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Dept. of Listing Operations  
**BSE Limited**  
P J Towers, Dalal Street,  
Mumbai -400001, India

Symbol: YATHARTH  
ISIN: INE0JO301016

Scrip Code: 543950  
ISIN: INE0JO301016

**Subject: Earnings Call Transcripts Q1 & FY26**

Dear Sir/Madam,

Pursuant to Regulation 46(2)(oa) of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015, please find enclosed the transcript of Investors' conference call organized on August 06, 2025 post declaration of Unaudited Financial Results (Standalone & Consolidated) of the Company for the first quarter ended June 30, 2025.

The transcript is also available on the website of the Company at <https://www.yatharthhospitals.com/investors> in the section of Corporate Announcements.

This is for your kind information and records.

Thanking You

Yours Faithfully,  
For Yatharth Hospital & Trauma Care Services Limited

**Ritesh Mishra**  
**Company Secretary & Compliance Officer**  
**M. No. A51166**

Encl.: A/a

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**Our Hospitals**

- 📍 Sector-110, Noida, Uttar Pradesh-201304
- 📍 Sector Omega-01, Greater Noida, Uttar Pradesh-201308
- 📍 Sector-01, Greater Noida West, Uttar Pradesh-201306
- 📍 Jhansi Mauranipur Highway, Orchha, Madhya Pradesh-472246
- 📍 Sector-88, Faridabad, Haryana-121002
- 📍 4C Institutional Area, North Extension, Model Town 3, New Delhi-110009
- 📍 Plot No. 9 & 9A, Sector 20B, Faridabad, Haryana-121001



# **“Yatharth Hospitals and Trauma Care Services Limited Q1 FY ‘26 Earnings Conference Call”**

**August 06, 2025**



**MANAGEMENT:** **MR. YATHARTH TYAGI – WHOLE TIME DIRECTOR**  
**MR. AMIT KUMAR SINGH – GROUP CHIEF EXECUTIVE OFFICER**  
**MR. NITIN GUPTA – PRESIDENT (FINANCE) & CHIEF OPERATING OFFICER**  
**MR. PANKAJ PRABHAKAR – GROUP CHIEF FINANCIAL OFFICER**  
**MR. ASHUTOSH KUMAR JHA – GROUP CHIEF – STRATEGY, M&A AND INVESTOR RELATIONS**  
**MR. SONU GOYAL – GROUP FINANCE CONTROLLER**  
**MODERATOR:** **MR. AMAN -- PHILLIPCAPITAL (INDIA) PRIVATE LIMITED**

**Moderator:** Ladies and gentlemen, good day, and welcome to the Q1 FY '26 Earnings Call of Yatharth Hospitals and Trauma Care Services Limited hosted by PhillipCapital PCG Desk.

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 “\*” then “0” on your touchtone phone. Please note that this conference is being recorded.

Let me draw your attention to the fact that on this call, discussions will include certain forward-looking statements, which are predictions, projections or other estimates about the future events. These estimates reflect management’s current expectations about the future performance of the company. Please note that these estimates involve several risks and uncertainties that could cause company’s actual results to differ materially from what is expressed or implied.

I now hand the conference over to Mr. Aman from PhillipCapital (India) Private Limited. Thank you, and over to you, sir.

**Aman:** Thank you, Shruti. Good afternoon, everyone. On behalf of PhillipCapital Private Client Group, I welcome you all to the Q1 FY '26 Earnings Conference Call of Yatharth Hospitals and Trauma Care Services Limited.

From the management side, we have with us today Mr. Yatharth Tyagi – Whole Time Director, Mr. Amit Kumar Singh – Group Chief Executive Officer, Mr. Nitin Gupta – President (Finance) and Chief Operating Officer; Mr. Pankaj Prabhakar – Group Chief Financial Officer, Mr. Ashutosh Kumar Jha – Group Chief – Strategy, M&A and IR, and Mr. Sonu Goyal – Group Finance Controller.

I now hand over the conference call to Mr. Tyagi for his opening remarks and we will then open the floor for the question-and-answer session. Over to you, Mr. Tyagi.

