



Date of submission: August 7, 2025

To, The Secretary Listing Department BSE Limited Department of Corporate Services Phiroze Jeejeebhoy Towers, Dalal Street, Mumbai – 400 001 Scrip Code – 539551 (EQ), 975516 & 976418	To, The Secretary Listing Department National Stock Exchange of India Limited Exchange Plaza, Bandra Kurla Complex Mumbai – 400 051 Scrip Code- NH
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Dear Sir/Madam,

Sub: Business Responsibility and Sustainability Report for the Financial Year 2024-25

Pursuant to Regulation 34(2)(f) of the Securities and Exchange Board of India (Listing Obligations & Disclosure Requirements) Regulations 2015, please find enclosed herewith the Business Responsibility and Sustainability Report ('BRSR') of the Company for the financial year 2024-25. The BRSR forms part of the Company's Annual Report.

The BRSR along with the Annual Report for the financial year 2024-25 is available on the website of the Company at www.narayanahealth.org

Kindly take the same on record.

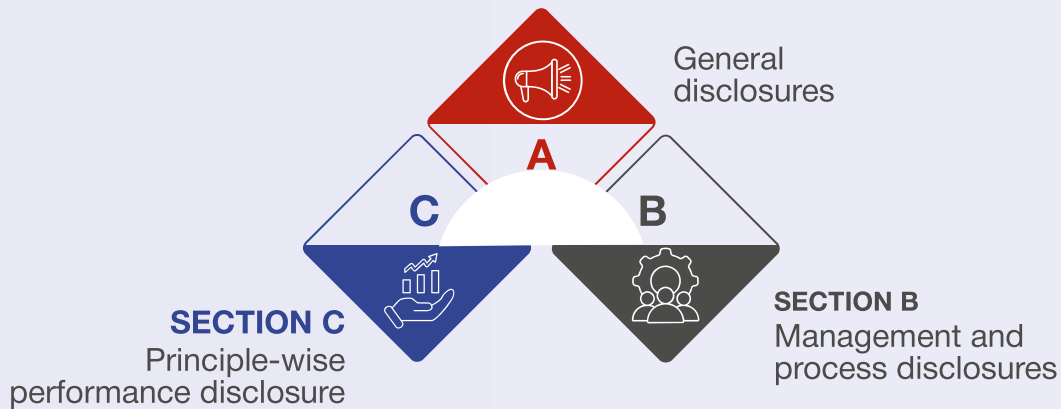
Thanking you

Yours faithfully
For **Narayana Hrudayalaya Limited**

Sridhar S.
Group Company Secretary, Legal & Compliance Officer

Annexure IX

Business Responsibility and Sustainability Report



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|--------------------|---|--------------------|---|--------------------|--|
| Principle 1 | Businesses should conduct and govern themselves with integrity and in a manner that is ethical, transparent, and accountable | Principle 2 | Businesses should provide goods and services in a manner that is sustainable and safe | Principle 3 | Businesses should respect and promote the well-being of all employees, including those in their value chains |
| Principle 4 | Businesses should respect the interests of and be responsive to all its stakeholders | Principle 5 | Businesses should respect and promote human rights | Principle 6 | Businesses should respect and make efforts to protect and restore the environment |
| Principle 7 | Businesses, when engaging in influencing public and regulatory policy, should do so in a manner that is responsible and transparent | Principle 8 | Businesses should promote inclusive growth and equitable development | Principle 9 | Businesses should engage with and provide value to their consumers in a responsible manner |



SECTION A GENERAL DISCLOSURES

I. Details of the listed entity

1.	Corporate Identity Number (CIN) of the Listed Entity	L85110KA2000PLC027497
2.	Name of the Listed Entity	Narayana Hrudayalaya Limited
3.	Year of incorporation	2000
4.	Registered office address	No.258/A, Bommasandra Industrial Area, Anekal Taluk, Bangalore – 560099
5.	Corporate office address	No.261/A, 2 nd floor, Bommasandra Industrial Area, Anekal Taluk, Bangalore – 560099
6.	E-mail	investorrelations@narayanahealth.org
7.	Telephone	+91-8050009318
8.	Website	www.narayanahealth.org
9.	Financial year for which reporting is being done	2024-25
10.	Name of the Stock Exchange(s) where shares are listed	Company's equity shares are listed on <ul style="list-style-type: none"> Bombay Stock Exchange Limited (BSE) National Stock Exchange of India Limited (NSE)
11.	Paid-up Capital	₹ 2043.61 million
12.	Name and contact details (telephone, email address) of the person who may be contacted in case of any queries on the BRSR report	Mr. Jyotish Kumar nh.esg@narayanahealth.org Tel: +91 8527193858
13.	Reporting boundary - Are the disclosures under this report made on a standalone basis (i.e., only for the entity) or on a consolidated basis (i.e., for the entity and all the entities which form a part of its consolidated financial statements, taken together).	The disclosures in this report are presented on a standalone basis, in line with the Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015. The reporting boundary for the Business Responsibility and Sustainability Reporting (BRSR) excludes environmental parameters for the Heart Centers in Dharwad and Kolar, and the hospital in Davangere, Karnataka, as the infrastructure at these locations is owned by business partners.
14.	Name of assurance Provider	SGS India Private Ltd.
15.	Type of assurance Obtained	BRSR Core Indicators- Reasonable Assurance

II. Products and Services

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

S. No.	Description of Main Activity	Description of Business Activity	% of Turnover of the entity
1	Hospital and Medical Care (Health Care Services)	Hospital Care Services through Hospitals & Clinics activities	95.88%
2	Sale of Medical Consumables & Drugs	Retail Sale of Pharmaceutical and Medical Goods	3.04%

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

S. No.	Product/Service	NIC Code	% Of total Turnover contributed
1	Hospital and Medical Care (Health Care Services)	8610	95.88%
2	Sale of Medical Consumables & Drugs	4772	3.04%

III. Operations

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

Location	Number of Healthcare Facilities	Number of offices	Total
National	Owned / Operated hospitals – 19 Heart Centres – 2 Clinics and Dialysis Center – 18	2	41
International	The Company owns and operates two hospitals in Cayman Islands.	Nil	2

19. Markets served by the entity:

a. Number of locations

Locations	Number
National (No. of States)	The Company has its hospitals and clinics across 11 States. (Western Region) Ahmedabad & Mumbai. (Karnataka Region) Bengaluru, Mysore, Davangere, Dharwad, Kolar, Shimoga. (Eastern Region) Guwahati, Jamshepur, Kolkata, Raipur and (Northern Region) Jaipur, Delhi, Gurugram, Katra
International (No. of Countries)	2 Hospitals at Cayman Islands

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

1.08%

c. A brief on types of customers

The customers primarily comprise patients seeking healthcare services, medical treatment, and related assistance.

IV. Employees

20. Details as at the end of Financial Year:

a. Employees & workers* (including differently abled):

S. No.	Particulars	Total (A)	Male		Female	
			No. (B)	% (B / A)	No. (C)	% (C / A)
EMPLOYEES						
1.	Permanent (D)	11,122	4,668	41.97	6,454	58.03
2.	Other than Permanent (E)	3,783	1,702	44.99	2,081	55.01
3.	Total employees (D + E)	14,905	6,370	42.74	8,535	57.26

b. Differently abled Employees & workers*

S. No.	Particulars	Total (A)	Male		Female	
			No. (B)	% (B / A)	No. (C)	% (C / A)
DIFFERENTLY ABLED EMPLOYEES						
1.	Permanent (D)	14	12	85.71	2	14.29
2.	Other than Permanent (E)	4	3	75.00	1	25.00
3.	Total differently abled employees (D + E)	18	15	83.33	3	16.67

*The Company does not have workers category.

21. Participation/Inclusion/Representation of women

S. No.	Total (A)	No. and percentage of Females	
		No. (B)	% (B / A)
Board of Directors	10	3	30
Key Management Personnel	3	1	33

22. Turnover rate for permanent employees & workers

(Disclose trends for the past 3 years)

	FY 2024-25 (in %)			FY 2023-24 (in %)			FY 2022-23 (in %)		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Permanent Employees	25.95	34.54	31.11	22.51	36.86	30.48	27.53	38.63	35.31
Permanent Workers	Not applicable								

V. Holding, subsidiary and associate companies (including joint ventures)

23. (a) Names of holding / subsidiary / associate companies / joint ventures

S. No.	Name of the holding/subsidiary/ associate companies/joint ventures (A)	Indicate whether holding/ Subsidiary/ Associate/Joint Venture	% of shares held by listed entity	Does the entity indicated at column A, participate in the Business Responsibility initiatives of the listed entity? (Yes/No)
1	Athma Healthtech Private Limited	Wholly owned Subsidiary	100%	Y
2	NH Integrated Care Private Limited	Wholly owned Subsidiary	100%	Y
3	Narayana Hospitals Private Limited	Wholly owned Subsidiary	100%	Y
4	Narayana Hrudayalaya Surgical Hospital Private Limited	Wholly owned Subsidiary	100%	Y
5	Narayana Vaishno Devi Specialty Hospitals Private Limited	Wholly owned Subsidiary	100%	Y
6	Meridian Medical Research & Hospital Ltd.	Subsidiary	99.13%	Y
7	Medha AI Private Limited	Wholly owned Subsidiary	100%	Y
8	Samyat Healthcare Private Limited	Wholly owned Subsidiary	100%	Y
9	Narayana Health Insurance Limited	Wholly owned Subsidiary	100%	Y
10	Health City Cayman Islands Ltd	Wholly owned Subsidiary	100%	Y
11	Cayman Integrated Healthcare Ltd	100% step-down subsidiary	100%	Y
12	ENT in Cayman Ltd.	100% step-down subsidiary	100%	Y

S. No.	Name of the holding/subsidiary/ associate companies/joint ventures (A)	Indicate whether holding/ Subsidiary/ Associate/Joint Venture	% of shares held by listed entity	Does the entity indicated at column A, participate in the Business Responsibility initiatives of the listed entity? (Yes/No)
13	NH Health Bangladesh Private Limited	Step-down subsidiary	99.99%	N
14	Narayana Holdings Private Limited	100% step-down subsidiary	100%	N
15	Narayana Health North America, LLC	Subsidiary	100%	N
16	Reya Health Inc (formerly Cura Technologies Inc	Associates	43.58%	N

VI. CSR Details

24.

(i)	Whether CSR is applicable as per section 135 of Companies Act, 2013:	Yes
(ii)	Turnover (in ₹ million)	* 35,901.22
(iii)	Net worth (in ₹ million)	* 20,675.59

* As per the standalone financial statement under Ind AS. denotes FY 2024-25 numbers

VII. Transparency and Disclosure Compliances

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

Stakeholder group from whom complaint is received	Grievance Redressal Mechanism in Place (Yes/ No) (If yes, then provide web-link for grievance redress policy) *	FY 2024-25			FY 2023-24		
		Number of complaints filed during the year	Number of complaints pending resolution at close of the year	Remarks	Number of complaints filed during the year	Number of complaints pending resolution at close of the year	Remarks
Communities	Yes	-	-	None	-	-	None
Investors	Yes	-	-	None	-	-	None
(Other than shareholders)							
Shareholders	Yes	-	-	None	-	-	None
Employees & workers**	Yes	26	-	None	7	-	None
Customers (Regular Complaints in Hospitals)	Yes	2,561	-	Complaints received from patients through social media channels	2,745	-	Complaints received from patients through social media channels
Customers (Litigations Filed by Patients)	Yes	22	21	None	10	10	None
Value Chain Partners	Yes	-	-	-	-	-	-
Others		-	-	-	-	-	-

* Notes: Please refer the below link for policies:

<https://www.narayanahealth.org/stakeholder-relations/company-policies>

Customers reach out to us through our brand handles on Twitter, Facebook, Instagram, LinkedIn, Google Business profiles and other social media platforms. They also register their feedback through feedback@narayanahealth.org and also through the feedback page on the website: <https://www.narayanahealth.org/feedback-form>

