6 November 2026

BSE Limited
Phiroze Jeejeebhoy Towers,
Dalal Street, Mumbai 400001,
Maharashtra, India

Scrip Code: 540975

The National Stock Exchange of India Limited
Exchange Plaza, Bandra Kurla Complex,
Bandra (East), Mumbai 400051,
Maharashtra, India

Scrip Symbol: ASTERDM

Dear Sir/Madam,

Sub: Revised Investor Presentation for the quarter and half-year ended 30 September 2026

Ref: Regulation 30 read-with Schedule III of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015.

With reference to the captioned subject, please find enclosed the revised Management's Presentation for the Earnings Conference Call with analysts/ Investors scheduled for 6 November 2026 in relation to the unaudited financial results (Standalone and Consolidated) for the quarter and half-year ended 30 September 2026.

It is hereby informed that, due to an inadvertent typographical error, the workforce number mentioned in the earlier version of the presentation was incorrect. The same has been duly rectified in the revised presentation enclosed herewith.

Kindly take the above-said information on record.

Thank you,

For **Aster DM Quality Care Limited**
(Formerly Aster DM Healthcare Limited)

HEMISH PURUSHOTTAM
Digitally signed by HEMISH PURUSHOTTAM
Date: 2026.11.06 17:51:03 +05'30'

Hemish Purushottam
Company Secretary and Compliance Officer
M. No. A24331

Earnings Presentation
Q2 & H1 FY27

Aster DM Quality Care Limited

Disclaimer

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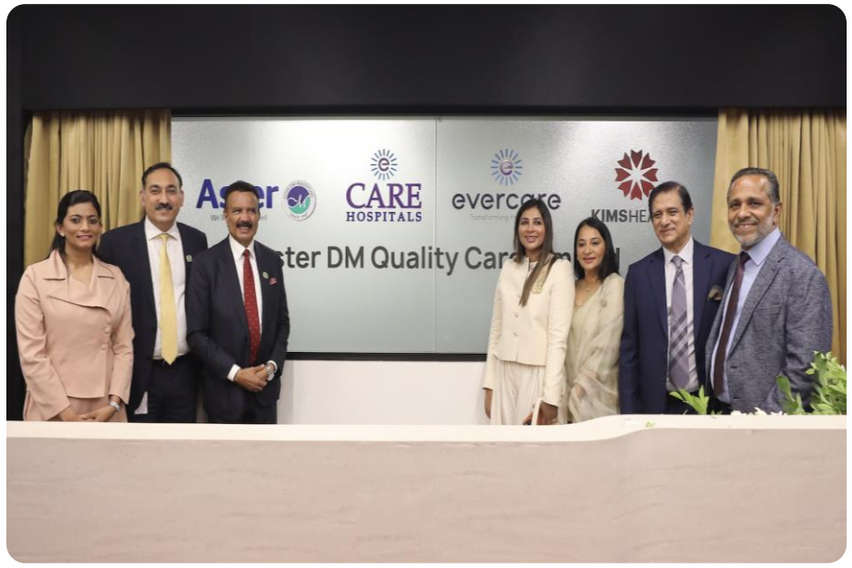
Note - Q2 FY27 figures are based on the Limited Review of Aster DM Quality Care Limited's results. Comparative figures for Q2 FY26 are presented on a pro forma basis, combining Aster's financial information, which was based on limited review, with QCIL's pro forma financial information.

100 Days Together

#GoGreater

One Team One Culture

One team across Aster, CARE, Evercare and KIMSHEALTH















Since 1 July 2026

100 Days Together

Building one organisation under **#GoGreater**

Aster · CARE HOSPITALS · evercare · KIMSHEALTH

98% **of surveyed employees feel energised by GO GREATER**
High engagement across clusters, functions and tenure

2.2 mn[1]
Patients served together

18
Culture engagements with every employee

50+
Townhalls conducted across units and offices

Building One Unified Team

One Team · Respect & Compassion

- Leadership strategy meet across the organisation
- Festivals and Day 1 celebrated as one family

Integration & Clinical Synergies

Excellence · Trusted Patient Care

- Clinical know-how shared across networks; Aster CMI expertise helped CARE Banjara perform adaptive deep brain stimulation



8 shared tenets, cascaded through 18 culture engagements across all four brands

Strengthening Leadership & Governance

Growth · Ethics

- Group leaders in place across finance, operations, people, clinical and digital

Zero Disruption

Accountability · Agility

- Zero disruptions on patient care since Day 1 of integration
- Early gains from collaboration have started flowing through

1. During the Quarter

Highest Revenue, Op EBITDA and Margin in the First Quarter of the Merger

INR 2,829 Cr
Revenue
+19% YoY growth

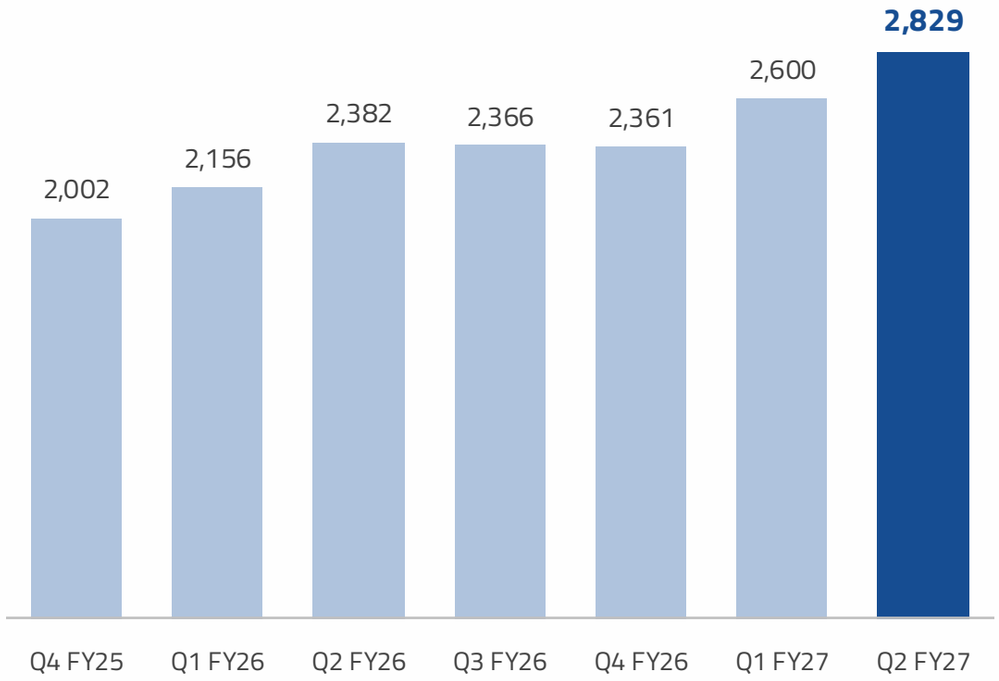
INR 678 Cr
Op EBITDA[1]
+25% YoY growth

24.0%
Op EBITDA margin
+111 bps YoY

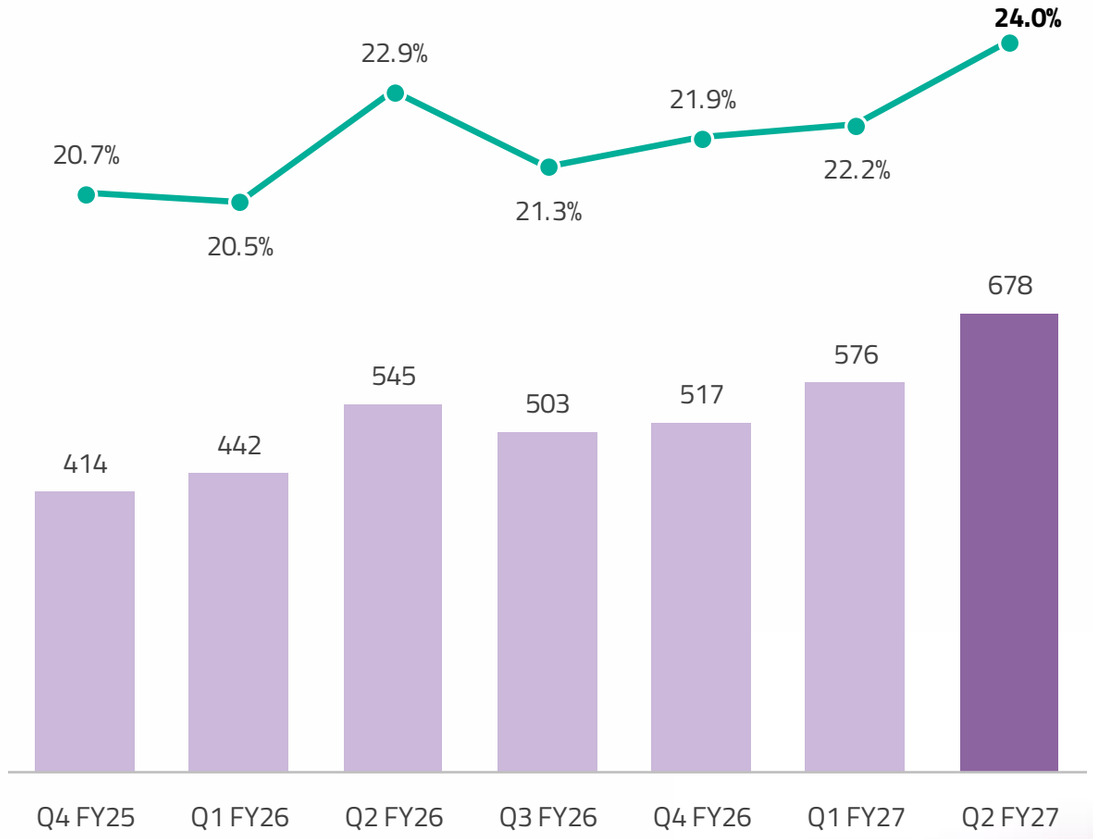
INR 281 Cr
Normalised PAT[2]
+34% YoY; Margin 9.9%

Sustained Growth Momentum

Strong growth since the merger announcement, culminating in record revenue, operating EBITDA and margins in our first quarter as a combined entity.



