PARK MEDI WORLD LIMITED
(Formerly known as Park Medi World Private Limited)

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www.parkhospital.in
CIN NO. : L85110DL2011PLC212901

PARK GROUP OF HOSPITALS

May 15, 2026

BSE Limited
P.J. Tower,
Dalal Street, Fort,
Mumbai - 400 001
Scrip Code: 544645

National Stock Exchange of India Limited
Exchange Plaza,
Bandra-Kurla Complex, Bandra (E),
Mumbai - 400 051
SYMBOL: PARKHOSPS

Subject: Disclosure under Regulation 30 of the Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 ("Listing Regulations")- Transcript of Earnings Conference Call

Dear Sir/Madam,

Pursuant to the provisions of Regulation 30 of Listing Regulations, please find enclosed transcript of the Earnings Conference Call held on May 13, 2026 for Audited Standalone and Consolidated Financial Results for the quarter and year ended March 31, 2026.

The transcript is also being disseminated on the Company's website at https://www.parkhospital.in/

This is for your information and records.

Thanking you,

For and on behalf of Park Medi World Limited

ABHISHEK KAPOOR

Digitally signed by ABHISHEK KAPOOR
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Encl: A/a

"Park Medi World Limited

Q4 & 12-Month FY'26 Results Conference Call"

May 13, 2026

MANAGEMENT: **DR. ANKIT GUPTA – MANAGING DIRECTOR – PARK MEDI WORLD LIMITED**
DR. SANJAY SHARMA – WHOLE TIME DIRECTOR AND CHIEF EXECUTIVE OFFICER – PARK MEDI WORLD LIMITED
MR. RAJESH SHARMA – GROUP CHIEF FINANCIAL OFFICER – PARK MEDI WORLD LIMITED
MR. SUDESH SHARMA– CHIEF STRATEGY OFFICER AND GROUP OSD FINANCE – PARK MEDI WORLD LIMITED

MODERATOR: **MR. GANESH NALAWADE – KIRIN ADVISORS**

This transcript has been edited for factual errors

Moderator: Ladies and Gentlemen, good day and welcome to the Q4 and 12-Month FY'26 Results Conference Call of Park Medi World Limited, hosted by Kirin Advisors Private Limited.

This conference call may contain forward-looking statements about the company, which are based on the beliefs, opinions, and expectations of the company as on the date of this call. These statements are not the guarantees of future performance and involve risks and uncertainties that are difficult to predict.

As a reminder, all participant lines will be in the listen-only mode and there will be an opportunity for you to ask questions after the presentation concludes. Should you need assistance during the conference call, please signal an operator by pressing star then zero on your touchtone phone. Please note that this conference is being recorded.

I now hand the conference over to Mr. Ganesh Nalawade from Kirin Advisors. Thank you and over to you, sir.

Ganesh Nalawade: Good morning everyone and welcome to the Q4 and 12-Month FY'26 Earnings Call of Park Medi World Limited. Today we have with us Dr. Ankit Gupta, Managing Director; Dr. Sanjay Sharma, Whole Time Director and CEO; Mr. Rajesh Sharma, Group Chief Financial Officer; Mr. Sudesh Sharma, Chief Strategy Officer and Group OSD Finance; and the Kirin Advisors team.

We will begin the call with the opening remarks from the management, after which we will have the forum open for the interactive Q&A session. I now hand the conference over to Dr. Ankit Gupta, Managing Director of Park Medi World Limited, for the opening remarks. Thank you and over to you, sir.

Ankit Gupta: Good morning everyone and thank you for joining us today. On behalf of the board and the management team at Park Medi World, we appreciate your time and continued interest in our company. I am very pleased to share with you that FY'26 has been the most defining year in our company's history. An year in which we scaled capacity, delivered our best-ever operating and financial performance, and strengthened the foundation for the next phase of our business growth.

Let me briefly walk you through the key business highlights of the year. In FY'26, we recorded our highest revenue of INR1,679 crores and year-on-year growth of 21%. Our EBITDA stood at INR444 crores, which is up 20% on year-on-year basis, and PAT was INR274 crores, translating to an year-on-year growth of 27%. EBITDA and PAT margins were at 26% and 16% respectively.

Our FY'26 year-end ROCE and ROE figures were 18% and 20% respectively, partly moderated by IPO-related equity infusion into the company. The sterling financial performance was backed by equally impressive operational metrics, especially record patient volume and high occupancies.

Talking of growth plans, we added 610 beds during FY'26, signifying over 20% growth in bed capacity in a single year, taking our network from 3,000 beds at the start of year to 3,610 beds as of 31st March 2026. This is the largest single-year capacity addition realized in our history. The capacity addition was realized while maintaining high-quality clinical standards and utmost financial discipline.

To elaborate a bit, the aforesaid capacity addition was in the form of two new units: a 250-bed facility in Bathinda, which enabled deepening of our presence in the state of Punjab, and a 360-bed unit in Agra, which marked our entry into the state of Uttar Pradesh. Occupancy ramp-up at both units is trending in line with our expectations.

Separately, we also completed and commissioned our largest-ever Greenfield facility in Panchkula on 10th April 26. Together with the ongoing 150-bed expansion in Mohali, this will make Park Medi World the largest private healthcare service provider in the Tri-City region.

During the year, we also completed the acquisition of 200-bedded hospital in Narela, in Delhi, under the provision of IBC, again highlighting our special expertise in identifying and acquiring highly value-accretive assets. We are aiming to commission this unit during Q2 FY'27.

On the balance sheet side, we are in an exceptionally strong position. Our gross term loan outstanding was at INR28 crores and we generated INR329 crores of operating cash during the year. This gives us full funding visibility of our stated growth plan to reach 5,460 bed capacity by March 28.

Strategically, Park Medi World is today the largest private hospital chain in Haryana and the Tri-City area, and the second-largest in North India, with a deep cluster-based presence across Delhi and NCR, Haryana, Punjab, Rajasthan, and Uttar Pradesh. We remain a highly capital-efficient, financially strong, doctor-led organization with an unwavering focus on high-quality clinical outcomes and patient care.

So with that, I will hand over to Dr. Sanjay Sharma, our CEO, to walk you through our operational performance in detail. Dr. Sanjay Sharma, over to you, please.

Sanjay Sharma: Thank you, Dr. Ankit, and good morning to the entire august gathering out here. Let me start with our network footprint. As of today, Park Medi World operates 16 hospitals with a combined capacity of 3,960 beds, our largest-ever operational network.

I will be briefly touching on four major points. One is the occupancy of the network. Second is the volume growth in patients. Third would be the case mix. And fourth would be high quality at which we are delivering the healthcare.

