	-
Child Labour	Nil	Nil	-	Nil	Nil	-
Forced Labour/ Involuntary Labour	Nil	Nil	-	Nil	Nil	-
Wages	Nil	Nil	-	Nil	Nil	-
Other human rights related issues	Nil	Nil	-	Nil	Nil	-

**7. Complaints filed under the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013, in the following format:**

	FY 2025-26	FY 2024-25
Total Complaints reported under Sexual Harassment on of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 (POSH)	Nil	Nil
Complaints on POSH as a % of female employees/ workers	Nil	Nil
Complaints on POSH upheld	Nil	Nil

**8. Mechanisms to prevent adverse consequences to the complainant in discrimination and harassment cases.**

The Company has established safeguards under its Employee Grievance Policy to protect employees who raise concerns in good faith from any form of discrimination, retaliation, or adverse action, particularly when the employee discloses their identity as part of the grievance process. The Company maintains a zero-tolerance approach toward retaliation and does not permit any actions that may negatively impact employees for reporting concerns in good faith.

Allegations related to sexual harassment are handled with the highest degree of sensitivity and confidentiality, in strict compliance with the provisions of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013.

**9. Do human rights requirements form part of your business agreements and contracts? (Yes/No)**

Yes, the Company places strong emphasis on compliance with human rights principles and incorporates key human rights elements into its business agreements and contracts. These provisions specifically address areas such as social security benefits, prohibition of child labour, prevention of sexual harassment (POSH), and related labour standards. The Company also obtains formal undertakings from its vendors confirming that they do not engage in child labour or bonded labour.

**10. Assessments for the year:**

	% of your plants and offices that were assessed (by entity or statutory authorities or third parties)
Child labour	100%
Forced/involuntary labour	100%
Sexual harassment	100%
Discrimination at workplace	100%
Wages	100%
Others – please specify	Nil

**11. Provide details of any corrective actions taken or underway to address significant risks / concerns arising from the assessments at Question 10 above.**

There were no significant risks/concerns arising from the assessment.

### Leadership Indicators

**1. Details of a business process being modified / introduced as a result of addressing human rights grievances/complaints.**

Although the organisation undertakes periodic reviews of its business processes to ensure that they are in line with human rights and industry best practices, no processes have been modified or introduced as result of addressing human rights grievances/ complaints.

**2. Details of the scope and coverage of any Human rights due diligence conducted.**

The organisation conducts Internal assessments in this regard on periodical basis.

**3. Is the premise/office of the entity accessible to differently abled visitors, as per the requirements of the Rights of Persons with Disabilities Act, 2016?**

Yes, the premises and offices of Artemis are designed to be accessible to persons with disabilities in accordance with the requirements of the Rights of Persons with Disabilities Act, 2016. The facilities are equipped with wheelchairs and wheelchair friendly elevators, which are accessible directly from the parking area, ensuring ease of access for differently abled visitors.

**4. Details on assessment of value chain partners:**

	<b>% of value chain partners (by value of business done with such partners) that were assessed</b>
Sexual Harassment	No formal assessments of value chain partners have been conducted during the current reporting period. However, Artemis is committed to extending its human rights due diligence across its value chain, and relevant compliance clauses are being incorporated into value chain partner engagements, with formal assessments scheduled to commence in the forthcoming financial year.
Discrimination at workplace	
Child Labour*	
Forced Labour/Involuntary Labour	
Wages	
Others – please specify	

\* The Company requires its value chain partners to provide an undertaking stating that they do not employ child labour.

**5. Provide details of any corrective actions taken or underway to address significant risks / concerns arising from the assessments at Question 4 above.**

No such assessments have been done hence this question is not applicable.

**PRINCIPLE 6: Businesses should respect and make efforts to protect and restore the environment.**

### Essential Indicators

**1. Details of total energy consumption (in Gigajoules) and energy intensity, in the following format:**

Parameter	FY 2025-26	FY 2024-25
<b>From renewable sources</b>		
Total electricity consumption (A)	696	406
Total fuel consumption (B)	Nil	Nil
Energy consumption through other sources (C)	Nil	Nil
<b>Total energy consumed from renewable sources (A+B+C)</b>	<b>696</b>	<b>406</b>
<b>From non-renewable sources</b>		
Total electricity consumption (D)	62,309	57,306
Total fuel consumption (E)	7,731	10,937
Energy consumption through other sources (F)	Nil	Nil
<b>Total energy consumed from non-renewable sources (D+E+F)</b>	<b>70,040</b>	<b>68,243</b>
<b>Total energy consumed (A+B+C+D+E+F)</b>	<b>70,736</b>	<b>68,649</b>
<b>Energy intensity per lacs rupee of turnover</b> (Total energy consumption/ revenue from operations)	<b>0.667</b>	<b>0.752</b>
<b>Energy intensity per lacs rupee turnover adjusted for Purchasing Power Parity (PPP)</b> (Total energy consumption/ revenue from operations adjusted for PPP)*	<b>13.567</b>	<b>15.529</b>
<b>Energy intensity in terms of physical output</b> (Total energy consumption/ Full time equivalent) <sup>®</sup>	<b>35.71</b>	<b>35.90</b>
<b>Energy intensity per m<sup>2</sup> floor space</b>	<b>1.03</b>	<b>0.97</b>

\*The revenue from operations has been adjusted for PPP based on the latest PPP conversion factor published for the year 2025-26 for India by The International Monetary Fund (IMF) which is 20.34 (previous year conversion rate 20.66).