Revenue (in INR Cr)



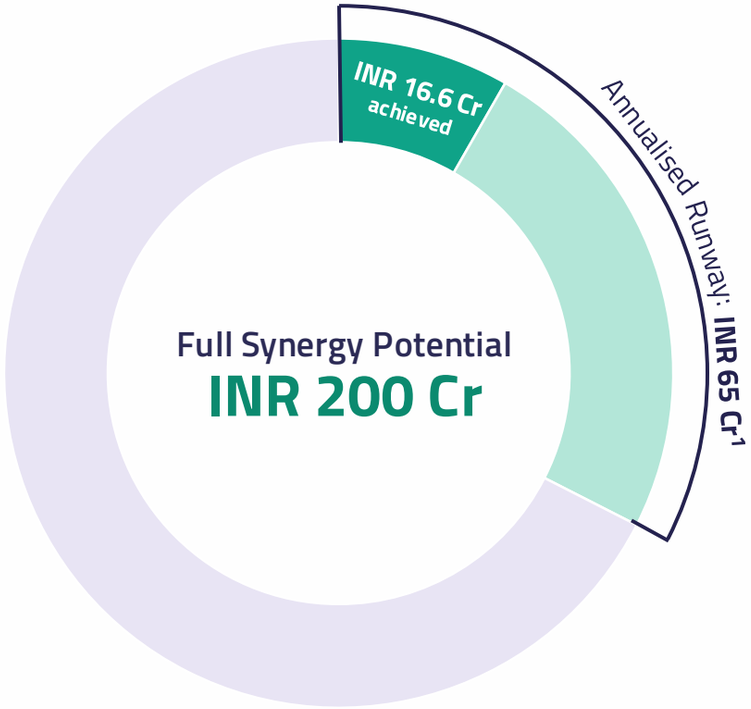
Op. EBITDA (in INR Cr), With Margin

1. Operating EBITDA and Operating EBITDA% for Q2 FY27 excludes ESOP Cost, Variable O&M fee amounting & Other Expenses
2. Normalised PAT (Post NCI) for Q2 FY27 excludes exceptional expenses related to merger & share of loss of equity accounted investees.

Well Positioned to Unlock Value through Synergies

INR 16.6 Cr of synergies realised in Q2 FY27

- Academics, Nursing & Talent Sharing
- Renewable Energy Savings
- Indirect Cost Optimisation
- CAPEX Efficiencies
- IT Integration (Call Centre, CRM, Digital App etc.)



- Business KPI & Reporting Standardization
- Material Cost Optimization
- International Medical Tourism/ TPA
- Quality & Accreditation
- F&B Insourcing

Achieved | Runway | Yet to be achieved

1. Annualised Runway of INR 65 Cr includes the INR 16.6 Cr achieved.

Overview and Financial Performance

19% Revenue Growth led by 12% rise in Patient Volumes

Financial

Revenue[1]

Q2FY27 : **INR 2,829 Cr**

▲ **19%**

Q2FY26 : **INR 2,382 Cr**

Operating EBITDA[1,2]

Q2FY27 : **INR 678 Cr**

▲ **25%**

Q2FY26 : **INR 545 Cr**

Op EBITDA Margin[1,2]

Q2FY27 : **24.0%**

▲ **111 bps**

Q2FY26 : **22.9%**

Normalised PAT[3]

Q2FY27 : **INR 281 Cr**

▲ **34%**

Q2FY26 : **INR 210 Cr**

Operational

Total Patient

Q2FY27 : **2.18 mn**

▲ **12%**

Q2FY26 : **1.95 mn**

Operational Beds

Q2FY27 : **10,611**

▲ **4%**

Q2FY26 : **10,222**

Occupancy (%)

Q2FY27 : **68%**

▲ **335 bps**

Q2FY26 : **65%**

ALOS (Days)

Q2FY27 : **3.3 days**

0%

Q2FY26 : **3.3 days**

1. Revenue, Operating EBITDA and Operating EBITDA% excludes other income.
2. Operating EBITDA for Q2 FY27 excludes ESOP Cost, Variable O&M fee amounting & Other Expenses
3. Normalised PAT (post NCI) for Q2 FY27 excludes exceptional expenses related to merger & share of loss of equity accounted investees

Complex Care, Operating Leverage and Synergies Drive Quarterly Performance

Financial and Operational Performance

Strong double-digit revenue growth driven by steady total patient volumes growth and clinical complexity

- 19% YoY growth in Revenue, reaching INR 2,829 Cr in Q2 FY27 driven by 12% growth in patient volumes while 4% growth in operational beds.
- Mature units[1] ~64% of operational beds , contributing ~73% of revenue, generating 83% of operating EBITDA with revenue growing at 18% YoY, supported by steady patient volume growth
- Emerging units[1] (includes Kasargod and Nagercoil) ramped up fast, growing 62% YoY supported by higher IP & OP volumes
- CONGO revenue grew 16% YoY, with strong growth in high-end tertiary care: robotic surgeries up 39%, kidney transplants up 31% and joint replacements up 29%
- Occupancy up 335 bps (65% to 68%), led by patient volume growth in key specialties and growth in MVT patient flows
- MVT revenue grew 36% YoY, led by Maldives and GCC markets, with rising contribution from West Africa, other MENA countries

Robust Operating EBITDA[2] growth reflecting operational leverage, effective cost management and synergy realisation

- 25% YoY growth in Op EBITDA, reaching to INR 678 Cr aided by strong topline growth and better leverage
- EBITDA growth also driven by strong performance in emerging units with rapid turn around through improved volumes and efficiencies
- EBITDA Margin up by 111 bps to 24.0% driven by operating leverage in material cost and other op. cost through increased patient footfall, complex procedure and a favorable payor mix
- Strong EBITDA growth drove **152 bps** improvement in RoCE[3], reaching **23.0%** in Q2 FY27

Commissioned 32-bed CARE Cancer Institute in Raipur, expanding access to advanced cancer care in Chhattisgarh

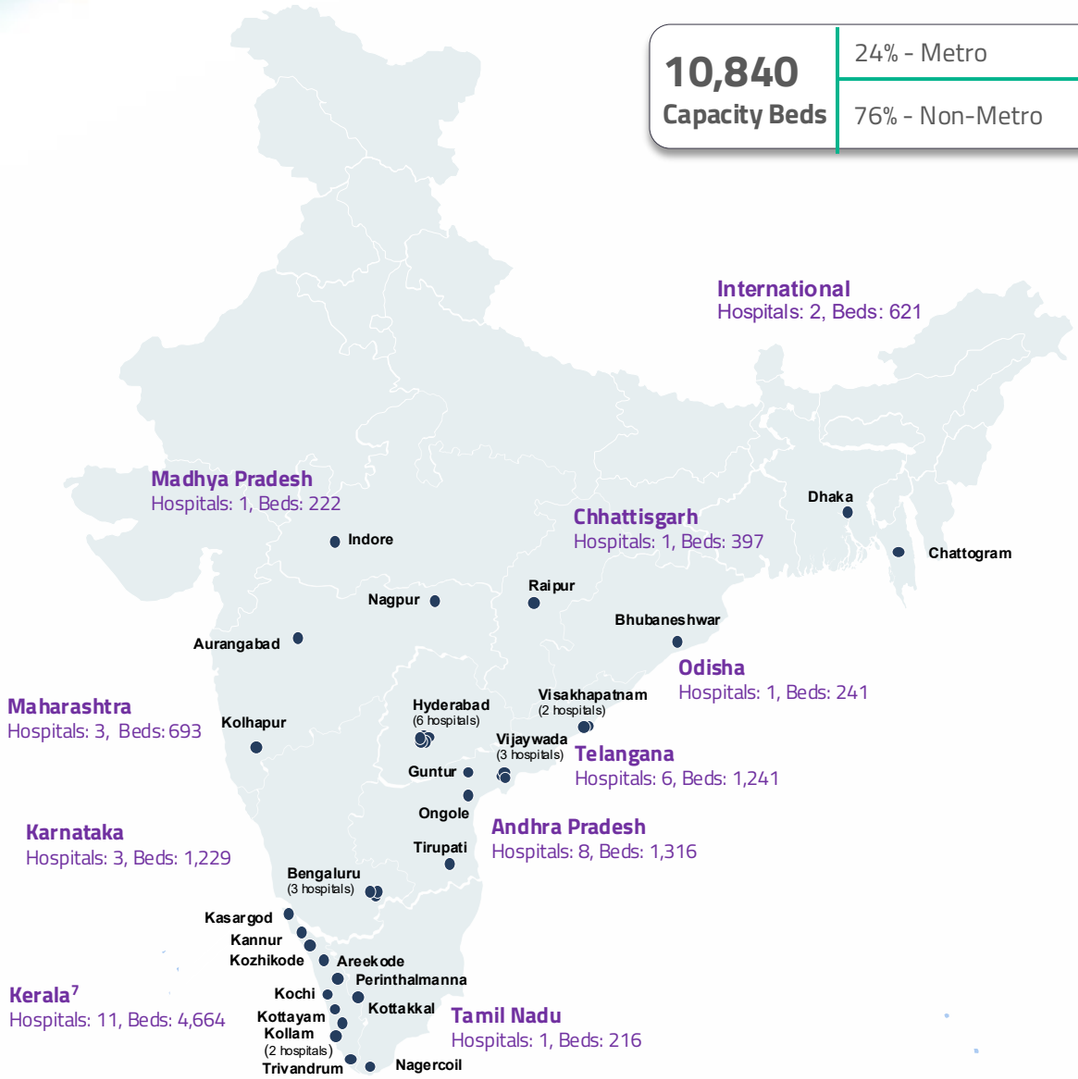
Strengthened clinical teams through net addition of 66[1] doctors across the hospital network contributing INR~5 crores monthly revenue

Clinical Excellence, Awards & Accreditation

- Launched **Robotic** Spine Institute (ARISE) at Aster CMI, Bengaluru
- Expanded advanced medical technology with 1 LINAC, 1 Digital PET-CT, 3 robots, 2 cath labs and 1 MRI added in Q2 FY27
- Invested INR 600+ Crores[3] in Medical Technology in last 18 months enhancing our clinical capabilities significantly
- CARE Hi-Tech got accredited with **JCI (international)** and MIMS Kasargod with **NABH** reflecting higher patient quality care
- Aster DM Quality Care Limited conferred with '**Healthcare Brand of the Year**' by Economic Times 2026

1. H1FY27 numbers / YTD / Only Hospital Numbers
2. Operating EBITDA for Q2 FY27 excludes ESOP Cost, Variable O&M fee amounting & Other Expenses | 3. For the last 18 months
4. ROCE = EBIT/Average Capital Employed; [Capital employed excludes CWIP, Land Revaluation reserve, Goodwill & Intangible] The CWIP for ongoing projects (including ROU, Capital Advances, and Capital Creditors).