Network occupancy for Q4 FY'26 stood at 62.5% compared to 59.4% in Q4 FY'25. The full-year occupancy was 64.1%, an improvement of 244 basis points year-on-year. With regard to patient volumes, Q4 FY'26 IPD volume was 25,329 patients, a growth of 29% year-on-year for the full year. IPD volume stood at 95,525, up 18% year-on-year, and the highest in any year in our history.

On the OPD side, Q4 FY'26 volume was approximately 1.88 lakh patients, a growth of 13% year-on-year. Full-year OPD volume was close to 7.78 lakh patients, up 22% year-on-year and again the highest ever. Taken together, we served approximately 8.7 lakh patients during financial year 2026, a milestone that reflects the deepening trust which communities have placed across North India into the Park brand.

With regard to case mix, we have been working on high-end procedures and tertiary care, so we continue to see a healthy and a deliberate shift towards higher acuity specialties such as cardiology, oncology, neurology, orthopedics joint replacement, urology, and gastroenterology.

Now, on account of that, approximately 56.9% of our revenue has been coming from the high-end specialties, which is an improvement of 316 basis points year-on-year. During the year, we performed over 150 kidney transplants, robotic kidney transplants; approximately 4,700 high-end PTCA procedures approximately 1,200 cardiovascular procedures; and approximately 2,600 robot-assisted knee and hip replacement, reflecting the increasing clinical depth and tertiary care capability of our network.

With regard to the highest quality comparable to the international standards, 15 of our hospitals continue to hold NABH accreditation. Our recently commissioned Panchkula hospital will also be entering the NABH accreditation process shortly. Eight of our laboratories carry NABL accreditation, and five additional laboratories are being planned for the NABL accreditation process, progressively raising the bar on diagnostics quality across the network.

With that, I will hand over to our CFO to take you through the financial performance in detail. Mr. Rajesh Sharma, over to you, please.

Rajesh Sharma: Yes, thank you, Dr. Sanjay, and good morning everyone. As Dr. Ankit and Dr. Sanjay have outlined, FY'26 was our strongest year across every operating metric. And I am pleased to confirm that the financial performance was equally compelling. This was our best-ever quarter and our best-ever full year on every key financial metric.

I'm starting with Q4 FY'26 financial performance. The total revenue of for Q4 FY26 stood at INR460 crores and we registered a growth of 30% year-on-year. Operating EBITDA, excluding other income, came in at INR127 crores, up 44% as compared to last year, the same period, with margin at 28% and expansion of 268 basis points year-on-year. Profit after tax for the quarter was INR77 crores and we registered a growth of 47% year-on-year, with PAT margin at 17%, an expansion of 180 points year-on-year. It was a strong finish to a strong year.

Now I'll talk about the full-year performance. Revenue crossed INR1,679 crores and we registered a growth of 21% year-on-year and our highest-ever annual top line. Operating EBITDA, excluding other income, stood at INR444 crores, up 20% as compared to last year, with an EBITDA margin of 26%. PAT for FY26 came at INR274 crores and here also we registered a growth of 27% as compared to last year and our highest-ever annual profit, with net profit margin of 16% and expansion of 83 basis points year-on-year basis. ROCE and ROE stood at 18% and 20% respectively.

Now I am turning to the balance sheet. As of 31st March 2026, our gross term debt stood at a standard negligible INR28 crores on a consolidated basis as against INR450 crores in FY'25, which we also plan to repay in the current quarter. Bank balance increased from INR269 crores in FY'25 to INR352 crores, including FDs of INR314 crores in the current financial year.

Debtor days have reduced significantly from 161 days in FY'25 to 129 days in FY'26, this reflecting the improved collection discipline, greater efficiency in government claim processing, and a continued focus on payor mix management. This is a trend we expect to sustain going forward. The net worth of the company has increased from INR1,052 crores in FY'25 to INR2,022 crores in FY'26.

Operating cash flow for FY'26 was INR329 crores. And if I talk about pre-tax, it was INR428 crores as compared to INR215 crores last year, and the pre-tax was INR299 crores in FY'25. Amount spent on capex and the acquisition during the year was INR430 crores, a significant investment cycle that covers the Panchkula Greenfield construction, the acquisition and commissioning of our Bathinda and Agra hospital, equipment upgrade across the network, and the Narela acquisition.

The company already having 1,500 beds under execution, those are expected to be operational by March 2028, which will take our total bed capacity to 5,460 in March 2028. Looking ahead, we remain deeply focused on three things: delivering the best possible clinical outcomes for our patients, scaling our network responsibly and capital efficiently, and creating sustainable long-term value for our shareholders.

Thank you all for your continued support and confidence in Park Medi World. We are now happy to open the floor for questions. Over to the moderator.

Moderator: Thank you very much. We will now begin the question and answer session. The first question is from the line of Dikshant Gupta from Geojit. Please go ahead.

Dikshant Gupta: Thank you for the opportunity and good morning, sir. First of all, congratulations on the good set of results. Sir, I wanted to know the reason for the margin expansion in Q4. So is it because Q4 seasonally has a better occupancy, or is it because of the effect of CGHS, or is it because of the case mix?

Sanjay Sharma: Sorry, Dikshant, you are not clearly audible. Could you just repeat the question, please?

Dikshant Gupta: Hello, am I audible now?

Sanjay Sharma: Yes, but it's coming with breaks. Not an issue, would you be kind enough to repeat the question, please?

Dikshant Gupta: Sure, sure. So I wanted to know what exactly was the reason for margin expansion in Q4? So is it because Q4 seasonally has a better occupancy, or is it because of the full effect of CGHS rate hike?

Rajesh Sharma: Yes, Dikshant, this is mainly because of high occupancy. Because the addition, if I talk about the expansion, the hospital that we added, we added Bathinda, we added Agra in the last year. So Agra we just started from Feb, and Bathinda we started only from May. So this is mainly, that the existing hospital that is running, and we have a better occupancy, that led to higher margin.

Dikshant Gupta: Okay. Okay. And what is the ARPOB for Q4 and for the full year of FY'26?

Rajesh Sharma: The ARPOB, let's say, if I talk about the financial year as compared to FY'25, so FY'25 we were at INR26,200. That grown to INR28,000. And if I talk about quarter basis, so last year, the Q4 we were at INR28,500, that grown to INR29,725.

Dikshant Gupta: Okay. And what is the census bed count out of these 4,000 beds?

Rajesh Sharma: Dikshant, you have to repeat the question once again. The voice is breaking.

Dikshant Gupta: What was the census bed count out of these total capacity of 4,000?

Rajesh Sharma: The census bed, you know, what roughly that is, you know, it is about 82%, 80% census bed if I talk about. And if I say in terms of the number, it is 2,851, and as compared to 2,361 last year.

