



PARK MEDI WORLD LIMITED

(Formerly known as Park Medi World Private Limited)

Corporate Office: 521, Udyog Vihar
Phase III, Gurugram, Haryana-122022
+91 124 696 0000
www.parkhospital.in
CIN NO. : L85110DL2011PLC212901

January 28, 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 SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 (“Listing Regulations”)- Earnings Presentation

Dear Sir/Madam,

Pursuant to the provisions of Regulation 30 of Listing Regulations, please find enclosed herewith the Earnings Presentation for Unaudited Standalone and Consolidated Financial Results for the quarter and nine months ended December 31, 2025.

The disclosure will also be available 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

Name: Abhishek Kapoor

Designation: Company Secretary & Compliance Officer

Encl: A/a

PARK MEDI WORLD LIMITED

Providing high-quality and affordable medical services across a diverse range of specialties



Park Hospitals[®]

EVERY LIFE MATTERS

Q3 & 9M FY26 Investor Presentation
January 2026

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Business Overview



Way Forward



Consolidated Financials



Quarterly

Performance

MANAGEMENT COMMENT



Dr. Ankit Gupta,
Chairman & Managing Director
Park Medi World Limited

“Q3 and 9M FY26 were characterised by steady operational performance and continued execution of our growth strategy. During the quarter, we delivered healthy revenue growth, supported by stable patient volumes, improved case mix, and gradual ramp-up across our newer and acquired hospitals. While margins remained broadly stable, they reflect the ongoing integration and initial gestation of recently added capacities, which is in line with our expectations.

During the period, we strengthened our platform through strategic acquisitions, including Febris Multi-Speciality Hospital in New Delhi and KP Institute of Medical Sciences in Agra. These additions enhance our presence across high-density urban catchments and align with our cluster-based expansion model, which allows us to optimise clinical resources, improve utilisation, and drive operational efficiencies over time.

Post our IPO, we remain focused on disciplined capital allocation, balance sheet strength, and measured expansion. Our immediate priorities include seamless integration of acquired assets, improving asset utilisation, and driving sustainable profitability. Over the medium term, we will continue to selectively pursue growth opportunities while maintaining our commitment to delivering affordable, high-quality healthcare and creating long-term value for our stakeholders.”

RECENT BUSINESS ACHIEVEMENTS



Acquisition of Febris Multi-Specialty Hospital at Narela, New Delhi

- Acquired 100% stake in KPIMS in an all-cash transaction of ~₹245 crore 360-bed, NABH-accredited multi super-speciality hospital; among the largest in the Agra region
- Strengthens Park Group's presence in Uttar Pradesh under the cluster-based expansion strategy
- Expected to add immediate value post-integration through improved utilisation, clinical strengthening, and operational efficiencies
- Enhances access to advanced, affordable healthcare in a high-potential urban catchment

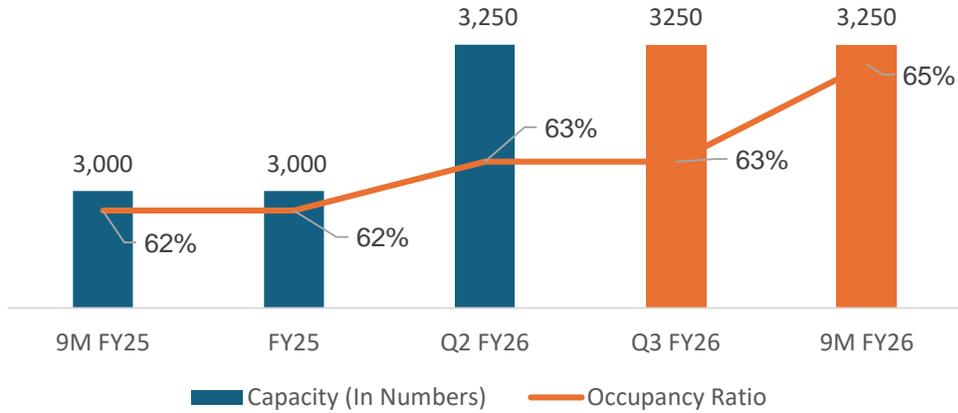


Acquisition of Agra-based KP Institute of Medical Sciences

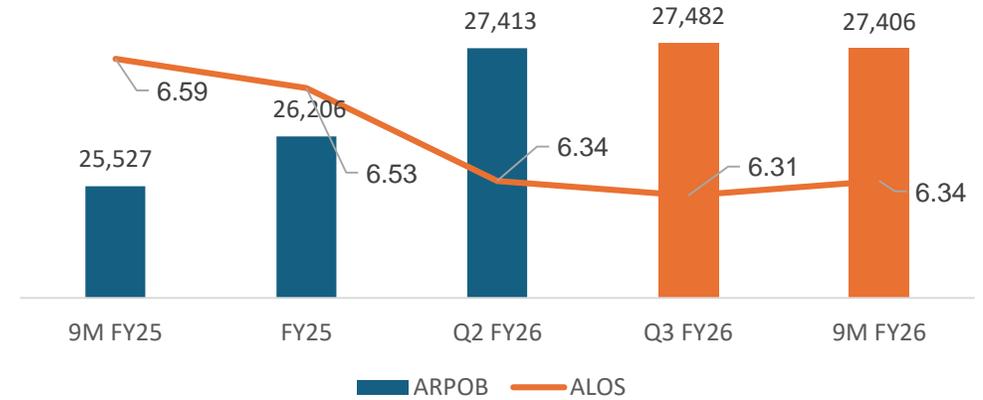
- Acquired through wholly owned subsidiary (Blue Heavens Health Care Pvt. Ltd.) under the IBC process
- 200-bed multi-speciality hospital located in a densely populated catchment
- Strategic location with access to Delhi, Haryana, and Western UP
- Supports Park Group's mission of affordable healthcare for underserved populations
- Contributes to capacity expansion and the goal of 5,260 beds by March 2028