10,840 Beds Across 27 Cities Provide Scale with a Strong Non-Metro Presence



27
Cities

9
States

38[2]
Hospitals

332
Labs & PECs[3] and
203[4] Pharmacies

8,000+
Doctor[5]

38,000+
Workforce[5]

~2.2 Mn
Total Patient Volume[6]

INR 1200+ Crs
Capex[8]

Notes:
1. *Presence and Operational metrics are as on Sep 30, 2026*
2. *Including WIMS and 3 O&M Asset Light hospital beds with a capacity of 509 beds*
3. *PECs: Patient Experience Centers*
4. *Pharmacies in India operated by ARPPL under brand license from Aster*
5. *as on Sep26, Including outsourced and Local on call,*
6. *During Q2FY27*
7. *Kerala hospital and bed count excludes WIMS*
8. *For Last 18 Months, Includes Project Capex, Growth Capex and Refresh*

Invested INR 600+ Crores in Medical Technology in the last 18 months to Drive Complex Care Growth

Additions in Q2 FY27 1 LINAC, 1 PET-CT (Digital), 1 Robot at CARE Raipur | 2 Robots at CARE Banjara & MIMS Kannur | 2 Cath labs at CARE Bhubaneswar & MIMS Areekode | 1 MRI at Aster CMI



Da Vinci Xi robot
Keyhole surgery with smaller cuts and faster recovery



SSI Mantra robot
India's first home-grown surgical robot



ROSA brain robot
Pinpoint accuracy in brain surgery



Joint replacement robot
Precise knee and hip replacements



IOeRT
Delivers radiation directly during tumour surgery



Archimedes system
3D navigation to biopsy hard-to-reach lung nodules



Biplane cath lab
Sees blood vessels from two angles at once



3T MRI
Sharper scans for faster, more accurate diagnosis



Digital PET-CT
Finds cancer early and tracks treatment



LINAC radiotherapy
Precise radiation that spares healthy tissue



Brainlab Kick, Curve & Loop-X
Image-guided navigation and robotic imaging during surgery

As on 30th Sep, 2026

44 Cath labs | **13** LINACs | **32** MRI machines | **33** Robots | **7** PET-CT

Clinical Firsts and Shared Expertise Expand Access to Advanced Care

All our hospitals in India are NABH accredited

NABH (National Accreditation Board for Hospitals & Healthcare Providers) independently assesses patient safety, care quality and hospital processes.

INDIA'S 1st

NanoKnife surgery

Urology team performed irreversible electroporation (IRE)

Aster Medcity, Kochi

INDIA'S 1st

Two-way ABO-incompatible Paediatric kidney exchange

Overcoming blood-group barriers to expand living-donor transplantation opportunities.

Aster CMI, Bengaluru

- Kerala's 1st Uniportal robotic-assisted thoracoscopic surgery performed at Aster MIMS Calicut, advancing single-incision robotic thoracic surgery with potential for reduced surgical trauma.
- Kerala's 1st Liquid nitrogen cryoablation for breast fibroadenomas performed at Aster Medcity, Kochi, expanding minimally invasive, breast-tissue-preserving treatment options.
- Aster CMI's clinical expertise enabled CARE Banjara to perform its first adaptive Deep Brain Stimulation (aDBS), advancing personalised Parkinson's disease management through real-time neural-signal-responsive stimulation.

Expanding the Reach of Advanced Care

- Kasaragod's 1st Mechanical thrombectomy performed at Aster MIMS Kasaragod
- Deceased-donor transplant programme and comprehensive stroke unit launched at KIMSHEALTH Nagercoil
- Da Vinci robotic surgery programme launched and scaled to 72 cases at KIMSHEALTH Trivandrum
- Surgical repair of ventricular septal rupture after a heart attack (~95% mortality without surgery) at CARE Bhubaneshwar
- 1st 360° cervical spine reconstruction at Evercare Chattogram, combining 2-level anterior cervical fusion and posterior fixation in a single sitting for comprehensive spinal stabilisation.

Transforming Lives Through Clinical Excellence[1]

97,310+
Cardiac Procedures

16,845+
Neuro Procedures

5,130+
Robotic Surgeries

9,865+
Joint Procedures

975+
Transplants
(Renal, Liver & Heart)

1. Surgery counts are on a TTM and pro-forma basis.

Accreditations & Recognition

Achieved in Q2 FY27

JCI accreditation
CARE HITEC City
Hyderabad

NABH accreditation
Aster MIMS Kasaragod
Within one year of commencing operations

New Centres of Excellence Deepen Specialty Services Within Existing Hospitals

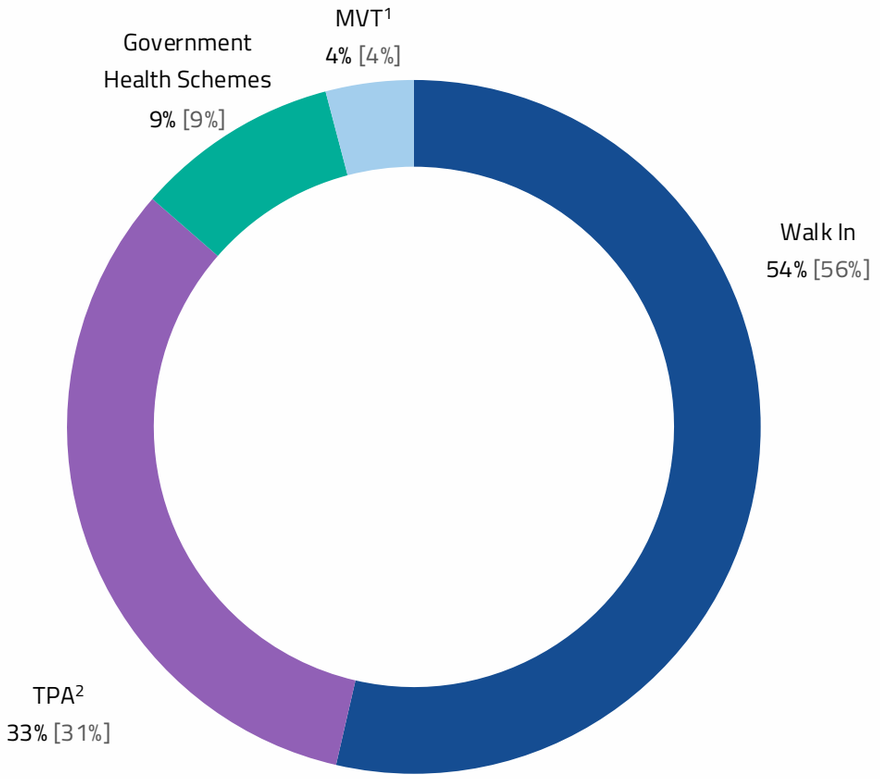
Select Centre of Excellence (CoE) launches in Q2 FY27 expanded service offerings across existing hospitals

Clinical capabilities			Intended contribution to patient care
	**ARISE Robotic Spine Institute** Aster CMI, Bengaluru Robotic spine care, supported by research and surgeon training.	JUL 2026	**Specialist care for complex spine conditions** Expand access to precise, minimally invasive spine surgery within neurosciences.
	**CARE Cancer Institute** Ramkrishna CARE, Raipur Integrated oncology with PET-CT, radiotherapy and bone marrow transplant services.	AUG 2026	**Comprehensive cancer care closer to home** Coordinate diagnosis and treatment locally, reducing the need to travel for cancer care.
	**Fetal Medicine COE** Aster Medcity, Kochi Advanced fetal care with access support through the Jananeeyam initiative.	SEP 2026	**Specialist care for mothers and babies** Support fetal assessment and access to specialist care during pregnancy.

Contribution to the specialty care strategy	Broader specialist services at existing hospitals Supporting access to coordinated, comprehensive care

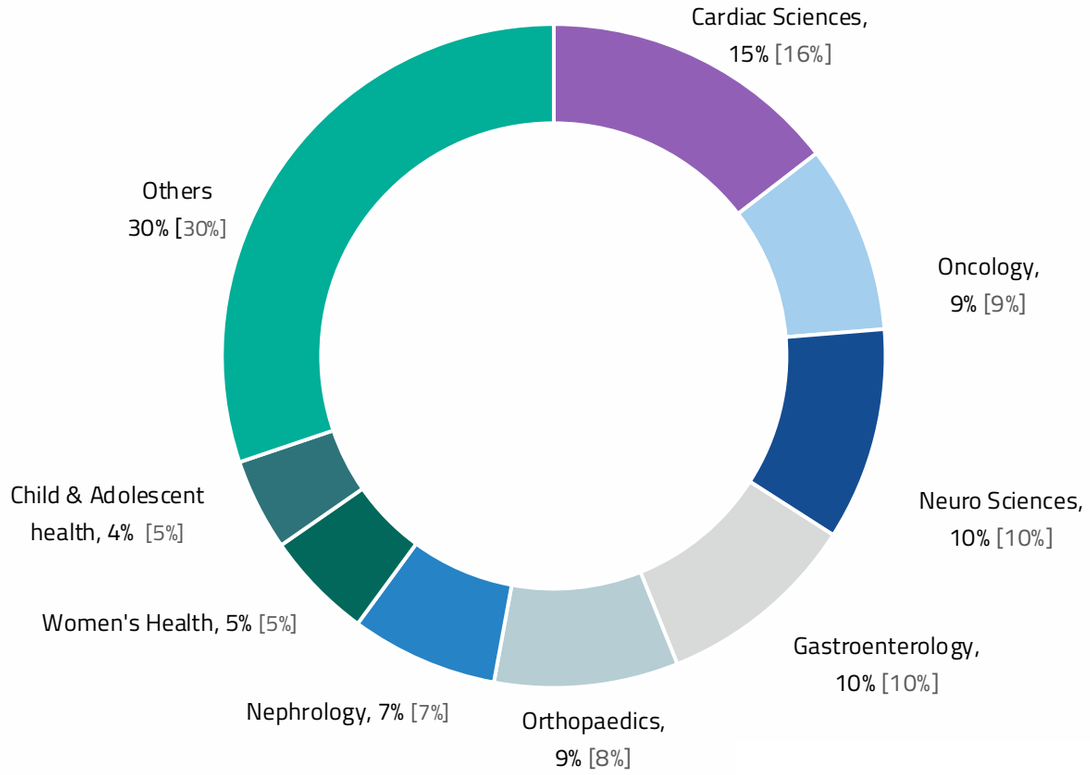
16% Growth in CONGO Revenue, Alongside a Shift Towards TPA Payors