Dikshant Gupta: Okay, sir. And just one final question from me. So a lot of players in Delhi were facing issues regarding the CGHS rates for cancer drugs. So they were supplied below 30% of MRP. So what impact are you facing from this and suppose government starts supplying at MRP again, so how much would you benefit from that?

Sanjay Sharma: See, Dikshant, since we are largely in the affordable section, we have highly negotiated rates with our vendors. And when this oncology aspect came in, where the rates were to be subsidized for the cancer patients, we had a very prolonged joint meeting with all our vendors and we have agreed to do it with a very low negotiated rates. So we have been able to do it at minimal profits, but we are able to provide the treatment.

Dikshant Gupta: Thanks so much, sir, and all the best.

Sanjay Sharma: Thank you so much.

Moderator: Thank you. Next question is from the line of Vivek from Emkay Global. Please go ahead.

Vivek: Thank you for the opportunity and congratulations on a great set of numbers. So I have a couple of questions with regards to the ARPOB and occupancy. So just wanted to know if you could provide us with the details for ARPOB and occupancy for the, on a cluster-wise basis, for Delhi, Haryana, and Punjab, as these are our main clusters? Additionally, will it be -- so yes, that will be my first question. I'll ask the other questions after this.

Rajesh Sharma: As far as cluster-wise basis is concerned, that we'll provide you once we're done with the call. But on console basis, as I said, you know, that if I talk about the ARPOB, so Q4, if I compare quarter versus quarter to last year, Q4 we were at INR28,423. That grown to INR29,725. But if

I talk about yearly basis on console, it was INR26,200 and we grown to INR28,000. So we registered a ARPOB growth of 7% as compared to last financial year. As far as cluster-based, data is concerned, we'll provide you post this call.

Sanjay Sharma: Vivek, I'd just like to add in this. ARPOB is not the sole denominator in our profitability and our growth. It is one of the factors which is contributing. And we like to keep the ARPOB within the affordable range because we are largely on the TAM which is about 130 crores of the affordable section.

Moderator: Vivek, does that answer your question?

Vivek: Yes, the last part, I couldn't hear the last part. But yes, I guess that more or less answers my question. Moving on to my next question, so just wanted to know from a bookkeeping perspective, what provision have we created for our receivables for FY'26?

Rajesh Sharma: Yes, you know that receivables as far as, because we, our financial, that has to be prepared under IndAS. So whatever the guidelines, and whatever the guidelines which are mentioned in the note, the financial is prepared based on those numbers. And this is, we have created… *(inaudible)* we have created provision, so everything is well on track. So if I talk about the number, that is close to INR200 crores.

Vivek: Sorry, could you repeat?

Rajesh Sharma: The number is close to INR200 crores, the provision that we made on 31st March 2026.

Vivek: Okay, got it. Thank you. And just from an understanding perspective, right? So just wanted to understand in case, like for example, how we open a, how we commission a Greenfield hospital or an acquired unit, right? So just wanted to understand what would be the cost associated with a Greenfield hospital when that is commissioned, or an acquired hospital when that is completely integrated into our own entity. And sort of based on that, how do we expect both of those units, achieve break-even?

Rajesh Sharma: Here I can give the answer. You know, let's say if I talk about Greenfield. Greenfield and Brownfield, they are all, you know, they are different ball game. When I say Greenfield, so Greenfield is all, we first have to buy the land, then we have to construct the hospital. I'll give you the recent example of Panchkula. The total capex that we have done is INR125 crores to have 350 beds. Which is more or less aligned with our thought process to have a capex within INR35 lakhs per bed.

And if I talk about the margin, in terms of the recovery, the recovery in terms of recovery, we have seen Greenfield that take about three to four years' time. But when I say break-even, so break-even comes between 12 to 15 months. But Brownfield, historically, let's say very recently we started Agra and then we started Bathinda. So Bathinda was a different series that we series call as a blockbuster series, wherein we are able to achieve not EBITDA point, we become EBITDA positive but PAT positive in the first month itself.

So Greenfield historically we have seen that take about four to six months' time to get the break-even. But recovery, we get the anywhere between two and a half to three years' time.

Vivek: Got it. So my question was more with regards to understanding when the hospital is commissioned, what are the costs or what are the fixed costs that we incur, in the initial phase especially, just to understand from a margin perspective as to how much we are burning when the hospital is commissioned.

Rajesh Sharma: That's the reason I'm saying. Let's say historically for a Brownfield, as I said, because we are able to make -- we become EBITDA or rather PAT positive in the year, in the first month itself. So there is no burning. But yes, Greenfield we have to bear for 12 to 15 months, initially because when we start, we start full-fledged. So we are not, we never start in a piece-meal. So we have a salary cost, I'm talking about the recurring cost that we have, and then we, you know, rest is all variable cost.

So initially, let's say if I talk about, you know, the Greenfield, the first year we normally have we more or less touch EBITDA positive but not PAT positive in year one. But historically we have seen we become EBITDA positive in the year one itself. So there is no point of burning the money.

Sudesh Sharma: More specifically, Vivek, more specifically, to answer your question, you see our total capex incurred or the sales consideration that we have state for our acquisition so far has been in the proximity of about INR1,000 crores thereabout. And the contribution of acquired assets in the revenue, I am talking about FY'26 numbers, is about 61%. That's also about 1,100 thereabout.

So broadly on a ballpark basis, you can say that the investment we typically on sigma basis deployed into acquisition was recovered in terms of revenue realized from these acquisitions in roughly 11 months' time. And the EBITDA break-even has been on a weighted average basis between three to three and a half years' time.

Vivek: Got it. Got it. Thank you and all the best.

Moderator: Thank you. Next question is from the line of Anshul from Emkay Global. Please go ahead.

Anshul: Hi, thank you for the opportunity. Hope I'm audible. First question I had was on the CGHS benefits. While you've put a number in the presentation, I just wanted to get your perspective around what could be the absolute CGHS benefit that we would see trickling down in our FY'27 numbers?

Sanjay Sharma: See, the CGHS had come out with an enhanced hike, about 12% to 15% all across. And Park ends up being the biggest beneficiary of it. But we would also be upgrading a lot of our equipments and high-end procedures will be brought into picture. So that will add to the capex point of view. So we are for nine months coming in FY'27, we see an appreciation of about 7%, 7.5%.

Anshul: So this would be to the revenue?

Sanjay Sharma: Yes, this would largely be to the revenue.

Sudesh Sharma: Anshul, how CGHS rate hike will unfold in terms of implication to our numbers and business will be as follows. You know one thing that we unequivocally know is that Park is the biggest beneficiary of this very generous rate hike we have seen in the CGHS rate list. We believe looking at our payor mix on the total revenue, the net impact will be on a conservative basis maybe in the proximity of 5% to 6%.