<sup>®</sup> as per the Industry Standards Note on Business Responsibility and Sustainability Report (BRSR) Core issued by SEBI vide circular SEBI/HO/CFD/CFD-PoD-1/P/ CIR/2024/177 dated December 20, 2024, intensity in terms of physical output is being measured based on Full Time Equivalent.

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency.

Electricity consumption is monitored through metering systems managed by Dakshin Haryana Bijli Vitran Nigam (DHBVN). During FY 2025-26, M/s Singh ISOtech Pvt. Ltd. conducted a comprehensive energy, electrical safety, and thermography audit of the utility systems. Based on the audit findings, the Company has initiated measures to improve energy efficiency and optimize utility performance. These efforts support the Company's commitment to energy conservation, operational excellence, and sustainable resource management.

**2. Does the entity have any sites / facilities identified as designated consumers (DCs) under the Performance, Achieve and Trade (PAT) Scheme of the Government of India? (Y/N) If yes, disclose whether targets set under the PAT scheme have been achieved. In case targets have not been achieved, provide the remedial action taken, if any.**

No. As of FY 2025-26, none of Artemis's facilities have been designated as Designated Consumers (DCs) under the Performance, Achieve and Trade (PAT) Scheme of the Government of India.

**3. Provide details of the following disclosures related to water, in the following format:**

Parameter	FY 2025-26	FY 2024-25
<b>Water withdrawal by source (in kilolitres)</b>		
(i) Surface water	Nil	Nil
(ii) Groundwater	26,977	27,003
(iii) Third party water	91,858	1,19,005
(iv) Seawater / desalinated water	Nil	Nil
(v) Others	Nil	Nil
<b>Total volume of water withdrawal (in kilolitres) (i + ii + iii + iv + v)</b>	<b>1,18,835</b>	<b>1,46,008</b>
<b>Total volume of water consumption (in kilolitres)</b>	<b>92,145</b>	<b>1,17,461</b>
<b>Water intensity per lacs rupee of turnover (Total water consumption / revenue from operations)</b>	<b>0.87</b>	<b>1.286</b>
<b>Water intensity per lacs rupee of turnover adjusted for Purchasing Power Parity (PPP) (Total water consumption / revenue from operations adjusted for PPP) *</b>	<b>17.67</b>	<b>26.57</b>
<b>Water intensity in terms of physical output (Total water consumption/ Full time equivalent) ®</b>	<b>46.51</b>	<b>61.43</b>
<b>Water intensity per m<sup>2</sup> floor space</b>	<b>1.34</b>	<b>1.66</b>

\*The revenue from operations has been adjusted for PPP based on the latest PPP conversion factor published for the year 2025-26 for India by The International Monetary Fund (IMF) which is 20.34 (previous year conversion rate 20.66).

® as per the Industry Standards Note on Business Responsibility and Sustainability Report (BRSR) Core issued by SEBI vide circular SEBI/HO/CFD/CFD-PoD-1/P/ CIR/2024/177 dated December 20, 2024, intensity in terms of physical output is being measured based on Full Time Equivalent.

Note: Indicate if any independent assessment/ evaluation/ assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency.

No independent assessment/ evaluation/ assurance has been carried out by an external agency in FY 2025-26.

**4. Provide the following details related to water discharged:**

Parameter	FY 2025-26	FY 2024-25
<b>Water discharge by destination and level of treatment (in kilolitres)</b>		
(i) To Surface water		
- No treatment	Nil	Nil
- With treatment – please specify level of treatment	Nil	Nil
(ii) To Groundwater		
- No treatment	Nil	Nil
- With treatment – please specify level of treatment	Nil	Nil
(iii) To Seawater		
- No treatment	Nil	Nil
- With treatment – please specify level of treatment	Nil	Nil
(iv) Sent to third-parties		
- No treatment	Nil	Nil
- With treatment – please specify level of treatment	26,689 Tertiary treatment	28,546 Tertiary treatment
(v) Others		
- No treatment	Nil	Nil
- With treatment – please specify level of treatment	Nil	Nil
<b>Total water discharged (in kilolitres)</b>	<b>26,689</b>	<b>28,546</b>

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency.

No independent assessment/ evaluation/ assurance has been carried out by an external agency in FY 2025-26.

**5. Has the entity implemented a mechanism for Zero Liquid Discharge? If yes, provide details of its coverage and implementation.**

No, the entity has not implemented a mechanism for Zero Liquid Discharge.

**6. Please provide details of air emissions (other than GHG emissions) by the entity, in the following format:**

Parameter	Please specify unit	FY 2025-26	FY 2024-25
NO <sub>x</sub>	Metric tonnes	0.24	0.53
SO <sub>x</sub>	Metric tonnes	0.23	0.80
Particulate matter (PM)	Metric tonnes	0.05	0.12
Persistent organic pollutants (POP)	NA	-	-
Volatile organic compounds (VOC)	NA	-	-
Hazardous air pollutants (HAP)	NA	-	-
Others – please specify	NA	-	-

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency.

No independent assessment/ evaluation/ assurance has been carried out by an external agency in FY 2025-26.