**Yatharth Tyagi:** Good afternoon, and a very warm welcome to Yatharth Hospitals and Trauma Care Services Limited earnings conference call for the quarter ended June 30, 2025.

Joining me today are Mr. Amit Kumar Singh – Group CEO, Mr. Pankaj Prabhakar – Group CFO; Mr. Nitin Gupta – Group COO and President (Finance), Mr. Ashutosh Kumar Jha – Group Chief - Strategy, M&A and Investor Relations, and Mr. Sonu Goyal – Group Finance Controller.

Our Earnings Presentation has been uploaded to the Stock Exchange and is also available on our website. We hope you have had a chance to review it.

I am pleased to report another quarter of stellar performance, achieving our highest ever revenue and profitability. Our revenue grew 22% year-on-year, while net profit surged by 38% year-on-year, reflecting the strength of our strategic initiatives and operational excellence.

A key highlight, this quarter was the Greater Faridabad facility, which turned net profit positive in Quarter 1, within just one year of operations. It contributed Rs. 234 million in revenue, accounting for approximately 9% of our total revenue. This rapid turnaround underscores our capability to ramp up and optimize new assets effectively.

Looking ahead, our new hospitals in New Delhi and Faridabad with a combined capacity of ~700 beds will further accelerate growth from Quarter 2 FY '26 onwards. The New Delhi Facility was inaugurated in mid July 2025, and the Faridabad facility is scheduled for inauguration in late August 2025. Both the facilities are being equipped with cutting-edge technologies, including robotic surgery, equipment and state-of-the-art diagnostic infrastructure.

We are also onboarding, leading super-specialists, which will enhance our clinical strength and brand equity in these regions. The latest of which is the pediatric cardiology team, which will be the first in Noida region, which is already taking great strides in the treatment of complicated pediatric cases.

Our commitment to clinical excellence was demonstrated when several complex cases handled this quarter, such as:

- An 11-year-old girl from Tajikistan, initially misdiagnosed with lymphoma, was correctly diagnosed with thymoma at our facility. Our team successfully removed a 2.5 kg tumor through a combined sternotomy and thoracotomy.
- In another case, a 33-year-old woman with advanced lymphoma and multiple organ complications was treated with intensive care, dialysis, chemotherapy by our oncology team. She achieved complete remission and is now on maintenance therapy with no signs of the occurrence of tumor.

These cases highlight our clinical capabilities, advanced infrastructure and growing reputation as a leading quaternary care provider in the region. We continue to focus on improving our case mix and payer mix, supported by strategic investments in super speciality services.

We have made significant progress in our medical value travel initiatives. Recently, we have collaborated with the Children's Heart Fund and Black Lion Hospital, the largest government hospital in Ethiopia, paving the way for a patient transfer program. We also conducted continued medical education program on IVF in Mauritius, along with patients' screening to identify potential treatable cases. We are preparing to open an information center in Baghdad as well.

Additionally, we are working with Chinor Medical Center in Tashkent to establish a representative office serving as a hub for medical value travel for countries such as Uzbekistan, Kazakhstan, Turkmenistan, and Kazakhstan. These initiatives are expected to drive medical value travel and contribute meaningfully to overall growth in the coming years, along with improvement in operating and financial metrics.

We are also pleased to report the resolution of the Jhansi land issue during the quarter. The Commissionerate of Sagar Sambhag, Madhya Pradesh, following the direction of Honorable High Court of Madhya Pradesh has set aside its earlier order challenging our ownership over the land. This outcome brings legal clarity, reaffirming our ownership and ensuring operational continuity.

We are also in the process of transitioning our statutory auditors with our current auditors resigning in this Board Meeting. We will propose an appointment of the well reputed firm MSKA & Associates, a member of BDO International at the upcoming AGM. This in line with a commitment to strong governance practices underscores our vision for a strong and transparency to all our stakeholders.

As we move forward, we remain focused on strategic expansion to strengthen our presence in North India, clinical excellence, and continued investment in advanced medical technologies. We are confident that these efforts will continue to deliver superior healthcare outcomes and create a long-term value for all our stakeholders.