One very unique feature of Park's business is that, Park's business model is that it is very operationally efficient end-to-end, which means that through its intuitive way of working, internal working, it generates the resources that enable the business to continue the state-of-the-art modern relevant to the current time, allows us the scope to induct new technology as well as expand.

So we believe that this additional resources that this business will generate, if you think about it as a part of business model, which will enable us to continue deploying capital in upgradation of technology and expanding going forward. Had this not been there, this would have been funded by some other form of capital, equity or debt. So all I'm saying is that while margins, EBITDA and PAT are preserved, the additional resources we generate allow us to stay capital efficient while constantly upgrading our technological edge. I hope this answers your question.

Anshul: It does. I was just trying to categorize margin expansion or sort of keeping margins intact from the benefits of CGHS, especially, I had an allied question on this. We would have new units being commissioned in Punjab and Agra in the current year. Would that sort of drag margins, which sort of be pulled back because of this CGHS rate hike? How should we think about margins in FY27? Sorry, I mentioned the wrong units. How should we think about margins in FY'27 because we have Greenfield additions in Panchkula and Rohtak?

Sanjay Sharma: See, Anshul, Rohtak will be coming in January 2028, 250 beds. Panchkula we have already commissioned on 10th of April 2026. So that will be definitely delivering and it is already one of the, you could say, top-notch hospitals in that area. And in the Tri-City, we'll with the addition of 150 beds in Mohali, we'll be the largest healthcare provider in the Tri-City with 850 beds.

Now why we have done this is this because there is a lot of patients which come from North India, J&K, Himachal, Uttarakhand, upper side of Uttar Pradesh and all that, who travel to Delhi for treatment, which we will be catering to. So that is the advantage which will be provided to the patients that they will have more economical treatment in the Tri-City, which will be cost-effective also, which will be beneficial to the patient also, and which will drive our margins.

Anshul: That's clear, sir. I just wanted -- so are we saying that Panchkula facility will not be a drag on our margins in FY'27 despite the Greenfield nature and despite the size of the facility?

Rajesh Sharma: You know, if I talk about the Bathinda, so Bathinda, as I said, because we added in July 2025, that is already adding into our numbers. So we are doing extremely well in Bathinda. So rather we have started operating on an occupancy of 65% to 70%. So there we are, that will add significant in terms of our top line and also on the bottom line.

And if I talk about Agra, I think specifically talking about these two units, so if I talk about Agra, so Agra we started from Feb 2026. It is, that it's already adding close to INR5 crores in our top line per month. So current year, we are expecting a top line, it will add about INR90 crores in our top line and it will become EBITDA positive. So next current year, Agra will add into the revenue, but not much on the EBITDA margin.

Anshul: Got it. This is helpful. Also, if I could ask a question on the sustenance of the payor mix. While CFO sir alluded that you guys think that this is sustainable, do we have any target in mind of sort of keeping scheme mix at an X percentage going forward?

Sanjay Sharma: Yes, Anshul, see, we have always had a vision to provide relatively affordable healthcare at the highest quality. And we are not targeting the payor mix per se since the beginning of our endeavor. And going forward also, we would like to be in the same segment. Now largely that segment is some or the other way provided by the government insurance. But our payor mix on its own, because a lot of affordable sections in the self-pay and private insurance are also having limitations to go to the premium brands.

So they are gradually shifting for treatment to Park. And that percentage is regularly increasing. So currently we are looking at by the end of this financial year, hopefully that percentage will be 65% coming from government insurance, it should be of 70% coming from government insurance, which will be largely central government, and about 30% coming from the private insurance.

Sudesh Sharma: Anshul, the most important point to notice here is that, in line with often stated policy of Park, we are not still cherry-picking patients. The patients continue to be very democratic and organic. As the patients come exercising a choice to use Park's services, our intake will reflect whatever mix that is. As Dr. Sanjay highlighted, it just so happens because of increasing preference being exercised by patients belonging to even the cash TPA segment, in terms of value proposition that Park offers, this mix is changing.

We see that on ground. So we are, we are nearly at 80-20, if we should call this government insurance schemes and cash TPA segment. This is the patient mix which gets reflected in the revenue mix accordingly. So we believe going forward gradually, but surely, this will change to 75-25 then 70-30.

And most importantly, I think sometimes the undertone in this question is concerns people have concerning receivable cycle. So I would like to highlight that what dramatic positive outcome we have had in this financial year has been a very sharp reduction in our working capital cycle, receivable cycle, despite nearly 21% growth in realisable revenue. I think this is quite a staggering achievement.

Our collections ballpark basis has been nearly 100%, which should dispel any concern concerning government insurance schemes portion of the revenue, accounting for delay in receivables. Our collections have been extremely robust and strong, but that said, this gradual shift in mix is there. We believe this will stabilize in 70-30 split band, in due course of time, maybe 12 months, 18 months thereabouts.

Rajesh Sharma: And if I see historically data, you know, FY25, we were at 89%. Now we more or less came down to 80%. It's already reflecting in our numbers. And going forward, as Dr. Sanjay and Sudesh ji mentioned that, you know, we are well on track to reduce further.

Anshul: Excellent, excellent. Thank you for the detailed answer, that was clear. Just one last question if I can squeeze in...

Moderator: I'm sorry to interrupt, Anshul. Please rejoin the queue for more questions. Thank you. We will take our next question from the line of Debanjan Bhakta from Universal Sompo General Insurance. Please go ahead.

Debanjan Bhakta: Hi, thanks for the opportunity. Am I audible?

Rajesh Sharma: Yes, please. Yes.

Debanjan Bhakta: So are there any plans to improve the oncology mix and are we doing radiation oncology?

Sanjay Sharma: Hi Debanjan. Yes, we are increasing our oncology footprint everywhere. In fact, currently we have it in three locations. Ambala we have 200 beds which will be coming up for an extension where it will be dedicated to the oncology unit largely. And we have oncology as in medical oncology and surgical oncology in all our 16 hospitals. But the radiation oncology along with it will be shared between those 16 hospitals because we have it currently in three hospitals. But gradually as the need arises, we'll be strengthening this vertical more and more.

Debanjan Bhakta: Okay. And I have two more questions. One is what is the ALOS for chemotherapy patients? Hello?

Sanjay Sharma: Yes, could you repeat the question please?

Debanjan Bhakta: What is the ALOS for chemotherapy patients?

Sanjay Sharma: See, chemotherapy patient, chemotherapy is basically a day-care procedure. And patient come out there and take chemotherapy. So is with the radiation also. It is only the treatment planning and if there is a surgical aspect of the oncology, which takes time. So it's a continuous process based on the cycles patient come and receive the chemo and if required radiation. Surgical procedures are generally one off or at the maximum twice undertaken based on the spread of the cancer and how localized it is and if it can be surgically extracted.

