12 August 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: Transcript of Earnings Conference Call for the quarter ended 30 June 2026

Reg: Regulation 30 of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015

This is in furtherance to our letter dated 5 August 2026, wherein the Company submitted the link to the video recording of the earnings conference call held with regard to the unaudited standalone and consolidated financial results for the quarter ended 30 June 2026, please find enclosed herewith the transcript of the said earnings conference call.

The same is also being uploaded on Company's website at https://www.asterqualitycare.com/investors/financial-information/quarterly-reports/earnings-call-transcripts-recordings

Kindly take the above-said information on record.

Thanking you,

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

HEMISH PURUSHOTTAM
Digitally signed by HEMISH PURUSHOTTAM
Date: 2026.08.12 14:34:22 +05'30'

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

Aster DM Quality Care Limited

Q1 FY27 Earnings Conference Call

August 5, 2026

Management:	**Dr Azad Moopen – Executive Chairman**
	Ms. Alisha Moopen – Deputy Managing Director
	Mr. Varun Khanna – MD & Group CEO
	Mr. Sunil Kumar M R – Group Chief Financial Officer
Moderator:	**Mr. Puneet Maheshwari – Lead - Investor Relations**

Puneet Maheshwari: Good evening, ladies and gentlemen, and a warm welcome to everyone joining us today for the inaugural earnings conference call of Aster DM Quality Care Limited for the first quarter ended June 30, 2026.
Today marks an exciting step forward as we bring together two healthcare leaders into a unified platform.

To discuss our operational and financial performance for Q1 FY27, we are joined today by the senior management team of Aster DM Quality Care:

- Dr. Azad Moopen – Executive Chairman
- Ms. Alisha Moopen – Executive Director
- Mr. Varun Khanna – MD and Group CEO
- Mr. Sunil Kumar M R – Group Chief Financial Officer

Before we begin, I would like to remind everyone that some statements made on today's call may be forward-looking in nature and are subject to risks and uncertainties.

I would now like to request our Executive Chairman, Dr. Azad Moopen, to share his opening remarks. Over to you, Sir.

Dr Azad Moopen: Good evening and a very warm welcome to everyone. I am truly delighted to welcome you to this important day, a milestone we have been working towards for nearly two years. I want to express my deep appreciation to Blackstone, our dedicated team, our MD Varun Khanna, Alisha, Wilson, Sunil, and everyone who has worked tirelessly to make this happen. Today, as a unified entity, we stand proudly with around 39 hospitals and a passionate team of about 45,000 healthcare professionals, including over 7,000 doctors. I am extremely happy to see this vision become a reality. Now, I would like to hand over the floor to Alisha to take us forward. Thank you, and please go ahead, Alisha.

Alisha Moopen: Thank you so much, Chairman. Good evening, everyone. A very warm welcome to all of you. I'm also delighted to address you on this very historic milestone as we celebrate the foundation and our first call as Aster DM Quality Care Ltd. By combining Aster's legacy of physician-led, as Chairman was mentioning, patient-centric care with Blackstone's institutional strength, we have built a very, very powerful platform. The overwhelming support from our shareholders underscores our strong confidence in our strategic direction and long-term value creation.

As we unite, our overarching priority is elevating the standard of clinical excellence and standardizing best practices across every single bed in our network. We are approaching this in three distinct ways:

- First, scaling super-specialty care: We are deepening our capabilities in high-acuity domains like Oncology, Neurosciences, Cardiac Sciences, and Transplants bringing complex care closer to home for millions.

- Second, Medical expanding geographic access: We are actively taking advanced clinical protocols into Tier 2 and Tier 3 markets, ensuring

world-class medical talent and advanced technology are accessible to our patients' doorsteps without requiring long-distance travel.

- And third, driving patient-centric innovation: By integrating digital health platforms and modern care delivery models, we are focused on improving clinical outcomes and enhancing the patient experience across the entire care continuum.

So, how do we move forward and keeping our core strong in terms of really bringing the best of ethical excellence and patient-centric care is really our focus. With that, I will hand over to Varun Khanna, the Managing Director and Group CEO, to address all of you, please.

Varun Khanna: Good evening and thank you for joining us today.

We are delighted to address you for the very first time as Aster DM Quality Care Limited.

Today, we come to you as one unified healthcare champion across India. In this new chapter we are committed to keeping our core and value system unchanged, with continued focus on patient care, enabling doctors and hospital operations through technology, and best-in-class clinical outcomes. The merger between Aster DM Healthcare and Quality Care is much more than a combination of assets. It brings together talented teams, strong clinical franchises, and a complementary network under a single vision. With an expanded footprint, a diversified portfolio, and significant opportunities for operational and clinical synergies, we believe the combined entity is uniquely positioned to deepen the access to high-quality care across India while creating long-term stakeholder value.

On July 1, we marked this milestone with our enterprise-wide #GOGREATER celebration. We brought together over 45,000 people across our network including doctors, nurses, paramedical workers and employees to drive enterprise-wide alignment around our core cultural tenets of One Team, Excellence and Accountability. Across all the sites, we achieved zero operational friction and zero service disruption while executing cultural integration programmes driving employee engagement, shared behaviors & long-term integration success.

Before diving into our Q1 numbers, I want to clearly articulate our framework for value creation and the core strategic priorities that will drive our growth going forward.

- Network Expansion
- Clinical Excellence
- Service Excellence

driven through digital enablement, and an effective and empowered team.

Turning now to our financial and operational performance for Q1 FY27.

Considering that the merger became effective on July 1, 2026, the numbers pertaining to the combined entity are on proforma basis.