OPERATIONAL HIGHLIGHTS

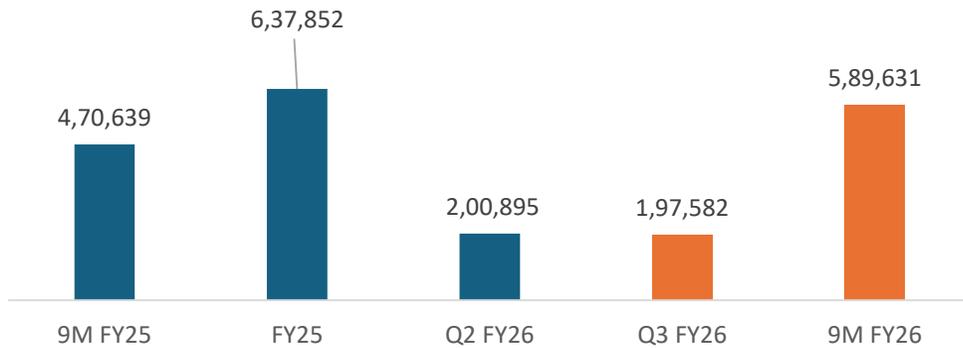
Bed Capacity



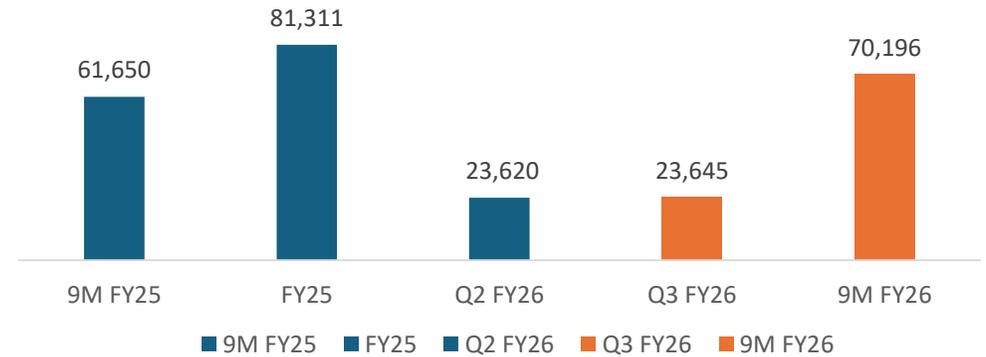
Bed Capacity



OPD Volumes

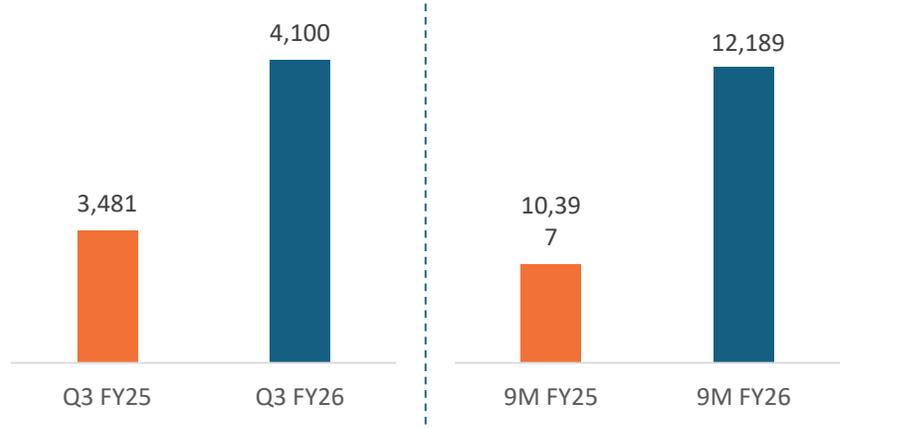


IPD Volumes

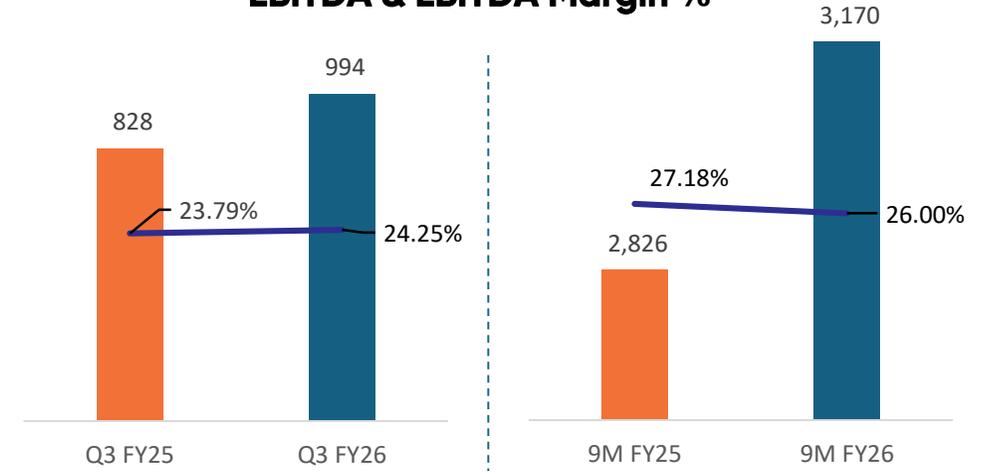


Q3 & 9M FY26 FINANCIAL HIGHLIGHTS

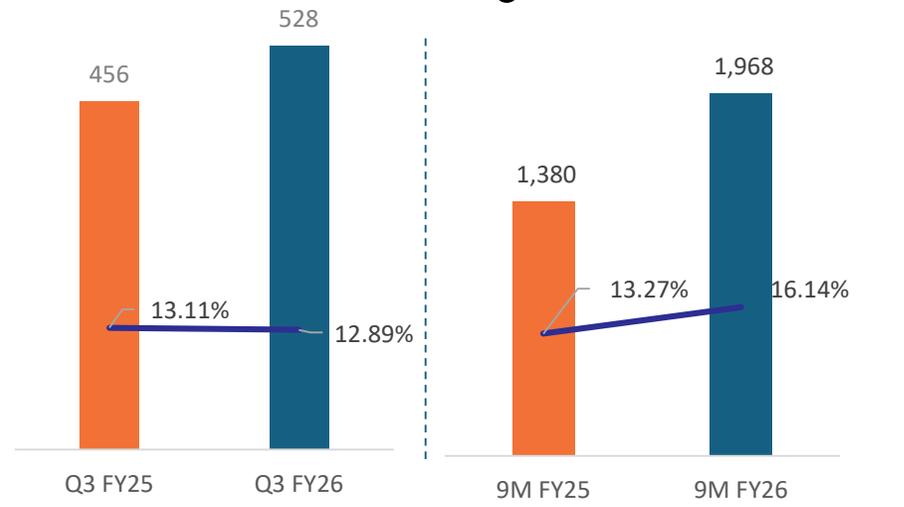
Revenues (Rs. Mn.)



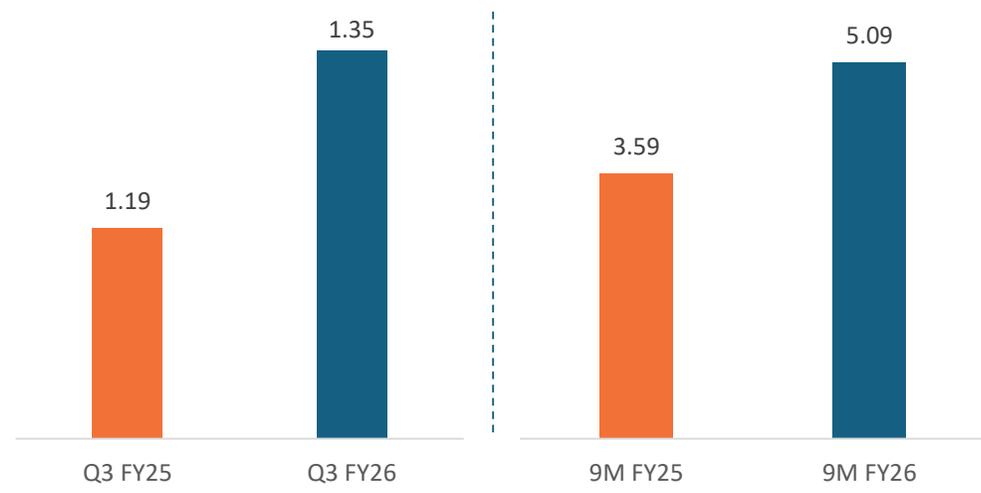
EBITDA & EBITDA Margin %



PAT & PAT Margin %



EPS (Rs.)



CONSOLIDATED INCOME STATEMENT

Particulars (Rs. Mn.)	Q3 FY26	Q3 FY25	YoY	Q2 FY26	9M FY26	9M FY25	YoY
Revenue From Operations	4,100	3,481	17.76 %	4,102	12,189	10,397	17.25 %
Cost of material consumed /services rendered	758	721		709	2,166	2,192	
Changes in inventory of stores and consumables	(1)	2		(4)	(4)	2	
Employee benefit expenses	831	711		774	2,372	2,025	
Professional and consultancy fee	651	561		600	1,855	1,491	
Other Expense	867	659		896	2,631	1,861	
Total Expense	3,106	2,653		2,975	9,020	7,571	
EBIDTA	994	828	20.05%	1,127	3,170	2,826	12.17 %
EBIDTA Margin	24.25%	23.79%	0.46%	27.48%	26.00%	27.18%	
Finance costs	149	157		145	449	703	
Depreciation and amortisation expense	153	150		149	450	414	
Total Expense	3408	2961		3269	9,919	8,687	
Other Income	91	148		80	241	238	
Profit before exceptional items and tax	783	668		913	2,512	1,947	
Exceptional items	-	-		-	-	-	
Tax expense	254	212		128	544	568	
Profit After Tax	528	456	15.78 %	785	1968	1,380	42.60%
Pat Margin	12.89%	13.11%		19.14%	16.14%	13.27%	
Basic EPS	1.35	1.19		2.04	5.09	3.59	