Rajesh Sharma: And I wish to add one more point, regarding you know, onco contribution to our revenue, if I compare, if I give you the quarterly number, so it is contributing more or less 8% of our revenue as compared to 6% in a same period last year, if I talk about Q4 FY25 versus Q4 FY26. And if I talk about annual, it is 5% of the top line last year, that grown to close to 6.5%. So that means, onco is contributing more to our top line.

Debanjan Bhakta: And I have a last question, that is, are we see...

Moderator: I'm sorry to interrupt, Debanjan. Please rejoin the queue for more questions. Thank you. Next question is from the line of Sagar Tanna from Alchemie Ventures. Please go ahead.

Sagar Tanna: Hi sir. Just a clarification on the CGHS rate revision. Has anything flowed through in FY26?

Sanjay Sharma: Hi Sagar. See, CGHS has number of line items from 4,500 to 5,000. CGHS is the apex body which floats the rate. And then there are number of other central government agencies which take that rate. And they have to incorporate and there are various permutation and combination. Yes, some flowing of that rate has come in, but actual impact probably will be seen after the Q1 FY'27, to be honest, in the complete format.

Sagar Tanna: Got it. My second, my question is on the strategy side. Now we have entered the state of UP, three hospitals we have announced, right, which will be commissioned by March '28, FY'28. Any thoughts in terms of how we will would like to expand further into UP?

Sudesh Sharma: Sagar, UP has been in our crosshairs for quite some time. You will have noticed whichever state we have been present in, we have always endeavoured to realize a critical size. Because that's whenever synergies come into play and benefit our business. So in the state of UP, what is important to note is from literally zero till two months back after Agra acquisition, which got commissioned middle of February month this calendar year, by FY'28, we will have nearly 1,060 bed capacity in a state which has a population of nearly 26-27 crores.

So imagine, first of all, setting the agenda why we like, why we really want to expand in UP. That kind of TAM, equivalent to a country, large country, in a population profile which especially benefit from Park's value proposition of relatively affordable high-quality healthcare services.

Second, UP is rightfully called the highway capital of the country. Excellent road infrastructure, which allows a company like Park to deploy cluster format of expansion by seeking the locations in close proximity to highways, a prominent route.

And third is the beginning we have made and the plan we have outlined. If you can visualize for a moment the map of UP, after launch of Agra, which is on the western side, becomes our pivot for expanding in that part of the state, we will have an asset shortly in the middle of the state, and ideally according to our plan to expand in the location of Kanpur, then Gorakhpur on the eastern side. So technically, we will be spanning the whole state.

And keeping into consideration size of UP, we will have opportunity to create multiple clusters around these three pivots. But I think that's one way to look at our UP strategy, the more important way is to assess the high impact we endeavor to make in the state. Agra, for example, has an immediate micro market of nearly 21 lakh population. Gorakhpur is said to be having a micro market of 12 lakh. Kanpur is about 20-21 lakh. So that's about 50-55 lakh immediate market.

And if we should expand the circle of influence, normally you multiply the immediate micro market numbers by two, that's about 1 crore immediate by means of the points we talked about,

by means of these assets spanning the state in as optimal a manner as possible. We will be providing access to our high-quality and relatively affordable healthcare services to nearly a crore of population.

That is something staggering. And all of this unfolding in front of your eyes, starting from Agra commissioning two months back to completing this agenda by end of financial year 2028. So this is how we look at UP as we speak.

Sagar Tanna: Got it. Thank you so much and all the best, sir.

Moderator: Thank you. Next question is from the line of Anant Sarda from Chhattisgarh Investment Limited. Please go ahead.

Jhalak: Yes, I'm Jhalak. So my first question is, how is the company funding the new acquisition? Like, it's from the fundraise only or you're taking more debt? Is there any plan to take debt in future also?

Rajesh Sharma: You know, as far as future expansion is concerned, that we are adding close to 1,500 beds by March 2028. But requirement is not that, as I said, historically also we are maintaining lowest capex in the industry. Going forward also, we have the same plan. The total capex for next two years, two years is close to INR500 crores.

And if I talk about our current financial position today, so we are sitting on FDs of INR314 crores, we have close to INR100 crores in our bank account. So we cannot foresee every year we are generating a OCF close to INR330 crores. So we may go for a small debt, but not the major one, because we have enough money with us.

Jhalak: Okay. And my next question is, what does it constitute in your other non-current financial asset?

Rajesh Sharma: Non-current financial asset.

Moderator: I'm sorry, sir. We are not able to hear you. If you are speaking.

Rajesh Sharma: Non-current, you know, these are the FDs which is more than 12 months.

Jhalak: Okay. Can you repeat the amount?

Rajesh Sharma: Can you hear me?

Jhalak: Yes, yes. Now I can hear you.

Rajesh Sharma: If I talk about as of 31st March 2026, we have FDs which is close to INR135 crores, those are more than one year. So that falls under financial asset, non-current financial asset.

Jhalak: Okay. Thank you so much, sir.

Moderator: Thank you. Next question is from the line of Akshay Thakur from Helios Capital. Please go ahead.

Akshay Thakur: Hi sir, thanks for the opportunity and congratulations on the good set of numbers. Sir, I wanted to understand your acquisition strategy. So basically, the strategy for the future is to do a Brownfield expansion primarily and there are acquisitions planned. So I wanted to understand how do you choose these assets in terms of metrics you track for the asset to be eligible to be, included in the Park hospital chain?

Do you track, look at the metric in terms of financial numbers or is it more on the side of payor mix or specialty mix? I was just wanting to understand your broad strategy on that.

Sanjay Sharma: Hi Akshay. See, out of 16 hospitals, six hospitals are Greenfield and 10 are acquired assets. Now, we had about 50-60 propositions out of which we had been very diligent in picking up these 10 assets. And the factors which made us go for it largely is the strategic location of the units, the domain strength of the region, the medical facilities available and not available in those areas, and the headroom for expandability.

So these are the four aspects. And the fifth is largely that the distress assets which they were, they were bleeding profusely, and fast payment after the due diligence has been done, also made the deep discounting possible. So these are the five factors which we generally go for. With regard to since they're already bleeding, so the EV-EBITDA multiple does not matter and the financial aspect does not matter.

And as we had discussed before, we do not go for the payor mix. We are largely going in the affordable section, so keeping it relatively affordable, whatever the payor mix comes through, we cater to that. So we do not cherry-pick the patients in that perspective.