- Q1FY27 delivered strong overall momentum. Revenue from

operations increased 20% year-on-year to INR 2,597 crores. EBITDA grew 30% YoY to INR 576 crores. The EBITDA Margin expanded by 170 bps YoY to 22.2%.

- Revenue growth was driven by higher patient volumes supported by higher realizations driven by an increasingly complex case mix. We treated over 2 million patients in Q1, up 13% YoY, with blended occupancy expanding 510 bps YoY to 64%. This was supported by 62% YoY growth in Medical Value Travel (MVT) revenue on account of addition of new geographies.
- EBITDA growth outpaced revenue growth, unlocking operating leverage through material cost savings and stronger fixed cost absorption.

Now, let's look at the Maturity Cut for us:

- Growth across our unit mix remained robust with Mature Units contributing 73% to the total revenue recorded 19% YoY revenue growth, driven by steady bed throughput, higher ARPP IP driven by improved case mix, better Payor mix and higher MVT contribution. The strong operating leverage led to the EBITDA growth of 29% in this segment and sustained EBITDA margins at 30% expanding by 230 bps YoY.
- Focus Units (15% of the revenue) delivered 16% YoY revenue growth, benefiting from expanding specialty programs, increasing occupancy, and rapid margin expansion further leading to EBITDA growth of 20% with EBITDA margins expansion of 60 bps.
- Emerging Segment which is the newer hospitals registered the highest growth trajectory at 63% YoY revenue growth, propelled by fast-paced patient volume ramp-ups at newly commissioned facilities. In our Emerging Units, EBITDA surged by 240% YoY, with margins more than doubling to 12.4% with 640 bps YoY expansion. This underscores our operational execution speed, best highlighted by our newly commissioned Kasargod facility, which achieved EBITDA breakeven in June 2026, within just 9 months of operation.

Beyond our financial metrics, our true strength lies in our broader clinical platform leveraging our 7,400+ clinicians to scale high-acuity care where it matters the most. Over the last 12 months, our unified platform has served nearly 8 million patients across our network, a powerful reflection of the deep trust patients place in us.

Spanning 28 cities and 9 states, we are democratizing advanced care. The centers in metro and Tier-1 including cities like Bengaluru, Kochi, Hyderabad and others continue to pioneer complex interventions such as India's 1st Robotic Hepatic Artery Infusion (HAI) therapy, for non-curable liver metastases, and Kerala's 1st transcatheter Fontan procedure performed at Kochi while our hospitals in Tier 2 and Tier 3 cities bring advanced robotics, oncology, and cardiac care directly to the doorstep, this is highlighted by our high-risk multidisciplinary surgery performed for Stage IV colon cancer at Nagercoil. Among CONGO specialties – Orthopaedics, Neurology and Oncology had an accelerated ramp-up during Q1FY27. All of these specialities grew in excess of 24% this quarter.

What will interest you is that our Robotics Volumes witnessed ~80% growth over the same period last year with Joint replacements increasing by 39% over last year and transplants up by 19% YoY and this was enabled through investment in medical technology, strengthening of our clinical skills and capabilities across the network.

In recognition of our clinical leadership and patient-centric philosophy, Care Hi-tech secured JCI accreditation, becoming the 1st unit in CARE network to achieve the same. Aster was recently conferred with Healthcare Brand of the Year by the Economic Times, while CARE and KIMSHealth got recognized for clinical leadership, nursing excellence, and research focus by NABH and Medical Dialogues. Demonstrating the extraordinary caliber of our leadership, we are the only hospital group in India honored with two Lifetime Achievement Awards from Financial express. One conferred upon our Executive Chairman, Dr. Azad Moopen, and Dr. M.I. Sahadulla, Chair- Medical Advisory Board, for their exemplary lifetime services to the patient care.

We have a clear roadmap to add over 4,170 beds over the next 3 to 4 years, taking our total capacity over 15,000 beds.

- Crucially, 53% of this expansion is brownfield-led, enabling us to leverage existing infrastructure and talent for faster gestation, lower execution risk, and higher ROCE. Capital deployment will focus on deepening presence across our core Southern, Central, and Eastern regions.
- Additionally, in April 2026, we commissioned the 159-bed Aster Women & Children block at Aster Whitefield, Bengaluru, which is already seeing strong patient traction.

In closing, the exceptional momentum across both platforms, backed by robust clinical growth, strong operational leverage, and disciplined expansion, gives us immense confidence as we step forward as one integrated enterprise. By combining our strengths, we are uniquely positioned to deliver long-term value for our shareholders while setting new benchmarks in quality, accessible healthcare across India.

Thank you for your continued trust and partnership and now I handover the call to Sunil for financial performance.

Sunil Kumar: Thank You, Varun and Good Evening, Everyone.

While Varun walked you through the overall combined proforma performance, I would now like to share the performance of the Aster DM Healthcare platform for the first quarter of FY27, which underscores this strong momentum.

I am delighted to share that Aster DM delivered a strong start to FY27, with revenue increasing 22% year-on-year to Rs. 1,311 Cr, compared to Rs. 1,078 Cr in Q1 FY26. Operating EBITDA increased 29% to Rs. 277 Cr, while the operating EBITDA margin expanded by 117 basis points to 21.1%.

Normalised PAT, excluding exceptional costs, increased 39% year-on-year to approximately Rs. 125 Cr, compared with Rs. 90 Cr in the corresponding quarter last year.

The exceptional expense of INR 114 Cr pertains entirely to costs incurred

towards the merger and related activities. These are one-time, transaction-related costs and are not indicative of the underlying operating cost base.

Return on Capital Employed improved by approximately 190 basis points to 22.6%, compared with 20.7% in the corresponding period last year. This improvement reflects both higher operating earnings and better utilisation of the existing asset base.