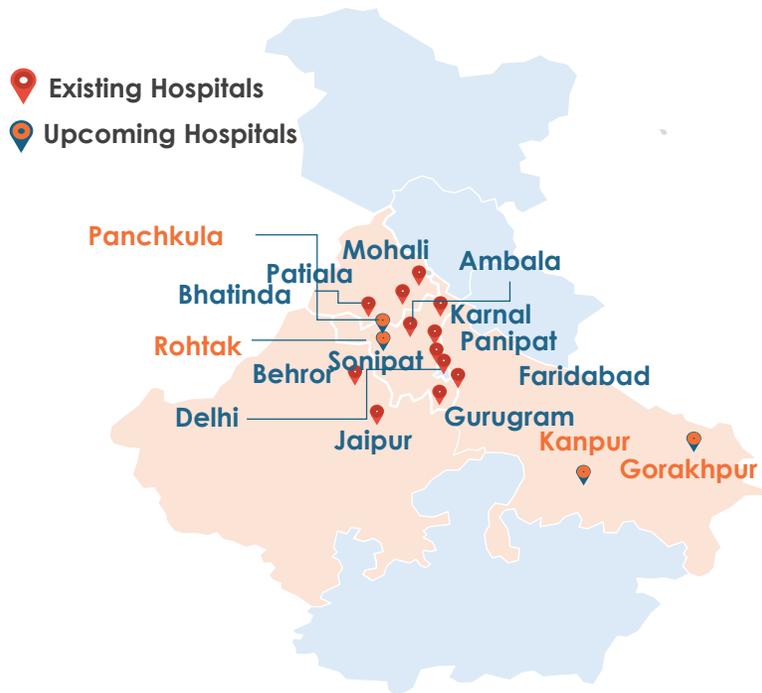


Company

Overview

LARGEST PRIVATE HOSPITAL CHAIN IN HARYANA

Currently present in
Haryana, Delhi, Punjab and Rajasthan

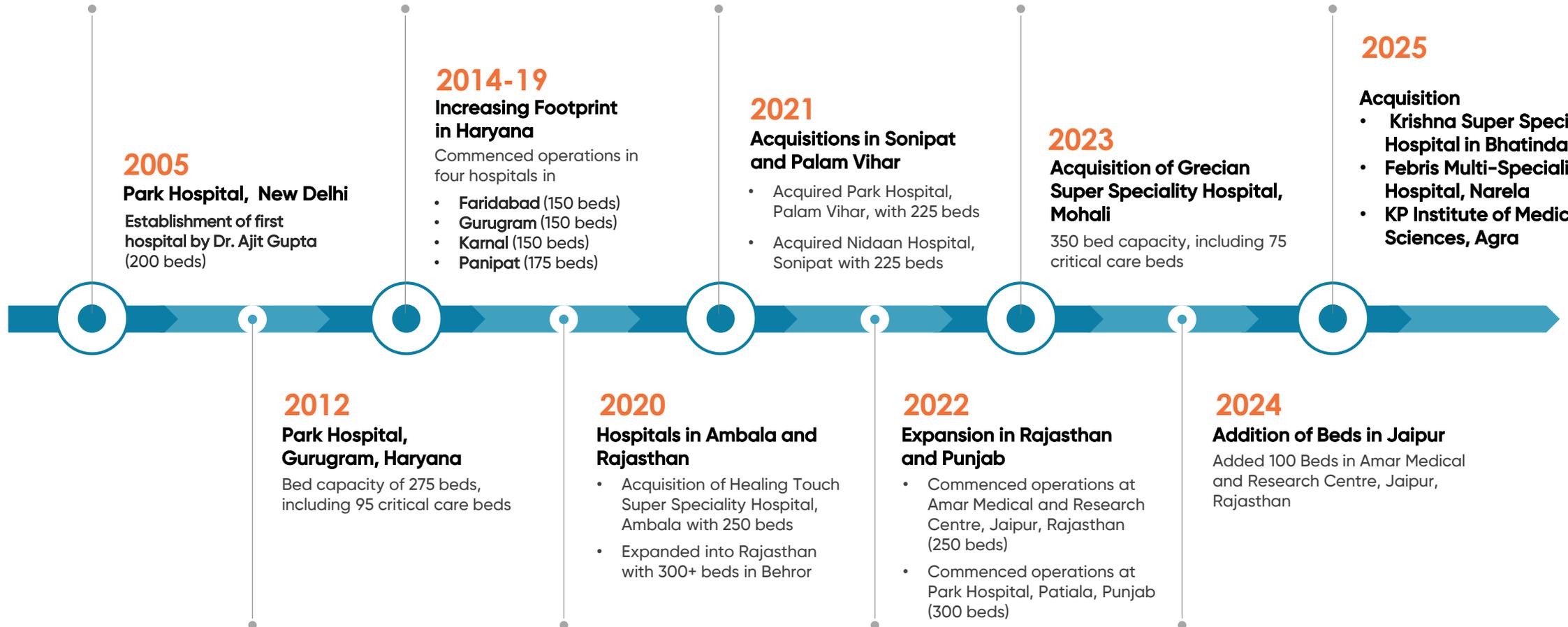


Cluster based approach to grow network leveraging the benefits of proximity between hospitals

	Second largest private hospital chain in North India		Network of 14 NABH hospitals of which 8 are NABL accredited multi-super specialty hospitals
	High-quality and affordable medical services with vision for 'wellness for all'		3,250 bed³ capacity (including 870 ICU beds) with 2,010 upcoming beds
	INR 13,936 mn Revenue (FY25) (INR 8,087 during H1FY26)		30 super specialty and specialty services with 1,014 doctors and 2,142 nurses
	27% EBITDA Margin (FY25) (27% during H1FY26)		19% ROCE 21% ROE (FY25) 21% ROCE 23% ROE (H1FY26) (Annualized)
	Successfully acquired and integrated 8 hospitals into Company's network		

All figures have been rounded off to nearest whole numbers
Source: CRISIL Report; in terms of bed capacity; 2. As of March 31, 2025; 3. As of September 30, 2025; 4. Upcoming beds to be added by March 31, 2028

KEY MILESTONES



DOCTOR LED PROFESSIONAL MANAGEMENT WITH RICH INDUSTRY EXPERIENCE

Experienced Promoters have been instrumental in achieving leadership position and brand equity...



Dr. Ajit Gupta

Promoter, Chairman and Whole- Time Director

- Bachelor's degree in medicine and surgery, University College of Medical Sciences, University of Delhi
- Has been registered with Medical Council of India for 44 years and has 25+ years of experience in medical profession and hospital/nursing home business
- Established Park Hospital, New Delhi, in 2005



Dr. Ankit Gupta

Promoter and Managing Director

- Bachelor's degree in medicine and surgery from Bharati Vidyapeeth Deemed University
- 20+ experience in the medical profession; Registered with Delhi Medical Council in 2005
- Prior to joining the Company, associated with Park Hospital as head-operations; Associated with the Company since 2011