**7. Provide details of greenhouse gas emissions (Scope 1 and Scope 2 emissions) & its intensity, in the following format:**

Parameter	Unit	FY 2025-26	FY 2024-25
<b>Total Scope 1 emissions</b> (Break-up of the GHG into CO <sub>2</sub> , CH <sub>4</sub> , N <sub>2</sub> O, HFCs, PFCs, SF <sub>6</sub> , NF <sub>3</sub> , if available)	Metric tonnes of CO <sub>2</sub> equivalent	2,680.99	3,977.93
<b>Total Scope 2 emissions</b> (Break-up of the GHG into CO <sub>2</sub> , CH <sub>4</sub> , N <sub>2</sub> O, HFCs, PFCs, SF <sub>6</sub> , NF <sub>3</sub> , if available)*	Metric tonnes of CO <sub>2</sub> equivalent	12,288.81	11,572.80
<b>Total Scope 1 and Scope 2 emission intensity per lacs rupee of turnover</b> (Total Scope 1 and Scope 2 GHG emissions / Revenue from operations)	Metric tonnes of CO <sub>2</sub> equivalent per lacs rupee	<b>0.141</b>	<b>0.170</b>
<b>Total Scope 1 and Scope 2 emission intensity per lacs rupee of turnover adjusted for Purchasing Power Parity (PPP)</b> (Total Scope 1 and Scope 2 GHG emissions / Revenue from operations adjusted for PPP) #	Metric tonnes of CO <sub>2</sub> equivalent per lacs rupee	<b>2.87</b>	<b>3.52</b>
<b>Total Scope 1 and Scope 2 emission intensity in terms of physical output</b> (Total Scope 1 and Scope 2 GHG emissions/ Full time equivalent) @	Metric tonnes of CO <sub>2</sub> equivalent per full time equivalent	<b>7.56</b>	<b>8.13</b>
<b>Total Scope 1 and Scope 2 emission intensity per m<sup>2</sup> floor space</b>	Metric tonnes of CO <sub>2</sub> equivalent per m <sup>2</sup>	<b>0.22</b>	<b>0.22</b>

\*For FY 2025-26, Scope 2 GHG emissions were calculated using emission factors provided by the Central Electricity Authority's CO<sub>2</sub> Baseline Database (Version 21). For Scope 1 emissions, the calculation was carried out with reference to the 2006 IPCC Guidelines for National Greenhouse Gas Inventories.

#The revenue from operations has been adjusted for PPP based on the latest PPP conversion factor published for the year 2025-26 for India by The International Monetary Fund (IMF) which is 20.34 (previous year conversion rate 20.66).

@ as per the Industry Standards Note on Business Responsibility and Sustainability Report (BRSR) Core issued by SEBI vide circular SEBI/HO/CFD/CFD-PoD-1/P/ CIR/2024/177 dated December 20, 2024, intensity in terms of physical output is being measured based on Full Time Equivalent.

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency.

No independent assessment/ evaluation/ assurance has been carried out by an external agency in FY 2025-26.

**8. Does the entity have any project related to reducing Green House Gas emission? If Yes, then provide details.**

To reduce greenhouse gas emissions, the Company has taken the following measures:

- Utilisation roof top solar power plants of 150KW and 60KW at Artemis Sector 51 and Sector 82, respectively.
- Utilisation of heat pumps of 100W and 110W for plumbing and HVAC systems, respectively.
- LPG in the kitchen has been replaced with PNG making it green.
- E-Fan installation in cooling tower and replacement of old chiller with high energy efficient one.

9. Provide details related to waste management by the entity, in the following format:

Parameter	FY 2025-26	FY 2024-25
<b>Total Waste generated (in metric tonnes)</b>		
Plastic waste (A)	1.00	1.14
E-waste (B)	0.132	2.25
Bio-medical waste (C)	265.20	258.64
Construction and demolition waste (D)	NIL	Nil
Battery waste (E)	7.61	4.49
Radioactive waste (F)	0.000004	0.000004
Other Hazardous waste. Please specify, if any (G) Waste lube oil	0.77	0.91
Other Non-hazardous waste generated (H) Please specify, if any. (Break-up by composition i.e. by materials relevant to the sector)	NIL	Nil
<b>Total (A+B + C + D + E + F + G + H)</b>	<b>274.71</b>	<b>267.43</b>
<b>Waste intensity per lacs rupee of turnover (Total waste generated / Revenue from operations)</b>	<b>0.0026</b>	<b>0.0029</b>
<b>Waste intensity per lacs rupee of turnover adjusted for Purchasing Power Parity (PPP)</b> (Total waste generated / Revenue from operations adjusted for PPP) <sup>#</sup>	<b>0.053</b>	<b>0.060</b>
<b>Waste intensity in terms of physical output<sup>@</sup> (Total waste generated/ Full time equivalent)</b>	<b>0.14</b>	<b>0.14</b>
<b>Waste intensity per m<sup>2</sup> floor space</b>	<b>0.0040</b>	<b>0.0038</b>
<b>For each category of waste generated, total waste recovered through recycling, re-using or other recovery operations (in metric tonnes)</b>		
<b>Category of waste</b>		
(i) Recycled	Nil	Nil
(ii) Re-used	Nil	Nil
(iii) Other recovery operations	7.61	1.29
<b>Total</b>	<b>7.61</b>	<b>1.29</b>
<b>For each category of waste generated, total waste disposed by nature of disposal method (in metric tonnes)</b>		
<b>Category of waste*</b>		
(i) Incineration	94.20	93.01
(ii) Landfilling	4.13	3.83
(iii) Other disposal operations	168.77	169.30
<b>Total</b>	<b>267.10</b>	<b>266.14</b>

<sup>#</sup>The revenue from operations has been adjusted for PPP based on the latest PPP conversion factor published for the year 2025-26 for India by The International Monetary Fund (IMF) which is 20.34 (previous year conversion rate 20.66).