Our performance this quarter was firmly volume-led, with total patient throughput expanding 16% alongside a 10% uptick in ARPP IP. Growth in ARPP IP was well supported by Case-mix improvement led by the Centres of Excellence and High-end tertiary care including robotic cases.

Rather than relying on select units, growth was well-distributed across our network and propelled by a healthy mix of clinical complexity, capacity utilization, and steady realization gains.

I'd would like to bring you a quick snapshot of how this platform performed in Q1. Quality Care delivered a standout quarter, with revenue growing 19% YoY to INR 1,287 Cr and Operating EBITDA surging 32% YoY to 299 Cr, and margin expansion of 216 bps reaching 23.2% in Q1FY27.

This strong performance was driven by a 656 bps jump in occupancy to 65.4%, deeper clinical mix, robust growth in robotic, transplants and joint replacement along with better payor mix which boosted the ARPP IP, reaching ~INR 144k in Q1FY27.

We continue to maintain a strong balance sheet. At the combined level there is a net debt of INR 1162 Crore as on 30 June 2026. Aster is net cash with INR 511 crore and Quality Care has a debt of INR 1,673 crore.

As we look ahead, our unified platform gives us unmatched operational depth, a robust brownfield expansion pipeline, and clear synergy potential. We remain committed to setting new benchmarks in clinical quality while creating sustainable value for all stakeholders.

With that, I conclude my remarks and hand it over to Puneet to begin the question-and-answer session.

Puneet Maheshwari: Thank you, Sunil. Dear participants, during the Q&A session, you will get a chance to ask a question by raising your hands through the raise hand icon in the Zoom application in the bottom of your window. We will call out your name after which your line will be un-muted, and you will be able to ask questions. I would now like to request to all the participants, if you can introduce yourself with your name and the company that you are associated with before asking the question.
If you are not associated with any company, and you are an individual investor, you can highlight that as well.

Moving on to the Q&A session now, the first question is from Mr. Tausif.

Tausif Shaikh: Thanks, Puneet. Good evening. This is Tausif Shaikh from BNP Paribas. Congratulations on the good set of numbers and completion of merger. First few question to Varun on new organizational structure. Varun, could you help us understand the structure of the merged entity, especially regarding the reclassification of business into four clusters? Can you let us know which are the region and state you have classified in each cluster, and what has been the thought process, whether it's a brand centric

approach or a cluster centric approach we have adopted?

Varun Khanna: Hi, Tausif. How are you doing? Thanks for complimenting us. Yes, the performance has been very good, especially given the fact that we were all also tied up with enabling the merger. I think it's worked out pretty well. See, the India leadership, we are still in the process of putting all of the final touches to it. We are looking at things like geographical continuity, business continuity, span of control, as we start to manage the country. I think the other thing that we are focusing on now, and I did allude to it earlier, many quarters earlier as well at QCIL. To us, the maturity cut matters a lot. We need to identify where the business has to be enabled from a continuity standpoint, where we need to add more firepower in terms of clinical programs, etc.

There are four maturity cuts that we've taken, I think that is another piece that is overlaying the org structure that we've built. I can't tell you that I've put two geographies under one person, etc. We are enabling this through multiple things that I just told you.

Tausif Shaikh: Okay, that's helpful. Second thing on the strategy and the priorities on the near term. Varun, what are the three things that you would like to implement in the merged entity, which can start showing the result in the near term in FY27?

Varun Khanna: A very pertinent question, Tausif, and thanks for asking it. I think the first and the foremost thing is that we brought these two large companies together so that we could benefit from scale. That is what draws me to the post-merger integration and value unlocking from the synergies. That's a big piece for us. We did, by the way, allude to it again during our early part of the conversations. Second is really putting the operational and clinical incidence piece in order. For us, oversight on sustainability and patient-centered growth is extremely critical. That would be a big priority for me. Defining the strategic roadmap for the combined organization, because it's not about a few quarters, it's about the next few decades.

That continuity and that strategic foresight is extremely critical under chairman's leadership, and I think that's going to be the third element that I want to play out

Tausif Shaikh: Varun, do you see there's any clinical gap in the existing entities?

Varun Khanna: Clinical gap, it's never enough. No, I won't ever call it as clinical gap. See, as science is progressing, as technology is progressing, I've said this earlier, maybe I'll repeat it. Our business is about talent, technology, and infrastructure. There won't be a year, there won't be a quarter where we will not continue to invest in talent as well as technology. We've said that we are focused on developing complexity in our networks because we want to be quad care. We've said that we will drive programs which are institutionalized, therefore large team movements together. We will enable their work by implementing, I would say, the cutting tier of technology when it comes to medical science. I don't see it as gaps, Tausif. I see this as a continuous upgrade that I think the industry will have to go through over multiple years.

Tausif Shaikh: Yeah. Thanks, Varun. Just one question to Sunil. I think after a strong start for the year, I know we have guided our EBITDA margin improvement and reaching the levels 24%-25% in next three years. How should one see the EBITDA margin in FY27 after the strong start?

Sunil Kumar M R: Tausif, I think we have previously called out that we will not give a guidance on quarter on quarter or yearly basis. We still hold on to that. You can see that the quarter has been a great start, we still hold on to our broader guidance of two to three years post-merger, we are on our way to hit that number of 24%-25%.

Tausif Shaikh: That's helpful. I'll get back in the queue.

Puneet Maheshwari: Thanks, Tausif. The next question is from Damayanti. Damayanti, can you please unmute yourself and ask the question?