** Employee Complaints on Health and Safety & Working Conditions are included

26. Overview of the entity’s material responsible business conduct issues

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

S. No.	Material identified issue	Indicate whether risk or opportunity (R/O)	Rationale for identifying the risk / opportunity	In case of risk, approach to adapt or mitigate	Financial implications of the risk or opportunity (Indicate positive or negative implications)
1	Health & Safety	Risk	Suitable safety measures tailored to the nature of business activities that may impact different stakeholder groups	Secured applicable certifications and established policies or a code of conduct applicable to employees, patients, and other stakeholders	Negative: Refer to the notes in the financial statements for details on potential financial implications related to legal disputes
2	Access to Healthcare	Opportunity	Providing access to world-class, high-quality medical treatment for underprivileged populations while ensuring stringent cost optimization	-	Positive: Increase revenue by expanding the breadth of our operational activities.
3	Process Safety & Quality	Risk	Maintaining safety and quality through compliance with industry best practices.	Establish a 3-layer NHL Governance Framework (NHGF) and obtain JCI and NABH accreditations for all hospitals.	Negative: Potential revenue risk arising from concerns related to NHL’s safety standards and service quality
4	Corporate Governance	Risk	Obligations for a listed corporate entity to adhere to stringent corporate laws and robust governance practices	Well-defined policies, dedicated committees focused on specific areas, and a diverse composition of board and committee members	Negative: Failure to comply with laws and regulations may lead to adverse rulings and negative consequences
5	Business Conduct & Compliance	Risk	A publicly listed corporate entity is required to comply with rigorous corporate laws and adhere to robust governance practices	Established policies on business conduct and compliance, supported by regular training for relevant stakeholders	Negative: Possible non-compliance with applicable laws and regulations may lead to adverse consequences
6	Business Continuity	Risk	Risk to operational continuity in the event of a disaster or emergency situation	Detailed disaster management plans that identify potential impacts and define corresponding business continuity strategies	Negative: Possible interruptions to ongoing operations resulting from a disaster.
7	Data Security & Privacy	Risk	The healthcare services sector faces a heightened risk of security threats and data breaches involving patient information.	Implement a comprehensive, organization-wide policy—overseen by the board and committees—for the ongoing monitoring and mitigation of security threats.	Negative: Risk of losing sensitive data that could impact patient information, organizational operations, and internal procedures

S. No.	Material identified issue	Indicate whether risk or opportunity (R/O)	Rationale for identifying the risk / opportunity	In case of risk, approach to adapt or mitigate	Financial implications of the risk or opportunity (Indicate positive or negative implications)
8	Regulatory Issues & Compliance	Risk	Stringent laws and regulations regulating the functioning of healthcare services	Robust policies and procedures in place to address regulatory matters promptly and ensure ongoing compliance	Negative: The risk of negative outcomes arising from non-compliance with healthcare regulations and related requirements
9	Energy Efficiency	Opportunity	Energy-efficient initiatives aligned with NHL's ESG objectives, aimed at reducing consumption and lowering energy expenses	Key Performance Indicators (KPIs) are defined and monitored on a regular basis	Positive: Investments in energy-efficient projects help reduce NHL's energy expenses, thereby enhancing overall profitability
10	Water Stress	Risk	Securing adequate water supply for operations in areas experiencing water scarcity	Treated domestic wastewater is reused for non-contact applications such as flushing, gardening etc. Rainwater harvesting methods are also implemented.	Negative: Water scarcity negatively affects hospital operations, leading to increased costs for water procurement and associated activities

The NHL conducts a materiality assessment every three years via an online survey targeting selected stakeholders. The most recent assessment was completed in FY 2022-2023.



SECTION B

MANAGEMENT AND PROCESS DISCLOSURES

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

Disclosure questions	P1	P2	P3	P4	P5	P6	P7	P8	P9
Policy and management processes									
1 a) Whether your entity's policy/policies cover each principle and its core elements of the NGRBCs. (Yes/No)	Y	Y	Y	Y	Y	Y	Y	Y	Y
b) Has the policy been approved by the Board? (Yes/No)	Y	Y	Y	Y	Y	Y	Y	Y	Y
c) Web Link of the Policies, if available	https://www.narayanahealth.org/stakeholder-relations/company-policies								
2 Whether the entity has translated the policy into procedures. (Yes / No)	Y	Y	Y	Y	Y	Y	Y	Y	Y
3 Do the enlisted policies extend to your value chain partners? (Yes/No)	Y	Y	N	N	Y	Y	N	Y	Y
4 Name of the national and international codes/certifications/ labels/ standards (e.g., Forest Stewardship Council, Fairtrade, Rainforest Alliance, Trustea) standards (e.g. SA 8000, OHSAS, ISO, BIS) adopted by your entity and mapped to each principle	<p>The organization's health and safety management practices are aligned with the requirements of both the National Accreditation Board for Hospitals and Healthcare Providers (NABH) and Joint Commission International (JCI) standards, ensuring a culture of continuous improvement in clinical and operational excellence.</p> <p>Narayana Health became the 1st healthcare group in India—and the 6th globally—to receive Enterprise Accreditation from JCI, a globally recognized authority on healthcare quality. In addition to this group-wide recognition, 8 individual Narayana hospitals have also been independently accredited by JCI.</p> <p>The Company has earned multiple accreditations from esteemed bodies, including</p> <ul style="list-style-type: none"> • 17 NABH-accredited units, • 14 NABL-accredited laboratories, • 17 units certified under NABH's Nursing Excellence program, • 14 units, including the corporate office, are certified under ISO 13485 for medical device quality management systems. • The Corporate Office and 8 units are also certified under the JCI Enterprise Accreditation. <p>Furthermore, the Narayana Health City Laboratory in Bengaluru is the first among listed hospital chains in India to earn the prestigious College of American Pathologists (CAP) accreditation.</p> <p>In the domain of data protection and privacy, the organization upholds certification under ISO 27001:2022 for Information Security Management.</p>								

Disclosure questions	P1	P2	P3	P4	P5	P6	P7	P8	P9
5 Specific commitments, goals and targets set by the entity with defined timelines, if any	<p>Based on, ESG Strategy formulated for NHL & following are the Key ESG Targets. ESG Targets are categorised under three sections. The targets considered are:</p> <p>i. A Healthy Planet:</p> <ul style="list-style-type: none"> • 50% Renewable Energy (Electricity) Mix by 2030 • Carbon Neutral-by 2040 • 100 % Waste-Water Recycling by 2030 • Optimization of Waste Management Process • 30% less paper use across patients by 2026 from 2023 <p>ii. A Healthy Society</p> <ul style="list-style-type: none"> • 25000+ doctors, nurses & paramedical trained by 2030 • 10000+ Underprivileged academically bright students, aspiring to become doctors by 2030 • Touching Lives of 50,000+ Govt. School children through cleanliness and hunger Feeding program by 2030 • Decreasing disparities in access to care-5000 BMTs by 2030 & 3400 Heart Procedures for Children every year with Treatment Cost Waiver • 5,60,000+ man hours-invested in associate development programs, including upskilling by 2030 • Digitalization- for enhancing patient safety & experience. <p>iii. For Healthy Institution</p> <ul style="list-style-type: none"> • Industry Leader in Clinical Governance • 100 % NABH & Enterprise Level JCI recertified hospitals by 2026 • 1200+ publications-in Peer Reviewed indexed Journals (in 5 years ending Calendar Year 2030) • Extreme Risk Management-including organisation wide Business Continuity Planning (BCP) for world class enterprise risk management • Cyber Resilience-through robust risk management practices 								
6 Performance of the entity against the specific commitments, goals and targets along-with reasons in case the same are not met	<ul style="list-style-type: none"> • Performance against the ESG targets Actual FY 2024~25 (T-Target FY 2024~25) • Renewable Energy (Electricity) mix sourced 36.11% (T 30%) • Tons of Carbon Saved 21,735 (T 20,800) • Wastewater Recycling achieved 95% (T 95%) • Waste Management Process - Followed as per Guidelines • Achieved printing of 5.25 (T 5.29) pages per patient per month • 1,160+ (T 1300) Doctors, Nurses & Paramedical Staff trained • Supported 1834+ (T 1841) underprivileged academically bright students appeared for NEET, MBBS & Nursing scholarship • For 25 government schools supported 3200+ (T 3000) kids for feeding programme & for 38 government schools, 7,600+ (T 6000) kids supported through sanitation program. • 1133+ (T 750) million discounts towards subsidised Cardiac Surgeries, BMT and support to under privileged patients • 320+ (T 350) Bone Marrow Transplants (BMT's) conducted • Invested 4.05 (T 3.90) Lakh man-hours in training and development • Established World Class Risk Management Practices based on Strategic, Operational, Financial, Reputational & Compliance Risk • Periodic review of 500+ clinical KPIs spanning 25+ specialties, along with 150+ Facility Management KPIs across 8 core areas, ensures robust governance and operational oversight. • 185+ (T 200) publications in Peer Reviewed Indexed Journals • NABH:100%, NABL:100%, Nursing Excellence:100% Certified Units • JCI Enterprise accredited Hospitals & Corporate Office: 9 Nos. • Achieved ISO 27001:2022 and Implemented Enterprise Identity Administration & Governance 								

Governance, leadership and oversight

7 Statement by director responsible for the business responsibility report, highlighting ESG related challenges, targets and achievements.

At Narayana Health, we recognize that sustainability in healthcare is not just about environmental performance — it’s about building systems that are resilient, inclusive, and future-ready. Our ESG journey is guided by the belief that healthcare institutions must lead the way in addressing the interlinked challenges of climate change, social equity, and ethical governance.

We have moved beyond incremental improvements to embed ESG deeply into our business strategy, operations, and culture. Our approach is rooted in integration, innovation, and measurable impact — ensuring that every patient interaction, investment decision, and every facility upgrade contributes to long-term value creation and responsible growth.

Environmentally, we are scaling up our climate action efforts in line with a clearly defined roadmap. At the group level, over 36.11% of our total electricity consumption is sourced from renewable energy, with more than 92.7% of electricity in Karnataka hospitals coming from renewable sources. In the past year alone, we have avoided over 21,800 tons of CO₂ emissions. Building on this momentum, we are now progressing into Scope 3 emissions assessment, sustainable procurement, and comprehensive decarbonization strategies aligned with our 2040 Carbon Neutrality Goal. On the ground, smarter facility management, water efficiency, and waste reduction initiatives continue to drive both environmental compliance and operational efficiency.

We remain steadfast in our commitment to delivering equitable, high-quality healthcare while fostering a diverse and empowered workforce. In the current financial year, through the NH Community Education Programme, we supported over 3,300 underprivileged students with NEET coaching and educational assistance for MBBS and Nursing courses across 21 medical and nursing colleges. Additionally, our Community Health Programme has positively impacted more than 10,000 students through cleanliness drives and hunger alleviation initiatives, further reinforcing our focus on preventive health and community well-being at the grassroots level.

NHL’s Strong ESG performance is anchored in transparency, accountability, and alignment with global best practices. We have strengthened governance mechanisms through Board-level ESG oversight and robust internal audits. Additionally, we are advancing vendor sustainability engagement by integrating responsible sourcing criteria across our value chain. Our ongoing digitization of facility-level environmental monitoring systems enables real-time tracking of key parameters, optimizing resource use and mitigating climate risks. Our achievements — including JCI Enterprise Accreditation and NABH certifications — reflect our commitment to combining operational excellence with sustainable and safe healthcare delivery.

Looking ahead, Narayana Health remains committed to leading the transition toward a healthcare system that is low-carbon, socially conscious, and ethically governed.

<p>8 Details of the highest authority responsible for implementation and oversight of the Business Responsibility policy (ies).</p>	<p>Dr. Emmanuel Rupert Designation: Managing Director & Group CEO DIN: 07010883</p>
<p>9 Does the entity have a specified Committee of the Board/ Director responsible for decision making on sustainability related issues? (Yes / No). If yes, provide details.</p>	<p>Yes, the Stakeholders’ Relationship Committee constituted by the Board. The Committee details are hereunder: Stakeholders’ Relationship Committee 1) Mr. Naveen Tewari (Chairman) - DIN: 00677638 2) Dr. Nachiket Mor - DIN: 00043646 3) Mr. Viren Prasad Shetty - DIN: 02144586</p>

10. Details of Review of NGRBCs by the Company:

Subject for Review	Indicate whether review was undertaken by									Frequency											
	Director / Committee of the Board/ Any other Committee									(Annually/ Half - yearly/ Quarterly/ Any other – please specify)											
	P1	P2	P3	P4	P5	P6	P7	P8	P9	P1	P2	P3	P4	P5	P6	P7	P8	P9			
Performance against above policies and follow up action										Committee of the Board											
Compliance with statutory requirements of relevance to the principles, and rectification of any non-compliances																			Annually		

	P1	P2	P3	P4	P5	P6	P7	P8	P9	
11 Has the entity carried out independent assessment/ evaluation of the working of its policies by an external agency? (Yes/No). If yes, provide the name of the agency.										No

12. If answer to question (1) above is “No” i.e., not all Principles are covered by a policy, reasons to be stated

Disclosure questions	P1	P2	P3	P4	P5	P6	P7	P8	P9	
The entity does not consider the Principles material to its business (Yes/No)										
The entity is not at a stage where it is in a position to formulate and implement the policies on specified principles (Yes/No)										
The entity does not have the financial or/human and technical resources available for the task (Yes/No)										Not applicable
It is planned to be done in the next financial year (Yes/No)										
Any other reason (please specify)										



SECTION C

PRINCIPLE-WISE PERFORMANCE DISCLOSURE

Principle 1

Businesses should conduct and govern themselves with integrity, and in a manner that is ethical, transparent, and accountable.