Payor Revenue Mix



Specialty-wise Revenue Mix

Q2FY27 [Q2FY26]



CONGO revenue grew by 16% contributing 53% to overall revenue

1. MVT: Medical Value Travel
2. TPA Includes : Corporate(5.1%) and Others(0.3%)
Numbers in brackets are for corresponding quarter prior year
Figures may not total 100% due to rounding

Mature Hospitals Anchor Earnings as Emerging Units Ramp Up Rapidly

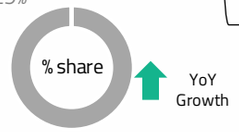
Maturity	Operational Beds[5]	Key Performance indicators (H1FY27)				
		Total Patient Volume (mn)	Revenue[6]	Operating EBITDA[6]	Operating EBITDA %[6]	
Mature[1]	64%	2.99 ↑ 11%	73% ↑ 18%	83% ↑ 25%	30.2%	↑ 186 bps
Focus[2]	15%	0.48 ↑ 7%	15% ↑ 13%	10% ↑ 17%	18.6%	↑ 61 bps
Emerging[3] Hospitals	10%	0.36 ↑ 53%	6% ↑ 62%	4% ↑ 163%	16.3%	↑ 624 bps
Under[4] Performing	11%	0.31 ↑ 7%	5% ↑ 24%	2% ↑ 209%	12.1%	↑ 722 bps
	10,611	**4.14 mn ↑ 13%**	**INR 5,254 Crs ↑ 19%**	**INR 1,398 Crs ↑ 29%**	**26.6%**	**↑ 197 bps**

Led by volume and case complexity

Led by faster ramp up of Kasargod and Nagercoil

Excludes Corporate Cost and adjacencies

1. Mature: Units aged more than 3 years, with EBITDA margin of 25% or higher. 2. Focus: Units aged more than 3 years, with EBITDA margin of 15–25%
3. Emerging: Units aged 0–3 years. 4. Under Performing: Units aged more than 3 years, with EBITDA margin below 15%
5. Total Operational Beds (includes census and non census) as on 30th Sep, 2026.
6. Revenue and Operating EBITDA shown above are of Hospitals only and excludes other business and corporate cost
All numbers above exclude Wayanad Institute of Medical Sciences (WIMS). Maturity cut will be reviewed on annual basis.
Figures may not total 100% due to rounding



P&L and Balance Sheet

Profit and Loss Statement	Q2FY27	Q2FY26	YoY %	H1FY27	H1FY26	YoY %
Revenue from operations	**2,829**	**2,382**	**19%**	**5,429**	**4,538**	**20%**
Gross margin	**2,216**	**1,848**	**20%**	**4,240**	**3,509**	**21%**
Gross margin (%)	78.3%	77.6%		78.1%	77.3%	
Operating EBITDA[1,2]	**678**	**545**	**25%**	**1,255**	**988**	**27%**
Operating EBITDA margin (%)	24.0%	22.9%		23.1%	21.8%	
EBITDA post INDAS	**663**	**520**	**27%**	**1,222**	**952**	**28%**
EBITDA post INDAS margin (%)	23.4%	21.9%		22.5%	21.0%	
Profit before tax	**446**	**374**	**19%**	**805**	**667**	**21%**
PBT margin (%)	15.8%	15.7%		14.8%	14.7%	
Normalised PAT[3]	**281**	**210**	**34%**	**457**	**360**	**27%**
Normalised PAT margin	9.9%	8.8%		8.4%	7.9%	
EBITDA Pre INDAS	**619**	**483**	***28%***	**1,132**	**877**	***29%***

in INR Cr

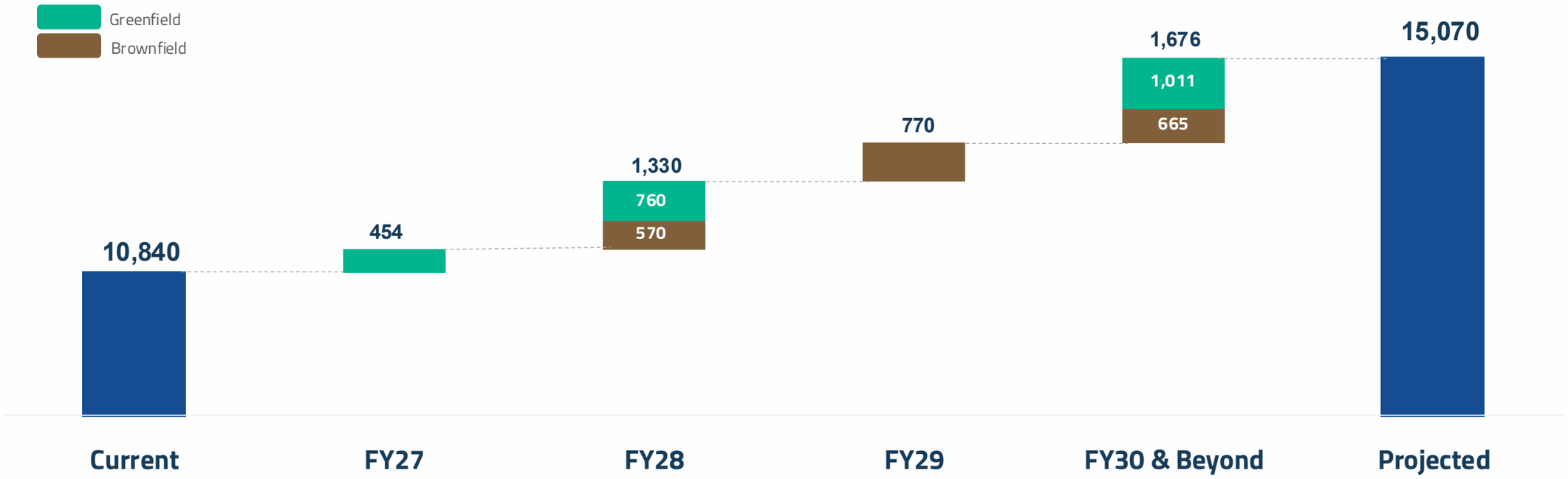
Balance Sheet	As on Sep 30, 2026
Liabilities	
Shareholders' equity	891
Minority interest	1,439
Other reserves	6,439
Land revaluation reserve	460
Gross debt	3,959
Lease liabilities	1,981
Other non-current liabilities	824
Other current liabilities	1,529
Total liabilities	**17,523**
Assets	
Property, plant and equipment (including CWIP)	7,252
Goodwill & intangibles	3,704
Investments	338
Right to use assets	1,778
Inventories	218
Cash, bank balance and current investments	2,240
Other non-current assets	830
Other current assets	1,163
Total assets	**17,523**

Key Financial Ratios	As on Sep 30, 2026
Net debt and lease liabilities / equity	**0.40**
Net debt and lease liabilities / EBITDA (post INDAS)	**1.72**
Net debt / EBITDA (pre INDAS)	**0.87**

1. *Operating EBITDA and Operating EBITDA% for Q2 FY27 excludes ESOP Cost ,Variable O&M fee amounting & Other Expenses*
2. *Operating EBITDA and Operating EBITDA% for H1 FY27 excludes ESOP Cost, Variable O&M fee amounting & Other Expenses*
3. *PBT and Normalised PAT (post NCI) for Q2 and H1 FY27 excludes exceptional expenses related to merger & share of loss of equity accounted investees*

Building a 15,000+ Bed Healthcare Network to Serve India's Growing Healthcare Needs

Addition of 4,230 beds taking total bed capacity to over 15,000



47% Beds in Existing facilities

53% Beds in New facilities

Complex Care Achievements Across the Network Gain Media Recognition

Gene therapy: ₹10 cr. raised through crowdfunding for infant

The Hindu Bureau
BENGALURU

A seven-month-old infant diagnosed with Spinal Muscular Atrophy (SMA) at five weeks of age has received a one-time gene replacement therapy at Aster CMI Hospital in Bengaluru through a crowdfunding initiative.

The SMA is a rare inherited neuromuscular disorder that progressively affects motor neurons – the nerve cells responsible for controlling muscle movement. Affected infants can develop muscle weakness and have difficulty achieving milestones such as holding their head up, sitting, and moving independently. In severe cases, the muscles involved in swallowing and breathing can also be affected.

The infant received onasemnogene abeparvovec, a gene replacement therapy designed to address the underlying genetic cause of SMA. The overall cost was around ₹10 crore, according to the hospital. The entire amount was raised through public contributions.

"The SMA is a progressive condition in which timely intervention is essential to preserve motor-neuron function. Disease-modifying therapies have significantly changed the treatment landscape for children with the SMA," said Prabhudev M. Hiremath, paediatric neurologist.

For the family, however, financing the treatment was a challenge.

People contributed to the campaign, helping raise the entire amount.