Akshay Thakur: Thank you, sir. That was helpful. One more question, so if we look at our ARPOB today for FY'26, it was around INR24,500, now it's around INR29,000. That gives like growth of 5% to 6%. So primarily, I assume this growth, ARPOB growth would be coming from improvement in your mix, which you have mentioned. Because the CGHS rates and everything, hikes happen once in two years.

So how do you address this challenge, so your cost, inflation hike of doctor's salary and consumables and everything would be somewhere around range of 8% or more. So how do you address this challenge, like, of increasing your ARPOB in future for the coming year?

Sanjay Sharma: See, Akshay, as we mentioned before, ARPOB is not the single determinant for the profitability. ARPOB is one of the factors which contributes to the profitability. Since our vision has been relative affordability and high quality, a lot of factors which contribute into it. One is this that our capex is the lowest. We are on a console basis till financial year 2028, with the capacity expansion to 5,460 beds, we would be looking at a capex of about INR34 lakhs.

Our nearest competitor would be more than double of this capex. So this is one advantage which we create. Also, keeping the quality and the NABH compliance, we accommodate more beds in lesser space. 30% beds are dedicated for critical care and 40% is allocated for general ward. Am I audible?

Akshay Thakur: Yes, sir.

Sanjay Sharma: So 70% beds are allocated in a lesser space, which also gives us a huge advantage. The other factors are extremely well-placed vendor management, which we have an excellent relationship for past 29 years, and which we do not keep any debtors more than a month. Whatever the debt of the vendor have given us within this month is cleared by the next month 10th to 15th of next month. So that by itself gives us a huge discounting in that.

We have a construction unit which is largely dedicated to us. So any renovations or any constructions in the Brownfield or the Greenfield respectively is done at a very fast pace. So there are a number of contributors besides operational efficiencies and very efficient SOPs which have been on running the hospitals.

Sudesh Sharma: In short, don't the expenses benchmark, please don't benchmark them to ARPOB alone. We are very, very disciplined in terms of our financial numbers, ratios, highly disciplined. So please see expenses as a percentage of revenue. So revenue has lot of contributors, ARPOB is one of them. I think understanding our business model, seeing expenses in relation to ARPOB alone might lead to little, little off-the-market interpretations.

So a humble request, a suggestion, please see expenses as a percentage in terms of how they relate to the revenue, profitability numbers, not ARPOB alone. For example, yes, maybe I will just throw an important point, maybe I'll take a few seconds more to further throw light on this point. What goes into revenue, you see is that we might have an asset, in fact, let me just quote a live example, one of our Gurgaon assets might have 275 beds with an ARPOB of INR32,000, so which gives the revenue of INR32,000 spread over 275 beds.

So what we are having revenue in this unit is 275 beds doing an ARPOB of INR32,000. So if, you know, if you think that one could run this location with 100 beds and an ARPOB of INR80,000, the revenue will be still the same. So what we're saying is, the right way to benchmark expenses is to revenue, not to ARPOB. So technically 100 beds with INR75,000, INR80,000 revenue is nearly the same thing as INR32,000 revenue across 275 beds.

Therefore, re-emphasizes, expenses about which we are very disciplined as a percentage are marked to revenue, not to ARPOB alone.

Akshay Thakur: Thank you, sir. That was helpful. Can I squeeze in one more question if I could...

Moderator: I'm sorry to interrupt, Akshay. Please rejoin the queue for more questions. Thank you. Next question is from the line of Shubham Padiyar from Chhattisgarh Investments Limited. Please go ahead.

Shubham Padiyar: Yes, hi. Good morning. So I just wanted to understand what was the reason for our drop in standalone numbers quarter-on-quarter? I know we should look at consolidated, but just to have a better sense of our numbers. So what was the reasons?

Rajesh Sharma: Wait, you are comparing in terms of what? Our last quarter, so we have a growth. We were at INR354 crores in terms of revenue and that grown to INR460 crores.

Shubham Padiyar: I'm talking about standalone quarter-on-quarter. So let's say Q3 versus Q4 of FY'26.

Rajesh Sharma: You talk about Medi World alone?

Shubham Padiyar: Yes.

Rajesh Sharma: Yes, because, that if you see the growth, that we made, that, if I talk about Q4 versus Q3, we were under -- I'll give background in terms of the Bathinda hospital. When we acquired that hospital, that was under O&M and that was run by Park Medi World. But in Jan, what we have done, on 5th of Jan, we made the acquisition of that hospital that become a independent subsidiary.

So as far as in console, there is no impact in terms of the top line, but yes, the revenue which was coming in Park Medi World, now that is going in that Bathinda company. That is the only reason.

Shubham Padiyar: Understood. And also one more question on our disallowance provision of government revenue. I'm not able to see that figure in our P&L for this quarter.

Rajesh Sharma: So disallowance remain, that as a -- because we are very, very particular about our disallowance and we have a rigorous process to reduce as much as possible, but yes, we are remain at 9% disallowance, even in Q4.

Shubham Padiyar: All right. Got it. Thank you, thank you so much and best of luck.

Rajesh Sharma: Thank you.

Moderator: Thank you. Next question is from the line of Chetan Shah from Jeet Capital

Chetan Shah: Yes, thanks. So just thank you for a very detailed answer to all the questions. Just one small question in terms of the long-term growth strategy. If we see our current cluster of capacity and concentration which is into three or four states, if one wants to pencil the opportunity for next three to five year time horizon.

Do we still keep following into this specific states and region or we are also looking at expanding beyond these and continue to focus on a similar hub-and-spoke cluster expansion model? Just to understand the long-term view of the management and how they are thinking? Thank you and congratulation once again, sir.

Sanjay Sharma: Thank you so much, Chetan. See, our approach in growth has been very strategic. Currently we are present in five states. We to some extent consolidated ourselves a little in Delhi, Haryana, somewhat in Rajasthan and Punjab where we are also further endeavoring to consolidate.

But besides that we entered UP. Now what we are-- the strategy is this, that each hospital which we bring is about 40-50 kilometers to the other hospital, so that it adds synergy in -- you could say, multiple ways with regard to the human resources and with regard to the high-end equipment. So that creates the synergy.

We are not in the hub-and-spoke model at all. Each unit is independent on itself and caters to the all super specialties. But certain top-end, high-end like robotics or you could say major minimal excess surgery or you could say joint replacements or kidney transplants or radiation. These are the areas which are shared between two to three hospitals. And that is how the synergy is brought in and the capex and the opex is kept within control.

Chetan Shah: Understood. Got it. So sir, is there one of the reasons why our, if one looks at on a blended basis, capex per bed or opex per bed is one of the reasonable in the industry and that's why in spite of comparable ARPOB our margin per bed is relatively better and so does our payback period. That's the right understanding, correct?