... supported by an experienced senior management



Dr. Sanjay Sharma

Whole Time Director and CEO
20+ years experience



Mr. Rajesh Sharma

CFO
28+ years experience



Mr. Abhishek Kapoor

CS and Compliance Officer
13+ years experience



Mr. Manoj Khanna

CHRO
13+ years experience



Dr. Anshu Makkar

Group Medical Director2
17+ years experience



Ms. Bhawna Khirbat

COO2
18+ years experience



Mr. Sudesh Sharma

CSO & OSD (Finance)
29 years experience



Mr. Sanjeev Taneja

Head – Finance and
Strategic Support

COMPETITIVE STRENGTHS

Largest chain
of private hospitals in Haryana
and second largest in North India



Track record of successfully
acquiring and integrating
hospitals



Doctor led professional
management team
with rich industry
experience



Delivering high-quality and
affordable healthcare with
a diverse specialty mix



Strong operational and
financial performance



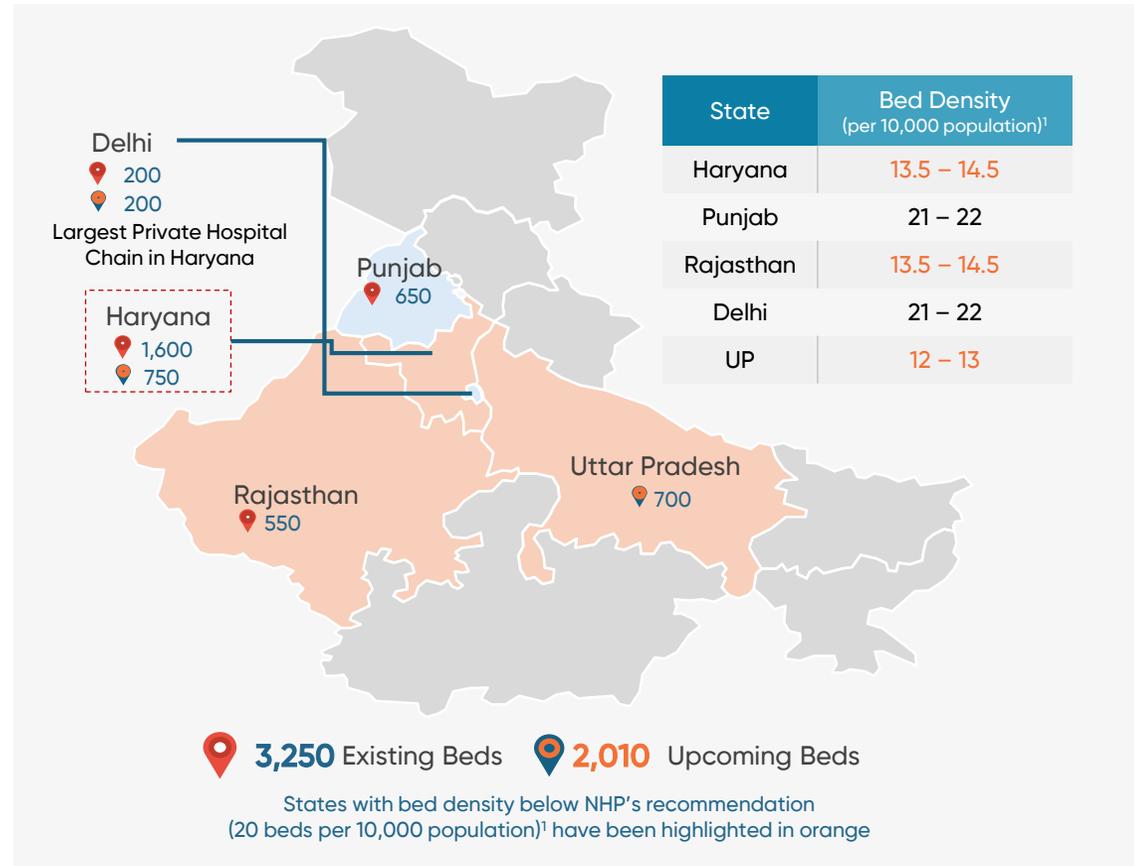


Business Overview

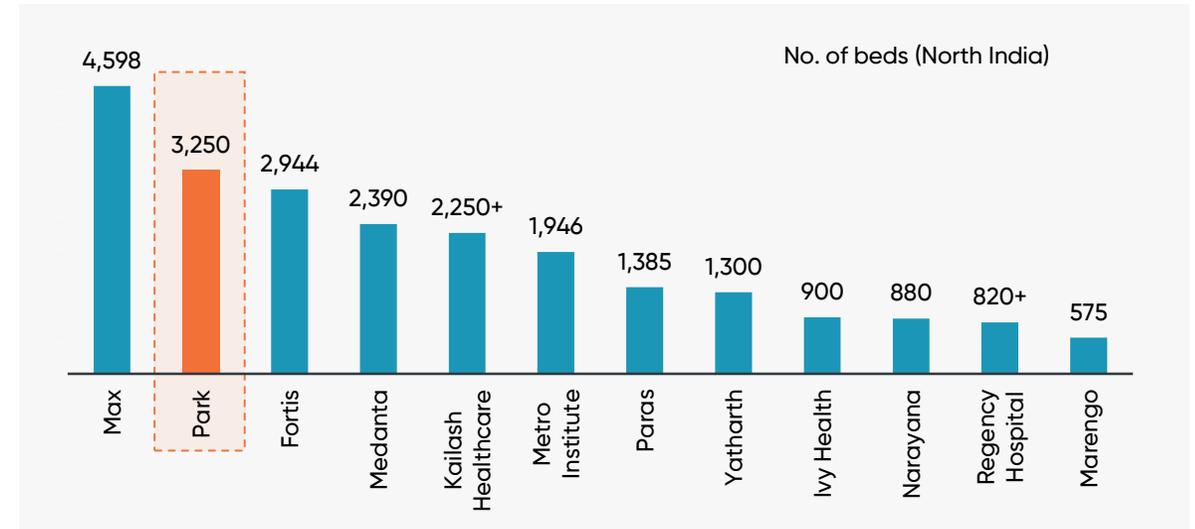
LARGEST CHAIN OF PRIVATE HOSPITALS IN NORTH INDIA

LARGEST IN HARYANA

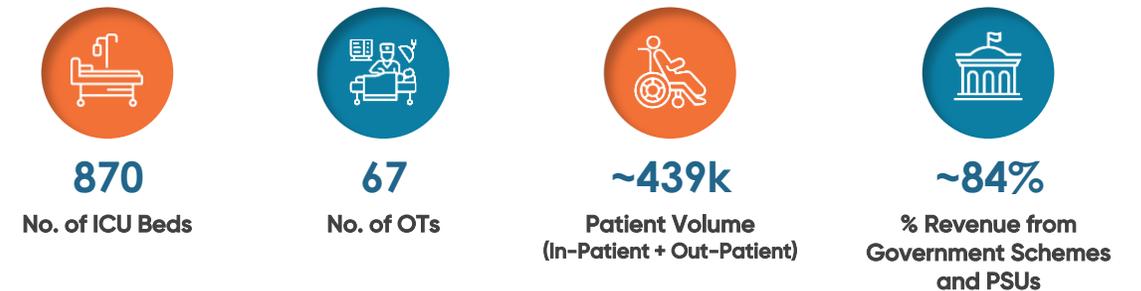
Cluster based approach enables brand recognition and sharing resources among Company's hospitals located in the vicinity



Extensive presence in the North India region



Accredited multi-super specialty hospitals with modern facilities



INCREASED BED CAPACITY VIA ORGANIC EXPANSION...



Park Hospital, New Delhi
January 2011 - 200 Beds



Park Hospital, Gurugram, Haryana
April 2012 - 275 Beds



Park Hospital, Panipat, Haryana
June 2016 - 175 Beds



Signature Hospital, Gurugram, Haryana
August 2019 - 150 Beds



Park Hospital, Patiala, Punjab
November 2022 - 300 Beds

...AND THROUGH A SERIES OF ACQUISITIONS



**Park Hospital,
Faridabad, Haryana**
January 2014 - 150 Beds



**Park Hospital, Karnal,
Haryana**
April 2017 - 150 Beds



**Healing Touch Super
Speciality Hospital,
Ambala, Haryana**
April 2020 - 250 Beds



**Park Hospital, Behror,
Rajasthan**
November 2020 - 300 Beds



**Park Hospital, Palam
Vihar, Haryana**
February 2021 - 225 Beds



**Nidaan Hospital,
Sonapat, Haryana**
July 2021 - 225 Beds

...AND THROUGH A SERIES OF ACQUISITIONS



**Krishna Super Speciality
Hospital, Bhatinda, Punjab2**

July 2025 - 250 Beds



**Febris Multi-Speciality Hospital
at Narela, New Delhi**

December 2025 - 360 Beds



**KP Institute of Medical
Sciences Agra**

January 2026 - 200 Beds



**Grecian Super Speciality
Hospital, Mohali, Punjab**

February 2022 - 250 Beds



**Amar Hospital and Research
Centre, Jaipur, Rajasthan1**

July 2025 - 250 Beds

DELIVERING HIGH-QUALITY AND AFFORDABLE HEALTHCARE

Focus on high quality care

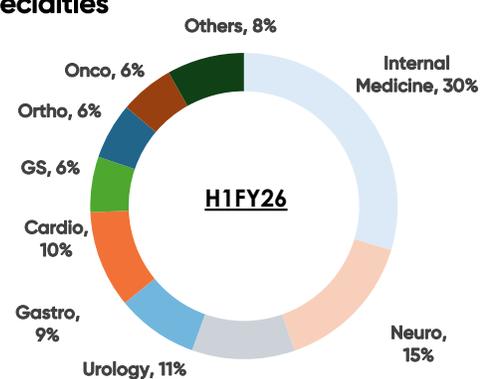
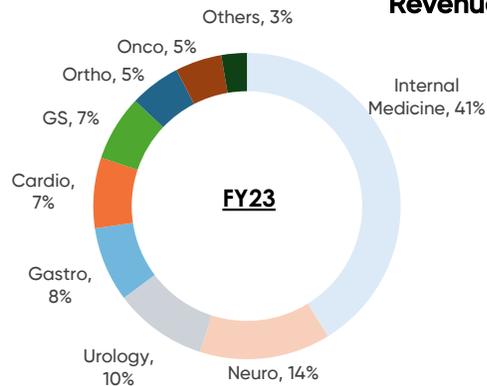
- Vision to provide **high-quality affordable healthcare** at to a large number of patients
- Patients typically belong to **lower middle-class and middle-class segments**
- **Advanced robotics system (iMARS)** at 3 hospitals to assist in performing minimally invasive procedures
- Offer procedures like **angioplasty, non-surgical valve replacements, leadless pacemakers**, specialized units for stroke care, bariatric surgery and kidney transplants
- 30+ super specialty and specialty services across hospitals

With emphasis on affordability while remaining profitable

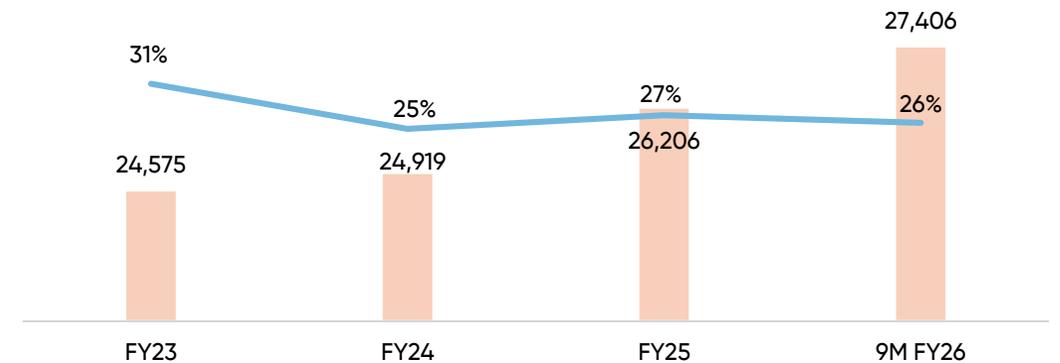
- Pursue several **strategic measures to manage operating costs**
- Modern medical technology to **reduce recovery time**
- **Employing full-time doctors**, consultants, nurses and medical staff
- **Strong relationships** with vendors
- **Leveraging economies of scale** from our existing network

Diversifying specialty mix while providing affordable care and efficiently managing resources

Revenue by Specialties



ARPOB (INR / Day)



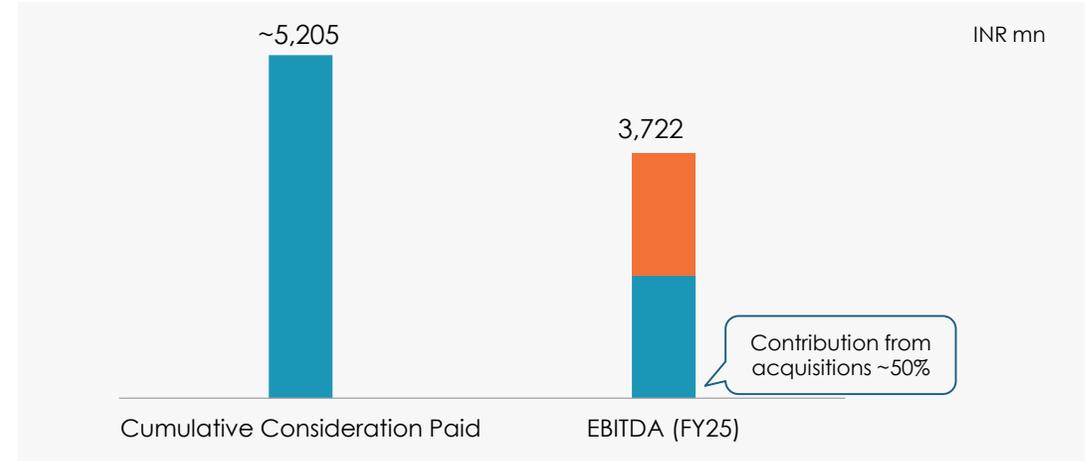
TRACK RECORD OF SUCCESSFULLY ACQUIRING AND INTEGRATING HOSPITALS

Established track record of successful acquisitions

Hospital Name	Acquisition Completion	Total Consideration (INR mn)	Bed Capacity (FY25)
Park Hospital, Faridabad	Dec-11	110	150
Park Hospital, Karnal	Apr-17	250	150
Healing Touch Super Speciality Hospital, Ambala, Haryana	Apr-20	600	250
Park Hospital, Behror	Nov-20	400	300
Park Hospital, Palam Vihar	Feb-21	1,075	225
Nidaan Hospital, Sonipat	Jul-21	520	225
Grecian Hospital, Mohali	May-23	2,250	350
Proposed hospital in Kanpur	Jun-25	0.55 ¹	- ¹
Total		~5,205	1,650

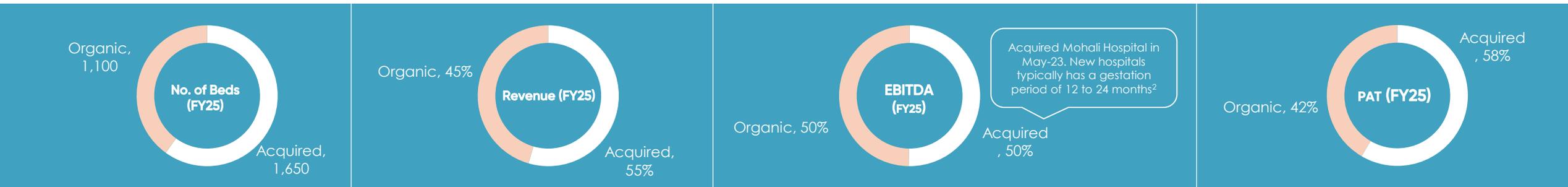
Note: Also, Company commenced operations at AMRC Jaipur via our Subsidiary, Ratangiri, with a bed capacity of 150 beds through an O&M agreement. Subsequently, post a new O&M agreement, capacity of 100 beds was added to the hospital.