Aster CMI Bengaluru | Gene therapy for infant with SMA

CARE HOSPITALS PERFORMS COMPLEX ABO-incompatible kidney transplant on 60-year-old

Wife donates kidney despite blood-group mismatch, helping husband break free from two years of dialysis



Doctors at CARE Hospitals, Hitech City, successfully performed a complex ABO-incompatible kidney transplant on a 60-year-old teacher with high antibody levels and multiple underlying health conditions, giving him a new lease of life after two years of dialysis. His wife stepped forward as the donor despite their incompatible blood groups.

The patient had been suffering from Chronic Kidney Disease (CKD) for three years and undergoing dialysis three times a week for the past two years, leading to frequent hospitalisations and significantly affecting his quality of life. Despite Finding a suitable donor was difficult due to his age, high antibody titres, hypertension and diabetes. When his wife volunteered to donate her kidney, their blood-group incompatibility presented an additional challenge.

The multidisciplinary transplant team at CARE Hospitals planned an ABO-incompatible kidney transplant using a specialised desensitisation protocol. The patient underwent multiple sessions of plasmapheresis to reduce antibodies, along with immunosuppressive therapy to prevent rejection.

The key clinical challenge was balancing the higher immunosuppression required to prevent infections, particularly given his age, diabetes and history of recurrent infections. Following the living-donor kidney transplant and was closely monitored during recovery. Dr. Sushanth Kulkarni, Sr. Consultant – Renal Transplant & Urology, CARE Hospitals, Hitech City, said, "This was a challenging transplant due to the blood-group mismatch, high antibody levels and the patient's other health conditions. With careful preparation and close coordination between the nephrology and transplant teams, we were able to successfully perform the transplant. It is a testament to the collaborative approach and the expertise available in our centres. We remain committed to offering such complex procedures to patients, specialised desensitisation can help overcome this barrier. In this case, high antibody levels, age, diabetes and hypertension made the transplant particularly challenging, requiring careful preparation and close monitoring."

Dr. Pramod Gupta, HCOO, CARE Hospitals, Hitech City said, "This case combines advanced medical expertise with an extraordinary act of family support. His wife came forward to donate despite the blood-group mismatch, and our multidisciplinary team worked together to make the transplant possible. It is a testament to the collaborative approach and the expertise available in our centres. We remain committed to offering such complex procedures to patients, specialised desensitisation can help overcome this barrier. In this case, high antibody levels, age, diabetes and hypertension made the transplant particularly challenging, requiring careful preparation and close monitoring."

Dr. Sushanth Kulkarni, Sr. Consultant – Renal Transplant & Urology, CARE Hospitals, Hitech City, said, "This was a challenging transplant due to the blood-group mismatch, high antibody levels and the patient's other health conditions. With careful preparation and close coordination between the nephrology and transplant teams, we were able to successfully perform the transplant. It is a testament to the collaborative approach and the expertise available in our centres. We remain committed to offering such complex procedures to patients, specialised desensitisation can help overcome this barrier. In this case, high antibody levels, age, diabetes and hypertension made the transplant particularly challenging, requiring careful preparation and close monitoring.

Dr. Pramod Gupta, HCOO, CARE Hospitals, Hitech City, said, "This case combines advanced medical expertise with an extraordinary act of family support. His wife came forward to donate despite the blood-group mismatch, and our multidisciplinary team worked together to make the transplant possible. It is a testament to the collaborative approach and the expertise available in our centres. We remain committed to offering such complex procedures to patients, specialised desensitisation can help overcome this barrier. In this case, high antibody levels, age, diabetes and hypertension made the transplant particularly challenging, requiring careful preparation and close monitoring.

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ABO-incompatible kidney transplantation can be considered for selected patients with end-stage kidney disease who have a willing living donor but face blood-group mismatch. It requires specialised desensitisation, immunosuppression and close monitoring to minimise rejection and infection risks.

The case highlights an important message for patients and families: a blood-group mismatch does not always mean that living kidney donation is impossible. For the 60-year-old teacher, the successful transplant offers a renewed opportunity to move beyond dialysis and lead a more active life.

CARE Hyderabad | ABO-incompatible kidney transplant

മലയാള മനോരമ

ഹൃദയ വൈകല്യത്തിന് റോബട്ടിക് ശസ്ത്രക്രിയ: ആസ്റ്റർ മിംസിൽ വിജയം

കോഴിക്കോട് ● ജന്മനാ ഹൃദയ വൈകല്യമുള്ള 24-കാരിക്ക് ഡാ-വിഞ്ചി റോബട്ട് ഉപയോഗിച്ച് നടത്തിയ ശസ്ത്രക്രിയ ആസ്റ്റർ മിംസിൽ വിജയകരം. ഏട്രിയൽ സെപ്റ്റൽ ഡിഫെക്റ്റ് (എഎസ്ഡി) എന്നറിയപ്പെടുന്ന ഹൃദയത്തിലെ ഉപരിതല അറകൾക്കിടയിലെ ഭിത്തിയിൽ ജന്മനായുള്ള ദ്വാരമാണു നൂതന റോബട്ടിക് സർജിയിലൂടെ വിജയകരമായി ഡെവിക്കൽ സംഘം പരിഹരിച്ചത്.

ഏട്രിയൽ സെപ്റ്റൽ ഡിഫെക്റ്റ് രോഗാവസ്ഥയുള്ളവരിൽ ഹൃദയത്തിലെ ശുദ്ധരക്തവും അശുദ്ധരക്തവും തമ്മിൽ കലരുകയും ഹൃദയത്തിന്റെ പ്രവർത്തനഭാരം വർധിക്കുകയും ചെയ്യുന്നു. കൂടാതെ ശ്വാസകോശത്തിലേക്കുള്ള രക്തസമ്മർദം ഉയരുന്നതോടെപ്പം കടുത്ത ശ്വാസതടസ്സവും, അമിതമായ ക്ഷീണവും ഉൾപ്പെടെയുള്ള ലക്ഷണങ്ങളാൽ ചികിത്സയിലായിരുന്ന യുവതിക്കാണ് ഈ ചികിത്സാരീതിയിലൂടെ ജീവൻ തിരിച്ചു കിട്ടിയത്.

കാർഡിയാക് തൊറാസിക് സർജറി വിഭാഗം മേധാവി ഡോ. ബിജോയ് ജേക്കബ് തൊറാസിക് സർജൻ ഡോ. ടി.വി.ദിൻരാജ്, കാർഡിയാക് അനസ്തേഷ്യ വിഭാഗം മേധാവികളായ ഡോ. ശരത്, ഡോ.സുജാത, ചീഫ് പെർഫ്യൂഷനിസ്റ്റ് ശിരീഷ് എന്നിവരുൾപ്പെടുന്ന വിദഗ്ധ സംഘമാണു ശസ്ത്രക്രിയ വിജയകരമായി പൂർത്തീകരിച്ചത്.

കേരളത്തിൽ ആദ്യമായാണു ജന്മനായുള്ള ഏട്രിയൽ സെപ്റ്റൽ ഡിഫെക്റ്റ് പരിഹരിക്കാൻ ഡാവിഞ്ചി റോബട്ട് സിസ്റ്റം വിജയകരമായി ഉപയോഗിക്കുന്നതെന്നും ഇതു സംസ്ഥാനത്തെ ആരോഗ്യമേഖലയിൽ സുപ്രധാന കുതിപ്പുവഴിയൊരുക്കുമെന്നും ആശുപത്രി സിഒഒ ഡോ. ഗോപി നാഥ് മാപ്പള്ളിക്കളം പറഞ്ഞു.

Aster MIMS Kozhikode | Robotic heart defect repair

METRO INDIA

CARE Banjara treats complex epilepsy case

METRO INDIA NEWS | HYDERABAD



CARE Hospitals, Banjara Hills, has successfully managed a complex case of drug-resistant epilepsy through a comprehensive, stepwise treatment approach culminating in Vagus Nerve Stimulation (VNS) therapy. The treatment helped a 34-year-old woman from Warangal, who had been living with almost daily seizures since childhood, regain her independence with remarkable improvement in seizure control, cognition, behaviour and overall quality of life.

Pratima had been suffering from frequent seizures since childhood, resulting in repeated falls, injuries, cognitive decline, behavioural disturbances and complete dependence on her family. Detailed neurological evaluation revealed that her epilepsy was caused by a remote hypoxic brain injury sustained during parieto-occipital gliosis. Doctors recommended VNS which is a minimally invasive treatment.

Following VNS, device programming and optimisation, Pratima experienced significant control of her remaining seizures. Dr. Shashank Jaiswal, Consultant – Epilepsy & Neurology, CARE Hospitals, Banjara Hills mentioned that in Pratima's case, since she was not a suitable candidate for conventional epilepsy surgery, doctors recommended Vagus Nerve Stimulation (VNS), an evidence-based advanced therapy for carefully selected

CARE Hyderabad | VNS therapy for epilepsy

THE SOUTH INDIA TIMES

Suspected Breast Lump Turns Out to Be Hidden Hormonal Disorder Affecting the Bones

CARE Hospitals Successfully Treats Rare Case of Primary Hyperparathyroidism



Hyderabad, 6th July 2026: A routine evaluation for a suspected breast lump led doctors at CARE Hospitals, Banjara Hills, Hyderabad, to diagnose Primary Hyperparathyroidism (PHPT), an underlying hormonal disorder in a 59-year-old woman from Secunderabad. The case highlights the importance of timely health screenings and expert clinical evaluation, while underscoring how certain endocrine disorders can remain silent for years and surface in unexpected ways.

The patient initially consulted her gynaecologist after detecting a lump during a self-examination. A screening mammogram was advised to rule out breast pathology. While the breast tissue appeared completely normal, imaging revealed an unusual cystic swelling beneath the breast, arising from the third rib. Further evaluation through a chest X-ray suggested the lesion was a Brown Tumour, a rare bone manifestation associated with prolonged, untreated hyperparathyroidism. Recognizing the unusual presentation, the patient was referred for further endocrine evaluation. An ultrasound scan of the neck subsequently identified a vascular left inferior parathyroid adenoma. Laboratory investigations confirmed markedly elevated serum calcium and parathyroid hormone (PTH) levels, establishing the diagnosis of Primary Hyperparathyroidism, a condition caused by excessive secretion of parathyroid hormone.