Damyanti Kerai Yeah. Hi. Good evening, everyone, and thank you for the opportunity. Congratulations to the team for merger. Taking the previous question a bit further. As you spoke about your priorities for the merged entity, what we understand both Aster and Quality Care platform have been working on lot of cost efficiency measures, etc., in last few quarters, which was reflected in the EBITDA margin improvement. From current level, if you can help us understand what kind of further low-hanging fruits you see to improve margins further. Apart from these low-hanging factors, in terms of the long-term strategic progress, how do you see things stacking up from current level? Thank you.

Varun Khanna: Thank you, Damayanti. First of all, I have to emphasize on this. For merged entity, synergies haven't played out. As I told you, we've not started working on the merged entity synergies previously. The performances that we have seen at both Aster level and Quality Care level were driven by the independent working of these two entities, and there was no degree of cohesive working that happened. I think that has started as of this month. Therefore, the synergy realization for the or the scale-based synergy realization for the merged entity is yet to be playing out. I'm also not saying it's going to play out this quarter, but you will start to see significant results on our synergies this financial year onwards. That'll get annualized as we go forward into the next year.

It's a 10-point synergy wheel that we created, I had mentioned this about a year back as well, that those are the things that one should work on. First and foremost, of course, it is led by the benefit on consumption. Consumption can be indirect and that's a rather large piece. When you become, or when you get to that scale, we will have a significant leverage coming with that. I think I'll draw your attention back to something that we had guided on earlier, and maybe Sunil can come in as well. We had said that about a year back that we hope to bring in 10%-15% incremental EBITDA on account of synergies, and we still stick to that. We are closer to the ground.

We know exactly what kind of initiatives will get us there, what are the revenue synergies, what are the cost synergies. All of that, Damayanti, will

start to kick in now and this financial year onwards. So, I think I just wanted to clarify that because you alluded to the previous performance but want to categorically state that that performance was driven by the two independent factors, and now onwards it'll be the collective wisdom that'll come into play.

Damyanti Kerai Okay. Also wanted to understand on the synergy for the clinical talent which you have across the network now. We understand your footprint in terms of the site locations, etc. Apart from Kerala, it's a bit more diversified. Do you foresee synergies on the better utilization of clinical talent as well?

Varun Khanna: Absolutely. So, there are programs that we'd like to do at the hospital level. For instance, on cardiology, on neurosciences, urology, neuro, would like to do things at every hospital. You'll build a team at every hospital then it comes to complexity. Let's take an example of DBS. You won't need a team, or you won't even find a team for DBS in every hospital. You could have the collective team or a team which is doing DBS across multiple hospitals. I'll give an example. We have one of India's best, or rather Asia's, it must be the top five programs of Asia in DBS based out of Kochi. Previously, we couldn't use that for any part of our network. Today, we can extend them to Kerala, and if I look at Kerala, we can extend that to KIMS, we can extend that to parts in Hyderabad.

The extension of complexity becomes much easier for us. There's another example I can give you. Liver transplant, for instance. It's very difficult to develop liver transplant programs in every single hospital. We have 39 of them. The patient load is coming into every hospital, and that is one team that you can develop that can go on and handle multiple units. There is a huge leverage that we will have in terms of our clinical programs when it comes to managing complexity.

Yeah, that's very helpful. My last question is on the international patient business, medical value tourism. I think very exceptional growth. What is helping you to achieve, I'll say, much higher growth than the industry peers? A bit of elaboration on that part will be helpful.

Varun Khanna: While I'd like to take that compliment and go home happy, but the reality is that our base and contribution is low, as compared to some of our peers. Our contribution of MVT to the total business is low. There's a little bit of a catch-up we're doing. We'll continue to be faster growth than most of the others. Two, I think we've done a lot of work in terms of building our capability around that, whether it is capability through teams, whether it is capability through resources who are now able to access geographies that we did not do earlier. Three, I think we are getting structure in our sales teams now, which is very significant. If you look at, we'd spoken about CRM earlier. Now the lead tracking, digital interventions around it, our websites coming together.

All of that is, again, helping us gain a lot of patients. I think one more thing, Damayanti, while we may do a lot, we are a clinical business. If we continue to have outcomes which are better than everybody else or benchmarked globally, we will continue to get more patients, and that's what is happening. When you have 2 million patients a quarter, 8 million patients a year, come back to you, go back happy, they talk about it. When

they talk about it, we get more patients. It's simple as that. I think our outcomes are playing to our advantage as well, and that is something that we're very proud of.

Thank you for all the explanation, and wishing the team all the best for future quarters.

Varun Khanna Thank you.

Puneet Maheshwari: Thanks, Damayanti. Moving on to the next question. The next question is from Mr. Nitin. Mr. Nitin, can you please introduce yourself and ask the question?

Nitin Shakdher: Hi, good afternoon to the management. This is Nitin Shakdher from the Green Capital Single Family Office. I'm not sure if Alisha is still there or she's left. Yeah, she's here. Thank you, Mr. Moopen and Varun, for excellent performance, and congratulations on the merger. There's a lot of hard work which goes in. My question is not as an analyst, but as an investor who's been investing in capital markets for the last 20 years. Alisha, as a promoter, what's your vision in terms of this year and the following years? I know we've spoken about integration and hospital expansions and the standard strategies. Is there something that you would like to do on Medical Value Travel or on working on diagnostics and pharmacy distribution, or it could be on oncology, which is a very upcoming field, robotic surgery, organ transplants.

If I could just hear you out in terms of medical tourism pipelines from Middle East onto the Western and Southeastern hubs. That will be helpful to hear out your mindset and vision and strategy on that. Thank you.

Alisha Moopen: Sure, Nitin. I think this is a really important year ahead for us, and I cannot underplay how important it is for us to just get these two platforms to run cohesively and synergistically I think that is definitely the primary goal that, of course, chairman, myself, Varun, the whole team will be focused on. That is really just making sure our 39 hospitals are working well, working better because of now the size and scale as well. So, a lot of effort, I would say, will continue to go in making sure how we can strengthen that further. Just getting to this merger itself has been a Herculean task for us, but now making sure we are able to kind of go from that 1 + 1 = 11 is really the goal.