Cumulative consideration paid compared to EBITDA



Demonstrated ability to successfully acquire and integrate hospitals into our network

Split between organic and acquired hospitals



HOSPITALS EQUIPPED WITH **ADVANCED MACHINES AND DEVICES**

Equipment	Function
Medical linear accelerator	For external beam radiation treatments for cancer patients
Positron emission tomography (PET) scanner and an x-ray computed tomography (CT) scanner	Acquires sequential images for oncology, surgical planning, radiation therapy and cancer staging
iMARS Surgical Robot	Allows surgeons to perform complex procedures with more precision, flexibility and control.
MRI Machines	For detailed imaging of internal body structures.
CT Scanners	Used for quick and precise imaging.
Ultrasound machines	For non-invasive imaging of internal organs.
Digital X-Ray Systems	Providing high-resolution images for accurate diagnosis.
Dialysis Machines	For patients with kidney failure.
ECG Machines	To monitor heart activity.
Infusion Pumps	For controlled delivery of medications and fluids.
Endoscopy Equipment	For internal examinations.
Laboratory Analyzers	For a variety of diagnostic tests in haematology, biochemistry, microbiology, molecular biology, and histopathology.
Rotablator	For rotational angioplasty
Ventilators	Essential for patients requiring respiratory support.
Biplane cath laboratory	Supports procedures such as paediatrics, electrophysiology, neuro interventions, and body imaging

ROBOTIC SURGERY EQUIPMENT

Surgeon-operated consoles for robotic surgeries



Robotic arms equipped with 3-D imaging



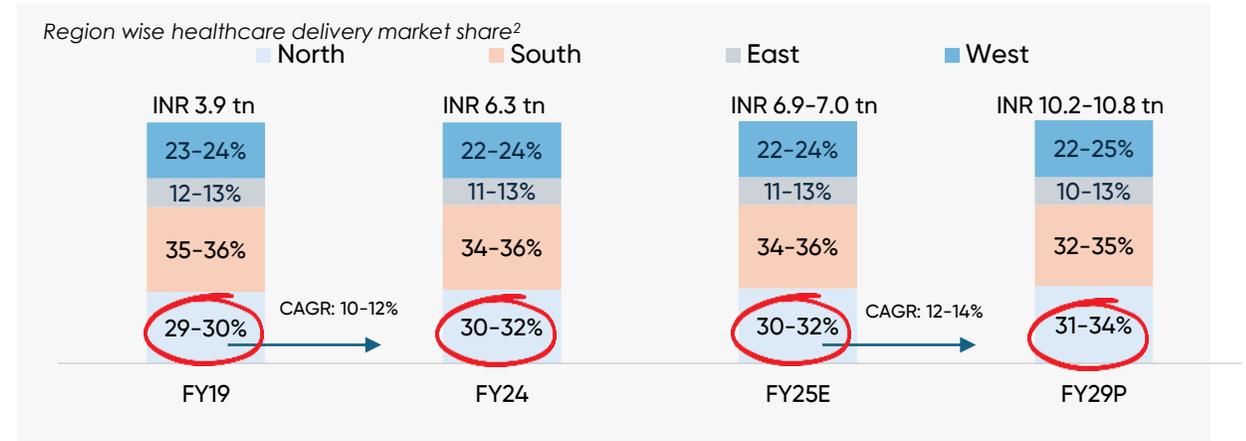
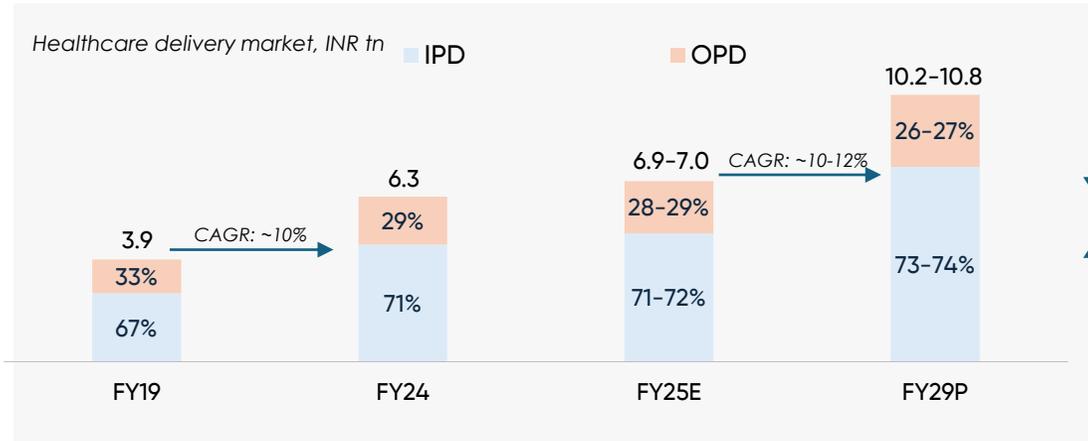


Way

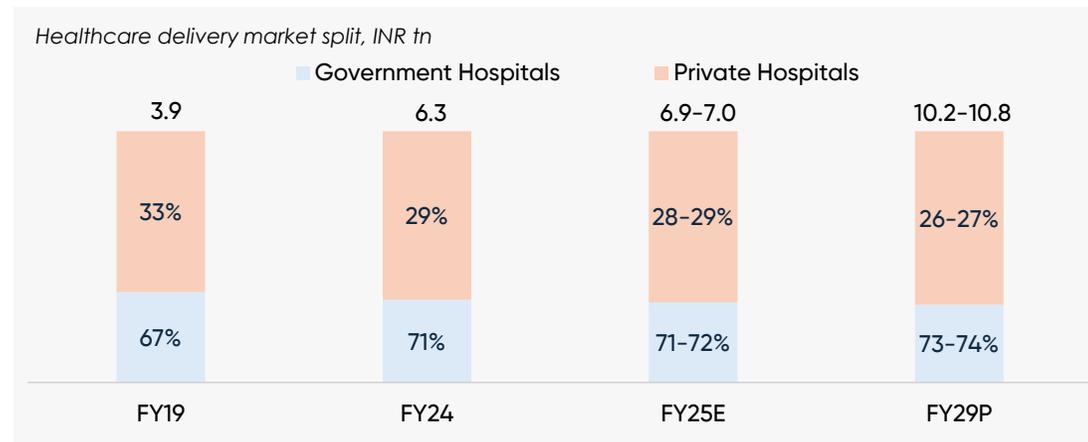
Ahead

MARKET GROWTH TO BE LED BY IPD SEGMENT AND NORTH REGION

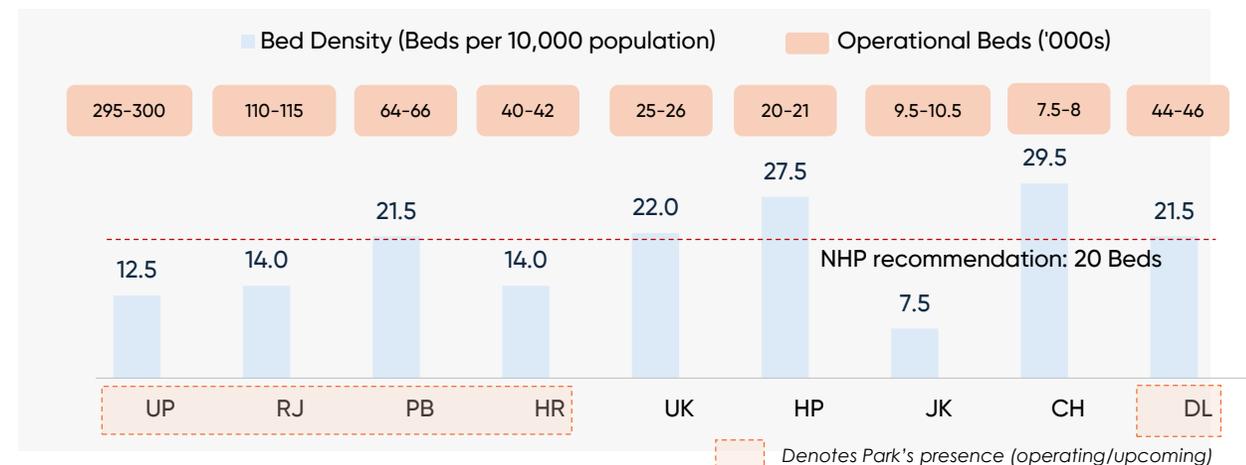
Healthcare delivery segment expected to grow at ~10-12% CAGR (FY24-29P); Market share of North India expected to grow the fastest



Private sector's share of treatments expected to increase due to expansion plans and high-quality services players



Bed density for states like UP, Rajasthan and Haryana is below NHP recommendation as on FY22



Source: CRISIL Report; 2. West region consists of states like Maharashtra, Goa, Gujarat, Madhya Pradesh, Union territories of Daman, Diu and Dadra Nagar Haveli. East region consists of states like Bihar, Jharkhand, West Bengal, Odisha, Chhattisgarh, Arunachal Pradesh, Assam, Mizoram, Meghalaya, Manipur, Nagaland, Sikkim and Tripura. North regions consist of states like Jammu and Kashmir, Himachal Pradesh, Punjab, Uttarakhand, Haryana, Delhi, Uttar Pradesh, Chandigarh and Rajasthan. South region consists of Kerala, Telangana, Tamil Nadu, Karnataka, Andhra Pradesh and Union territories of Andaman Nicobar, Puducherry and Lakshadweep; 3. UP: Uttar Pradesh | RJ: Rajasthan | PB: Punjab | HR: Haryana | UK: Uttarakhand | HP: Himachal Pradesh | JK: Jammu and Kashmir | CH: Chandigarh (inclusive of Mohali district) | DL: Delhi. Graph shows the total number of beds in private and government hospitals. For Delhi, bed density and operational hospital beds number is for the entire state of Delhi. Chandigarh bed density and operational hospital beds number is inclusive of Mohali district. Operational Beds: Beds available for overnight patient use that are fully functional, equipped and staffed. These include beds that are ready for immediate patient admission.