The patient underwent a successful left inferior parathyroidectomy at CARE Hospitals. Within three days of surgery, her calcium levels normalized, and histopathological examination confirmed a benign parathyroid adenoma. She recovered well and was discharged on routine calcium supplementation.

Commenting on the case, Dr. Sameera Jha, Sr. Consultant – Surgical Endocrinologist, CARE Hospitals, Banjara Hills, said, "Primary Hyperparathyroidism is often called a silent disease because many patients remain asymptomatic or experience vague symptoms that are easily overlooked. In this case, the patient had no classical symptoms, and the diagnosis was made only because a routine breast screening revealed an unusual rib lesion. Brown tumours are rare manifestations of prolonged hyperparathyroidism and can mimic breast, chest wall, or bone pathologies. This case highlights the importance of maintaining a high index of suspicion and adopting a multidisciplinary approach to diagnosis. Early detection and timely surgery can prevent serious complications and significantly improve quality of life."

Speaking on the successful outcome, Mr. Abhinav Joshi, Hospital Chief Operating Officer, CARE Hospitals, Banjara Hills, said, "This case exemplifies the strength of collaborative, patient-centric care at CARE Hospitals. The timely coordination between radiology, endocrinology, surgery, and laboratory teams enabled the identification and treatment of a potentially serious condition before it could lead to further complications. We remain committed to bringing advanced diagnostics, specialized expertise, and comprehensive care together to deliver the best possible outcomes for our patients."

Doctors say Primary Hyperparathyroidism is increasingly being detected incidentally during routine health check-ups and imaging investigations often before obvious symptoms develop. They advise people to seek medical evaluation if routine blood tests repeatedly show elevated calcium levels or if they experience recurrent kidney stones, unexplained osteoporosis, persistent bone pain, frequent fractures, or unexplained fatigue, as these may be warning signs of an underlying hormonal disorder requiring specialist evaluation. The successful treatment not only resolved the underlying hormonal disorder, but also prevented the progression of bone-related complications, reinforcing the critical role of preventive healthcare and early intervention.

CARE Hyderabad | Rare parathyroid tumour removed

Central Chronicle

RAIPUR • BILASPUR

Raipur
17 AUG 2026

| CANCER CARE INSTITUTE |

Advanced cancer care should be available closer to home: CM



"Cancer outcomes can improve significantly when the disease is detected early."
Dr Sandeep Dave
MD, Ramkrishna CARE Hospitals

Central Chronicle News

RAIPUR: In a significant boost to cancer care infrastructure in Chhattisgarh, Chief Minister Vishnu Deo Sai today inaugurated the CARE Cancer Institute at Ramkrishna CARE Hospitals, Raipur, marking an important step towards expanding access to comprehensive and advanced cancer treatment in the state.

Speaking at the inauguration, Chief Minister Vishnu Deo Sai said, "Cancer is a growing health challenge across the country, and Chhattisgarh is also witnessing an increasing burden of the disease. Our government is committed to strengthening healthcare infrastructure, expanding screening and early diagnosis, and ensuring access to quality treatment within the state.

Raman Singh, Speaker and Former CM, said, "Chhattisgarh has made significant progress in strengthening its healthcare infrastructure over the years. The addition of advanced cancer-care facilities in Raipur is another important step in that journey. Shyam Bihari Jaiswal, Minister of Health, said, "Early detection and timely treatment are critical in the fight against cancer.

Ramkrishna CARE Raipur | Cancer institute inaugurated by CM

The Pioneer

TRUSTED SINCE 1865

Newborn with rare heart anomaly successfully treated at KIMS

PIONEER NEWS SERVICE
Thiruvananthapuram

Doctors at KIMS HEALTH, Thiruvananthapuram, successfully treated a six-day-old newborn diagnosed with a rare congenital condition called Double Aortic Arch, giving the critically ill baby a new chance at life.

The baby, weighing only 1.6 kg, was referred to the hospital with severe breathing difficulty soon after birth and was admitted to the Neonatal Intensive Care Unit (NICU). A CT scan revealed that the baby's aorta had formed two arches instead of the normal single arch. The abnormality had encircled and compressed the windpipe and food pipe, causing severe respiratory distress.

Considering the critical airway compression, the medical team decided that surgery was the only definitive treatment and performed the complex Arch Division and Aortopexy.

During the surgery, the left aortic arch was divided and the aorta was secured forward to the breastbone, relieving pressure on the airway.

The baby required ventilatory support for two weeks following surgery and was discharged after a month-long hospital stay. Doctors said the baby has a favourable prognosis for a normal and healthy life.

The multidisciplinary team at KIMS HEALTH was led by Dr. Naveen Jain, Senior Consultant, Neonatology, and Dr. Sowmya Ramanan, Senior Consultant, Pediatric Cardiac Surgery, who performed the complex surgery. They were supported by Dr. Femitha Pournami, Dr. Jyothi Prabakhar, Dr. Ajay Ravi, Dr. Zunimol PKM, Dr. Joseph Thomas, Dr. Rajesh M.G., and Dr. Keerthy Nath S. across neonatology, pulmonology, radiology, interventional radiology, and pediatric cardiac anesthesia.

KIMSHEALTH Trivandrum | Newborn aortic arch surgery

ദേശാഭിമാനി

Wed, 08 July 2026

കിംസിൽ അതിസങ്കീർണ ശസ്ത്രക്രിയ വിജയം

65കാരിയുടെ നെഞ്ചിൽനിന്ന് ഭീമൻ ട്യൂമർ നീക്കി

തിരുവനന്തപുരം

അപൂർവതരത്തിലുള്ള നെഞ്ചിൽനിന്ന് 6.8 കിലോയുള്ള ഭീമൻ ട്യൂമർ വിജയകരമായി നീക്കംചെയ്ത് കിംസ് ഹെൽത്ത്. പത്തനംതിട്ട സ്വദേശിനിയുടെ വലത് ശ്വാസകോശത്തെയും ഹൃദയത്തെയും ഞെരുക്കുന്ന രീതിയിലായിരുന്നു ട്യൂമർ. പതിവ് ആരോഗ്യപരിശോധനയുടെ ഭാഗമായ എക്സ്റേയിലാണ് കണ്ടെത്തിയത്. വാരിയെല്ലുകൾ അകത്തി നെഞ്ചിന്റെ ഉൾഭാഗം തുറന്നായിരുന്നു ശസ്ത്രക്രിയ.

ശ്വാസകോശത്തോട് ചേർന്നിരുന്ന ട്യൂമർ, പ്രത്യേക ഉപകരണങ്ങളുടെ സഹായത്തോടെ സൂക്ഷ്മമായി വേർപെടുത്തി. ട്യൂമർ ഡയഫ്രവുമായി ചേർന്നിരുന്നതിനാൽ ഡയഫ്രത്തിന്റെ ഒരു ഭാഗവും നീക്കംചെയ്തു. സർജിക്കൽ ഓങ്കോളജി യോഗിച്ച് ഡയഫ്രം വിജയകരമായി പുനർനിർമിച്ചു. മറ്റ് അവയവങ്ങളുടെ പ്രവർത്തനങ്ങളെ ബാധിക്കാതെയായിരുന്നു ശസ്ത്രക്രിയ.

കാർഡിയോതൊറാസിക് സർജറി സീനിയർ കൺസൾട്ടന്റ് ഡോ. ഷാജി പാലങ്ങാടന്റെ നേതൃത്വത്തിൽ ഡോ. വിപിൻ ലാനായർ, ഡോ. ജയാനന്ദ് സുനിൽ, ഡോ. എ എ നജീബ്, ഡോ. എസ് സുരേഷ്, ഡോ. എസ് നന്ദു എന്നിവർ ശസ്ത്രക്രിയയുടെ ഭാഗമായി.

KIMSHEALTH Trivandrum | 6.8 kg chest tumour removed

ദേശാഭിമാനി

സിസേറിയനൊപ്പം ഗർഭാശയ മുഴയും നീക്കി; ആസ്റ്റർ മിംസിൽ സങ്കീർണ ശസ്ത്രക്രിയ വിജയം

അരീക്കോട്



ശസ്ത്രക്രിയ വിജയകരമായി പൂർത്തിയാക്കിയ അരീക്കോട് ആസ്റ്റർ മിംസ് മദർ ഹോസ്പിറ്റലിലെ മെഡിക്കൽ സംഘം

അമിത രക്തസ്രാവത്തിന് കാരണമാകുന്ന രോഗാവസ്ഥയിലായിരുന്ന യുവതിക്ക് സിസേറിയനൊപ്പം ഗർഭാശയത്തിലെ വലിയ മുഴകളും വിജയകരമായി നീക്കംചെയ്തു. അരീക്കോട് ആസ്റ്റർ മിംസിലെ ഒബ്സ്റ്റെട്രിക് വിഭാഗമാണ് സങ്കീർണമായ ഇരട്ട ശസ്ത്രക്രിയ പൂർത്തിയാക്കിയത്. രക്തത്തിൽ പ്ലേറ്റ്ലെറ്റുകൾ ഗണ്യമായി കുറയുന്ന ത്രോംബോസൈറ്റോപീനിയ വിഭാഗത്തിലുള്ള ഗർഭിണിക്കാണ് സ്റ്റിക് അനീമിയ എന്നീ ഗുരുതരമായ അവസ്ഥകളിലായിരുന്നു യുവതി. ഇതിനുപുറമെ ഗർഭാശയത്തിന് താഴെയായി അരക്കിലോയോളം ഭാരമുള്ള മുഴയും മറ്റ് ചെറിയ മുഴകളും വളർന്നതിനാൽ സ്വാഭാവിക പ്രസവവും അസാധ്യമായിരുന്നു. തുടർന്ന് പ്രത്യേക ചികിത്സയിലൂടെ പ്ലേറ്റ്ലെറ്റും ഹീമോഗ്ലോബിനും വർധിപ്പിച്ചശേഷമാണ് സിസേറിയൻ നടത്തിയത്. കുഞ്ഞിനെ സുരക്ഷിതമായി പുറത്തെടുത്തശേഷം ഗർഭാശയത്തിന് ഒരു കേടുപാടുകളും വരുത്താതെ വിദഗ്ധമായി മുഴകൾ നീക്കംചെയ്യുകയായിരുന്നു.