This section is aimed at helping entities demonstrate their performance in integrating the Principles and Core Elements with key processes and decisions. The information sought is categorised as “Essential” and “Leadership”. While the essential indicators are expected to be disclosed by every entity that is mandated to file this report, the leadership indicators may be voluntarily disclosed by entities which aspire to progress to a higher level in their quest to be socially, environmentally, and ethically responsible.

Essential Indicators

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

Segment	Total number of training and awareness programmes held	Topics/principles covered under the training and its impact	% of persons in respective category covered by the awareness programmes
Board of Directors Key managerial personnel	5	Code of Conduct & Ethics, Insider Trading Regulations, Conflict of Interest ESG Strategy Implementation	100%
Employees other than BoD and KMPs*	10533	15 Broad Topics Covered under 6 Principles <ul style="list-style-type: none"> • Code of Conduct and Business Ethics • Digital tools (HRIS Platform, ATHMA, ITSM Tool, LMS) • Ergonomics • Employee assistance programme (EAP) • Occupational health & fire safety • Clinical safety programs • Facility management & safety (FMS) • Grievance redressal and equal employment • Skill Upgradation • POSH • Workplace violence, • ESG awareness & compliance, • Disaster management measures • Data Privacy Framework • Information Security 	94.61%
Workers		Not applicable	

* The number of training and awareness programmes includes both onsite and classroom sessions. All compliance-related trainings are conducted online via the Ed Spark platform integrated within the SAP-HR module.

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

Monetary					
	NGRBC Principle	Name of the regulatory/ enforcement agency/ judicial institutions	Amount (In INR)	Brief of the Case	Has an appeal been preferred? (Yes/No)
Penalty/ Fine	Nil	Nil	-	-	-
Settlement	Nil	Nil	-	-	-
Compounding fee	Nil	Nil	-	-	-

Non-monetary					
	NGRBC Principle	Name of the regulatory/ enforcement agency/ judicial institutions		Brief of the Case	Has an appeal been preferred? (Yes/No)
Imprisonment	Nil	Nil		-	-
Punishment	Nil	Nil		-	-

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

Not applicable

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

Yes, the Company has a detailed Anti-Bribery policy governed by a set of principles and series of procedures. For more details, please refer to <https://www.narayanahealth.org/stakeholder-relations/company-policies>

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

	FY 2024-25	FY 2023-24
Directors	0	0
KMPs	0	0
Employees	0	0
Workers	Not applicable	Not applicable

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

	FY 2024-25		FY 2023-24	
	Number	Remarks	Number	Remarks
Number of complaints received in relation to issues of Conflict of Interest of the Directors	0	-	0	-
Number of complaints received in relation to issues of Conflict of Interest of the KMPs	0	-	0	-

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

Not applicable.

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

	FY 2024-25	FY 2023-24
Number of days of accounts payables	78	93*

*Accounts payable figures for FY 2023–24 have been restated due to inclusion of procured services in the total expense calculation.

9. Open-ness of business.

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

Parameter	Metrics	FY 2024-25	FY 2023-24
Concentration of Purchases	a. Purchases from trading houses* as % of total purchases	0.07%	0.16%
	b. Number of trading houses where purchases are made from	3	4
	c. Purchases from top 10 trading houses as % of total purchases from trading houses	100%	100%
Concentration of Sales	a. Sales to dealers / distributors as % of total sales	Not applicable	Not applicable
	b. Number of dealers / distributors to whom sales are made		
	c. Sales to top 10 dealers / distributors as % of total sales to dealers / distributors		
Share of RPTs in**	a. Purchases (Purchases with related parties / Total Purchases)	20.23%#	8.83%
	b. Sales (Sales to related parties / Total Sales)	1.28%	1.57%
	c. Loans & advances (Loans & advances given to related parties / Total loans & advances)	11.46%##	11.33%
	d. Investments (Investments in related parties / Total Investments made)	73.86%###	77.39%

* The Company defines Trading Houses as vendors operating in India that import products from the international market and sell them to NHL without any value addition to the products.

**As per the standalone financial statements under Ind AS

Out of 20.23%, the related party transactions with subsidiaries constitute 19.50%

The entire related party transactions are with subsidiaries

The entire related party transactions are with subsidiaries

Leadership Indicators

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

Total number of awareness programmes held	Topics / principles covered under the training *	%age of value chain partners covered (by value of business done with such partners) under the awareness programmes
03	<ul style="list-style-type: none"> Employee Wellbeing & Safety, Gender Diversity in Business, Inclusive Development, Water Management, Waste Management, Energy Management, monitoring and reporting in climate change disclosures 	100

*Online ESG Awareness Program conducted for more than 100+ upstream value chain partners (suppliers)

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

Yes. The Company has established robust process to avoid and manage conflict of interest involving members of the Board. This includes

1. The Company has maintained a Code of Conduct for its Board of Directors, committed to upholding the highest standards of corporate governance. It promotes ethical and transparent business practices while preventing potential conflicts of interest.
2. Annually, the Company requires its Board members to declare any personal interests and recuse themselves from discussions or decisions where a conflict of interest exists, including related party transactions in which they are interested.

For more details, please refer to <https://www.narayanahealth.org/stakeholder-relations/company-policies>

Principle 2

Businesses should provide goods and services in a manner that is sustainable and safe.

Essential Indicators

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

	FY 2024-25	FY 2023-24	Details of improvements in environmental and social impacts
R&D	Nil	Nil	<p>Narayana Health remains committed to advancing socially impactful clinical research, with a strong emphasis on harnessing advanced technology to address critical healthcare challenges. While the organization does not directly invest in large-scale R&D or capital-intensive projects, it actively promotes investigator-led studies through both internal initiatives and external collaborations.</p> <p>In FY 2024–25, Narayana Health allocated ₹6.18 crore, comprising a mix of grants and internal funding, to support clinical research activities, particularly sponsored studies conducted by its doctors. These efforts reflect our commitment to fostering innovation that drives better health outcomes in socially relevant areas. Notable advancements include the development and validation of models capable of predicting heart failure and coronary artery disease using ECG images, as well as tools that identify critical findings from mammography and chest X-rays. These digital tools represent a major step forward in early diagnosis and preventive care.</p> <p>Grants amounting to ₹4.78 lakh, received from the Indian Council of Medical Research (ICMR) and the Endocrine Society of India, were utilized by the Narayana Clinical Research India Foundation (NCRIF) to support socially impactful research initiatives.</p> <p>One of our models, currently undergoing clinical beta testing, received the “Best Digital Innovation” award at the South Asia BMJ Awards—highlighting the impact of our research in digital health. Furthermore, digital research modules have been seamlessly integrated into our EMR system (ATHMA), enhancing access to real-world evidence across specialties such as cardiac surgery and oncology.</p> <p>In 2024, our clinicians and researchers produced over 218 peer-reviewed publications—an increase from 187 the previous year—including several backed by national academic and research institutions. Aligned with our ESG focus, many of these studies addressed equity, access, and ethical healthcare, shedding light on social disparities and offering practical solutions for delivering quality care in resource-constrained settings.</p>

	FY 2024-25	FY 2023-24	Details of improvements in environmental and social impacts
			<p>At Narayana Health, our commitment to ESG principles is evident not only in the way we deliver care but also in the research questions we choose to explore. Over the past year, our teams have published a range of peer-reviewed studies addressing some of the most critical ethical and social issues facing Indian healthcare.</p> <ul style="list-style-type: none"> • We examined gender disparities in cardiothoracic surgery, highlighting the underrepresentation of women in this traditionally male-dominated specialty. • We investigated the economic burden of illness, focusing on the impact of head and neck cancers. • Studied financial toxicity in palliative care, drawing on the experiences of families compelled to choose between essential treatment and sustenance • Our experience with delivering congenital heart surgeries under Government-sponsored schemes underscored the importance of public-private partnerships in achieving equitable health outcomes, irrespective of the payer. • In Jammu, our clinicians mobilized mammography services through the Chiraiya Project—not as a technological innovation, but as a critical need—to close breast cancer detection gaps in underserved areas. • Published new findings on the treatment challenges encountered by elderly patients with leukemia. • Shared insights on the safety of BCG revaccination in India’s elderly population. • Our research on lung cancer provides valuable insights into the region-specific disease biology prevalent in Southeast Asia. • Other teams contributed to developing consensus guidelines on childhood cancer survivorship and on mental health support for pediatric patients and their families. • Crucially, we also advanced dialogue on reproductive rights in oncology by publishing national data on physicians’ knowledge and perspectives regarding fertility preservation in adolescent and young adult cancer patients. <p>Together, these efforts reaffirm our dedication to inclusive, research-driven healthcare that is socially responsive, globally relevant, and aligned with national health priorities—promoting care that is ethical, equitable, and sustainable.</p>
Capex	2.48%	1.85%	<p>Energy Efficiency: (Retrofit /Upgradation initiatives)</p> <p>We have implemented a range of initiatives to improve energy efficiency and support environmental sustainability. Key measures include the replacement of diesel-fired boilers with energy-efficient refrigerant-based heat pumps, and the upgrade of chillers, pumps, and cooling towers with advanced technologies. These improvements are supported by regular energy audits, lifecycle cost assessments, and the deployment of an energy monitoring system to track and optimize consumption.</p> <p>As a result, we achieved energy savings of ₹37 million in FY 2024–25, equivalent to 5.062 million units of electricity conserved.</p> <p>Energy Source Optimization: (New Initiatives e.g. Renewable Source)</p> <p>At the entity level, NHL has achieved a 36.11% renewable energy mix for electricity consumption, successfully meeting its 2030 target well ahead of schedule. This achievement directly benefits four hospitals in Karnataka—three in Bengaluru, one in Shimoga—leading to significant environmental impact and annual cost savings of approximately ₹80 million. In Karnataka, the share of electricity sourced from renewable energy increased year-on-year from 69% to 92.7%.</p>

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

Yes, as a healthcare services provider, the company operates within a highly regulated environment, requiring all products and services to comply with applicable legal standards. Accordingly, we procure from approved vendors who adhere to these regulations.

We actively engage with suppliers certified for social and environmental compliance, such as ISO 9001, ISO 14001, and ISO 45001. Our Supplier Code of Conduct further encourages vendors to operate responsibly minimizing environmental impact and complying with all relevant environmental laws and standards.

For high-value utilities, we carry out Life Cycle Cost analyses to identify sustainable, energy-efficient products. This approach ensures optimal energy performance and resource efficiency while fulfilling our operational needs.

Supplier Code of Conduct Weblink: <https://www.narayanahealth.org/stakeholder-relations/sustainability>

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

25% of the inputs, (based on the value of materials procurement) were sourced sustainably.

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

Waste type	Waste management procedure in place
Plastic (including packaging)	Not applicable.
E-waste	All waste generated in hospitals is handed over to authorized vendors who ensure safe disposal in accordance with all relevant environmental standards and regulations.
Hazardous waste	
Other waste (wastepaper and paper products)	

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

NHL is classified as a Bulk Consumer of imported Electrical and Electronic Equipment (EEE) intended exclusively for self or captive use and not for resale. Therefore, the provisions of Extended Producer Responsibility (EPR) regulations are not applicable. Likewise, EPR obligations related to plastic packaging do not apply to us.

We follow a structured and compliant approach to sustainable waste management, ensuring the safe handling, secure storage, and proper disposal of all waste types through authorized vendors. As a responsible consumer of plastic, we strictly adhere to all applicable regulatory requirements and implement appropriate disposal practices in accordance with plastic waste management rules.

Leadership Indicators

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

NIC Code	Name of Product / Service	% of total Turnover contributed	Boundary for which the Life Cycle Perspective / Assessment was conducted	Whether conducted by independent external agency (Yes/No)	Results communicated in public domain (Yes/No) If yes, provide the web-link.
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The company has not conducted Life Cycle Assessment (LCA) for its services.

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

Name of Product/Service	Description of the risk / concern	Action Taken
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Not Applicable

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

Indicate input material	Recycled or re-used input material to total material	
	FY 2024-25	FY 2023-24

Not applicable

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

	FY 2024-25			FY 2023-24		
	Re-used	Recycled	Safely disposed	Re-used	Recycled	Safely disposed
Plastics (including packaging)						
E-waste						
Hazardous waste						
Other waste						

Not applicable

Not applicable

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

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

Principle 3

Businesses should respect and promote the well-being of all employees, including those in their value chains

Essential Indicators

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

Category	% of employees covered by										
	Total (A)	Health insurance		Accident insurance		Maternity benefits		Paternity benefits		Day care facilities	
		No. (B)	% (B/A)	No. (C)	% (C/A)	No. (D)	% (D/A)	No. (E)	% (E/A)	No. (F)	% (F/A)
Permanent employees											
Male	4,668	4,668	100	4,668	100	NA	NA	4,668	100	4,668	100
Female	6,454	6,454	100	6,454	100	6,454	100	NA	NA	6,454	100
Total	11,122	11,122	100	11,122	100	6,454	58.03	4,668	41.97	11,122	100
Other than Permanent employees											
Male	1,702	1,702	100	1,702	100	NA	NA	-	-	1,702	100
Female	2,081	2,081	100	2,081	100	2,081	100	NA	NA	2,081	100
Total	3,783	3,783	100	3,783	100	2,081	55.01	-	-	3,783	100

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

The Company does not have workers category.