<sup>@</sup> as per the Industry Standards Note on Business Responsibility and Sustainability Report (BRSR) Core issued by SEBI vide circular SEBI/HO/CFD/CFD-PoD-1/P/CIR/2024/177 dated December 20, 2024, intensity in terms of physical output is being measured based on Full Time Equivalent.

\* The Company engages an authorized vendor for waste disposal. The vendor provides the segregated waste data as indicated. AMSL does not perform waste incineration or landfilling operations.

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency

No independent assessment/ evaluation/ assurance has been carried out by an external agency in FY 2025-26.

10. Briefly describe the waste management practices adopted in your establishments. Describe the strategy adopted by your company to reduce usage of hazardous and toxic chemicals in your products and processes and the practices adopted to manage such wastes.

At Artemis, all waste is segregated in accordance with the guidelines established by the Haryana State Pollution Control Board (HSPCB). Bio-medical waste, e-waste, battery waste, and hazardous waste are disposed of through government-approved authorised collectors in compliance with these guidelines. Documented policies are in place for each waste category and are adhered to strictly. Authorisation certificates of all collector entities are maintained in our records.

Our team conducts quarterly visits to the bio-medical waste centre to verify that disposal processes and prescribed safety measures are being followed, and a report of each visit is prepared and retained for records. All concerned departments are advised to maintain chemical and hazmat stocks in line with their daily consumption requirements and are required not to exceed defined storage limits. These departments are mandated to comply with the Hospital Hazmat Programme.

The Quality Department conducts periodic audits of hazmat handling and storage processes. Spill kit audits are carried out every month by the Housekeeping Department, and eye wash station audits are conducted monthly by the General Engineering team. Hazmat mock drills are organised on a routine basis to ensure staff preparedness. An annual Risk Assessment is conducted on hazmat materials and waste, and the findings are presented to Top Management at the Safety Committee meeting.

Artemis has a robust framework in place to progressively reduce the use of hazardous and toxic chemicals across products and processes, with the aim of protecting the health of patients and staff, safeguarding the environment, and ensuring regulatory compliance. The key measures adopted by the hospital are outlined below:

- **Approved Chemicals:** All chemicals used within the hospital are approved by the Hospital Infection Control Committee prior to use.
- **Chemical Inventory Management:** A detailed inventory of all chemicals in use is maintained. Wherever feasible, toxic chemicals are replaced with safer substitutes.
- **Hazardous Waste Disposal:** Stringent protocols are implemented for the safe disposal of hazardous and toxic chemicals, including segregation of all waste streams in accordance with HSPCB guidelines. Bio-medical waste, e-waste, battery waste, and hazardous waste are channelled through government-approved authorised collectors.
- **Licensed Waste Management Partners:** All hazardous pharmaceutical and chemical waste is handled exclusively by certified waste disposal companies. Authorisation certificates are maintained on record, and quarterly visits to the bio-medical waste centre are conducted to verify compliance with disposal and safety protocols.
- **Minimisation of Chemical Use:** All departments handling hazardous materials are required to ensure that excess quantities of chemicals are neither stored nor used on-site. Stock levels are maintained strictly in proportion to daily operational requirements.
- **Labelling and Storage:** All chemicals are appropriately labelled and stored in accordance with their specific handling requirements. A dedicated Hazmat store is maintained to reduce the risk of spills, accidents, and contamination.
- **Staff Training:** All personnel involved in the handling of hazardous chemicals receive ongoing training on safe handling, storage, and transportation practices to minimise the risk of accidents and spills.
- **Non-Toxic Sterilising Agents:** The hospital avoids the use of toxic disinfectants such as formaldehyde or glutaraldehyde and employs safer alternatives, including hydrogen peroxide vapour and peracetic acid.
- **PPE Usage and Compliance:** Healthcare workers handling chemicals are equipped with appropriate personal protective equipment, including gloves, goggles, respirators, and protective clothing. Staff are regularly trained on correct PPE usage, and compliance is actively monitored, particularly in areas where the use of hazardous chemicals cannot be avoided.
- **Hazmat Policy:** A comprehensive, hospital-wide Hazmat Policy is in place, outlining the appropriate use of chemicals. All concerned departments are required to comply with the Hospital Hazmat Programme.
- **Regular Audits:** Periodic audits are conducted to identify opportunities for reducing or eliminating the use of hazardous chemicals, encompassing a review of chemical types, quantities, and associated risks.
- **Stakeholder Engagement:** Key stakeholders are actively engaged in discussions around reducing chemical usage and evaluating safer alternatives.