With that, I would now like to hand over the call to Mr. Pankaj Prabhakar – our CFO, for a detailed financial update.

**Pankaj Prabhakar:**

Good afternoon, everyone. I am pleased to report that Yatharth Hospital has continued its journey of accelerated growth, delivering a strong result for the quarter ended June 2025.

During Q1 FY '26, we achieved a revenue of Rs. 2,578 million reflecting a 22% Y-o-Y and 11% quarter-over-quarter growth. This performance was driven by higher occupancy rates as well as improvement in ARPOB supported by our strategic focus on super speciality services and operational excellence.

Our newer hospital leads the growth with Jhansi-Orchha Hospital, reporting a significant 63% year-over-year increase contributing 7% of total revenue. The Greater Faridabad Facility which got operationalized in May 2024 has ramped up well and now, accounts for 9% of total revenue.

We witnessed a strong patient volume growth in the quarter. Inpatient volume surged 27% year-over-year and outpatient volumes rose 20% year-over-year, reflecting the growing trust in our services and the effectiveness of our outreach and engagement initiatives.

Our focus on high value super speciality services has resulted in a 6% year-over-year increase in the ARPOB reaching a record of Rs. 32,395 for Quarter 1 FY '26. Notably, Noida Extension achieved an ARPOB of Rs. 39,830 with ~70% contribution from super speciality services.

Our Greater Noida Facility reported an ARPOB of Rs. 38,377, up 9% year-over-year. Notably, oncology now contributes 17% of Noida Extension's revenue and 10% of the group's revenue making a 49% year-over-year increase.

On the profitability front, EBITDA rose 20% year-over-year and 13% quarter-over-quarter to Rs. 645 million demonstrating 13 consecutive quarters of growth. EBITDA margin improved by 41 bps sequentially and stood at 25%.

Despite higher depreciation due to ongoing expansion and investment in advanced medical equipment, our net profit has grown 38% year-over-year and 9% quarter-over-quarter, reaching Rs. 420 million.

Our balance sheet position has stood healthy with a strong net cash position, providing us with the flexibility to capitalize on future growth opportunities as they arise. Looking ahead, we remain optimistic about sustaining our growth momentum in both revenue and profitability. Our strategic priorities will continue to focus on operational excellence, sustainable growth, and capitalizing on emerging opportunities in the healthcare sector.

Thank you for your attention. I would now like to hand over the call to the moderator for the question-and-answer session. Thank you.

**Moderator:** Thank you very much. We will now begin the question-and-answer session. The first question is from the line of Amay Jain from Lucky Investments. Please proceed.

**Saumil** Just a small correction. This is Saumil not Amay. But thank you for the opportunity and congrats on a good set of numbers, sir. Can you lay out ARPOB in the new hospitals and the status on the upcoming hospitals?

**Amit Kumar Singh:** So, for upcoming hospitals, Delhi, as we have stated earlier, ARPOB will be better than probably what at the current ARPOB of our hospitals in Noida and Greater Noida, which we are operating as of now. So, that you can figure it out. For Faridabad, I would say that is going to be in a line of what Noida Extension is operating as of now. So, this is what as far as ARPOB is concerned.

**Yatharth Tyagi:** And as far as for the already started new hospitals, which was your earlier question, that is for the Greater Faridabad, the ARPOB that we currently have is around Rs. 31,393 for Quarter 1 and as Mr. Amit Singh mentioned the upcoming two new hospitals which would be starting, the Delhi hospital has actually started last month, and the Faridabad hospital will be starting late of this month. We do expect ARPOB there to be more than our group average ARPOBs.

**Saumil** Okay. And what about Jhansi, sir, you mentioned there was 60% year-on-year growth, how much is the ARPOB rise here?

**Amit Kumar Singh:** As we have stated earlier as well, so Jhansi is going to remain on the ARPOB, it will not change much. Jhansi has a volume growth, right, Jhansi will be in a line of close to Rs. 15,000, I think that is what we are reaching, Rs. 14,000, ARPOB. Yes, Rs. 13,500 something. So, anything between, closer to Rs. 15,000 to the best-case scenario of Rs. 16,000 - Rs. 17,000, that will be, I think, it will be a pleasing number for us.