Of course, parts like MVT is important for us, and I think Varun mentioned in the previous comment as well. Our base on MVT specifically is lower than a lot of the peers. Of course, there is efforts that we are doing to make sure that we are able to kind of make it a bigger proportion of our overall revenue. I think trying to get it to double digit is sort of a goal that we will have over the next couple of years but the point that you made on focusing on some of the specialties, I think that is spot on and for us, building this super specialty and some of the advanced care in oncology, the transplant programs, cardiac services, taking this to the Tier 2, Tier 3 cities while building on our strategy in the main cities, whether it is in Kochi, whether it is in Trivandrum, whether it is in Bangalore. Using these teams, leveraging these clinical teams and taking it to the 28 cities and the 9 states we are in, is going to be the most important thing. Again, going back to what Varun said, showing these clinical outcomes that is possible

in the Tier 2, Tier 3 cities, this is going to be the true success metrics of our merger.

I think that's going to be our collective goal because we believe that taking that healthcare that's possible in the metros to these cities is going to be the magic of this merger, and we want to enable it sooner rather than later.

Nitin Shakdher: Okay. Thank you. All the best.

Alisha Moopen: Thank you.

Puneet Maheshwari: Thanks, Nitin. The next question is from Mr. Siddharth. Mr. Siddharth, can you please introduce yourself and ask the question?

Siddharth: Hi, team. Congratulations on the merger. Just to understand a little deeper in terms of the current quarter's performance. On Kerala, I think some really strong growth there. Maharashtra and Karnataka, would the relatively slower growth compared to the company average come essentially from the previous quarter's decision of doing away with schemes, or are there other factors playing out there? That was question one. The second one would be to understand, you've classified four maturity categories for hospitals. For each of these, is there a focus KPI that you are looking at? How should one think of your reporting going forward as a merged entity. Will it be more around those maturity hospitals, or would it be continuing on the geographical segmentation that was there with Aster?

The third one was, in terms of clinical talent synergy that you spoke about, Varun, if you could share opportunities that you see beyond just the programs you spoke about, setting up individual programs. Is there cross talent that you're seeing, your ability to be able to move talent around? and sorry, also on that, the India 1, India 2, India 3 CEO structure, if you could also explain that. Yeah, those were the three questions.

Varun Khanna: All right. It's a lot of questions. Thank you, Siddharth, and thanks for complimenting us for the merger. Sunil, do you want to take the performance side of it, which is the Maharashtra, Karnataka, I'll come in with the specialty and I'll come in with the opportunities that we have around that.

Sunil Kumar M R: Yeah. Siddharth, thank you for the question. I think on the Kerala bit of it, if you recall quarter four, I remember where we shown a degrowth, 5% negative growth we were showing in Q4FY25. From there, you have seen last full year, every quarter we've grown 5, 10, 15, right? I think quarter one, I think whatever the leadership changes we had, after that, we built a very robust system now. It's not truly completely people dependent, but it is more of a system which people are enabled to it. That's where we had a great recovery of how we are driving the top line. For example, Kerala, you have seen that 25% revenue growth we had. Excluding Kasaragod, we've still done a 20% growth. Also, when you look at that growth of 20%, 25%, everything's driven by volumes.

IP is driven by more than 16% volumes. OP has been 19% volumes. It's not

just ARPP driven, it's a volume driven growth, what we've brought in. I'm happy to announce that, specifically in Kerala, our hospital like Medcity has clocked, only in Q1 I'm talking about, clocked more than INR 100 crores of revenue in two months within the one quarter. Very important thing is that, you know we are doing very well in the greenfield projects. You have seen the last greenfield project, which was Whitefield, we've done well. You can see Kasaragod also, which started in October, within nine months. June is the month we have broken even and clocked up more than 2%-3% EBITDA. That's broken even within nine months.

That shows that we do really well in Greenfields and we are able to come back very quickly. Next on the Karnataka. Karnataka, yes, FY26, I think the first two or three quarters, we had a little bit of attrition in some of the doctors, and we went into even a single digit growth. From there we even called out saying that we started hiring doctors. I would like to also call out very clearly, only in Q1 I'm talking about, we have been acquiring clinical talent over the last second of H2 of FY26. Even in the Q1, FY27, we added more than 18 doctors only in Bangalore. Both in Whitefield and in CMI.

I'm very happy to say in Q1, in the month of June, all the three hospitals, that is Aster CMI, Aster Whitefield, Aster RV, all clocked the highest revenue. From inception. That is the tremendous growth and recovery we have done. I think from single digit moving to a 16% growth, and again, 5%-6% of volume growth we have done in such a competitive environment. That shows that we have done a great recovery. Over to you, Varun, on that maturity profile.

Varun Khanna: Thank you. Siddharth has asked us two questions, but literally asked us almost everything that anybody else will need to know. Siddharth, let me get to future reporting first. That seems to be the easier one to handle. I think the maturity cut is extremely critical. That also helps you all to understand as to how's the network performing, what's the kind of growth that is happening. Let me try and explain the maturity cuts a little bit. Mature is the biggest part of our pie. It's 73% of our total revenue today. The idea is that everything should be mature. The idea is to get the network to maturity, and it's a four-quadrant business, I've always said that, which clearly means that we should be able to do 25% EBITDA in every asset.