**11. If the entity has operations/offices in/around ecologically sensitive areas (such as national parks, wildlife sanctuaries, biosphere reserves, wetlands, biodiversity hotspots, forests, coastal regulation zones etc.) where environmental approvals / clearances are required, please specify details in the following format:**

S. No.	Location of operations/ offices	Type of operations	Whether the conditions of environmental approval / clearance are being complied with? (Y/N). If no, the reasons thereof and corrective action taken, if any.
The entity does not have operations/ offices in/ around ecologically sensitive areas.			

**12. Details of environmental impact assessments of projects undertaken by the entity based on applicable laws, in the current financial year.**

Name and brief details of project	EIA Notification No.	Date	Whether conducted by independent external agency (Yes/No)	Results communicated in public domain (Yes/No)	Relevant Web-link
No projects requiring environmental impact assessments were undertaken by the entity in the current financial year, hence this question is not applicable.					

13. Is the entity compliant with the applicable environmental law/ regulations/ guidelines in India, such as the Water (Prevention and Control of Pollution) Act, Air (Prevention and Control of Pollution) Act, Environment protection Act and rules thereunder (Y/N). If not, provide details of all such non-compliances, in the following format

S. No.	Specify the law/regulation/ guidelines which was not complied with	Provide details of the non-compliance	Any fines/penalties/action taken by regulatory agencies such as pollution control boards or by courts	Corrective action taken, if any
The Company is compliant with all applicable environmental laws/ regulations/ guidelines in India.				

### Leadership Indicators

1. **Water withdrawal, consumption and discharge in areas of water stress (in kilolitres):**

For each facility / plant located in areas of water stress, provide the following information:

- i. Name of the area: Not applicable
- ii. Nature of operations: Not applicable
- iii. Water withdrawal, consumption, and discharge in the following format: Not applicable, the entity does not have facilities/ plants in areas of water stress.

2. **Please provide details of total Scope 3 emissions & its intensity, in the following format:**

Scope 3 emissions were not measured in the current or previous financial year.

Parameter	Unit	FY 2025-26	FY 2024-25
<b>Total Scope 3 emissions</b> (Break-up of the GHG into CO <sub>2</sub> , CH <sub>4</sub> , N <sub>2</sub> O, HFCs, PFCs, SF <sub>6</sub> , NF <sub>3</sub> , if available)	Metric tonnes of CO <sub>2</sub> equivalent	-	-
<b>Total Scope 3 emissions per lacs rupee of turnover</b>	Metric tonnes of CO <sub>2</sub> equivalent per lacs rupee	-	-
<b>Total Scope 3 emission intensity per m<sup>2</sup> floor space</b>	Metric tonnes of CO <sub>2</sub> equivalent per m <sup>2</sup>	-	-

**Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency.**

No independent assessment/ evaluation/ assurance has been carried out by an external agency in FY 2025-26.

3. **With respect to the ecologically sensitive areas reported at Question 11 of Essential Indicators above, provide details of significant direct & indirect impact of the entity on biodiversity in such areas along-with prevention and remediation activities.**

Not applicable

4. **If the entity has undertaken any specific initiatives or used innovative technology or solutions to improve resource efficiency, or reduce impact due to emissions / effluent discharge / waste generated, please provide details of the same as well as outcome of such initiatives, as per the following format:**

S. No.	Initiative undertaken	Details of the initiative (Web-link, if any)	Outcome of the initiative
1	Rooftop Solar Panels	Rooftop solar systems with capacities of 150 kW and 60 kW have been installed at Artemis Sector 51 and Sector 82, respectively.	This initiative contributes to energy savings and reduces carbon emissions by approximately 100 tonnes of CO <sub>2</sub> e per year.
2	Retrofit Emission Control Devices (RECD) in DG sets	All diesel generator sets have been equipped with RECD systems to control emissions of NO <sub>x</sub> , SO <sub>x</sub> , and particulate matter.	This has resulted in an estimated 70% reduction in pollutants from DG operations.
3	Heat Pumps	Heat pumps with capacities of 110 kW and 100 kW have been integrated into the plumbing systems of Towers 2 and 3, and the HVAC system of Tower 2.	These installations support energy efficiency and reduce carbon emissions by approximately 60–80 tonnes of CO <sub>2</sub> e annually.

S. No.	Initiative undertaken	Details of the initiative (Web-link, if any)	Outcome of the initiative
4	LPG replaced with PNG	Liquefied Petroleum Gas (LPG) has been replaced with Piped Natural Gas (PNG) in kitchen operations.	Adopting the use of cleaner energy sources.
5	Enhanced rainwater harvesting pit	In addition to six rainwater harvesting pit one more is constructed.	contributing to improved groundwater recharge.
6	Green building certification	Artemis has obtained the Platinum Rating in Green Building Certification from IGBC.	sustainable infrastructure development.
7	Organic waste composting machine	Operation of Organic Waste Composting machine commenced.	Organic Waste Composter contributes waste management practices and promote sustainable waste disposal.
8	Chiller Replacement	Old outdated chiller is replaced with new energy efficient chiller.	This initiative contributes to energy savings and reduces carbon emissions by approximately 147 tonnes of CO <sub>2</sub> e per year.
9	Epoxy Fan in Cooling Tower	Standard cooling tower fan is replaced with epoxy fan, this reduces the load hence higher efficiency and energy efficient.	This initiative contributes to energy savings and reduces carbon emissions by approximately 31 tonnes of CO <sub>2</sub> e per year.