STRUCTURAL DRIVERS IN PLACE TO BOOST GROWTH

Government policies to improve healthcare coverage



Healthcare budget increased at CAGR of 12% (FY16-FY25) with consistent utilization of 100%+ since FY16



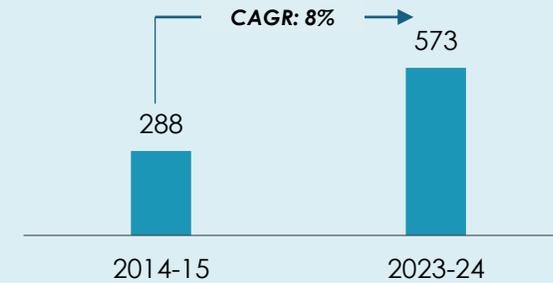
Strengthening physical health infrastructure by upgrading sub health centers and primary health centers to provide comprehensive healthcare



Provision of INR 5 lakh assured healthcare coverage to families eligible under the Socio-Economic Caste Census, covering ~11 crore families

Growing health insurance penetration in India

No. of people with health insurance coverage (mn)



- Low health insurance penetration compared to other countries has been a major growth impediment
- Health insurance penetration is expected to increase from 40-42% (FY24) to 45-50% (FY26)¹

Increasing health awareness and accessibility



Access to healthcare is improving with increasing disposable income

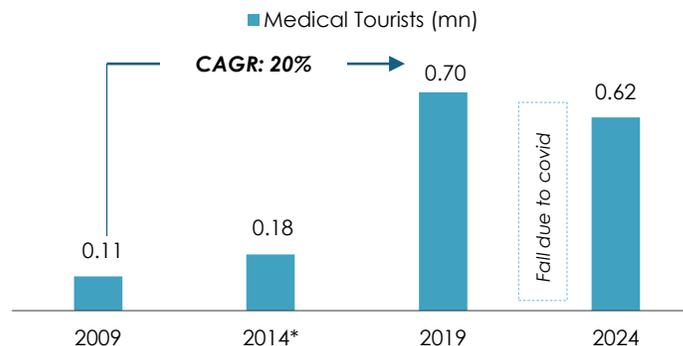


Hospitalization rate to improve with increased health insurance and health check-ups



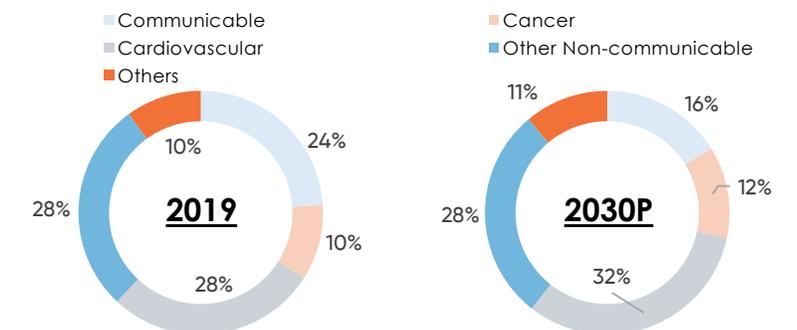
Improving awareness for both preventive and curative care due to increasing urbanization

Rising medical tourism



Increasing prevalence of NCDs presents a growing demand for healthcare services

Causes of death (%)



KEY GROWTH STRATEGIES GOING FORWARD



EXPAND

network and grow presence in neighboring states adjacent to current states of operations



FOCUS

on scaling operations and improving operational efficiencies

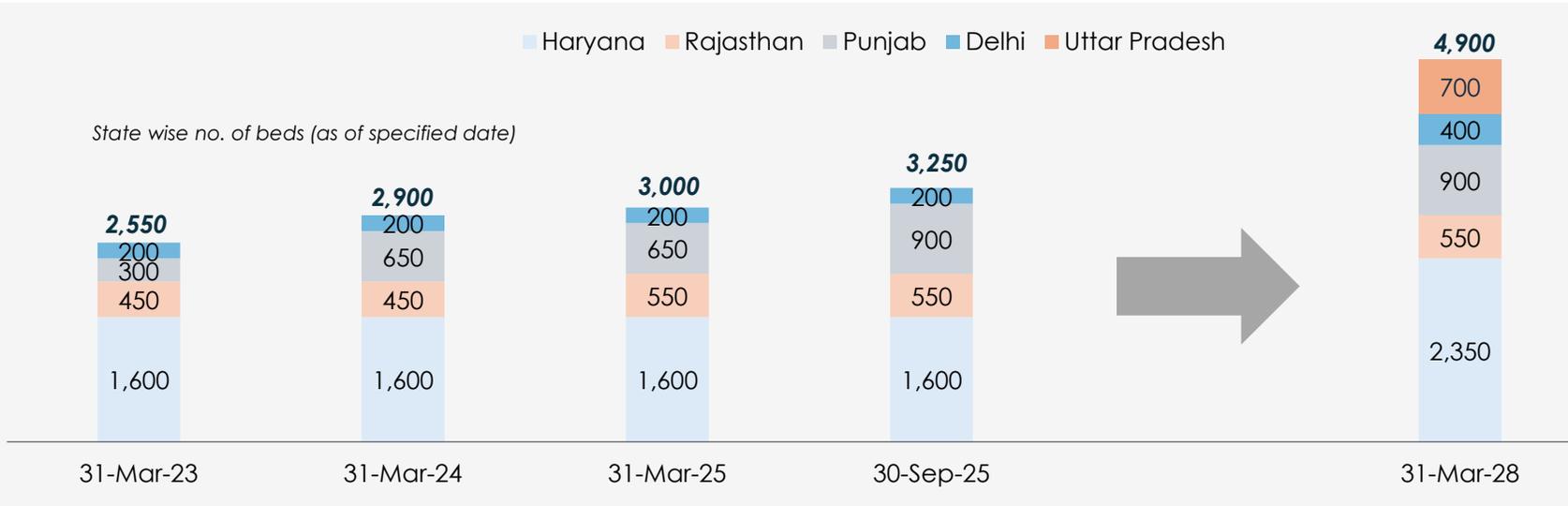


RETAIN AND ATTRACT

skilled and experienced doctors and clinicians

GROWTH STRATEGIES

Expand network with focus on North India with ~88% planned capex in tier 2/3 cities and grow presence in adjacent markets



- Hospital pipeline expansion via organic and inorganic initiatives
- Construction of new hospitals in Panchkula (300 beds) and Rohtak (250 beds)
- Acquired hospital in Kanpur (300 beds)
- Increasing bed capacity in Ambala (450 beds)
- Entered into O&M agreement to operate a hospital in Gorakhpur (400 beds)
- Acquisition of Febris hospital in New Delhi (200 beds)

Cluster based approach



All figures have been rounded off to nearest whole number

GROWTH STRATEGIES (CONT'D)