If the asset doesn't qualify at 25% EBITDA, then it becomes another category to handle. And those categories could be on account of various things. First one is, on account of tenure. It's a new hospital, time to scale up. Our endeavor is, we've shown it in the past as well. Let me give you a few examples. Our endeavor is that time to profitability should be shrunk, and therefore you open it. I'd given you the example of Nagercoil earlier. Nagercoil was opened about, I could be wrong by about a month or two, but it was 18-20 months ago. If it's 18-20 months ago, the hospital turned profitable in four months. Today, if I have my numbers right, I think it's already reached about INR 180 crores on run rate revenue. Does EBITDA closer to 30%.

By keeping focus on maturity or trying to move every asset into maturity, we were able to catalyze the scale-up of a hospital. I spoke about Kasaragod earlier. It is the eighth or ninth month of operation, and it's already profitable. I think, again, the maturity focus, doing it right, is

helping us. so that is the second category. Third category, there'll always be hospitals that move into focus. These are old hospitals, but need something, some work to be done. Could be highly competitive markets, could be a turnaround, etc. We call them focus. Focus are large assets which may be under-delivering. I mean they are, let's say, somewhere in the teens on EBITDA, and we think we can do more.

This is where a lot of the clinical program piece that I spoke about earlier, moving clinical programs from one place to the other, developing more, etc. Adding capabilities, sometimes you need more in terms of technology or infrastructure into those assets. Some of our Hyderabad assets in the past have been in that category. We looked at it like that, and therefore worked harder to make investments into that asset to get them to move from the focus category to the mature category, and we've succeeded immensely. Just to give you an example, a couple of years ago, HITEC was in the focus category. Not a small hospital, very well located. Guess what? Today we make more than 25% EBITDA, and we got a JCI accreditation for the same hospital. Therefore, that cut is extremely critical for us.

Then there are some that need, for lack of a better word, surgical intervention. These are always the smallest buckets. I call them underperforming, and therefore sometimes a leadership transformation or more managerial focus, etc., to be able to get them. Therefore, that cut is extremely critical. This also tells you that whenever I talk about these maturities, you'll understand where the EBITDA is. In terms of reporting, we will also share a little bit in terms of geographical top line. It's not that we'll move away from geographical completely. If you guys want to know something, we'll certainly bring that to you. Be assured. On the clinical side of it, I think I want to take a little bit of time. I'm sure a few of you will have these questions. There was a previous question also on strategy.

Oncology is a big play. We said that earlier. That is where deep pockets are required to enable that as well. Now, we've figured out a need gap in the Tier 2, Tier 3 cities on oncology in India. India today is a metro-tier oncology country. We are the ones who are challenging that. We are investing in oncology, and we've shown it earlier as well. We've taken oncology to Tier 2, Tier 3 cities. Over a period of time, you'll see that oncology is where the big brownfield play is happening for us. It is accretive on ARPOB, it's accretive on complexity, it's accretive on patient load. The most important part, it's closer to home for people. The fact in India is that you need to deliver healthcare closer to home, and that's what we are trying to do.

That's where I think Alisha was posed this question. The primary purpose for us continues to be that, to take healthcare closer to people. Who wants to be away? I think all of that for oncology, we are delivering. We are delivering cardiac at a scale which is not seen in India. We would be, if not the top, maybe the top two on cardiology volume in this country, and that continues to be a very big focus item for us because we're known for cardiology across the network. We're adding to transplants, we're adding to robotic cases. We told you our robotic surgery has grown 80%. Of course, the most important part is we are ensuring that each one of our hospitals are ready for critical care. This critical care is not just getting the emergency.

This critical care is about getting multiple specialties in every hospital

where the doctors are available throughout the day and night. That is how we deal with complexity and critical care in our hospitals. I think that's where the whole strategy is falling in place, and I'm assuming that I've answered your questions.

Siddharth: Yes, I think that was a very detailed and informative response. Thank you for that, Varun. Wish you all the best. Look forward to keeping in touch. Thank you.

Varun Khanna: Thank you, Siddharth.

Puneet Maheshwari: Next question we are having from the line of Mr. Bino. Mr. Bino, if you can just unmute yourself and ask your question.

Bino Pathiparampil: Hi. Good evening to all of you, and double congratulations first, on a great set of numbers performance, second on the transaction, successful conclusion of the transaction. Just to follow up from the previous one. Sunil, you mentioned the factors that led to the very strong growth in Q1. I understand that there were some factors which helped it, but this kind of growth 20% in Bangalore, etc. Do you think that kind of growth rate is sustainable for the rest of the year?

Sunil Kumar M R: Yeah. Bino, thank you. See, we've always seen whether it's in Kerala or Karnataka, whenever there is a neighborhood competition coming in, you will have some softness in the growth for one or two quarter, slowly it'll come back. That's what it is all about. Also, good thing is that we have a very good clinical practice. We've got very good doctors, also we have got a very good brand together. Also, just to give you an example, we had lost some general surgery team, maybe eight or nine months back. Four months back, they came and joined back to us. See, that shows very clearly the credibility in which we run the operations. I think we are talking about anywhere double-digit growth. Even the lower to mid-teen growth. I think that is something which is sustainable.

Also, we have always told you, if I were to generate a 24%-25% of EBITDA margin in two to three year's time, we should be able to generate at organic level 5%-6% volume growth and maybe 7%-8% of the ARPP growth. If we are able to drive that, I think that's very much possible.

Bino Pathiparampil: Understood. Since you just mentioned about competition, are you seeing competitive which are you seeing competitive intensity picking up in select markets, especially the Bangalore market? Does the combination of QCIL give you any extra muscle power to deal with competition in those markets?

Sunil Kumar M R: Varun, you want to pick this up question?

Varun Khanna: Sure. Thank you, Bino, for the double congratulations. So far, we were only getting singles.