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

	FY 2024-25	FY 2023-24
Cost incurred on wellbeing measures as a % of total revenue of the company*	0.28%	0.32%

*The wellbeing measures for permanent employees include premiums paid for Group Personal Accident Insurance, Term Life Insurance, and Group Mediclaim Policies. Additionally, health and safety measures include access to Mental Health Services. These measures also encompass Maternity and Paternity benefits that exceed statutory compliance requirements.

*No wellbeing measures are extended to other than permanent employees.

2. Details of retirement benefits.

Benefits	FY 2024-25			FY 2023-24		
	No. of employees covered as a % of total employees	No. of workers covered as a % of total workers	Deducted and deposited with the authority (Y/N/N.A.)	No. of employees covered as a % of total employees	No. of workers covered as a % of total workers	Deducted and deposited with the authority (Y/N/N.A.)
PF*	100		Y	98		Y
Gratuity*	100		Y	100		Y
ESI#	29		Y	42		Y
Others-*	100	Not applicable	Y	100	Not applicable	Y

(Group Personal Accident & Group Term Life Insurance)

*All Eligible Employees are covered

#All Eligible Employees are covered under Employee State Insurance Act ("ESIC"), 1948 are provided the benefits.

3. Accessibility of workplaces

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

Yes, the premises are accessible to differently abled employees and workers, as per the requirements of the Rights of Persons with Disabilities Act, 2016.

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

Yes, NHL has an Equal Opportunity Policy in accordance with the Rights of Persons with Disabilities Act, 2016. The organization also follows a Fairness at Workplace Policy, which is committed to fostering a workplace that is fair, inclusive, and free from discrimination. This policy promotes mutual respect and dignity among all employees and ensures equal opportunities for all, including persons with disabilities.

The web link to the policy: <https://www.narayanahealth.org/stakeholder-relations/company-policies>

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

Gender	Permanent employees*		Permanent workers	
	Return to work rate (%)	Retention rate (%)	Return to work rate (%)	Retention rate (%)
Male	100	70	Not applicable	Not applicable
Female	87	44		
Total	93	56		

*100% of our permanent employees are eligible for parental leaves subject to policy conditions

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

	(If Yes, then give details of the mechanism in brief)
Permanent workers	Not applicable
Other than permanent workers	
Permanent employees	Yes, NHL has a well-formulated Grievance Redressal Procedure available to all employees, encompassing all categories such as part-time, full-time, regular, temporary, ad-hoc, probationers, apprentices, trainees, and consultants. This procedure aims to ensure that all NHL employees have the right to work in an environment free from discrimination, harassment, coercion, or disruptive conduct. The web link to the policy: https://www.narayanahealth.org/stakeholder-relations/company-policies
Other than permanent employees	

7. Membership of employees and workers in association(s) or Unions recognized by the listed entity:

The Company does not have a Union.

8. Details of training given to employees & workers

Category	FY 2024-25*					FY 2023-24*				
	Total (A)	On health and safety measures		On skill upgradation		Total (D)	On health and safety measures		On skill upgradation	
		No. (B)	% (B/A)	No. (C)	% (C/A)		No. (E)	% (E/D)	No.(F)	% (F/D)
Employees										
Male	4668	3893	83.40	4481	96	4,742	4,742	100	3,764	80
Female	6454	5894	91.00	6454	100	6,917	6,917	100	6,214	90
Total	11122	9787	87.99	10935	98	11,659	11,659	100	9,978	86

Workers

The Company does not have workers category

* Training provided to permanent employees

9. Details of performance and career development reviews of employees & workers

Category	FY 2024-25			FY 2023-24		
	Total (A)*	No. (B)	% (B / A)	Total (C)*	No. (D)	% (D / C)
Employees						
Male	4,333	4,333	100	4,242	4,242	100
Female	5,827	5,827	100	6,217	6,217	100
Total	10160	10160	100	10,459	10,459	100

Workers

The Company does not have workers category

*100% of eligible employees have received performance and career development reviews

10. Health and safety management system:

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

Yes, the entity has implemented an Occupational Health and Safety Management System that encompasses all clinical and facility-related operations.

- The system aligns with both national and international healthcare standards, including NABH and JCI frameworks, ensuring comprehensive integration of health and safety protocols. Regular Hazard Identification and Risk Assessment (HIRA) exercises are conducted to evaluate and mitigate risks through appropriate control measures.
- Radiation safety is ensured by adhering to Atomic Energy Regulatory Board (AERB) standards, while National AIDS Control Organisation (NACO) guidelines are followed for pre- and post-exposure prophylaxis (PEP).
- Structured Clinical and Facility Governance review is conducted periodically.
- The organization also ensures pre-employment and annual health check-ups along with necessary vaccinations, as per role-specific requirements.

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

Protecting the health, safety, and well-being of our employees is a core operational priority at NHL.

- We adopt a proactive approach to identifying and managing work-related hazards and risks through structured processes such as facility and safety rounds, as well as annual worksite assessments, including Hazard Identification and Risk Assessment (HIRA) and Hazard Vulnerability Assessment (HVA). These processes comprehensively cover both routine and non-routine activities.
- In addition, internal audits are conducted on a continuous basis, including QR code-based audits, to ensure real-time monitoring and timely mitigation of potential risks.

c. Whether you have processes for workers to report the work-related hazards and to remove themselves from such risks. (Yes/No)

Yes.

- Our robust online incident reporting platform, built on the HMIS-ATHMA system, enables staff to report incidents in real-time. Every reported incident undergoes a detailed root cause analysis (RCA) to identify underlying issues and prevent recurrence. This data-driven approach fosters a culture of transparency and continuous improvement.
- We have an integrated dashboard for all the reported incidents and the audits on AIRO (analytic dashboard) which helps us analyse the non-compliances.

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

Yes, employees are provided with health insurance coverage, along with regular medical check-ups and vaccinations, as applicable.

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

Safety incident/number	Category*	FY 2024-25	FY 2023-24
Lost Time Injury Frequency Rate (LTIFR) (per one-million-person hour worked) #	Employees	0	0
	Worker	Not applicable	Not applicable
Total recordable work-related injuries	Employees	0	0
	Worker	Not applicable	Not applicable
No. of fatalities	Employees	0	0
	Worker	Not applicable	Not applicable
High consequence work-related injury or ill-health (excluding fatalities)	Employees	0	0
	Worker	Not applicable	Not applicable

#LTIFR is tracked as a combined number for the permanent and other than permanent employees

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

To promote a safe and healthy work environment, Narayana Health (NHL) has implemented a comprehensive set of measures focused on the well-being of all individuals across its operations. In alignment with JCI and NABH standards,

- Standard Operating Procedures (SOPs):** Clearly defined SOPs are in place to standardize safety practices across clinical and non-clinical areas.
- Structured Training Programs:** Regular and role-specific safety training sessions are conducted to enhance awareness and preparedness among employees.
- Safety Codes:** A robust framework of emergency and safety codes is implemented to address various scenarios such as fire, evacuation, medical emergencies, and hazardous spills. All emergency codes are reinforced through structured mock drills, ensuring both awareness and operational readiness across teams.
- Mock Drills:** More than 230 clinical and 590 non-clinical mock drills are conducted annually to regularly assess staff readiness, validate emergency protocols, and test the operational status of essential equipment.
- Business Continuity Plan (BCP):** NHL has a well-defined BCP in place to maintain critical operations during disruptions caused by emergencies or disasters.
- Safety Training:** All employees receive induction and periodic refresher training covering proper use of equipment, identifying and responding to near misses, and recognizing unsafe acts and conditions.
- Emergency Preparedness:** Specific procedures are established to protect staff during emergencies such as fires, natural disasters, and hazardous material incidents. Continuous training on these procedures is extended to employees, contractual staff, trainees, and other stakeholders on-site.
- Pre-Construction Risk Assessments:** Risk assessments are carried out before any demolition, construction, or renovation activities to identify and mitigate potential hazards.

- i) **Fire Safety and Work Permit Systems:** Preventive protocols are in place to minimize fire hazards during both routine and non-routine activities. A structured work permit system ensures all necessary safety checks are conducted prior to initiating high-risk tasks. Additionally, the Lockout-Tagout (LOTO) system is employed during maintenance work to prevent accidental energy release.
- j) **Ongoing Regulatory Compliance:** NHL ensures continuous compliance with occupational health and safety standards. These protocols are regularly reviewed and updated in line with changes in regulations & best practices.
- k) **Leave Management System:** A structured leave management process is in place to support employees in the event of occupational injuries, ensuring they receive adequate rest and recovery time. This contributes to their physical and mental well-being and promotes a safe and supportive work environment.

13. Number of complaints made by employees.

	FY 2024-25			FY 2023-24		
	Filed during the year	Pending resolution at the end of year	Remarks	Filed during the year	Pending resolution at the end of year	Remarks
Working Conditions*	4	0	-	0	0	-
Health & safety*	9	0	-	0	0	-

*Complaints related to working conditions and health & safety are tracked via an online incident reporting system and further monitored through routine facility rounds. Any negative observations or feedback are promptly addressed through corrective actions by the designated departments and functions.

14. Assessments for the year

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

*NHL hospitals undergo periodic assessments of health and safety practices and working conditions through facility rounds conducted by respective units. Additionally, the corporate team conducts annual assessments according to a set calendar. Furthermore, third-party fire safety audits are conducted periodically to ensure compliance and safety standards are met.

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

Risk assessment of health and safety practices at NHL is a continuous process, with corrective and preventive actions taken based on the risks identified. The following proactive initiatives have been implemented to mitigate safety-related incidents and address key risks

- a) Implementation of control measures for identified hazards through structured Hazard Identification and Risk Assessment (HIRA) and Hazard Vulnerability Analysis (HVA) processes.
- b) Strict adherence to regulatory standards, including Atomic Energy Regulatory Board (AERB) norms for radiation safety and National AIDS Control Organisation (NACO) guidelines for pre- and post-exposure prophylaxis (PEP).
- c) Strengthening of the Work Permit System to minimize potential occupational health and safety risks during maintenance and high-risk activities.
- d) Promotion of a safety-first culture by encouraging all associates to report near misses, unsafe acts, and unsafe conditions, thereby helping prevent incidents before they occur.
- e) Active implementation of both active and passive fire protection systems across all facilities to enhance emergency preparedness and fire safety.
- f) Preventive maintenance is managed digitally through the asset digital platform, ensuring timely upkeep of critical infrastructure and equipment.
- g) Proactive worksite analysis, enhanced access control, and security systems are supported by well-defined checklists to ensure safe working conditions are consistently maintained.

Leadership Indicators

1. Does the entity extend any life insurance or any compensatory package in the event of death of (A) Employees (Y/N) (B) Workers (Y/N).

(A) Yes, we have a well-defined Term Life Benefit Program that protects the dependents of associates (permanent employees) in the event of their death due to unforeseen conditions or circumstances. Associates covered under the ESI scheme are governed by the provisions and benefits provided under the applicable local social security act.

(B) Not Applicable

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

The entity has initiated structured engagement with its Value Chain Partners through detailed questionnaires covering key areas such as Environmental, Health & Safety (EHS) practices, and regulatory compliance. As part of this initiative, partners are required to confirm adherence to statutory obligations, including the timely deduction and deposit of applicable dues (e.g., taxes, employee welfare contributions).

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

	Total no. of affected employees/ workers		No. of employees/workers that are rehabilitated and placed in suitable employment or whose family members have been placed in suitable employment	
	FY 2024-25	FY 2023-24	FY 2024-25	FY 2023-24
Employees	Nil	Nil	Nil	Nil
Workers	Not applicable	Not applicable	Not applicable	Not applicable

4. Does the entity provide transition assistance programs to facilitate continued employability and the management of career endings resulting from retirement or termination of employment?

No

5. Details on assessment of value chain partners:

	% of value chain partners (by value of business done with such partners) that were assessed
Health and safety practices	34% of Suppliers have been assessed
Working Conditions	

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

The assessment of health and safety practices and working conditions of value chain partners has been initiated. Based on the findings, any identified gaps or significant risks will be addressed through appropriate corrective actions to ensure compliance and continuous improvement.