Focus on scaling operations and improving operational efficiencies



Surgeon-operated consoles for robotic surgeries

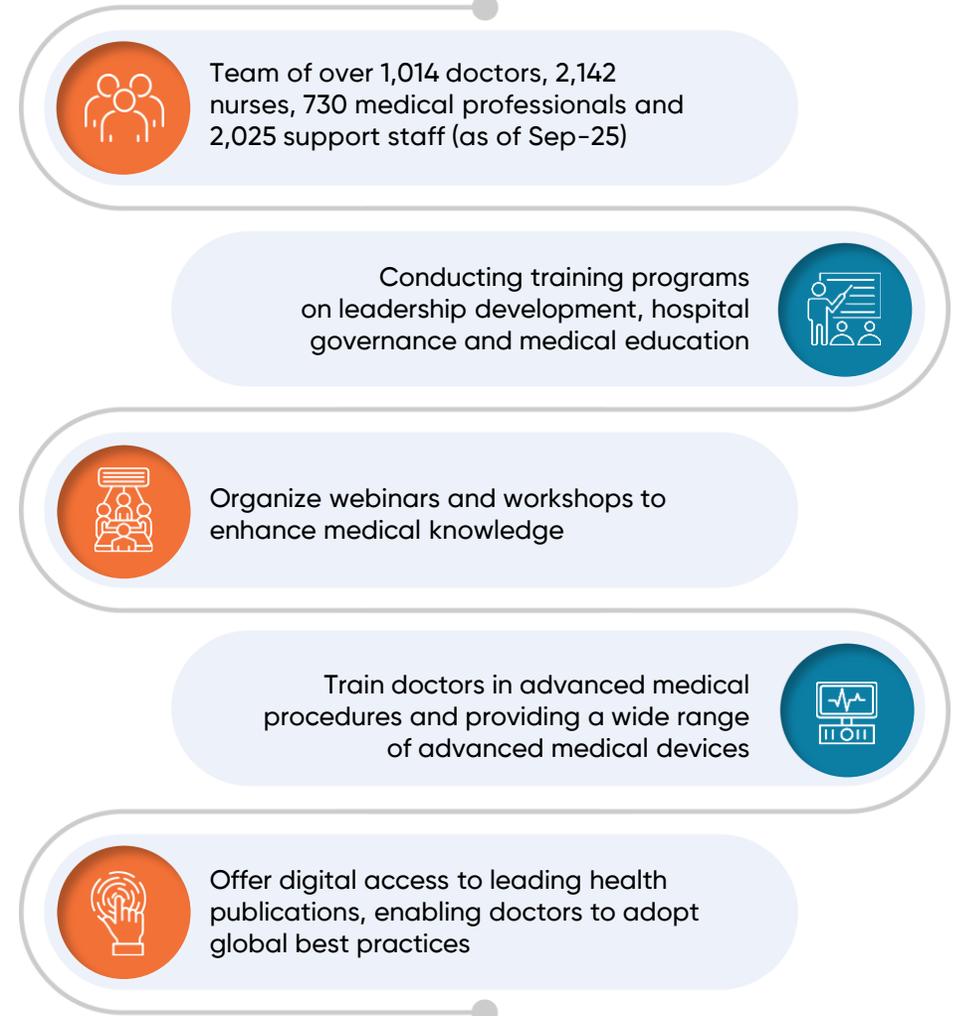


Robotic arms equipped with 3-D imaging



- **Deployed iMARS** advanced robotics system at 3 hospitals to provide minimal invasive surgical procedures and to enhance service offerings
- Additional super specialties: 5 hospitals approved for **kidney transplant procedures**
- Set up dedicated teams to **attract cash pay and insurance payors** to avail services
- **Focus on international patients** with creation of International marketing department
- **Upgrade information technology platforms** and further integrate technology tools

Retaining and attracting skilled and experienced doctors and clinicians





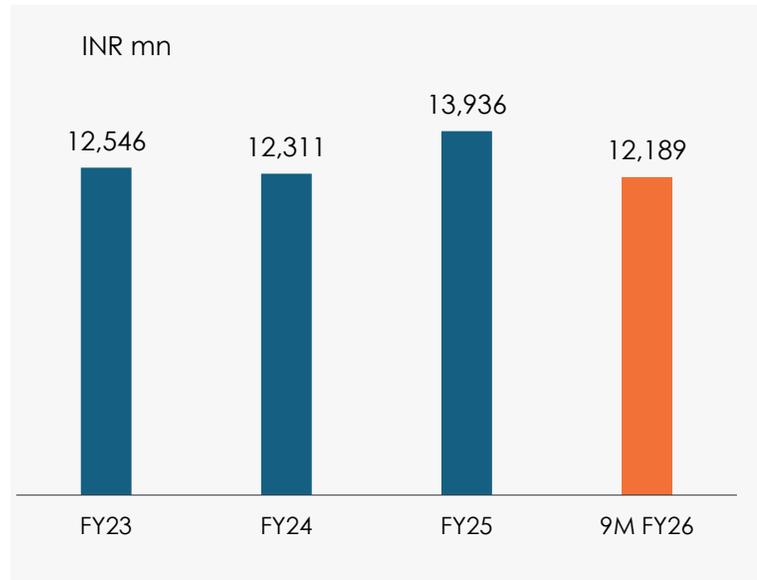
Annual

Financial Highlights

STRONG OPERATIONAL AND FINANCIAL PERFORMANCE

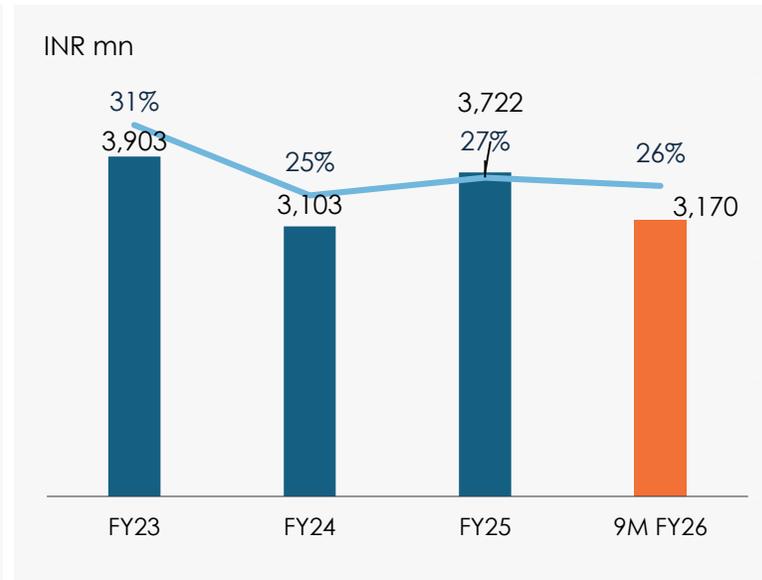
Growth and profitability attributable to focus on cost-efficiency, optimal resource utilization and strategic investments in advanced medical technology

Revenue



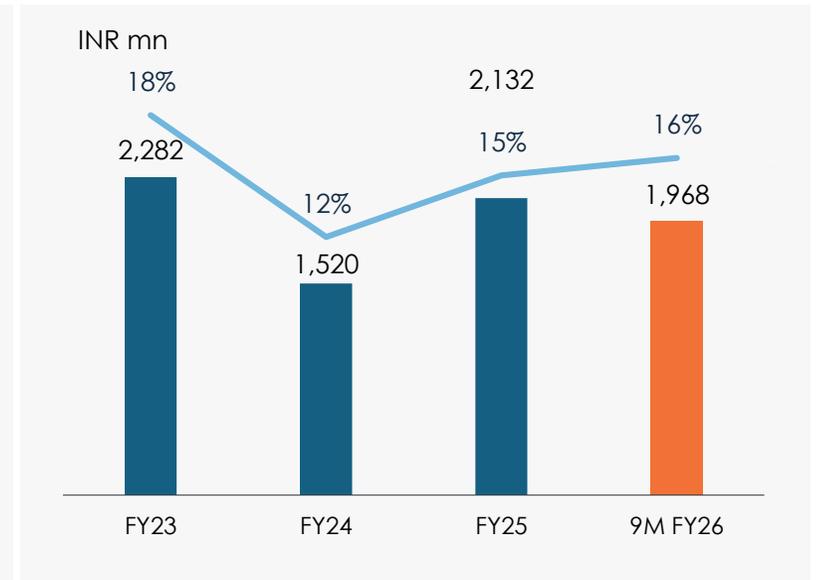
All the hospitals are owned by the Company

EBITDA and EBITDA Margin



Financial efficiency due to ownership of hospital assets, including underlying land, buildings, medical equipment, and other assets

PAT and PAT Margin

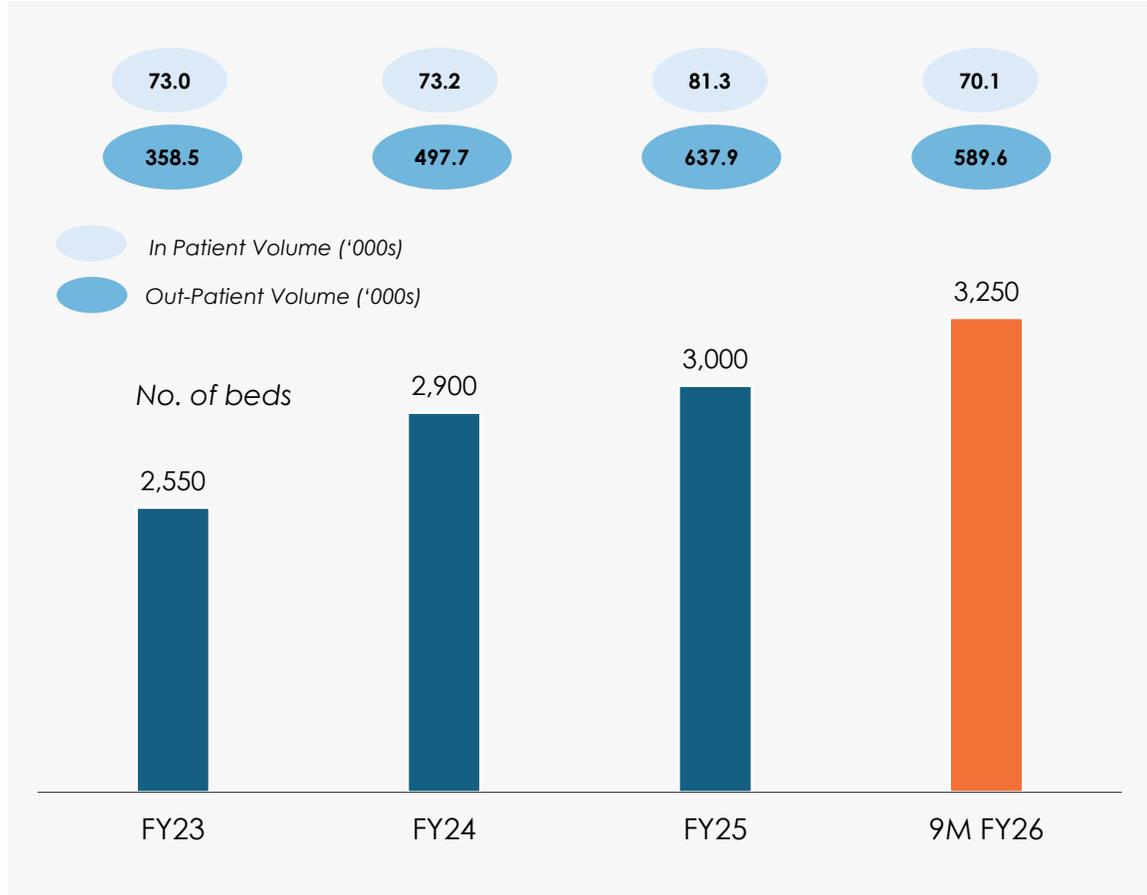


Ownership structure leading to reduced overhead costs and reinvestment of profits