Varun Khanna: Bino, first of all, competition has always been there. It's been evolving. I think there are two, three things. One, with the merged entity, the capability level has gone up significantly. The strengths of two large teams coming together makes us, I think, more comfortable, and much stronger in terms of our ability to manage things on the ground. We've also seen

that I think the zeal and enthusiasm, it's not that competition's not been there in the last two years or three years. With the enthusiasm that we have, with what we've been able to create together, there is a significant bias in the clinical fraternity to work with us. Because the way we deal with things, it is extremely high ethics, very focused patient centricity and you have heard it in every communication today as well.

Dr. Moopen started with it, Alisha followed with it, and I've been saying it as well, that we are clinician-focused, outcome-focused network. Lastly, we are enabling all of this in a digital package, which makes it very convenient for our patient as well. I'm assuming that with the kind of things that we're doing, we will continue to gain preference in every micro market that we are.

Bino Pathiparampil: Great. Best wishes for that. Just a request before I leave. In your presentation earlier, you used to give all the details of the upcoming beds in terms of which hospital, were, et cetera. In this PPT, I haven't seen that. I hope you'll continue to give that.

Varun Khanna: Bino, we have that. We've spoken about our annual bed capacity increase. We've given that. In fact, we've given another cut along with it, the brownfield and the greenfield.

Bino Pathiparampil: Yeah, I saw that. Just a detail about which hospital, how many beds are coming up. That would be great for us to analyze.

Varun Khanna Yes, noted.

Bino Pathiparampil: Thank you. Best wishes.

Puneet Maheshwari: Thanks, Bino. The next question from Mr. Harith. Harith, can you please ask the question?

Harith: Hi. Good evening, everyone. Congrats on successful completion of the merger. Thank you for the opportunity. Just following up from Bino's question on the pipeline of greenfield beds that we have for FY27, FY28. I see that we're planning around 1,200 beds over the two years. If you can just give an update on the timelines for some of the key projects here, the new hospital at Trivandrum, the hospital at Hyderabad, and the Sarjapur project.

Sunil Kumar M R: Thank you, Harith. I think we called out specifically on the Aster Capital, which is the Trivandrum. I think this will be the first hospital which will get operational this year. I think we have said H2 FY 2027, and most probably somewhere in the month of January, we should be able to operationalize the Trivandrum hospital. The second one what you asked is the Hyderabad hospital. I think that's coming up really well. Currently, we are more or less doing the interior works there, and we'll start ordering the medical equipment in next one or two months. If that goes well, I think we should be able to operationalize sometime in the April 2027. That is the beginning of FY28. The third one is Sarjapur. Sarjapur, again, it's a big facility, more than 450 beds, and it has got two different blocks.

The work is actually starting with the first block. Because already shell was there, we started already doing the MEP work, and the interior is

happening. The block two, actually its skeleton is getting built now, the framework. Going well, I think at least the phase I, which is the first A block, we should be able to operationalize in the second half of FY28.

Harith: Understood. Thanks. My second one is on the various brands that we have. I understand that we have three to four different brands which are very strong in their respective markets. Will there be an attempt to kind of converge towards a unified brand over a period like we've seen in some of the other hospital mergers in recent years?

Varun Khanna: All right. Let me take this, Harith. First of all, too premature to answer any of that, but, I think what you've seen or what you've alluded to previously is acquisitions less than mergers. I think ours will be slightly different. I think your question had the answer in it. Our leadership on account of the micro markets that we operate with different brands is something that we are privileged with. We will find the strengths in what we do as we go forward. Will we create something around a company brand or something? We've started working on it, and as in due course time, we'll come back to you.

Harith: Alright, last one from my side. Not sure if this was answered before, the three CEOs for India one, India two, and India three. How is the network divided amongst the three CEOs?

Varun Khanna: What we've done, again, as I told you there are various factors at play, I think this question's coming again. What we've done is parts of Kerala and parts of Maharashtra have been together. I'm saying that, please hear me when I say parts of Kerala, not entire Kerala. Another part of Kerala and Karnataka is together. We've got Andhra, Telangana, Central, and a part of East together. That's how we brought it into various networks. That is more to ensure that the operating side of it is closer on the ground. Again, there will be focus. Our organization is developing beyond this as well. While you've seen that we've broken India, or there are three India CEOs. Along with that, the focus on maturity is being done in another way.

The focus on clinical specialties is being done in another way. There's somebody who's going to lead clinical specialties. Someone's going to be focusing on oncology, someone's going to be focusing on cardiology, because that's another vertical that we are developing. It's more of drawing inspiration from a multinational company. It's a matrixed setup to ensure that we are getting the best of thought process and operational control.

Harith: Got it, Varun. Thanks for taking my question.

Varun Khanna: Thank you.

Puneet Maheshwar: Thanks, Harit. We would like to take the last question of the call. The question is from Mr. Saket. Saket, can you please ask the question?

Saket: Hey, am I audible?

Puneet Maheshwari: Yes, you are audible, Saket. Can you please introduce yourself and ask the question?

Saket Congratulations, everyone, and especially Varun for this merger. Again,

congratulations on the great results. Wishing you great times ahead. Again, I've been a long-term shareholder. Just one quick question, more of a mid to long term. Varun, any plans of, say, converting this, now that we have an integrated setup with such robust growth platform, to, say, take this to a health system kind of a setup where even payers become part of the strategies? Is there anything on that plan or horizon just?

Varun Khanna: Saket, thanks. You're taking me to a little bit of unchartered territory. I think the first idea is to focus on the core. On the payer side of it, we drive partnerships extremely well. Most of the insurers are great partners with us. With their support, we are able to serve patients. I think that is how we still believe there are enough and more on our platter to do. We'll focus on that, continue to deliver, I think that seems to be where I'd call the medium term to be.