Principle 4

Businesses should respect the interests of and be responsive to all its stakeholders

Essential Indicators

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

At Narayana Health (NHL), the identification of key stakeholder groups is driven by our mission and a thorough understanding of their relevance to our operations and influence on business outcomes. Stakeholders are assessed based on their level of interest in our activities and the potential impact they may have on our organization, particularly in relation to shareholder value.

Stakeholders are broadly classified into the following categories:

a) Internal Stakeholders:

These include employees, senior management, and shareholders who are directly engaged in the functioning and strategic direction of the organization.

b) External Stakeholders:

This group consists of customers, suppliers, investors, regulatory authorities, and the broader community—entities that, while not directly involved in daily operations, can significantly affect or be affected by the organization's actions.

NHL emphasizes understanding the roles, interests, and expectations of each stakeholder group. This helps shape our engagement strategy in terms of frequency, method, and focus. The goal is to ensure transparent communication and align our initiatives with stakeholder needs.

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

Stakeholder group	Whether identified as vulnerable & marginalised group (Yes/No)	Channels of communication (Email, SMS, Newspaper, Pamphlets, Advertisement, Community meetings, Notice board, Website), Other	Frequency of engagement (Annually/ half-yearly/ quarterly / others – please specify)	Purpose and scope of engagement including key topics and concerns raised during such engagement
Investors	No	Email, direct communications, AGM, Website, newspaper publication	Quarterly investor earnings calls to discuss financial performance, and statutory meetings such as AGMs held as necessary	Reviewing financial performance and addressing investor questions and concerns
Suppliers	No	Direct communication, email, and ESG Digital platform questionnaires	Purpose based	Business discussions, ESG Initiatives & disclosures
Customers	No	Email, SMS, website	On a need-basis	Business discussions, training sessions, and workshops.
Employees	No	Email, direct communications, SMS	Purpose based	Training sessions, workshops, and redressal forums.
Communities	Yes*	Community meetings, Email, newspaper	Based on community engagement efforts.	Corporate Social Responsibility (CSR) initiatives and welfare measures.
Senior Management & Board	No	Direct communications, Email	Scheduled statutory meetings such as Board meetings, and purpose-specific meetings convened as needed	Business discussions and training sessions.

* As part of our community health and education support initiatives, children from government schools, students from underprivileged backgrounds preparing for NEET, and those pursuing Nursing and MBBS are identified as vulnerable and marginalized groups in need of dedicated support.

Leadership Indicators

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

We have identified our material issues through a structured survey process. Stakeholder inputs were consolidated into key material topics, which were then presented to the relevant Board Committee for review. The committee's recommendations are integrated into the implementation of our ESG initiatives.

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

Yes. Stakeholder consultations are actively used to identify and manage key environmental and social topics.

NHL conducts a materiality assessment every three years through an online survey involving selected stakeholders to gather their perspectives on priority ESG issues. The feedback received is then incorporated into the organization's ESG strategy, helping to shape relevant policies and guide implementation activities.

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

Regular engagement with vulnerable and marginalized stakeholder groups is carried out through our implementation partners managing these projects. The CSR team conducts periodic field visits and assessments to monitor progress. Any concerns raised by stakeholders are promptly addressed and, when required, escalated to the implementation partners for appropriate action.

Principle 5

Businesses should respect and promote human rights

Essential Indicators

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

Category	FY 2024-25			FY 2023-24		
	Total (A)	No. of employees / workers covered (B)	% (B/A)	Total (C)	No. of employees / workers covered (D)	% (D / C)
Employees						
Permanent	11,122	10,565	95	11,659	11,426	98
Other than permanent	3,783	2,771	73	3,742	2,619	70
Total employees	14,905	13,336	89	15,401	14,045	91
Workers						
The Company does not have workers category						

2. Details of minimum wages paid to employees and workers

Category	FY 2024-25					FY 2023-24				
	Total (A)	Equal to minimum wage		More than minimum wage		Total (D)	Equal to minimum wage		More than minimum wage	
		No. (B)	% (B/A)	No. (C)	% (C/A)		No. (E)	% (E/D)	No.(F)	% (F/D)
Employees										
Permanent	11,122	-	-	11,122	100	11,659	-	-	11,659	100
Male	4,668	-	-	4,668	100	4,742	-	-	4,742	100
Female	6,454	-	-	6,454	100	6,917	-	-	6,917	100
Other than permanent	3,783	-	-	3,783	100	3,742	-	-	3,742	100
Male	1,702	-	-	1,702	100	1,669	-	-	1,669	100
Female	2,081	-	-	2,081	100	2,073	-	-	2,073	100
Workers										
The Company does not have workers category										

3. Details of remuneration/salary/wages:

a. Median remuneration/wages:

	Male		Female	
	Number	Median remuneration/ salary/ wages of respective category (₹)	Number	Median remuneration/ salary/ wages of respective category (₹)
		Board of Directors (BoD)*		7
Key managerial personnel (KMP)**	2	5,24,29,944	1	2,54,03,172
Employees other than BoD & KMP***	4614	3,85,152	6792	3,13,950
Workers	Not applicable		Not applicable	

As on March 31, 2025

* Remuneration to Managing Director and Group Chief Executive Officer (MD & Group CEO) has been included in both BoD & KMP.

** KMP include MD & Group CEO, Chief Financial Officer (CFO) and Company Secretary (CS).

*** Includes Permanent Employees only.

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

	FY 2024-25	FY 2023-24
Gross wages paid to females as % of total wages*	46.82	45.59

*Includes permanent employees only based on SEBI's Industry Standard on reporting of BRSR Core

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

Yes

We have a defined appropriate forum/committee at each geographical unit to address all employee-related concerns, including matters related to human rights and ethics. Additionally, we have a dedicated Ethics Helpline available, enabling employees to raise concerns freely and without fear of retaliation. All reported issues are promptly investigated and resolved by the respective forum in line with our company policies and the applicable governance frameworks of the country. All human rights and ethical complaints reported are handled with strict confidentiality.

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

All employees receive training on the Business Ethics & Code of Conduct and Prevention of Sexual Harassment (POSH) to ensure their conduct aligns with the company's principles. The company has established a defined process and channels for raising employee concerns and mechanisms for addressing such issues as outlined in the Code.

6. Number of complaints on the following made by employees:

	FY 2024-25			FY 2023-24		
	Filed during the year	Pending resolution at the end of year	Remarks	Filed During the year	Pending resolution at the end of year	Remarks
Sexual harassment	13*	-	Action taken as per provision	7	-	Action taken as per provision
Discrimination at workplace	-	-	-	-	-	-
Child labour	-	-	-	-	-	-
Forced labour/Involuntary labour	-	-	-	-	-	-
Wages	-	-	-	-	-	-
Other human rights-related issues	-	-	-	-	-	-

*As per report filed under POSH Act for the calendar year 2024

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

	FY 2024-25	FY 2023-24
Total Complaints reported under Sexual Harassment on of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 (POSH)	13	7
Complaints on POSH as a % of female employees / workers	0.20%	0.10%
Complaints on POSH upheld	13	7

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

Employees are encouraged to raise grievances without fear of retaliation. NHL is committed to ensuring a workplace free from discrimination or adverse consequences for those who voice concerns and supports employees in fully accessing the grievance mechanisms outlined in its policies.

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

Yes, human rights requirements are embedded in all our business agreements and contracts with empanelled vendors. These agreements cover essential provisions such as the prohibition of child and forced labor, adherence to statutory remittances, and the prevention of any form of discrimination or harassment.

10. Assessments of the year

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

*NHL units undergo regular assessments by the HR Corporate Compliance Team to ensure adherence to ethical standards. A comprehensive Code of Conduct—prohibiting child labor, forced labor, and related practices—is integrated into our HR processes, including onboarding and regulatory compliance. We uphold a strict non-discrimination policy in the workplace, and issues related to sexual harassment are addressed through robust POSH policies, established reporting channels, redressal mechanisms, and mandatory training for all associates.

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

There is no significant risks / concerns arising from the human rights assessments

Leadership Indicators

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

As part of our ongoing commitment to uphold human rights, we have revised and restructured our business processes to strengthen our grievance redressal mechanisms. These updates are aligned with evolving human rights standards and governance processes.

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

Human rights due diligence is carried out in alignment with NHL's Code of Conduct and Business Ethics Policy framework, ensuring thorough oversight and effective resolution of any human rights-related concerns.

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

Yes,

Premises and offices are fully accessible to all visitors, including individuals with disabilities. In line with the Rights of Persons with Disabilities Act, 2016, we provide necessary support to ensure a fair, inclusive, and non-discriminatory environment for everyone during their visit.

4. Details on assessment of value chain partners:

	% of your plants and offices that were assessed (by the entity or statutory authorities or third parties) *
Sexual Harassment	
Discrimination at workplace	
Child Labour	
Forced Labour/Involuntary Labour	34%
Wages	
Others – please specify	

*NHL has initiated the ESG Assessment of Upstream Suppliers in FY 2024-25

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

There is no significant risks / concerns arising from the assessment

Principle 6

Businesses should respect and make efforts to protect and restore the environment

Essential Indicators

1. Details of total energy consumption (in Joules or multiples) and energy intensity-in the following format:

Parameter	UOM	FY 2024-25	FY 2023-24
From renewable sources			
Total electricity consumption (A)	GJ	82,407.42	55,717
Total fuel consumption (B)	GJ	-	-
Energy consumption through other sources (C)	GJ	-	-
Total energy consumption from renewable sources (A+B+C)	GJ	82,407.42	55,717
From non-renewable sources			
Total electricity consumption (D)	GJ	1,45,646.12	1,58,820
Total fuel consumption (E)	GJ	23,772.78	16,487
Energy consumption through other sources (F)	GJ	0	0
Total energy consumption from non-renewable sources (D+E+F)	GJ	1,69,418.91	1,75,307
Total energy consumed (A+B+C+D+E+F)*	GJ	2,51,826.33	2,31,024
Energy intensity per rupee of turnover (Total energy consumed / Revenue from operations)	GJ/₹ Lakh	0.6747	0.6817
Energy intensity per rupee of turnover adjusted for Purchasing Power Parity (PPP) (Total energy consumed / Revenue from operations adjusted for PPP) **	GJ/₹ Lakh adjusted for PPP	13.9398	15.2700
Energy intensity in terms of physical output (Energy intensity per Occupied Bed Days)	GJ/ Occupied Bed Days	0.3291	0.2987
Energy intensity (optional) – the relevant metric may be selected by the entity (Energy intensity per Sq. Feet built up area)	GJ/ Sq. feet built up area	0.0854	0.0783

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

*Energy (electricity) consumption has increased compared to the previous year due to the expansion of services within existing facilities. Additionally, fuel consumption rose owing to frequent power outages at the hospitals.

**Revenue from operations has been adjusted according to the latest PPP conversion factors for India, as published by the IMF. The conversion factor for the year ended March 31, 2025, is 20.66, while for the year ended March 31, 2024, it is 22.40

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

Not Applicable

Our organization is not classified as a designated consumer (DC) under the Government of India's Performance, Achieve, and Trade (PAT) Scheme, and as such, the PAT scheme does not apply to us.

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

Parameter	UOM	FY 2024-25	FY 2023-24
Water withdrawal by source (in kilolitres-KL)			
(i) Surface water	KL	-	-
(ii) Groundwater	KL	5,23,993	5,11,093
(iii) Third-party water	KL	4,61,915	4,01,211
(iv) Seawater / desalinated water	KL	-	-
(v) Others	KL	-	-
Total volume of water withdrawal (in kilolitres) (i + ii + iii + iv + v)	KL	9,85,908*	9,12,304
Total volume of water consumption (in kilolitres)	KL	8,79,640	7,11,028
Water intensity per rupee of turnover (Total water consumption / Revenue from operations)	KL/₹ Lakh	2.3568	2.0980
Water intensity per rupee of turnover adjusted for Purchasing Power Parity (PPP) (Total water consumption / Revenue from operations adjusted for PPP)	KL/₹ Lakh adjusted for PPP	48.6923	46.9968
Water intensity in terms of physical output (Water intensity per Occupied Bed Days)	KL/ Occupied Bed Days	1.1496	0.9193
Water intensity (optional) (Water intensity per Sq. Feet built up area)	KL/ Sq. feet built up area	0.2982	0.2410

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

Yes, SGS India Private Ltd.

*Total water withdrawal increased due to change in scope of water withdrawal at NHL Health City Hospitals

4. Provide the following details related to water discharged:

Parameter	UOM	FY 2024-25	FY 2023-24
Water discharge by destination and level of treatment (in kilolitres-KL)			
(i) To Surface water			
- No treatment	KL	-	-
- With Tertiary treatment	KL	1,06,268	2,01,276
(ii) To Groundwater			
- No treatment	KL	-	-
- With treatment – please specify level of treatment	KL	-	-
(iii) To Seawater			
- No treatment	KL	-	-
- With treatment – please specify level of treatment	KL	-	-
(iv) Sent to third-parties			
- No treatment	KL	-	-
- With treatment – please specify level of treatment	KL	-	-
(v) Others			
- No treatment	KL	-	-
- With treatment – please specify level of treatment	KL	-	-
Total water discharged (in kilolitres)	KL	1,06,268	2,01,276

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

Yes, SGS India Private Ltd.