- Saumil:** Right, okay. And two more questions sir, one is on the timeline for the new hospitals, are we on track?
- Yatharth Tyagi:** Yes. As I just mentioned that --
- Saumil:** And secondly, on the margins for the full year, you mentioned you expected to remain around the same levels as quarter 4 for the entire FY '26, are we on track for that as well?
- Yatharth Tyagi:** Yes. So, the upcoming new hospitals, as I mentioned Delhi has already started, got operationalized, so it's revenue will start flowing from the month of August as we speak. And the bigger hospital in Faridabad, the 400-bed hospital, we are planning to inaugurate it late August. So, the revenue for these two hospitals, we will start seeing from Quarter 2 onwards. So, we are pretty much on track for that.
- As far as the margins are concerned with the operation of these two hospitals, yes, we do expect, these two hospitals, there would be certain drag on the EBITDA margin compared to the whole of FY '25. But quarter four of FY '25 would be the right analysis to compare the margins, and probably 1% up and down from Q4 would be a right estimation for these two hospitals now starting for the overall group.
- Saumil:** Okay. When do you expect these two new hospitals to reach breakeven, sir?
- Yatharth Tyagi:** See, if we talk about, if you look at Greater Faridabad Hospital that got operationalized 12 months ago, that hospital has in the latest quarter now become profit positive, so which is, we feel is a good achievement for any hospital starting operations within 12 months of it. So, we do expect probably these two hospitals to follow a trend somewhere around 15 months would be a right estimation for these two hospitals also.
- Saumil:** Okay. Got it. That is it from my side. Thank you so much and all the best.
- Moderator:** Thank you. The next question is from the line of Himanshu Mali from Wallfort PMS. Please proceed.
- Himanshu Mali:** Hello, sir. Congratulations for the good set of numbers. I have two questions. So, my first question is, what is the share of MVT now and how it will look in future? And the second question is the share of dialysis and chemotherapy now and how it will look in further quarters?
- Yatharth Tyagi:** Okay. So, as far as your first question is for medical value-added tourism. So, international patients is something that we have recently started catering to, because if you look at Delhi NCR, international patients come for high end treatments like oncology, radiation oncology, liver transplant, bone marrow transplants. These are the programs that we have just started over the course of last 1.5 years.

As soon as we have started these treatments, we have seen a good flow of these patients now. As I mentioned in the commentary itself that we have tied up and opened up, various offices across CIS countries. There are some hospitals that we have tied up there. So, we are seeing good step-up in the volume as well as the contribution of medical tourism is concerned.

And your second question on the chemotherapy aspect, I think, in a large way to generalize it, how we look at it in terms of oncology. Because not just chemo but the whole radiation oncology, the surgical oncology as well as the bone marrow transplant, we have placed strong emphasis on that, and we are quite happy to see that year-on-year we have shown 50% growth in our oncology business. And oncology is now contributing close to 10% for the overall group.

We do expect this number to even go higher because remind you that our upcoming hospitals both the Faridabad as well as Model Town Hospital, within few months will also be having radiation oncology. So, these two hospitals will also act as oncology treaters for the whole group and the 10% radiation oncology that is for the complete oncology that is today for the whole group can even grow around 15% in next couple of years as far as the total payer mix is concerned.

**Himanshu Mali:** Okay. Thanks. That is it from my side.

**Moderator:** Thank you. The next question is from the line of Dhruv Maheshwari. Please proceed.

**Ritika:** Hi. Ritika here from Perpetuity. So, just wanted to understand that the Greater Noida Hospital, the occupancy for years has been around 65% and Noida Extension also seems to be plateauing at an occupancy of 61%. So, do you see a breakthrough in this? That would be my first question.

Secondly, I wanted to understand that the Noida Hospital had a 79% occupancy in quarter four and has gone up to 86% so quite a huge jump. So, like what were the factors contributing to this? And have we been improving the payer mix as well? And the third would be on the other income and the tax increase.