Saket: Okay. Thanks, Varun. Just one another quick question. I think you rightly outlined that vis-à-vis other players, we are still slightly under-indexed on the MVT front, medical value travel. Any short-term aspiration as to where do we want that number to be, right from, say, low single digit to, is there a number in mind, say, for the next two to three years kind of horizon?

Varun Khanna: Yeah. There are two ways to see it. One is, I'd focus on the growth rate as opposed to the contribution. We will continue to grow in excess of 50%, is where we see it. Because we've started investing, this is the first time you're seeing it. I think Sunil and I both alluded to the fact that our growth rates have kept at about 65%. We are getting deeper into each one of these markets. There's a fully baked strategy piece for MVT. I think, my sense is that we will continue to grow significantly over the overall growth of the company in the MVT business. Share of business is low currently. We will get to mid-single and then to double digit as Alisha mentioned, in due course of time.

Saket: Okay. Thanks, and best of luck.

Puneet Maheshwari: Thanks, Saket. We'd like to take the last question from the last participant, Mohammed Patel. Could you please just ask the last question? That's it, and then after that we can close the call.

Mohammed Patel: Yeah. Hi. Am I audible?

Puneet Maheshwari: Yeah, please.

Mohammed Patel: Yeah, a couple of quick questions. This 24%-25% margin that we are aspiring, that is by broadly FY29?

Sunil Kumar M R: I won't say FY29 because it's going to be a transition. Today already you know that we are more of 22%+, and with the growth rate what we're having, we said two years to three years, we're going to do 24%, 25%. Now, already we're in 2027. I think we'll have a good exit in 2027. Somewhere between 2028 to 2029, I think we should reach our targets.

Mohammed Patel: Okay. Mr. Varun, I think, reiterated that 10%-15% of EBITDA will be the synergy. This was earlier, it was mentioned as a percentage of FY24 pro forma EBITDA. We stick to that?

Varun Khanna: Yeah. We are sticking to that.

Mohammed Patel: Okay.

Varun Khanna: We have called out the same thing in the earnings deck also. It's the same target which we are trying to drive that.

Mohammed Patel: Don't you think that there is upside potential there?

Varun Khanna: No, you know, that is something which we are committed. always there is upside when you do the growth. But as of now, the commitment to drive is 10%-15% of the FY24 EBITDA, and that itself is a very good quantum. don't look at only the FY24, look at the growth, the synergy bit of it. It's INR 150 crore-INR 200 crore, which we need to drive. I think, let us try that. We'll always put our best foot forward, but that is our near-term target to achieve that.

Mohammed Patel: I wanted to know what the QCIL expansion for FY27 is and FY28, if you can share hospital-wise.

Puneet Maheshwari: I think we can take this as an offline or Varun, if you would like to answer this.

Varun Khanna: The QCIL expansion. All right, that's too specific, but give me a second. On the radar we have Bhubaneswar, which is happening. By the way, the good news is that we are inaugurating our cancer center in Raipur right away. That was one big project for us. That's coming up in the middle of this month. Outside of that, Bhubaneswar is going to be a big project for us. We are adding capacity in 2028 in Kottayam as well. There is more progress that is being made in Nagercoil addition. There is bed addition happening in Banjara Hills as well. We'll give you a detailed one on this. There are small bed adds that are happening in Nampally and Shifa as well. That will all come by 2028.

Mohammed: Okay. Thank you.

Varun Khanna: You should look at the total quantum. I think, apart from the breakup, look at the total quantum we've given you on the year-by-year brownfield and greenfield. I think that'll give you a better sense always.

Mohammed Patel: Okay. I have one last question. Can you share Aster geographical margins and some geographical data for QCIL in the deck?

Sunil Kumar M R: Mohammed is asking, going forward, you want margin geography-wise, is it?

Mohammed Patel Yeah, we used to do for Aster.

Varun Khanna: Yeah. Mohammed, I think I answered a part of this question. Let me try and take it again. See, previously we were not giving maturity-wise cuts. We've added a lot of information this time, to actually call it out for you to enable and understand our business better. The way I look at this business, and maybe I'm emphasizing on it. The large part of our business is mature. If that is growing 19%, 20%, you always know that we are in a happy state, because it's a bulk of our revenue coming from there. All three other categories will give you more accretion than the growth in the mature network. I think that is the way we want to look at it. We are also, by giving

you maturity, we are giving you which EBITDA bucket to these hospitals sitting.

We are very clearly calling out that each one of our mature hospitals is more than 25% EBITDA at the unit level. We are then telling you that the focus units, hover in the teens, therefore we want to bring them up. The emerging ones are going to be the newer hospitals, and we want to ramp them up to profitability in a few months and to mature state in a couple of years. That, I think, we've shown you. There is the smallest part of our business, which is underperforming, which we are fixing. That, we will give you. We'll also give you a sense of geography, I think we are still iterating as to how to manage that. That may take another quarter or so, and we'll come back with whatever we can deliver to you.

Mohammed Patel: Okay. You mean the QCIL geographical breakup, is it?

Varun Khanna: No. QCIL, again, to me, if you ask me, there's no QCIL Aster anymore. I don't look at the business by brands. I look at it by various cuts that I just told you. Again, for simplicity's sake, I think as of now, we will look at one company, 39 assets, 10,800 beds, and try and give you color on a consolidated basis for everything. That's the way we'll view it.

Mohammed Patel: Great to hear that. Thank you. All the best.

Puneet Maheshwari: Thank you all. This concludes the earnings call for this quarter for Aster DM Quality Care. I thank the management and all the attendees for joining us today. If you have any further queries or questions, please do get in touch with us. Thank you, everyone.

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