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

Currently, three NHL hospitals operate with a Zero Liquid Discharge (ZLD) system. Wastewater is treated and recycled through in-house Sewage Treatment Plants (STPs), and the recycled water is reused for non-contact applications such as flushing and gardening. Any surplus treated water is discharged in compliance with applicable regulations.

6. Please provide details of air emissions (other than GHG emissions) by the entity:

Parameter	UOM	FY 2024-25	FY 2023-24
Nox	Kg	272.98	211
Sox	Kg	167.89	115
Particulate matter (PM)	Kg	198.71	204
Persistent organic pollutants (POP)	Kg	-	-
Volatile organic compounds (VOC)	Kg	316.22	359.80
Hazardous air pollutants (HAP)	Kg	39.77	35.42
Others-please specify	Kg	-	-

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

For other than GHG emissions (NOx, SOx, particulate matter (PM)), individual hospitals conduct assessments through authorized testing agencies. Persistent Organic Pollutants (POPs), Volatile Organic Compounds (VOCs), and Hazardous Air Pollutants (HAPs) are currently used across hospital labs and operational processes; however, no third-party agency has undertaken an independent assessment, evaluation, or assurance of these chemicals.

7. Provide details of greenhouse gas emissions (Scope 1 and Scope 2 emissions) and its intensity:

Parameter	UOM	FY 2024-25	FY 2023-24
Total Scope 1 emissions (Break-up of the GHG into CO ₂ , CH ₄ , N ₂ O, HFCs, PFCs, SF ₆ , NF ₃ , if available) Stationary & Mobile Combustion (Fuel Combustion & Vehicles movement inside organisation), Fugitive Emissions from Refrigeration, Air Conditioning, Fire Suppression	Metric tonnes of CO ₂ equivalent	17,922.68	16,367.16
Total Scope 2 emissions (Break-up of the GHG into CO ₂ , CH ₄ , N ₂ O, HFCs, PFCs, SF ₆ , NF ₃ , if available) Purchased Electricity (Grid)	Metric tonnes of CO ₂ equivalent	29,412.45	31,587.51
Total Scope 1 and Scope 2 emission intensity per rupee of turnover (Total Scope 1 and Scope 2 GHG emissions / Revenue from operations)	Metric tonnes of CO ₂ equivalent/₹ Lakh	0.1268	0.1415
Total Scope 1 and Scope 2 emission intensity per rupee of turnover adjusted for Purchasing Power Parity (PPP) (Total Scope 1 and Scope 2 GHG emissions / Revenue from operations adjusted for PPP)	Metric tonnes of CO ₂ equivalent/₹ Lakh adjusted for PPP	2.6202	3.1697
Total Scope 1 and Scope 2 emission intensity in terms of physical output (Emissions per Occupied Bed Days)	Metric tonnes of CO ₂ equivalent/ Occupied Bed Days	0.0619	0.0620
Total Scope 1 and Scope 2 emission intensity (optional) (Emissions per Sq. Feet built up area)	Metric tonnes of CO ₂ equivalent/Sq. feet Built up area	0.0160	0.0163

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

Yes, SGS India Private Ltd.

Scope 1 and Scope 2 emissions have been calculated using guidelines from the IPCC, DEFRA, and GEA.

8. Does the entity have any project related to reducing greenhouse gas emission? If Yes, then provide details.

The organization is dedicated to becoming carbon neutral by 2040, with ongoing initiatives focused on optimizing energy use, reducing emissions, and enhancing resource efficiency to drive the shift toward a low-carbon future.

Projects considered under Scope 1 Category for reducing Green House Gas Emission.

- **Transition to Heat Pumps from Diesel-Fired Boilers:** The organization is replacing traditional diesel-fired boilers with advanced, environmentally friendly heat pump systems that use sustainable refrigerants. This transition significantly improves energy efficiency and leads to a notable reduction in direct GHG emissions from heating processes.
- **Deployment of Battery-Operated Vehicles:** Battery-powered vehicles and carts are being deployed for the internal movement of patients, staff, and visitors. This green mobility solution helps reduce emissions from conventional hospital-owned diesel and petrol vehicles.
- **Upgradation of HVAC Systems with Eco-Friendly Refrigerants:** A phased initiative is in progress to upgrade existing air conditioning units and chillers with high-efficiency models that utilize low-Global Warming Potential refrigerants. This effort helps curb fugitive emissions while enhancing energy efficiency across facilities.

Projects considered under Scope 2 Category for reducing Green House Gas Emission

- As part of a strategic initiative, we are integrating renewable energy solutions across our hospital network, tailoring each project to suit local climate conditions, energy needs, feasibility, and regulatory requirements. At the entity level, NHL has already surpassed its 2030 target by achieving a 36.11% renewable energy share in electricity consumption well ahead of schedule. This milestone currently benefits four hospitals in Karnataka—three in Bengaluru and one each in Shimoga, leading to substantial environmental gains and annual cost savings of approximately ₹80 million. Remarkably, over 92.7% of the electricity used by these hospitals is now derived from renewable sources, contributing to an annual reduction of 21,735 tons of carbon emissions.
- We have also launched focused initiatives to enhance energy efficiency and promote environmental sustainability. Key interventions include replacing outdated diesel-fired boilers with energy-efficient, refrigerant-based heat pumps, and upgrading chillers, pumps, and cooling towers with advanced technologies. These efforts have resulted in considerable energy savings across our facilities.

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

Parameter	UOM	FY 2024-25	FY 2023-24
Total waste generated (in metric tonnes)			
Plastic waste (A)	MT	18.89	10.92
E-waste (B)	MT	13.65	13.62
Bio-medical waste (C)	MT	1,776.40	1,721.87
Construction and demolition waste (D)	MT	3,467.56	4,351.53
Battery waste (E)	MT	2.96	7.30
Radioactive waste (F)	MT	0	0
Other Hazardous waste. Please specify, if any. (G) (Used oil from dg sets, air and oil filters-oil containing residues, spent solvents-e.g. formalin, lead apron & containers etc)	MT	5.50	6.10
Other Non-hazardous waste generated (H) (General waste (tissue papers, disposable plates, medicine wrappers), food waste, cardboard & paper waste etc.)	MT	2,481.86	2,078.36
Total (A+B + C + D + E + F + G + H)	MT	7,766.82	8,189.71
Waste intensity per rupee of turnover (Total waste generated / Revenue from operations)	KG/₹ Lakh	20.80	24.16
Waste intensity per rupee of turnover adjusted for Purchasing Power Parity (PPP) (Total waste generated / Revenue from operations adjusted for PPP)	KG/₹ Lakh adjusted for PPP	429.93	541.32

Parameter	UOM	FY 2024-25	FY 2023-24
Waste intensity in terms of physical output (Waste Consumed-KG / Occupied bed days)	KG/ Occupied Bed Days	10.15	10.58
Waste intensity (optional) – the relevant metric may be selected by the entity (Waste intensity per Sq. Feet built up area)	KG/ Sq. feet Built up area	2.63	2.77
For each category of waste generated, total waste recovered through recycling, re-using or other recovery operations (in metric tonnes)			
Category of waste			
(i) Recycled	MT	405.25	0
(ii) Re-used	MT	0	0
(iii) Other recovery operations	MT	0	0
Total	MT	405.25	0
For each category of waste generated, total waste disposed of by nature of disposal method (in metric tonnes)			
Category of waste			
(i) Incineration (Disposal to Authorized Vendors)	MT	805.20	0
(ii) Landfilling	MT	37.14	0
(iii) Other disposal operations (Disposal to Authorized Vendors)	MT	6,519.23	0
Total	MT	7,361.57	0

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

Yes, SGS India Private Ltd.

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

At NHL, our Environmental, Social, and Governance (ESG) Policy integrates comprehensive waste management practices to ensure environmental compliance and sustainability across all our facilities. The policy mandates systematic segregation and aggregation of all waste streams, enabling the safe and compliant handling, treatment, and disposal of hazardous and biomedical waste in accordance with applicable regulations. It also encourages the reduction in the use of hazardous chemicals wherever feasible.

All waste generated across our hospitals—whether biomedical, general, recyclable, or hazardous—is meticulously segregated, collected, stored, transported, and disposed of through approved vendors in compliance with local and national waste management regulations. We maintain detailed, daily records of waste generation, treatment, and disposal, which are regularly reviewed. Periodic waste audits are conducted to ensure adherence to best practices in waste segregation, storage, and on-site management, reinforcing our commitment to sustainability and regulatory excellence.

Plastic waste, battery waste, e-waste, and other hazardous materials such as used oil, spent solvents, and lead waste—along with general waste (e.g., tissue papers, disposable plates, medicine wrappers), paper & cardboard waste and metal scraps—are systematically collected on-site at our hospitals and responsibly disposed of through authorized recyclers and dismantlers. Food waste generated from hospital wards and canteens is processed using in-house organic waste composters, with the resulting compost utilized for hospital landscaping. In facilities that do not have in-house composting systems, food waste is handed over to authorized vendors for appropriate treatment.

For more details, please refer the policy <https://www.narayanahealth.org/stakeholder-relations/company-policies>

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

S. No.	Location of operations/offices	Type of operations	Whether the conditions of environmental approval /clearance are being complied with? (Y/N) If no, the reasons thereof and corrective action taken, if any.
1	SRCC Children's Hospital, 1, 1A, Keshavrao Khadye Marg, Haji Ali, Haji Ali Government Colony, Mahalakshmi, Mumbai, Maharashtra 400034 (Coastal regulation zones)	Hospital, Healthcare Industry	Y

12. Details of Environmental Impact Assessments of projects undertaken by the entity based on applicable laws, in the current financial year:

Name and brief details of project	EIA Notification No.	Date	Whether conducted by independent external agency (Yes / No)	Results communicated in public domain (Yes / No)	Relevant Web link
Development Health Care Establishment Project Agara Village, Begur Hobli, Bangalore South Taluk by M/s. Narayana Hrudayalaya Ltd.	S.O. 1533 (E) dated 14-09 2006 & its amendment	EC granted on 10-03-2025	Yes	Yes. Local, National Newspaper, Town Panchayat & Local Municipal Authorities	https://parivesh.nic.in/newupgrade/#/organisation/dashboard

13. Is the entity compliant with the applicable environmental law/ regulations/ guidelines in India, such as the Water (prevention and control of pollution) Act, Air (prevention and control of pollution) Act, Environment Protection Act, and rules there under (Y/N). If not, provide details of all such non-compliances:

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

Leadership Indicators

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

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

- Name of the area: There are 4 Water Stress Zones that include five hospitals. Bommasandra Industrial Area, Anekal Taluk (Karnataka), Bangalore-South (Karnataka), Ahmedabad City (Gujarat), Gurgaon (Haryana)
- Nature of operations: Hospital

(iii) Water withdrawal, consumption and discharge:

Parameter	UOM	FY 2024-25	FY 2023-24
Water withdrawal by source (in kilolitres)			
(i) Surface water	KL	-	-
(ii) Groundwater	KL	55,440	55,490
(iii) Third party water	KL	3,96,030	3,58,019
(iv) Seawater / desalinated water	KL	-	-
(v) Others	KL	-	-
Total volume of water withdrawal (in kilolitres)	KL	4,51,470	4,13,509
Total volume of water consumption (in kilolitres)	KL	4,51,470	3,93,748
Water intensity per rupee of turnover (Water consumption / Turnover)	KL/₹ Lakh	1.21	1.16
Water intensity per Occupied Bed/Day (Water consumed KL / Occupied bed days)	KL/ Occupied bed days	0.59	0.51
Water intensity per Sq. Feet built up area (Water consumed KL / Sq. feet built up area)	KL/Sq. feet built up area	0.15	0.13
Water discharge by destination and level of treatment (in kilolitres)			
i) Into Surface Water			
- No treatment	KL		
- With Tertiary treatment	KL	0	19,761
ii) Into Groundwater			
- No treatment	KL	-	-
- With treatment – please specify level of treatment	KL	-	-
(iii) Into Seawater			
- No treatment	KL	-	-
- With treatment – please specify level of treatment	KL	-	-
(iv) Sent to third-parties			
- No treatment	KL	-	-
- With treatment – please specify level of treatment	KL	-	-
(v) Others			
- No treatment	KL	-	-
- With treatment – please specify level of treatment	KL	-	-
Total water discharged (in kilolitres)	KL	0	19,761

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

Water withdrawal, consumption, and discharge assessments in areas of water stress are not conducted by any external agency. However, water-related initiatives are periodically monitored and reviewed at the corporate level, and subsequent improvement initiatives are implemented.