Sanjay Sharma: Yes, you hit the nail on the head. In fact, I would just like to add that currently we are present in 16 districts of North India. There are about 174 districts. We would like to consolidate in all those areas initially and then expand into South, East West. But if any good opportunity comes in and it helps us to go in a strategic manner, we are open to it.

Chetan Shah: Got it, sir. Thank you so much and wish you all the best.

Sanjay Sharma: Thank you, sir.

Moderator: Thank you. Next question is from the line of Ashutosh Adsare from USGI. Please go ahead.

Ashutosh Adsare: Yes, thank you. Thank you for giving me this opportunity. Good morning everyone. I just wanted to understand, we have 1,500 bed additions slated for FY'28. So does it mean that we are curbing our growth given the opportunity that our OCF is at around INR350-odd crores? Our debt level is around INR28 crores only which will be paid off? So do we think we are curbing our growth for next two years or should we be on a higher growth trajectory given our financials?

Sanjay Sharma: Ashutosh, we are not curbing our growth at all. The statement which we are giving in the future projections are largely the deals which are more or less cast in stone. We are looking at 850-bed expansion in this coming financial year, out of which 350-bed have already come in Panchkula, 200 would be coming in Narela, Delhi, and 300 would be coming in Kanpur.

FY'28 we will be adding 1,000 beds, which will be coming 400 from Gorakhpur, 200 would be coming from Ambala extension in the oncology department, 150 would be coming from Mohali expansion, and 250 Greenfield will be coming from Rohtak.

But if any other project or any other unit comes which is quite lucrative and as per our model, we would be more than open and willing to go ahead from that. The point which Mr. Rajesh emphasized is this, that since we are a cash-rich company, generating about INR330-INR40

crores in cash, and plus we have money in FD also in current account, the debt aspect is not that major currently.

And going forward also, if a major, you could say, big unit or a chain of units which we find lucrative, then we'll definitely go for debt also. So there is nothing curbing our expansion.

Rajesh Sharma: Yes, Ashutosh, one point here is to add. When we did our listed on 17th of December, there was no way Agra discussion was. But we ended up closing that deal from 1st of Feb. So this all happen on a period of, you can say about 30-35 days. So we are there in the market, we are aggressively looking for the option. And if we get something, we are more than happy to close, and funds will never become a hindrance.

Ashutosh Adsare: Okay. And on the receivables front because due to better collection efficiency, we are driving this 129 days to be there for FY'26. So going forward, is there any levers to bring it down below 100, so that it will not have impact our working capital management?

Sudesh Sharma: Ashutosh, just keep to repeat. Your -- this question didn't come out clearly.

Rajesh Sharma: Yes, I'll answer this question. You know that as far as debtors is about, if I talk about the total debtors, 92% relate to Central Government. And when I say Central Government, because they have a well-defined process and it is divided into two parts. One, there is a bill settlement and there is a payment process.

The bill because when, when the patient comes and when the patient get discharged, we have to upload that bill within seven days from the -- to the third-party, service provider, which is hired by the Central Government or the respective panel. And thereafter, they have a process to clear the bill within a period of three months.

But here, lot of pressure is coming on the government to minimize this period. So this whatever has happened over 30-32 days, the advantage that we got in terms of debtor days, that is only because push which is coming from the government to streamline this process.

Because earlier it used to take three months they take to normally clear the bill and 45 days' time to make the payment. But now the 3 month period government is pushing to come down to two months. The process is going on. We have seen that result, but how it will turn going forward, it is too early to say, but we are expecting that will be within this range of four months.

So I cannot foresee that this happening, less than 100 days in next six months or nine months. But what we are expecting by maybe current year or maybe by next year, the way government is focusing on, they may bring down to less than 100 days.

Ashutosh Adsare: Okay. Thank you, that's it.

Moderator: Thank you. Next question is from the line of Vidhi Dadial from Raedan Capital. Please go ahead.

Vidhi Dadial: Good morning, sir. Thank you for the opportunity and congratulations on a good set of numbers. Sir, can you just help us with the break-up of incremental bed expansions between FY'27 and

FY'28? And if you could also throw some light on the visibility beyond FY'28 for bed expansion, if the company has worked out any kind of blueprint, rough blueprint, for bed expansion beyond FY'28? Thank you.

Rajesh Sharma: I'll answer the first question. You know that the capex that we plan going forward, as we are adding 1,850 beds, whatever the under execution, of which we have already added 350 bed in Panchkula. So there we invested about INR125 crores. That is already done.

Now we are coming up one in Delhi, that is Narela, where we added, 200 bed. The total capex we plan to do is about INR80 crores, wherein INR55 crores we already spent. So there we need to add, we need to spend about INR25 crores. And Kanpur we are -- we have to invest about INR30 crores.

So for the current year, we plan do the capex close to INR55 crores. And for the next year, so next year we are adding 1,000 bed, and together -- that, together we are expecting close to INR250 crores of capex in FY28.

So that's, as far as our plan in terms of the capex. It is well within the resources that we have. And as I said, because we are not expecting any further debt raised or maybe a major debt raised, whatever we have in hand today.

Sanjay Sharma: But in future aspect which you have asked, between FY'28 to FY'33, we are hoping that we'll probably be able to double this strength of 5,460 to nearly 10,000 plus.

Sudesh Sharma: I think what needs to be understood is that there is a 1,500-bed capacity augmentation that is outlined for the period from now till FY'28, which is crystal clear. These assets are under execution.

Vidhi Dadial: Okay, sir. That's really helpful. Thank you so much.

Moderator: Thank you. Next question is from the line of Debanjan Bhakta from Universal Sompo General Insurance. Please go ahead.

Debanjan Bhakta: Yes, thank you for the follow-up. Are we seeing any sort of demand-side problem as we are expanding in the Tier-2 cities?

Sanjay Sharma: No, in fact, we have seen surge in demand with regard to all aspects. I give you an example. As we are expanding into Tier-2, Tier-3 cities, the requirement of high-end, high-quality at an relatively affordable cost treatment has all, always been there.

And in fact, patients were traveling far and out to the metros and sometimes that valuable golden hour in critical illness was being lost and lot of people were not able to survive. So this is an advantage which we have created by operating in Tier-2, Tier-3 cities.

Also with regard to the top-end doctors and clinicians, since they have all the facilities now available in their hometown, lot of people who were forced to actually go and work in far-off

stations away from their family and hometown, they have been coming over. So even in Tier-2 and Tier-3 city, we have seen a large volume of doctors wanting to come out there.

The only thing was this that they did not have a level playing field to execute their skill sets and the academic sets because those structures were not there. But ever since Park has come in Tier-2, Tier-3 cities, they are more than happy to work in these areas and satisfy their skill sets.