**5. Does the entity have a business continuity and disaster management plan? Give details in 100 words/ web link.**

Artemis has established a comprehensive Business Continuity and Disaster Management Plan, designed to be activated in the event of any disruptive occurrence. The key objectives of the plan are as follows:

- Identifying the range of potential emergencies and disaster scenarios that may arise.
- Ensuring a prompt and effective response using available resources, including disaster inventory and consumables, to support continued operations during crises, including epidemic situations.
- Preventing loss of life within the premises during natural calamities and sudden emergencies.
- Establishing a dedicated Emergency Management Team with clearly defined roles and responsibilities.
- Enabling a structured “U-shape” recovery approach and minimising risks during the post-event phase.

The plan ensures that Artemis can maintain business operations while adhering to all requisite protocols. It outlines detailed strategies to mitigate the impact of a broad range of uncertainties, encompassing natural disasters such as earthquakes, floods, and cyclones, as well as man-made incidents including terrorism, fire hazards, infection outbreaks, and gas leaks. Different categories of emergencies are classified using a colour-coded format for ease of identification and response.

To sustain organisational preparedness, the plan is regularly tested through structured drills and exercises conducted at monthly, quarterly, half-yearly, and annual intervals.

**6. Disclose any significant adverse impact to the environment, arising from the value chain of the entity. What mitigation or adaptation measures have been taken by the entity in this regard.**

No such evaluation has been conducted during the reporting period.

**7. Percentage of value chain partners (by value of business done with such partners) that were assessed for environmental impacts.**

No such evaluation has been conducted during the reporting period.

**8. How many Green Credits have been generated or procured:**

a) By the listed entity - Nil

b) By the top ten (in terms of value of purchases and sales, respectively) value chain partners - Nil

**PRINCIPLE 7: Businesses, when engaging in influencing public and regulatory policy, should do so in a manner that is responsible and transparent.**

**Essential Indicators**

**1. a. Number of affiliations with trade and industry chambers/ associations.**

The Company is affiliated with Ten (10) trade and industry chambers/ associations.

**b. List the top 10 trade and industry chambers/ associations (determined based on the total members of such body) the entity is a member of/ affiliated to-**

S. No.	Name of the trade and industry chambers/associations	Reach of trade and industry chambers/associations (State/National)
1.	The Associated Chambers of Commerce & Industry of India (ASSOCHAM)	National
2.	PHD Chamber of Commerce and Industry (PHDCCI)	National
3.	Federation of Indian Industry, Haryana (FII)	State
4.	Federation of Rajasthan Trade & Industry (FORTI)	State
5.	Gurgaon Industrial Association (GIA)	State
6.	Industrial Development Association (IDA)	State
7.	Gurgaon Chamber of Commerce & Industry (GCCl)	State
8.	Chamber of Commerce & Industry, Jammu	State
9.	Madhya Pradesh Chamber of Commerce & Industry (MPCCI)	State
10.	Progressive Federation of Trade and Industry	State

**2. Provide details of corrective action taken or underway on any issues related to anti-competitive conduct by the entity, based on adverse orders from regulatory authorities.**

Name of authority	Brief of the case	Corrective action taken
The Company has not received any adverse order from regulatory authorities related to anti-competitive conduct in the current financial year, hence this question is not applicable.		

**Leadership Indicators**

**1. Details of public policy positions advocated by the entity:**

S. No.	Public Policy Advocated	Method resorted for such advocacy	Whether information available in public domain? (Yes/No)	Frequency of Review by Board (Annually/ Half yearly/ Quarterly / Others – please specify)	Web Link, if available
The Company adheres to the guidelines issued by relevant industry associations and engages with regulatory authorities to articulate its perspectives on public policies impacting the healthcare sector. Artemis actively participates in ongoing dialogues with expert panels, industry leaders, and regulators to advocate for policies that address industry wide needs and contribute to the well-being of society at large.					

**PRINCIPLE 8: Businesses should promote inclusive growth and equitable development.**

**Essential Indicators**

**1. Details of Social Impact Assessments (SIA) of projects undertaken by the entity based on applicable laws, in the current financial year.**

Name and brief details of project	SIA Notification No.	Date of notification	Whether conducted by independent external agency (Yes / No)	Results communicated in public domain (Yes / No)	Relevant Web link
Not applicable, as no expansions/projects have been undertaken by the entity in the current financial year.					

2. Provide information on project(s) for which ongoing Rehabilitation and Resettlement (R&R) is being undertaken by your entity, in the following format:

S. No.	Name of Project for which R&R is ongoing	State	District	No. of Project Affected Families (PAFs)	% of PAFs covered by R&R	Amounts paid to PAFs in the FY (In INR)
Not Applicable						

3. Describe the mechanisms to receive and redress grievances of the community.

Artemis has established a formal policy that acknowledges its responsibility to receive, consider, and address feedback, complaints, and grievances raised by the communities with which it engages.

The policy provides community members with a structured and transparent mechanism to communicate their concerns directly to the Company. It further defines procedures to ensure grievances are addressed in an equitable, timely, and responsive manner.

Community members wishing to raise a grievance may contact the Company's Group Head – Community Outreach Programme and Marketing (COP) through email at [info@artemishospitals.com](mailto:info@artemishospitals.com) or by telephone at +91 98100 18095.