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

Parameter	UOM	FY 2024-25	FY 2023-24
Total Scope 3 emissions* (Break-up of the GHG into CO ₂ , CH ₄ , N ₂ O, HFCs, PFCs, SF ₆ , NF ₃ , if available)	Metric tonnes of CO ₂ equivalent	1,80,306.11	-
Total Scope 3 emissions per rupee of turnover (Total Scope 3 emissions / Revenue from operations)	Metric tonnes of CO ₂ equivalent/₹ Lakh	0.4831	-
Total Scope 3 emission intensity in terms of physical output Emissions per Occupied Bed Days	Metric tonnes of CO ₂ equivalent/ Occupied Bed Days	0.2356	-
Total Scope 3 emission intensity (optional) Emissions per Sq. Feet built up area	Metric tonnes of CO ₂ equivalent/ Sq. feet Built up area	0.0611	-

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

For Scope 3 emissions, no independent assessment/evaluation/assurance has been carried out by an external agency.

*Scope 3 emissions have been calculated for six upstream categories: Purchased goods and services, Capital goods, Fuel and energy-related activities, Waste from operations, Business travel, and Employee commuting. The calculations are based on emission factors provided by EPA and DEFRA.

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

SRCC Children's Hospital Mumbai unit is covered under ecologically sensitive areas & falls under coastal regulation zones. There is no direct & indirect impact on biodiversity.

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

S. No	Initiative undertaken	Details of the initiative (Web-link, if any, may be provided along-with summary)	Outcome of the initiative
1	Energy Efficiency Improvements (through Retrofit and System Upgrades)	<p>As part of our efforts to reduce energy consumption, we have adopted several energy-efficient measures across our facilities:</p> <ul style="list-style-type: none"> We have replaced old diesel-fired boilers with modern, refrigerant-based heat pumps that are more energy-efficient and environmentally friendly. In addition, outdated equipment such as chillers, pumps, and cooling towers is being upgraded with newer, energy-saving alternatives. Battery-operated cars and carts have been introduced for internal transport of patients, staff, and visitors, helping to reduce emissions from hospital-owned vehicles. We are also gradually upgrading air conditioners and chillers to models that use eco-friendly refrigerants, further supporting our sustainability goals. Before installing new technologies or replacing equipment, we carry out energy efficiency and lifecycle cost assessments to ensure long-term benefits. An energy monitoring system is in place to track and improve energy use across our operations. 	As a result of our energy efficiency initiatives, we have successfully saved 5.062 million units of energy, leading to cost savings of approximately ₹37 million.

S. No	Initiative undertaken	Details of the initiative (Web-link, if any, may be provided along with summary)	Outcome of the initiative
2	Energy Mix Optimization (through Renewable Initiatives)	<ul style="list-style-type: none"> In line with our commitment to environmental stewardship, we are making substantial investments in renewable energy. This includes the integration of solar, wind, and hydropower to reduce reliance on fossil fuels, lower energy costs, and support better public health outcomes. Our renewable energy projects are tailored to each location, considering local climate conditions. As a key milestone, NHL hospitals in Karnataka have advanced resource conservation by implementing a solar project within a solar park under a captive model, contributing significantly to sustainable development. 	At the entity level, NHL has achieved a renewable energy mix of 36.11% for its overall electricity consumption. In Karnataka, more than 92.7% of the electricity used by our hospitals is now sourced from renewable energy. This transition has positively impacted four hospitals in the state—three located in Bengaluru, and one each in Shimoga —resulting in cost savings of approximately ₹80 million.
3	Water management initiatives	<ul style="list-style-type: none"> Installation of water-efficient fixtures, such as low-flow aerators in taps and showers, to minimize water consumption. Treated wastewater is reused for non-contact purposes such as flushing, gardening, and maintaining green areas. Water rejected from RO systems (wherever feasible) is used for various in-house activities to avoid wastage. Regular checks are done to find and fix any water leaks as part of routine maintenance. 	Enhanced water conservation and sustained implementation of water-saving practices
4	Responsible Waste Practices	<ul style="list-style-type: none"> Biomedical waste (BMW), hazardous waste, and non-hazardous waste generated within the hospital are segregated at the source and then appropriately collected, treated, stored, and disposed of through authorized vendors, in full compliance with applicable regulations. 	Efficient waste management practices help protect public health by preventing disease transmission while also safeguarding the environment and supporting community well-being.
5	Green Buildings Initiatives	<p>NH has proactively embraced green building principles by incorporating energy and water-efficient measures into facility design and operations. These efforts align with green building norms and comply with the Ministry of Environment, Forest and Climate Change (MoEFCC) requirements for securing Environmental Clearance (EC).</p> <ul style="list-style-type: none"> Adoption of energy-efficient HVAC systems, LED lighting, and high-efficiency electrical installations. Targeting an energy consumption threshold of no more than 5 watts per square foot across facilities. Ensuring minimum 1% of total lighting load is powered by rooftop solar panels. Solar Thermal Systems and energy-efficient Heat Pumps are installed for hot water generation. Procurement of Power Transformers with $\geq 90\%$ efficiency, ensuring transmission losses $< 10\%$. Deployment of only CPCB-IV compliant Diesel Generators to meet advanced emission norms. Implementation of membrane-based Sewage Treatment Plants (STPs) to generate high-quality treated water. Reuse of treated water for flushing, and landscaping, promoting circular water use and reducing dependency on freshwater. Use of double-glazed windows to minimize heat transmission, thereby reducing the cooling load and improving energy efficiency. 	These initiatives support sustainable healthcare operations and contribute significantly to reducing the environmental footprint of NH facilities.

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

Narayana Health Ltd. recognizes the importance of a comprehensive risk management framework that identifies, assesses, monitors, and mitigates potential threats to sustainable growth. A structured Enterprise Risk Management (ERM) system is being implemented through a three-tier approach—Corporate, Regional, and Unit levels—enabling timely response to strategic, operational, financial, reputational, and compliance risks. Key organizational risks are regularly reviewed by the Audit, Risk & Compliance Committee.

The Executive Leadership Team, in consultation with the Risk & Audit Committee, regularly reviews and updates the Enterprise Risk Management (ERM) Policy and Framework to ensure it remains effective amid the evolving risk landscape. Standard Operating Procedures have been developed to address major disaster and business continuity risks, and these are currently being actively implemented across the organization.

<https://www.narayanahealth.org/stakeholder-relations/company-policies>

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

The organization has initiated an assessment to identify potential adverse environmental impacts associated with its Value Chain Partners and is committed to strengthening this process in the future

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

34* % of Value chain partners assessed for environmental impacts.

*NHL has initiated the ESG Assessment of Upstream Suppliers in FY 2024~25

8. Green Credits

How many Green Credits have been generated or procured

a) By the listed entity: **Nil**

b) By the top ten (in terms of value of purchases and sales, respectively) value chain partners: **Not assessed**

Principle 7

Businesses, when engaging in influencing public and regulatory policy, should do so in a manner that is responsible and transparent

Essential Indicators

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

S. No.	Name of the trade and industry chambers/ associations	Reach of trade and industry chambers/ associations (State/National)
1	Association of Healthcare Providers – India (“AHPI”)	National

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

Name of authority	Brief of the case	Corrective action taken
There have been no reported cases of anti-competitive conduct, and no actions have been taken or are pending against the Company.		

Leadership Indicators

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

Narayana Hrudayalaya Limited and its Promoter, Dr. Devi Prasad Shetty have been regularly representing to bring changes in various aspects of healthcare including representations made through AHPI for the following initiatives:

S. No	Public policy advocated	Method resorted for such advocacy	Whether information available in the public domain? (Yes/No)	Frequency of review by board (Annually/ half yearly/ quarterly / others – please specify)	Web-link, if available
1	Medical Education Reforms:	Medical Education Reforms have been made through continuous efforts towards generating more opportunities for creating specialists, a cadre of nurses and nursing assistants.	Yes	Quarterly	www.healthcare-ssc.in
2	Creation of Guidelines for introduction of Technology in Healthcare	NH has been working with the Indian Government, NHA and NMC to introduce technology in healthcare and create guidelines for HIS, EMR, Healthcare Exchange, etc.	Yes,	Need based	www.ahpi.in https://nha.gov.in
3	Health Sector reforms	NH is also a part of the High-Level Group on Health Sector constituted by the 15th Finance Commission, Government of India, and chairs the Academics Committee of Health Sector Skills Council	Yes	HSSC – Quarterly	www.healthcare-ssc.in
4	Medical Courses for intermediate health workers	We have also initiated the creation of courses for intermediate health workers to bridge the gaps in healthcare delivery.	Yes	HSSC - Quarterly	www.healthcare-ssc.in
5	Government Governance Committees	Narayana Healthcare is a member of the XI CAG audit advisory Board	Yes	Half yearly	https://cag.gov.in
6	Future State of the NHS	As an advisor on reforms to be carried out in Digital Health adoption for a 10-year plan for NHS, UK	Yes, report is yet to be published	One time	Expected to be published in: www.gov.uk www.nhs.uk

Principle 8

Businesses should promote inclusive growth and equitable development

Essential Indicators

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

Name and brief details of project	SIA notification No.	Date of notification	Whether conducted by independent external agency (Yes/No)	Results communicated in public domain (Yes/No)	Relevant web link
Not applicable					

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

S No.	Name of project for which R&R is ongoing	State	District	No. of project affected families (PAFs)	% of PAFs covered by R&R	Amounts paid to PAFs in the FY (In ₹)
Not applicable						

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

Grievances from local communities are monitored through the periodic monitoring & review mechanism as part of our CSR activities under the CSR Policy. For any suggestions/complaints or grievances, can be reached at nh.esg@narayanahealth.org
<https://www.narayanahealth.org/stakeholder-relations/company-policies>

The CSR team at the corporate office addresses these grievances during periodic field visits and while conducting impact studies of various CSR projects.

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

	FY 2024-25	FY 2023-24
Directly sourced from MSMEs/ small producers*	11.71	32.00
Directly from within India	99.78	98.40

*For MSME sourcing, 'input material' refers to all types of procurement, including capex, materials, and service-related items. However, for FY 2023-24, the calculation was based solely on material procurement.

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

Location	FY 2024-25*	FY 2023-24*
Rural	0	0
Semi-Urban	3.75	1.81
Urban	14.20	11.91
Metropolitan	82.05	86.28

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

*Permanent employees have been considered

Leadership Indicators

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

Details of negative social impact identified	Corrective action taken
Not applicable	

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

NHL conducts CSR initiatives across 48 designated aspirational districts in Seventeen states: Assam, Bihar, Chhattisgarh, Jammu & Kashmir, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Meghalaya, Odisha, Rajasthan, Tamil Nadu, Telangana, Uttarakhand, Uttar Pradesh, West Bengal

NHL operates the Udaan project, aimed at supporting financially disadvantaged students who aspire to become doctors & nurses. The initiative covers college scholarship fees and provides assistance for NEET coaching centers, empowering these students to pursue their educational goals.

S No.	State	Aspiration district	Nos. of students supported	Amount spent (in ₹)
1	Karnataka	Gadag, Kalburgi, Raichur, Yadgir	143	33,90,200
2	West Bengal	Birbhum, Dakshina, Dinajpur, Nadia	512	15,44,093
3	Maharashtra	Gadchiroli, Nanded, Nandurbar, Osmanabad	26	7,19,400
4	Rajasthan	Baran, Barmer, Dholpur, Karauli	22	7,05,000
5	Bihar	Araria, Banka, Begusarai, Gaya, Khagaria, Purnia, Sitamarhi	11	6,50,000
6	Jharkhand	Giridih, Godda, Lohardaga, Latehar, Palamu	6	3,75,000
7	Odisha	Balangir, Denkanal, Nabrangpur, Koraput	4	2,45,000
8	Assam	Udalguri, Baksa, Hailakandi	3	2,25,000
9	Madya Pradesh	Damoh, Vidisha, Guna	3	2,25,000
10	Uttar Pradesh	Siddharth Nagar	3	1,75,000
11	Chhattisgarh	Mahasamund, Rajnandgaon	2	1,50,000
12	Telangana	Warngal Rural, Khammam	2	1,25,000
13	Uttarakhand	Haridwar	1	1,25,000
14	Meghalaya	Ri Bhoi	1	75,000
15	Jammu & Kashmir	Kupwara	1	50,000
16	Kerala	Wayanad	1	20,000
17	Tamil Nadu	Virudhunagar	3	30,000
Total			744	88,28,693

Note: Out of 112 aspirational districts coverage increased from 22 (FY 2023~24) to 48 FY (2024~25)

3. (a) Do you have a preferential procurement policy where you give preference to purchase from suppliers comprising marginalized /vulnerable groups? (Yes/No):

No, the company does not have a preferential procurement policy favouring suppliers from marginalized or vulnerable groups. Operating within the highly regulated healthcare sector, we procure products and services exclusively from empanelled vendors who comply with applicable statutory and regulatory requirements.