ഗർഭകാലത്ത് ഗർഭാശയത്തിലെക്കുള്ള രക്തയോട്ടം കൂടുതലായതിനാൽ സിസേറിയനൊപ്പം മുഴകൾ നീക്കംചെയ്യുന്നത് അമിത രക്തസ്രാവത്തിന് കാരണമാകാം. ഇത്തരം സാഹചര്യങ്ങളിൽ ജീവൻ രക്ഷിക്കാൻ ഗർഭാശയംതന്നെ നീക്കംചെയ്യേണ്ടിവരാൻ സാധ്യത കൂടുതലാണ്. ഇതുകൊണ്ടാണ് ഇത്തരം ശസ്ത്രക്രിയകൾ ആരോഗ്യത്തോടെ ആശുപത്രിവിടുംവരെ ഡോ. റഹീമാന വൈദഗ്ധ്യമുള്ള സംഘത്തിലെ ഡോ. ഷഹീൻ, ഡോ. നന്ദിന എന്നിവരടങ്ങിയ സംഘമാണ് ശസ്ത്രക്രിയയ്ക്ക് നേതൃത്വം നൽകിയത്. അമ്മയും കുഞ്ഞും പൂർണ ആരോഗ്യത്തോടെ ആശുപത്രിവിടുംവരെ പ്രസവചികിത്സകൾക്ക് ലോകോത്തര നിലവാരത്തിലുള്ള പരിചരണം പ്രാദേശികമായിത്തന്നെ ഉറപ്പാക്കുകയാണ് ലക്ഷ്യമെന്ന് ആസ്റ്റർ മിംസിലെ റോബോട്ടിക് സി വി പറഞ്ഞു.

Aster MIMS Areekode | Fibroids removed, uterus saved

National and International Recognition Reinforces the Group's Healthcare Credentials



Dr. Azad Moopen

Executive Chairman

Lifetime achievement in Social Responsibility and Impact in Individual Category 2026
Mahatma Award 2026
Lifetime Achievement of the Year
Financial Express 2026
Lifetime Achievement Award
Gulf Business Award 2026
Middle East's Top Healthcare Leaders 2026
Forbes Middle East 2026



Varun Khanna

Managing Director & Group CEO

Healthcare CEO of the Year
ET Healthcare Awards 2026



Alisha Moopen

Executive Director

100 Most Powerful in Business
Fortune India, Business Today 2026
Healthcare Leader of the Year
Financial Express 2026
Women Leader in Business
ASSOCHAM Awards 2026
4th among Top Women Leaders
NexGen Business Leader ET Family Business 2026



Dr. M. I. Sahadulla

Chairman – Medical Advisory Board

Global Perspective Award for Excellence in Healthcare Leadership & Institutional Development
India Overseas Trade & TVM CCI - 2026
Lifetime Achievement
Financial Express and CAHO 2026

Newsweek 2026

World's Best Hospitals

Aster CMI	12th
Aster Medcity	28th
Aster RV	58th
Aster MIMS	71st

Outlook

National Best Hospital Rankings

Aster Medcity	2nd
KIMSHEALTH Trivandrum	3rd
Aster CMI	4th
CARE Banjara Hills	7th
Aster MIMS	8th

CARE Hospitals: **12 National Rankings across specialties**

ET Healthcare Awards 2026

Aster DM Quality Care Ltd

Healthcare Brand of the Year (National)

Hospital of the Year awards

Aster CMI – Emergency and Trauma Care

Aster MIMS Calicut – Neurology

Aster Whitefield – Future-Ready Hospital of the Year (South)

CARE Bhubaneswar – Multi-Specialty and Orthopaedics (East)

CARE Hospitals: ET Best Healthcare Brand 2026, second consecutive year

Vidarbha Icon Awards 2026 (25th Anniversary Special)

CARE Nagpur – Trusted Multi-Specialty Hospital

Hospital excellence

CARE Bhubaneswar

5th ICC Awards: Best Hospital of the Year and Best Healthcare Delivery, Eastern India

Aster Medcity

ASSOCHAM Excellence in Medical Value Travel & Wellness Tourism

KIMSHEALTH Trivandrum

AHPI Nursing Excellence & Medical Education 2026, Honored by the state for best practice in Organ Donation and Excellence

MIMS Kotakkal

Outstanding Patient Centric care in Fertility in 7th National IVF Summit Awards

Aster Narayanadri

5th ICC Awards: 1st place, Best Healthcare Delivery, Southern India

Sustainability awards

Rotary

Best CSR Excellence in Healthcare

Dr. Azad Moopen – Forum House

Lifetime Achievement in Sustainability Climate Leadership

CSR TIMES

Bharat ESG & Sustainability Awards 2026

HELP Sustainability Excellence Awards 2026

Best CSR Program in Environment

India Sustainability Awards 2026

Sustainable Development Initiative Award 2026

Double-Digit Growth Across All Geographies Underscores Broad-Based Momentum

(Q2 FY27)

Kerala and Tamil Nadu

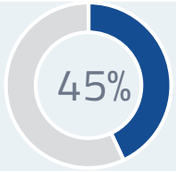
Kerala and Tamil Nadu



Revenue[1] ▲ 23% YoY

INR 1,216 Cr

Q2 FY26: INR 987 Cr



	Q2 FY27	Q2 FY26
Hospitals	**12**	**12**
Capacity beds	**4,880**	4,531
Occupancy[3]	**71%**	66%
Total Volume (Mn.)	**1.30**	1.12

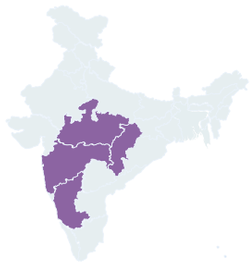
Planned Beds 1,179

Brownfield 725

Greenfield 454

South-West and Central

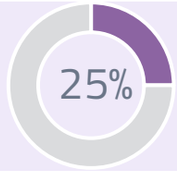
Karnataka, Maharashtra, Madhya Pradesh and Chhattisgarh



Revenue[1] ▲ 16% YoY

INR 689 Cr

Q2 FY26: INR 596 Cr



	Q2 FY27	Q2 FY26
Hospitals	**8**	**9**
Capacity beds	**2,541**	2,445
Occupancy[3]	**69%**	66%
Total Volume (Mn.)	**0.35**	0.32

Planned Beds 1,941

Brownfield 470

Greenfield 1,471

South-East

Andhra Pradesh, Telangana, Odisha and Bangladesh



Revenue[1] ▲ 13% YoY

INR 830 Cr

Q2 FY26: INR 736 Cr



	Q2 FY27	Q2 FY26
Hospitals	**17**	**17**
Capacity beds	**3,419**	3,305
Occupancy[3]	**63%**	61%
Total Volume (Mn.)	**0.53**	0.51

Planned Beds 1,110

Brownfield 810

Greenfield 300

1. *Data for hospitals only*
2. *Operational Numbers for Kerala and Tamil Nadu excludes WIMS*
3. *Occupancy is based on operational census beds.*

An Experienced Board Providing Oversight and Direction



Dr Azad Moopen
Executive Chairman



Varun Khanna
Managing Director and Group CEO



Alisha Moopen
Executive Director



Ayshwarya Vikram
Non-Executive Director



Ganesh Mani
Non-Executive Director



James Mathew
Independent Director



Kewal Handa
Independent Director



Neela Bhattacherjee
Independent Director



Neeraj Jain
Independent Director



Sunil Theckath Vasudevan
Independent Director



T J Wilson
Non-Executive Director



VK Mathews
Independent Director

A Unified Leadership Team Driving Integration and Growth



Varun Khanna
Managing Director &
Group Chief Executive Officer



Sunil Kumar M R
Group
Chief Financial Officer



Hemish Purushottam
Company Secretary and
Compliance Officer



Ramesh Kumar
Chief Executive Officer
(India I)



Dr Pawan Kumar
Chief Executive Officer
(India II)



Vishal Maheshwari
Chief Executive Officer
(India III)



Dr Ratnadeep Chaskar
Chief Executive Officer
(International)



Hari Prasad VK
Chief Internal Audit and
Risk Management Officer



Richa Singh
Group General Counsel



SV Kiran
Group Chief People Officer



Dr Somashekhar SP
Group Medical Director



Sudeep Dey
Chief Information Officer



T J Wilson
Director and Head -
Integration, ESG and CSR



Vinod Raman
Chief Digital Officer

Annexure

20% Revenue Growth led by 13% rise in Patient Volumes (H1FY27)

Financial

Revenue[1]

H1FY27 : **INR 5,429 Cr**

▲ **20%**

H1FY26 : **INR 4,538 Cr**

Operating EBITDA[1,2]

H1FY27 : **INR 1,255 Cr**

▲ **27%**

H1FY26 : **INR 988 Cr**

Op EBITDA Margin[1,2]

H1FY27 : **23.1%**

▲ **135 bps**

H1FY26 : **21.8%**

Normalised PAT[3]

H1FY27 : **457 Cr**

▲ **27%**

H1FY26 : **INR 360 Cr**

Operational

Total Patient

H1FY27 : **4.14 mn**

▲ **13%**

H1FY26 : **3.67 mn**

Operational Beds

H1FY27 : **10,611**

▲ **4%**

H1FY26 : **10,222**

Occupancy (%)

H1FY27 : **66%**

▲ **427 bps**

H1FY26 : **62%**

ALOS (Days)