The Company is committed to fostering an environment in which community members feel respected, safe, and heard. All grievances received are treated with dignity and given prompt and due consideration to ensure fair resolution.

4. Percentage of input material (inputs to total inputs by value) sourced from suppliers:

	FY 2025-26	FY 2024-25
Directly sourced from MSMEs/ small producers	52.02%	53.17%
Directly from within India	97.94%	99.92%

5. Job creation in smaller towns – Disclose wages paid to persons employed (including employees or workers employed on a permanent or non-permanent/ on-contract basis) in the following locations, as % of total wage cost:

Location	FY 2025-26	FY 2024-25
Rural	Nil	Nil
Semi-urban	Nil	Nil
Urban	94.73%	94.77%
Metropolitan	5.27%	5.23%

(Place to be categorized as per RBI Classification System – rural / semi-urban / urban / metropolitan)

### Leadership Indicators

1. Provide details of actions taken to mitigate any negative social impacts identified in the Social Impact Assessments (Reference: Question 1 of Essential Indicators above)

Details of negative social impact identified	Corrective action taken
Not applicable, as Question 1 of Essential Indicators is not applicable.	

2. Provide the following information on CSR projects undertaken by your entity in designated aspirational districts as identified by government bodies

S. No.	State	Aspirational District	Amount Spent (in INR)
Not applicable, as the Company has not undertaken any CSR projects in designated aspirational districts as identified by government bodies.			

3. (a) Do you have a preferential procurement policy where you give preference to purchase from suppliers comprising marginalized/vulnerable groups? (Yes/No) – No, the Company does not currently have a formalised preferential procurement policy for MSME or small producers. However, the Company recognises the value of engaging with such suppliers as part of its responsible sourcing agenda and is committed to reviewing its procurement framework to incorporate MSME-preferential provisions in the forthcoming reporting period.

(b) From which marginalized/vulnerable groups do you procure? – Not Applicable

(c) What percentage of total procurement (by value) does it constitute? – Not Applicable

**4. Details of the benefits derived and shared from the intellectual properties owned or acquired by your entity (in the current financial year), based on traditional knowledge**

S. No.	Intellectual Property based on traditional knowledge	Owned/ Acquired (Yes/No)	Benefit shared (Yes / No)	Basis of calculating benefit share
Not Applicable				

In FY 2025-26, no benefits have been derived and shared from the intellectual properties owned or acquired by Artemis, based on traditional knowledge.

**5. Details of corrective actions taken or underway, based on any adverse order in intellectual property related disputes wherein usage of traditional knowledge is involved.**

Name of authority	Brief of the case	Corrective action taken
Not Applicable		

**6. Details of beneficiaries of CSR Projects:**

S. No.	CSR Projects	No. of persons benefitting from CSR Projects	% of beneficiaries from vulnerable and marginalized groups
1.	Green Belt Initiative	NA	NA
2	Boondh - Rainwater Conservation	7,107	100%
3	Conservation of Solar Energy	2,300	100%
4	It's a FIGHTback - Tuberculosis Elimination Programme	45,553	100%
5	Menstrual Health & Hygiene Management	4,000	100%

**PRINCIPLE 9: Businesses should engage with and provide value to their consumers in a responsible manner.**

**Essential Indicators**

**1. Describe the mechanisms in place to receive and respond to consumer complaints and feedback.**

- **Multiple Feedback Channels:** The organisation has established multiple channels for patients to register complaints and provide feedback, including telephone, online platforms, written forms, and email correspondence through [feedback@artemishospitals.com](mailto:feedback@artemishospitals.com)
- **Inclusive Patient Feedback Mechanism:** All patient categories including outpatients, in patients, day care patients, and emergency patients are encouraged to share feedback through designated forms and digital platforms. Feedback forms and drop boxes are placed across inpatient and outpatient areas to ensure ease of access.
- **Guest Relations Team Engagement:** The Guest Relations Team (GRT) obtains daily discharge details from nursing stations and conducts routine rounds to interact with patients, record complaints and feedback, and maintain necessary documentation.
- **Encouraging Suggestions and Feedback:** Patients and their families are encouraged to provide suggestions, appreciation, and constructive feedback to support service enhancement and continuous improvement initiatives.
- **Online and Physical Submission Process:** Feedback can be submitted through physical forms as well as online systems. In cases where paper forms are used, the GRT collects them after completion of the final billing process.
- **Timely Complaint Resolution:** All complaints and grievances are promptly acknowledged, reviewed, and resolved at the earliest possible opportunity through defined escalation and resolution mechanisms.
- **Digital Complaint Management Platform:** flapX is an AI enabled internal complaint and grievance management platform used for issue tracking, escalation management, and resolution of operational and patient related concerns.
- **Artemis PHR Platform:** An integrated digital platform that enables patients to manage appointments, bookings, feedback, medical records, prescriptions, medicines, and other healthcare related services seamlessly.