- (b) From which marginalized /vulnerable groups do you procure?

Not applicable

(c) What percentage of total procurement (by value) does it constitute?

Not applicable

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

During the current financial year, we do not hold any intellectual property rights such as patents derived from traditional knowledge.

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

Not applicable

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

S No.	CSR project	No. of persons benefitted from CSR Projects	% of beneficiaries from vulnerable and marginalized groups
1	Udaan Program-Commuting Education Program	1,834	100
2	Hunger feeding program-Commuting Health Program	3,116	100
3	Wash Initiatives (Sanitation & Hygiene)-Commuting Health Program	7,600	100

Please refer to CSR report of this Annual report.

Principle 9

Businesses should engage with and provide value to their consumers in a responsible manner

Essential Indicators

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

Grievance Redressal Mechanism:

The consumer complaints and feedback management system includes both structured and unstructured channels. Structured feedback—such as Post-Service E-triggers—is processed through a defined workflow, while unstructured feedback received via email, the website, phone calls, call centers, and social media is also systematically addressed.

All complaints, regardless of type, are routed through a centralized ticketing system with designated assignments and defined Service Level Agreements (SLAs). Assigned team members are responsible for ensuring timely resolution within the agreed timelines. Any SLA breaches are closely monitored and analyzed to identify areas for improvement and enhance future performance.

Feedback Mechanism:

Customer feedback is a top priority for us. We utilize post-service E-triggers to gather input from patients, ensuring that all feedback is addressed within 48 hours—unless clinical intervention is required. Constructive feedback is carefully reviewed and responded to, enabling effective resolution and enhancing patient-centric service delivery. Corrective and Preventive Actions (CAPA) are implemented to strengthen systems, procedures, and overall service quality.

Dedicated team members are responsible for monitoring response and resolution times, benchmarking performance to identify any deviations and drive continuous improvement.

Feedback can also be submitted via email at feedback@narayanahealth.org or through the feedback page on our website: <https://www.narayanahealth.org/feedback-form>.

In addition, each unit has a dedicated grievance email ID to address specific concerns locally.

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

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

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

Benefits	FY 2024-25			FY 2023-24		
	Receive during the year	Pending resolution at end of year	Remarks	Received during the year	Pending resolution at end of year	Remarks
Data privacy	0	0	-	0	0	-
Advertising	0	0	-	0	0	-
Cyber-security	0	0	-	0	0	-
Delivery of essential services	0	0	-	0	0	-
Restrictive trade practices	0	0	-	0	0	-
Unfair trade practices	0	0	-	0	0	-
Other (Customer Complaints)	2561	0	-	2745	0	-

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

	Number	Reasons for Recall
Voluntary Recalls		
Forced Recalls	Not applicable	Not applicable

5. Does the entity have a framework/policy on cyber security and risks related to data privacy? If available, provide a web link to the policy.

The company has a privacy policy available on its website: <https://www.narayanahealth.org/privacy-policy>.

Additionally, the company has an internal Information Security Policy in place, dedicated to ensuring the confidentiality, integrity, and availability of information.

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

Nil

7. Provide the following information relating to data breaches:

a. Number of instances of data breaches-

Nil

b. Percentage of data breaches involving personally identifiable information of customers-

Nil

c. Impact, if any, of the data breaches-

Not Applicable

Leadership Indicators

1. Channels/platforms where information on products and services of the entity can be accessed.

All information about our services can be found on the websites provided in the given link.

<https://www.narayanahealth.org/about-us>

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

The hospital's nursing teams conduct the Care Companion Program, which equips patients' family members with the skills needed to provide effective care. It offers clear and comprehensive instructions on key dos and don'ts, tailored for individuals with little or no medical knowledge.

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

The organization informs consumers of any disruptions or discontinuation of essential services through the designated communication and operations teams.

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

Not applicable, as the company deals in healthcare services.

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

Yes, we regularly conduct Customer Satisfaction Surveys across all locations of our organization. We track Customer Satisfaction Score (CSAT), Net Promoter Score (NPS), and Google Scores to continuously improve the patient experience.

This year, based on feedback from over 100,000 patients, our group-level patient feedback on Google has surpassed a rating of 4.8/5, and we have achieved an NPS of 78%.

Annexure X

Independent Assurance Statement

Independent Assurance Statement to Narayana Hrudayalaya Limited on its BRSR for the FY 2024-25

The **Board of Directors,**

Narayana Hrudayalaya Limited ,

No. 261/A, 2nd Floor,

Bommasandra Industrial Area, Anekal Taluk,

Bengaluru, Karnataka 560099, India

Nature of the Assurance

SGS India Private Limited (hereinafter referred to as 'SGS India') was engaged by Narayana Hrudayalaya Limited (the 'Company' or 'NHL') to conduct an independent assurance of the Company's Business Responsibility and Sustainability Reporting (BRSR) (the 'Report') pertaining to the reporting period of April 1, 2024, to March 31, 2025. SGS India has conducted a Reasonable level of Assurance for BRSR core parameters. This assurance engagement was conducted in accordance with "International Standard on Assurance Engagements (ISAE) 3000 (Revised) .

Reporting Framework

The Report has been prepared following the

- 1) BRSR Core-Framework for assurance and ESG disclosures for value chain (SEBI vide Circular No. SEBI/HO/CFD/CFD-SEC-2/P/CIR/2023/122) dated July 12, 2023
- 2) BRSR reporting guidelines (Annexure II) as per SEBI Circular No. SEBI/HO/CFD/CMD-2/P/CIR/2021/562 dated May 10, 2021, and incorporated Master Circular No. SEBI/HO/CFD/PoD2/CIR/P/2023/120 dated July 11, 2023 and as amended from time to time.
- 3) Greenhouse Gas Protocol Standard
- 4) Industry Standards on Reporting of BRSR Core (SEBI/HO/CFD/CFD-PoD-1/P/CIR/2024/177) dated December 20, 2024

Intended Users of this Assurance Statement

This Assurance Statement is provided with the intention of informing all Narayana Hrudayalaya Limited's Stakeholders.

Responsibilities

The information in the report and its presentation are the responsibility of the management of the Company. SGS India

has not been involved in the preparation of any of the material included in the report.

Our responsibility is to express an opinion on the text, data, and statements within the defined scope of assurance, aiming to inform the management of the Company, and in alignment with the agreed terms of reference. We do not accept or assume any responsibility beyond this specific scope. The Statement shall not be used for interpreting the overall performance of the Company, except for the aspects explicitly mentioned within the scope.

Assurance Standard

SGS has conducted an engagement in accordance with the International Standard on Assurance Engagement (ISAE) 3000 (revised) (Assurance Engagements other than Audits or Reviews of Historical Financial Information).

Our evidence-gathering procedures were designed to obtain a 'Reasonable' level of assurance, which is a high level of assurance in accordance with ISAE 3000(revised) standard but is not absolute certainty. It involves obtaining sufficient appropriate evidence to support the conclusion that the information presented in the report is fairly stated and is free from material misstatements.

Statement of Independence and Competence

The SGS Group of companies is the world leader in inspection, testing and assurance, operating in more than 140 countries and providing services including management systems and service certification; quality, environmental, social and ethical auditing and training; environmental, social and sustainability report assurance. SGS affirm our independence from Narayana Hrudayalaya Limited, being free from bias and conflicts of interest with the organization, its subsidiaries and stakeholders.

The assurance team was assembled based on their knowledge, experience and qualifications for this assignment, and

comprised auditors registered with ISO 26000, ISO 20121, ISO 50001, SA8000, RBA, QMS, EMS, SMS, GPMS, CFP, WFP, GHG Verification and GHG Validation Lead Auditors and experience on the SRA Assurance.

Scope of Assurance

The assurance process involved assessing the quality, accuracy, and reliability of BRSR Indicators (KPIs) within the report for the period April 1, 2024, to March 31, 2025. The reporting scope and boundaries include 14 hospitals spread across different states in India. The NHL scope includes 14 Hospitals, the Corporate Office, and 2 Heart Centres. GHG emissions have been calculated solely for NHL.

Assurance Methodology

The assurance comprised a combination of desktop review, interaction with the key personnel engaged in the process of developing the report, on-site visits, and remote verification of data. Specifically, SGS India undertook the following activities:

- Assessment of the suitability of the applicable criteria in terms of its comprehensiveness, reliability, and accuracy.
- Interaction with key personnel responsible for collecting, consolidating, and calculating the BRSR core KPIs and assessing the internal control mechanisms in place to ensure data quality.
- Application of analytical procedures and verification of documents on a sample basis for the compilation and reporting of the KPIs.
- Assessing the aggregation process of data at the Head Office level.
- Critical review of the report regarding the plausibility and consistency of qualitative and quantitative information related to the KPIs.

Limitations

The assurance scope excludes:

- Disclosures other than those mentioned in the assurance scope.

- Data review outside the operational sites as mentioned in the reporting boundary.
- Validation of any data and information other than those presented in “Findings and Conclusion.”
- The assurance engagement considers an uncertainty of $\pm 5\%$ based on the materiality threshold for Assumption/estimation/measurement errors and omissions.
- The Company’s statements that describe the expression of opinion, belief, aspiration, expectation, aim to future intention provided by the Company, and assertions related to Intellectual Property Rights and other competitive issues.
- Strategy and other related linkages expressed in the Report.
- Mapping of the Report with reporting frameworks other than those mentioned in the Reporting Criteria above.
- The reporting boundary for the Business Responsibility and Sustainability Reporting (BRSR) excludes environmental parameters for the Heart Centers in Dharwad and Kolar, and the hospital in Davangere, Karnataka, as the infrastructure at these locations is owned by business partners. This has already been clearly stated in the scope section of the NHL BRSR Report.

SGS India verified data on a sample basis; the responsibility for the authenticity of the data entirely lies with the Company. The assurance scope excluded forward-looking statements, product- or service-related information, external information sources and expert opinions. SGS India has not been involved in the evaluation or assessment of any financial data/performance of the company. Our opinion on financial indicators is based on the third-party audited financial reports of the Company. SGS India does not take any responsibility for the financial data reported in the audited financial reports of the Company.

Findings and Conclusions

Based on the procedures we have performed and the evidence we have obtained, we are satisfied that the information presented by the Company in its report, on the Core Indicators (Annexure A), is complete, accurate, reliable, has been fairly stated in all material respects, and is prepared in line with the BRSR requirements.

For and on behalf of SGS India Private Limited

Ashwini K. Mavinkurve,

Head – ESG & Sustainability Services, SGS India

Pune, India

June 24, 2025

Abhijit Joshi

Technical reviewer– ESG & Sustainability Services, SGS

India

Pune, India

Blessy Sen

Lead Verifier – ESG & Sustainability Services, SGS India

Mumbai, India

Team Members: Dheeraj Sindhe, Anisha Udaykumar & Harishankar Tiwari

Annexure A

The list of BRSR Core Indicators that were verified within this assurance engagement is given below:

S. No.	BRSR Core Attribute	BRSR Core Indicator
1	Greenhouse gas (GHG) footprint	~ Total Scope 1 emissions
		~ Total Scope 1 emissions
		~ Total Scope 2 emissions
		~ GHG Emission Intensity (Scope 1 +2)
2	Water footprint	~ Total water consumption
		~ Water consumption intensity
		~ Water Discharge by destination and levels of Treatment
3	Energy footprint	~ Total energy consumed
		~ % of energy consumed from renewable sources
		~ Energy intensity
4	Embracing circularity	~ Plastic waste
		~ E-waste
		~ Bio Medical Waste
		~ Construction and demolition waste
		~ Battery waste
		~ Radioactive waste
		~ Other hazardous waste
		~ Other non-hazardous waste
		~ Total waste generated
		~ Waste intensity
		~ Each category of waste generated, total waste recovered through recycling, re-using or other recovery operations
		~ For each category of waste generated, total waste disposed by nature of disposal method
		5
~ Details of safety related incidents for employees		
6	Enabling gender diversity in business	~ Gross wages paid to females as % of wages paid
		~ Complaints on POSH
7	Enabling inclusive development	~ Input material sourced from MSMEs/ small producers as % of total purchases
		~ Wages paid to persons employed in smaller towns as % of total wage cost
8	Fairness in engaging with customers and suppliers	~ Instances involving loss/breach of data of customers as a percentage of total data breaches or cyber security events
		~ Number of days of accounts payable
9	Open-ness of business	~ Concentration of purchases & sales done with trading houses, dealers, and related parties
		~ Loans and advances & investments with related parties