H1FY27 : **3.32 days**

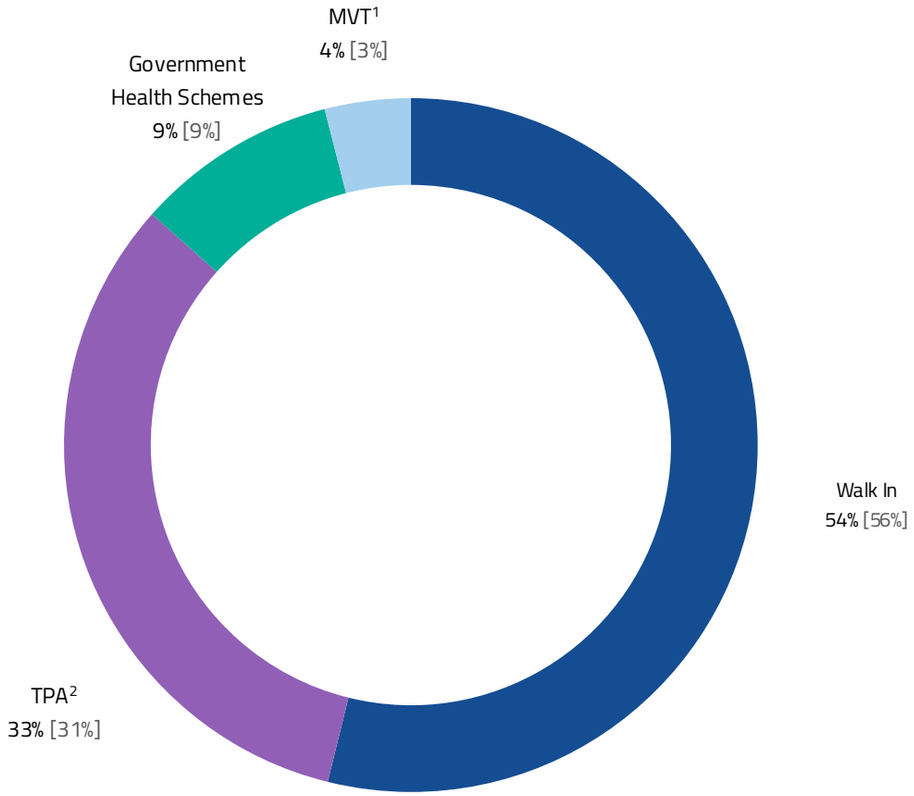
▼ **1%**

H1FY26 : **3.34 days**

1. Revenue, Operating EBITDA and Operating EBITDA% excludes other income.
2. Operating EBITDA for H1 FY27 excludes ESOP Cost, Variable O&M fee amounting & Other Expenses
3. Normalised PAT for H1 FY27 excludes exceptional expenses of which includes Project Unity/Project Peak cost, CSR & Other expenses.

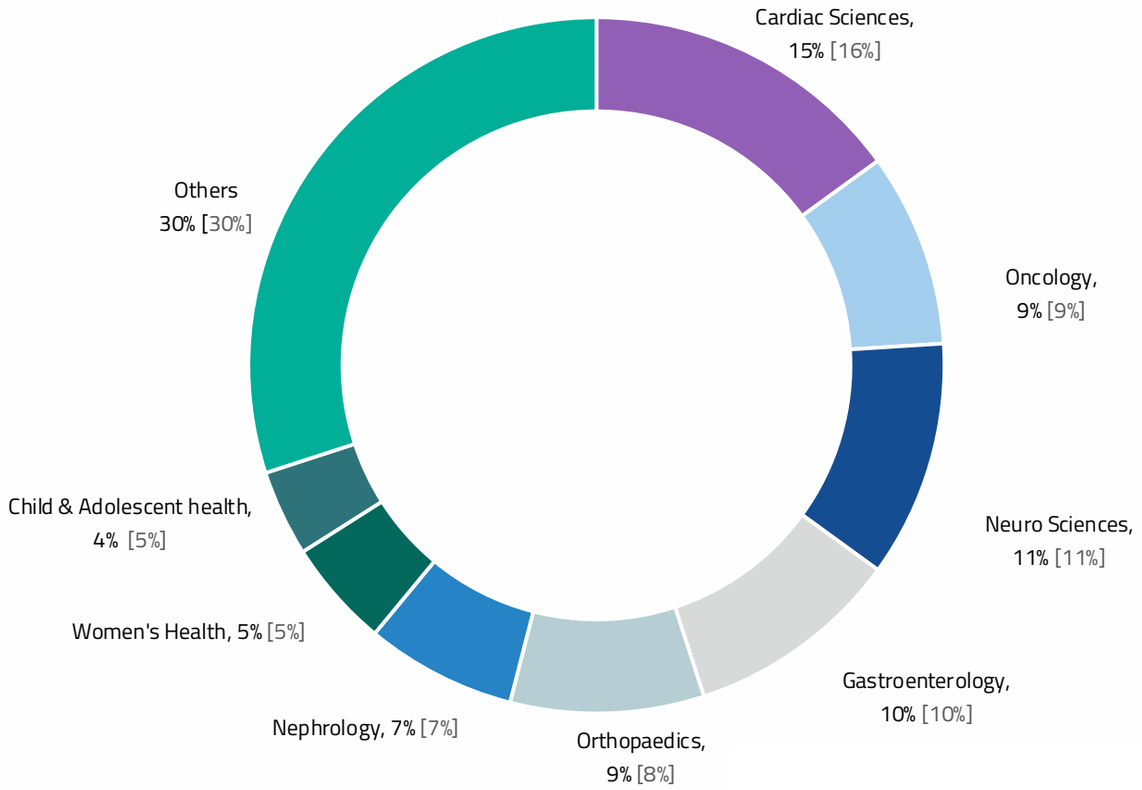
19% Growth in CONGO Revenue, Alongside a Shift Towards TPA Payors (H1 FY27)

Payor Revenue Mix



Specialty-wise Revenue Mix

H1FY27 [H1FY26]



CONGO revenue grew by 19% YoY contributing 54%

1. MVT: Medical Value Travel
2. TPA Includes : Corporate(5.0%) and Others(0.4%)
Numbers in brackets are for corresponding half year prior year
Figures may not total 100% due to rounding

Double-Digit Growth Across All Geographies Underscores Broad-Based Momentum

(H1 FY27)

Kerala and Tamil Nadu

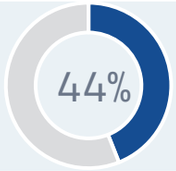
Kerala and Tamil Nadu



Revenue[1] ▲ **24% YoY**

INR 2,334 Cr

H1 FY26: 1,888 Cr



	H1 FY27	H1 FY26
Hospitals	**12**	**12**
Capacity beds	**4,880**	4,531
Occupancy[3]	**68%**	63%
Total Volume (Mn.)	**2.45**	2.10

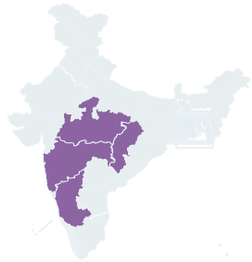
Planned beds **1,179**

Brownfield 725

Greenfield 454

South-West and Central

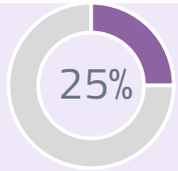
Karnataka, Maharashtra, Madhya Pradesh and Chhattisgarh



Revenue[1] ▲ **15% YoY**

INR 1,322 Cr

H1 FY26: 1,154 Cr



	H1 FY27	H1 FY26
Hospitals	**8**	**9**
Capacity beds	**2,541**	2,445
Occupancy[3]	**67%**	64%
Total Volume (Mn.)	**0.66**	0.62

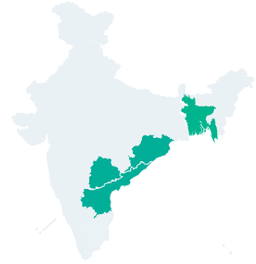
Planned beds **1,941**

Brownfield 470

Greenfield 1,471

South-East

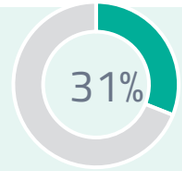
Andhra Pradesh, Telangana, Odisha and Bangladesh



Revenue[1] ▲ **17% YoY**

INR 1,618 Cr

H1 FY26: 1,378 Cr



	H1 FY27	H1 FY26
Hospitals	**17**	**17**
Capacity beds	**3,419**	3,305
Occupancy[3]	**62%**	57%
Total Volume (Mn.)	**1.02**	0.96

Planned beds **1,110**

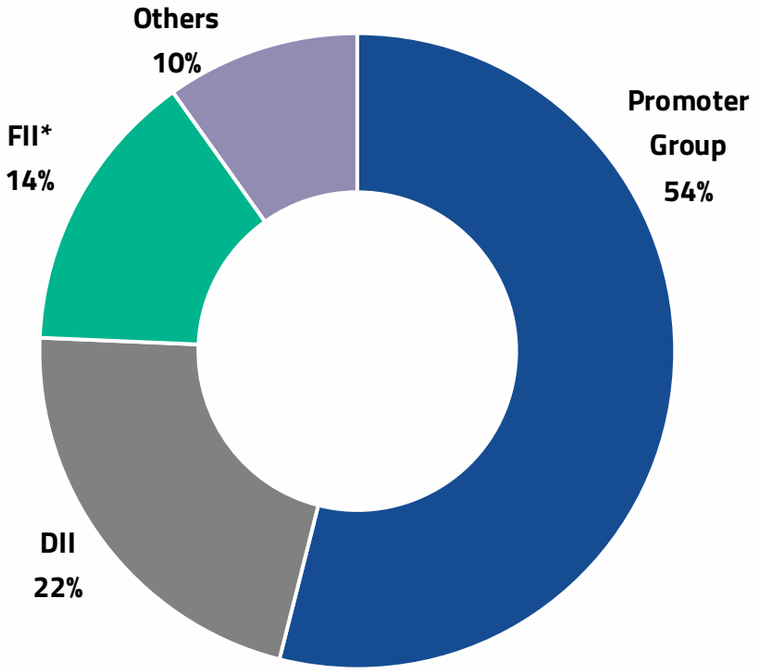
Brownfield 810

Greenfield 300

1. *Data for hospitals only*
2. *Operational Numbers for Kerala and Tamil Nadu excludes WIMS*
3. *Occupancy is based on operational census beds.*

Current Shareholding Pattern and Key Large Shareholders

Shareholding pattern



Key Institutional Shareholders

As on 30th Sep 2026
** Includes TPG*

THANK YOU