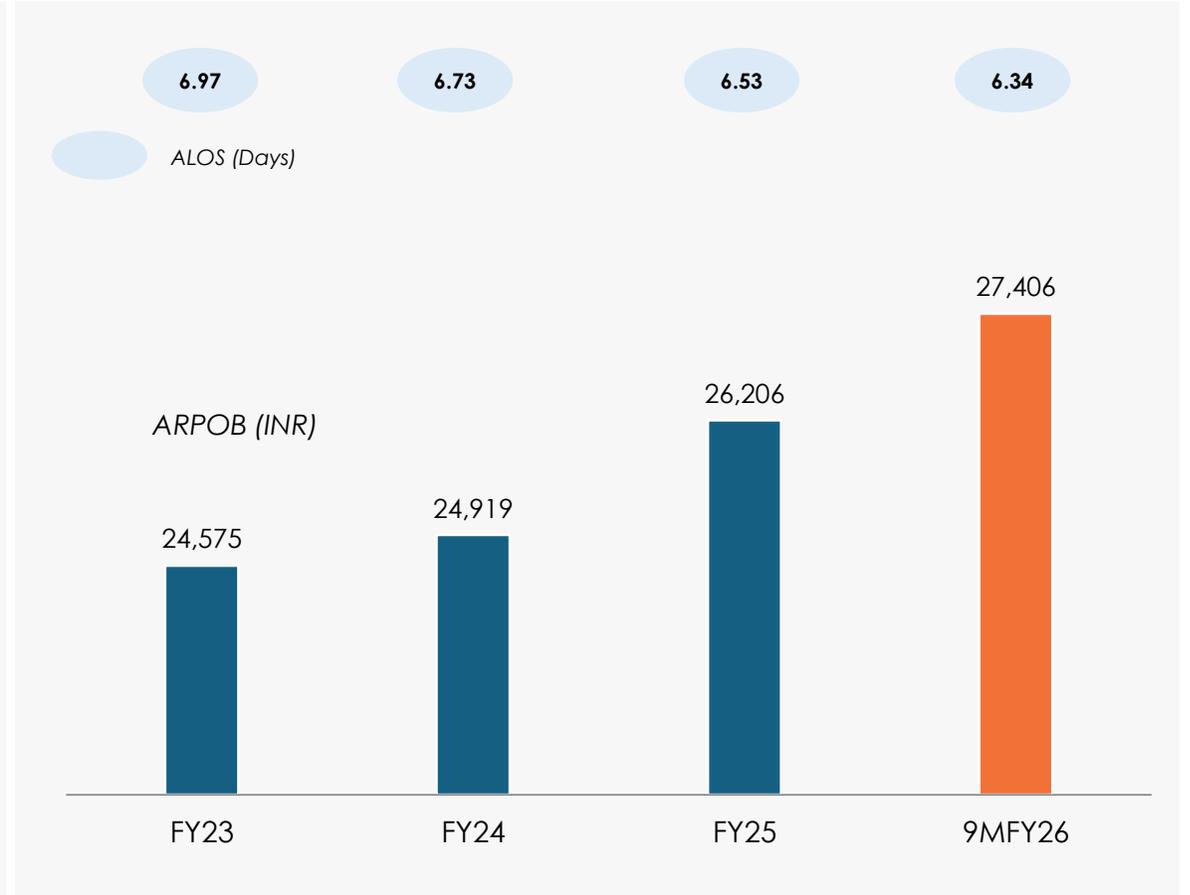
1. Land on which Park Hospital in Faridabad, Haryana, is located has been leased by Subsidiary, Aggarwal Hospital, from DLF Model Town Faridabad Medical and Community Facilities Charitable Trust; 2. Land on which the existing operational Park Hospital in New Delhi is located, as well as the first and second floors of this operational hospital, have been leased by the promoters; 3. Commenced operations at AMRC Jaipur via Subsidiary, Ratangiri, with a bed capacity of 150 beds through an O&M agreement. Subsequently, post a new O&M agreement, capacity of 100 beds was added to the hospital

KEY PERFORMANCE METRICS

Bed Capacity and Patient Volume



Bed Capacity and Patient Volume

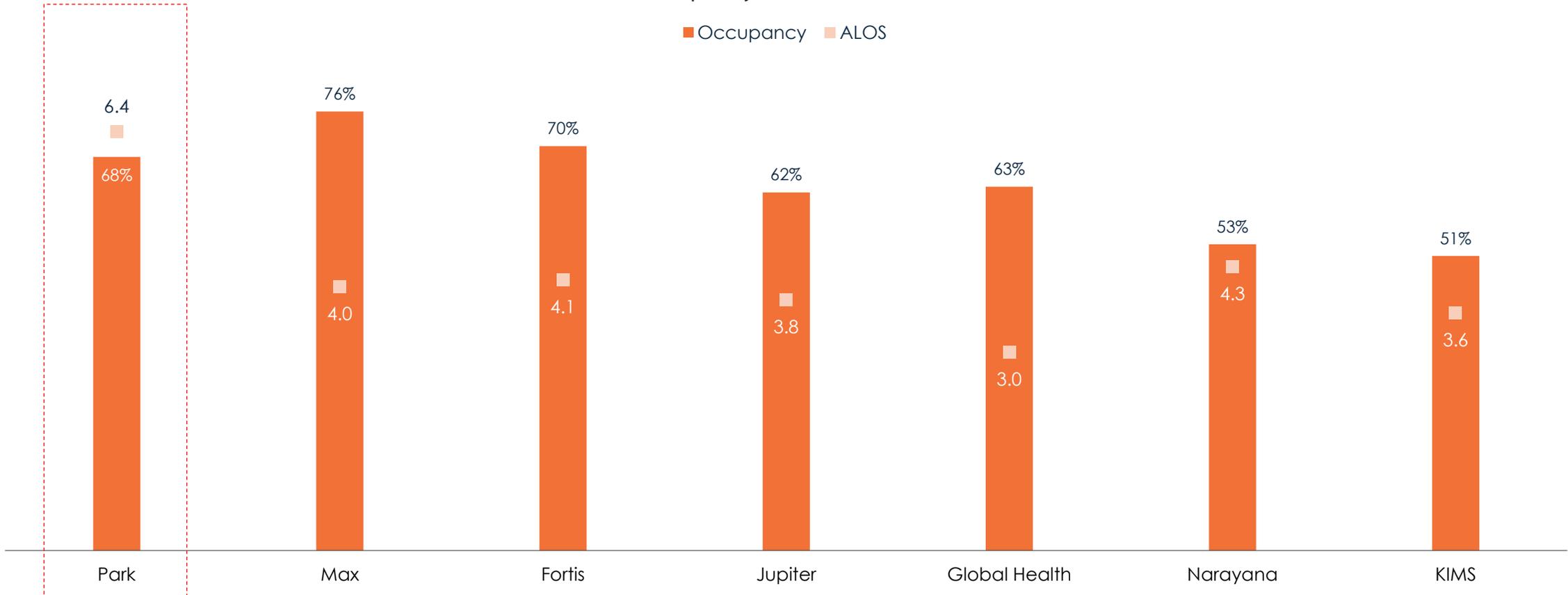


All figures have been rounded off to nearest whole number
 ALOS stands for Average Length of Stay; 2. ARPOB stands for Average Revenue per Operating Bed

OPERATIONAL PERFORMANCE

Occupancy and ALOS (H1FY26)

■ Occupancy ■ ALOS



All figures have been rounded off to nearest whole number

Source: CRISIL Report; 2. For Jupiter Life Line Hospitals (JLHL), Average occupancy rate is calculated as census occupied bed days (i.e. midnight census of occupied census beds during the period) divided by available census bed days (i.e. census bed capacity multiplied by the applicable days in the relevant period) ALOS is the average length of stay of patients in a specific period, calculated as census occupied bed days (i.e. midnight census of occupied census beds during the period) divided by inpatient volume. For Max Healthcare Institute, ALOS is calculated for discharged IP patients. For Park Medi World, Bed occupancy rate is calculated by dividing the total number of occupied beds by the total number of operational beds. ALOS is calculated as the average number of days spent by admitted in-patients in the relevant year.



Thank you

For further information, please contact

Park Medi World Limited

Mr. Abhishek Kapoor
Company Secretary & Compliance Officer
info@Parkhospital.in

Adfactors PR Pvt. Ltd.

Ms. Saloni Nagvekar
saloni.nagvekar@adfactorspr.com
Mr. Tejpal Singh
Tejpal.singhe@adfactorspr.com