**2. Turnover of products and/ services as a percentage of turnover from all products/service that carry information about:**

	As a percentage to total turnover
Environmental and social parameters relevant to the product	Not Applicable
Safe and responsible usage	
Recycling and/or safe disposal	

**3. Number of consumer complaints in respect of the following:**

	FY2025-26			FY2024-25		
	Received during the year	Pending resolution at the end of year	Remarks	Received during the year	Pending resolution at the end of year	Remarks
Data privacy	Nil	Nil	Nil	Nil	Nil	Nil
Advertising	Nil	Nil	Nil	Nil	Nil	Nil
Cyber security	Nil	Nil	Nil	Nil	Nil	Nil
Delivery of essential services	Nil	Nil	Nil	Nil	Nil	Nil
Restrictive Trade Practices	Nil	Nil	Nil	Nil	Nil	Nil
Unfair Trade Practices	Nil	Nil	Nil	Nil	Nil	Nil
Other	Nil	Nil	Nil	Nil	Nil	Nil

**4. Details of instances of product recalls on account of safety issues:**

Instances	Number	Reasons for recall
Voluntary Recall	Nil	-
Forced Recalls	Nil	-

**6. Does the entity have a framework/ policy on cyber security and risks related to data privacy? (Yes/No) If available, provide a web-link of the policy.**

Yes, the entity has a framework/ policy on cyber security and risks related to data privacy which can be accessed here:

<https://www.artemishospitals.com/privacy-policy>

The Company is also ISO 27001 certified which is the international standard for information security managements systems (ISMS).

**7. Provide details of any corrective actions taken or underway on issues relating to advertising, and delivery of essential services; cyber security and data privacy of customers; re-occurrence of instances of product recalls; penalty / action taken by regulatory authorities on safety of products / services.**

No issues have been reported during the current year.

**8. Provide the following information relating to data breaches:**

Particulars	Response
a. Number of instances of data breaches along with impact	Nil
b. Percentage of data breaches involving personally identifiable information (PII) of customers	Nil
c. Impact, if any, of the data breaches	Nil

**Leadership Indicators**

**1. Channels / platforms where information on products and services of the entity can be accessed (provide web link, if available).**

Patrons may access information on products and services of the Company using the following channels/ platforms:

- Website: <https://www.artemishospitals.com>
- Mobile App (iOS): <https://apps.apple.com/in/app/artemis-phr/id1129908847>
- Mobile App (Android): <https://play.google.com/store/apps/details?id=com.bionworks.artemis&pli=1>

**2. Steps taken to inform and educate consumers about safe and responsible usage of products and/or services.**

The hospital has implemented structured measures to inform and educate patients on the safe and responsible use of healthcare services.

- Patient rights and responsibilities are clearly communicated through prominent display across the facility, ensuring transparency and empowering patients with a clear understanding of their entitlements and obligations.
- Comprehensive pre-treatment and post treatment counselling is provided, during which healthcare professionals guide patients on adherence to prescribed treatment plans and the appropriate use of medical products and services.
- Informed consent forms a core component of patient education, with clinicians facilitating informed decision making by clearly explaining procedures, risks, and treatment options. Patient engagement is further strengthened through education at multiple care touchpoints and the provision of bilingual informed consent where applicable.
- Patients and their families are actively encouraged to raise questions and share concerns, fostering a collaborative and participatory care environment. In addition, the hospital leverages digital platforms, including its website and social media channels, to disseminate educational information and enable convenient access to reliable healthcare content.

These initiatives reflect the hospital's ongoing commitment to patient safety and informed care, ensuring that patients are adequately equipped to make well-reasoned healthcare decisions.

**3. Mechanisms in place to inform consumers of any risk of disruption/discontinuation of essential services.**

- The Company proactively informs patients in advance of scheduled hospital visits in the event of disruptions to essential services arising from natural disasters, technical failures, cyber incidents, or government mandated directives. Such communications clearly outline the nature and cause of the disruption, the expected duration, and any actions required from patients.
- The hospital has established comprehensive contingency, and business continuity plans to manage potential service disruptions and minimise their impact on patient care. These measures include backup power supply systems, alternative communication channels, emergency medical supplies, and clearly defined procedures for patient and staff evacuation during emergency situations.
- Additionally, patients and attendants already present on hospital premises are promptly informed of any delays or disruptions in services. The hospital ensures that appropriate records of such communications are maintained by authorised staff. In cases of unplanned information technology system downtime, clear notices are displayed at the front desk to keep patients informed.

Collectively, these measures support effective management of service disruptions while prioritising patient safety, transparency, and convenience throughout the care delivery process.

**4. Does the entity display product information on the product over and above what is mandated as per local laws? (Yes/No/ Not Applicable) If yes, provide details in brief.**

Not applicable, as the Company deals in healthcare services.

**Did your entity carry out any survey with regard to consumer satisfaction relating to the major products / services of the entity, significant locations of operation of the entity or the entity as a whole? (Yes/No)**

Yes, Artemis is rendering healthcare services to all patients and has a robust mechanism of 'Patient Feedback Management System' to address patient concerns or issues if any related to healthcare services. We ensure collection of feedback forms from every patient with respect to different services of hospital like Inpatient services, outpatient services, blood transfusion services or laboratory services etc. All feedback is analysed and shared with the concerned stakeholders for corrective action towards improving patient satisfaction. Feedback is received through the following channels:

1. **Guest Relations Team** - verbal feedback collected directly from patients and attendants.
2. **Email** - feedback submitted to [feedback@artemishospitals.com](mailto:feedback@artemishospitals.com).
3. **Drop Boxes** - placed at designated locations across the facility for written suggestions.
4. **Call Centre and Social Media** - feedback captured through telephonic interactions and digital platforms.