Debanjan Bhakta: Okay. Thank you.

Moderator: Thank you. Next question is from the line of Parshwa Shah from Mehta Equity. Please go ahead.

Parshwa Shah: Thank you for the opportunity, sir. I want to ask about capex. So we are doing well in the capex. I want to understand about new capex, whether Greenfield or Brownfield capex. So what are the biggest execution mistakes that hospital operators make while entering in new geographies?

Sanjay Sharma: Sorry Mr. Shah, would you be kind enough to repeat the question because the audibility at the moment is low.

Parshwa Shah: I want to ask about what are the biggest execution mistakes hospitals have made when they entering the new geographies?

Sanjay Sharma: Okay, Mr. Shah. See, generally what happens is this, that why we have had a strategic approach in expansion is that one hospital should bring synergy to the other hospital which is in the vicinity of about 50 kilometers or so. But generally what other brands have been doing is this that they've been expanding into remote areas and at times the replication of the values, the regulations, the way they've been functioning, their first or second hospital, they've not been able to replicate.

Few good things which we do, which we have been able to emulate all our hospitals in the same way and replicate it is largely because second-line management for the new hospitals which we are taking is already in current training in our current operational hospitals.

So there are top management which is being prepared in the current hospitals, which are aware about it and they've been training for about three to six months and they get transposed to the new unit wherever we are bringing in. And the new unit is generally not very far from the other units.

If you take it in very far-off domain or in a domain which has got a different positives and negatives, a lot of brands find it difficult to replicate those aspects and taking the management afresh, the values cannot be replicated.

Parshwa Shah: Right, right. Got it. Thank you, sir, and all the best for next quarters.

Sanjay Sharma: Thank you so much.

Moderator: Thank you. Next question is from the line of Akshay Thakur from Helios Capital. Please go ahead.

Akshay Thakur: Thanks for staying long on the call. I really appreciate that. Sir, one question on, when we acquire an asset, there would be doctors which would be already in the unit. And we would like to also to bring in our doctors and bring in the operational efficiency. So can you just explain or just throw what are the key metrics or the key things which you work on primarily? I am assuming that would be -- one of those would be the doctors to bring in the efficiency and how is it executed?

Sanjay Sharma: See, Akshay, the acquisitions which we have done in past historically suggest that they've been distressed units and they've been bleeding profusely. And entirely it would not be promoter's fault also. It would also be to some extent the fault of staff, the management which had not been performing.

So generally it happens that when we take over a unit, whatever staff is efficient and is able to deliver as per our norms and as per our vision, we retain, but the other staff needs to be changed. So this is the policy which we go ahead with. That if the staff is underperforming or if there is management which is underperforming, we go for a change.

Akshay Thakur: Okay, that was helpful. Any investments on the tech front to bring in the efficiency?

Sanjay Sharma: See, most of our doctors, the clinician which we have are from very good reputable government colleges with at least five to seven years minimum experience with hands-on experience with the latest technology like robotics, the medical advancements, lasers, minimal access surgeries, and so forth and so on.

So these are the doctors which we take. And if any training is required, that is also imparted to them. And whatever top-end equipment is required for the functioning, efficient functioning, and better clinical outcomes, that is part of the capex which we ensure that we deploy.

Akshay Thakur: Okay, that was helpful sir. Thank you.

Sanjay Sharma: Thank you.

Moderator: Thank you. Next question is from the line of Shubham Padiyar from Chhattisgarh Investments Limited. Please go ahead.

Shubham Padiyar: Yes, hi, thanks for the follow-up. So I just wanted to understand the competitive landscape that we operate in. Park is a sort of a affordable hospital in Northern India. So is it that there's no other player offering similar kind of services at that price and that's why we've been able to capture that vacuum or is it something else?

Sanjay Sharma: See, it will be more from my personal experience which I would be sharing. There have been some players which have been striving to address this TAM in the relatively affordable and trying to provide high quality. But unfortunately the replication or the expansion has not happened to that extent what Park has done.

I don't see any of record if I take there have been some hospitals which tried to enter into it, but the sporadic spurts on far-out locations, they had to increase the capex, they had to go from the

affordability aspect that has happened. There are multiple factors if you would like to go with this vision of providing relative affordability and high quality.

And still be profitable is to go grow strategically, ensure the acquisitions or the Greenfield are very systematically and very strategically looked upon which does not increase the capex, keeps the expense limited and ensures revenue. So these are some of the factors which has to be seen very diligently.

Besides that the first hospital which we've been running and the subsequent which we've been running, the values, the SOPs, the operational efficiencies, we've been able to replicate because largely the top management, as I mentioned before, have been trained for three to six months in the current running hospitals.

So there are a lot of units which tried into this, there are some standalone hospitals also, but unfortunately to this scale in this format, in this structured manner, I don't foresee any other hospital with such low capex and delivering such good results with affordable ARPOB and excellent clinical outcomes.

Shubham Padiyar: Understood. Thanks for that. Also do we track doctor attrition rates in our hospitals?

Sanjay Sharma: Yes, we do track the doctor attrition rates. And in the consultant level the attrition rate is one of the lowest because there are multiple factors which are contributing to it. One is this that our selection process is very methodical. And a lot of strengths of the clinician as well as the placement of the clinician based on the requirement is seen.

HR process is very robust in which they help in accommodating the doctor, their families and the education of their children in that region. We also have -- we are one of the excellent paymasters in ensuring that the doctors are paid well. And besides that, since Park by itself is a recognized brand in North India, these doctors are not accountable for volume or revenue unlike other premium brands.

These doctors are accountable only on two major verticals. One is patient and attendant satisfaction and the other is excellent clinical outcomes. Based on that from each unit we have a -- you could say a percentile clocking system in which the points are given to these clinician.

And any clinician which clocks more than 75 percentile is personally recognized and rewarded by the promoters in the form of performance bonus. They do not have the pressure of bringing volume or revenue to the hospital. We have our own patient flow. The only thing which they are responsible is to ensure that all the patients and their attendants are satisfied and they get the best clinical outcome.

Shubham Padiyar: Understood. Thank you, thank you for that answer.

Sanjay Sharma: Thank you.

Moderator: Thank you. Ladies and gentlemen, we will take that as the last question for today. I would now like to hand over the conference to Mr. Ganesh Nalawade for closing comments.

Ganesh Nalawade: Thank you everyone for joining the conference call of Park Medi World Limited. If you have any further queries, you can write us at research@kirinadvisors.com. Once again, thank you everyone for joining the conference.

Moderator: Thank you very much. On behalf of Kirin Advisors Private Limited, that concludes this conference. Thank you all for joining us today and you may now disconnect your lines.