**Amit Kumar Singh:** So, as far as your first question is concerned, Greater Noida and the Noida extension has an occupancy almost similar to what we had actually. But what you need to look at it as Yatharth mentioned in the commentary, the IPD numbers if you see has increased. So, your ALOS has decreased. So, we have treated more patients. However, because of the ALOS and that is a deliberate attempt.

As we had said in the previous quarters, we are trying to sanitize the payer mixes, right. So, these are the impact of it. However, I think that this percentage, we are very much satisfied with the Noida, Greater Noida with 67% of occupancy and Noida extension with 61%. The totality numbers, if you see, the IPD numbers, we have treated more. That is the answer of your first question.



Second question is about Noida. Yes, Noida occupancy has increased, significantly increased. But the numbers, if you see, as we had mentioned earlier, the earlier number, if you see now, we see the cash and TPA, Noida is doing better. This was a deliberate attempt, as we had said earlier. So, we are reducing a bit of dependency on the government. So, the cash, TPA and then the Speciality mix also has gone better. So, this is what this thing.

**Yatharth Tyagi:** Yes. As far as your third question on the other income is concerned, So, the other income that you see for this year is basically the interest the company has received on certain FDs that we were having, both from the QIP funds that we raised as well as certain internal accruals we had. So, over the course of upcoming quarters, that will also be generalized. But for this quarter, yes, there was other income received due to the interest that we have received on the FDs.

**Ritika:** Okay. So, what is your payer mix currently?

**Yatharth Tyagi:** So, as far as the payer mix is concerned, as we have always maintained, we are reducing our government business. Our government business, which, 1.5 year ago used to be somewhere around 40%. As we speak today, in the latest quarter of Q1, it is around 35%. And the remaining is, equally divided between the cash as well as private insurance, with private insurance being a bit more in terms of the volumes, but in terms of the revenue, cash component might be a bit more. And we are seeing good growth in our international patient flow as well. We are quite confident that maybe with all these steps that we have taken in medical value tourism, with the airport opening up, with now, these new leading star doctors onboard, we feel international payer mix can even touch close to double-digit numbers in a couple of years for the whole group.

**Ritika:** That is good to hear. And just lastly, what is your net cash on the book?

**Yatharth Tyagi:** So, today, we would be upwards of around Rs. 300 crores, and when we closed the financial, we were close to Rs. 500 crores. So, the amount that has been spent has been on the equipment front in the upcoming two new hospitals of the Delhi Hospital as well as the Faridabad Hospital.

**Ritika:** Okay. Thank you.

**Moderator:** Thank you. The next question is from the line of Harsh Shah from Seven Rivers Holding. Please proceed.

**Harsh Shah:** Hi, sir. Good afternoon. And a strong start to Q1. Sir, I just wanted to reiterate, you mentioned that the impact on EBITDA from the two new hospitals, that is Delhi and Faridabad, will be 100 bps, right? And it will get neutralized by Q4. So, Q4 FY '26, they should be back to 25% EBITDA margin?

**Yatharth Tyagi:** See, I think rather than seeing quarter-on-quarter, how we see it for the full-year, we feel as earlier mentioned, EBITDA margin would be somewhere to what we had in Q4, maybe 1% up and down. That is how we are looking at it. And Q1, we also saw a good EBITDA percentage as well as good EBITDA growth because the Greater Faridabad Hospital has become also

EBITDA positive. So, the drag that the Greater Faridabad Hospital had last year will not be having this year. So, even though we have two hospitals operationalizing, we also have one hospital who is now turning EBITDA positive for the year.

**Harsh Shah:** Okay. And sir, how should we look at these two new hospitals in terms of, if I look at Q4 FY '26 exit run rate, what kind of occupancy do we expect? And what kind of payer mix will these new hospitals have? Because I believe the government dependency might be low in this newly commenced hospital. So, what kind of payer mix do we expect? What kind of occupancy do we expect, say, on Q4 FY '26 exit run rate basis?

**Yatharth Tyagi:** So, again, rather than quarter-on-quarter, how we feel is that after first year of operations, so technically, they are starting in Q2. So, the right estimation would be a year from Q2. We do expect both these two hospitals to have an occupancy somewhere around close to 30% to 35%. And that is what our existing other new hospitals have also had. As far as the payer mix is concerned, yes, you are right. There would be very little government business, similarly to what we have already proven in the Greater Faridabad Hospital, because that is also a reason why, the hospital has achieved good numbers, because their dependency on government business is very low, we have hired a lot of star doctors also in that region. So, we do expect for these two hospitals on a similar line, maybe government business should not be more than 20% - 24% in these two hospitals going forward.

**Harsh Shah:** And sir, on FY '26 as a whole, do we still expect our ARPOB to increase by 10% say for FY '26 as well as FY '27 on a blended basis?

**Amit Kumar Singh:** Yes. So, see, as we have said, anything between 8% to 10% that is the ARPOB growth which we are looking at. So, we have all the drivers. So, I mean we believe that I think this will be easily achievable.

**Harsh Shah:** And sir, last question, any update on the income tax investigation that you would expect?

**Yatharth Tyagi:** So, as we were in Q4, the company is quite happy with the progress in the income tax matter. It is the status quo from Q4, that is AKS which is a very large subsidiary of the company, contributing close to around 40% of the revenue. The income tax audit is largely being completed and there is a miniscule demand that has been arise and in the coming time we would be looking to pay that and settle that off.

As well as for the whole remaining company is concerned, we do expect somewhere close to the end of this calendar year that also will be completed. And as we have always maintained, before this closing of the financial year or somewhere close to the end of the calendar year, we would be completely looking to settle off the complete matter and whatever amount that would be required at all, the company would be well capable of handling that and it would be a very small amount that we are anticipating in that matter is concerned.

- Harsh Shah:** And if I can squeeze in just one last question, if you can share the status and timeline on the Brownfield expansion at our Greater Noida and Noida Extension Hospital?
- Yatharth Tyagi:** Yes. So, we have just started two new hospitals, that is the New Delhi Hospital and the Faridabad Hospital that we have just recently starting now this month. So, core focus was there in the ramping up of these two hospitals. Now that these two hospitals are started, we are shifting back our focus to finish up our Brownfield expansion. Greater Noida Hospital is already at a commencing infra stage, that means the construction is about to start for the digging of the basement, creating all the floors up.
- As far as Noida Extension is concerned, we are at finalizing stage for the maps for the whole building, both 200 beds and 250 beds will be added in these two hospitals. And the timelines remain largely similar, maybe two months - three months up and down. But however, for last quarter, we were more focusing on the Delhi and the Faridabad Hospitals. The Brownfield expansion is now again back in focus for Quarter 2.
- Harsh Shah:** All right, sir. Thank you so much and all the best.
- Moderator:** Thank you. The next question is from the line of Sumit Gupta from Centrum. Please proceed.
- Sumit Gupta:** Hey. Hi, good afternoon. So, sir, first question is on the case mix, so just want to understand, so like what is the trajectory over the next two years to three years where we can see onco share rising from current 10% and medicine share declining. So, can we expect that to increase?
- Amit Kumar Singh:** Yes, so in fact, Sumit, you see the future trends going to be as onco definitely going to increase that. You see there are other transplants and high-end procedures will increase, right? So, definitely in terms of the percentage, the internal medicine and conservative will be a down, but not the absolute number, right? Because as we are growing these things. But yes, this is a trend that more super speciality, particularly leading by the oncology, going to be the driver. And as I said earlier all these departments are not mature Sumit as of now. So, as we said that quarter-on-quarters, in fact, every super speciality department is growing, right? But yes, the faster growth coming from oncology.
- Sumit Gupta:** Yes, I am talking from two years to three years down the line. So, a bigger picture. So, in medicine, let us say as of now, it is contributing around 20%, 18% to 20%. So, can it go to around 10% - 11% in the next three years as well?
- Amit Kumar Singh:** But I think that is internal medicine. Medicine is very, very important because medicine can feed all super speciality. So, reducing medicine is also not a smart move, right? So, there has to be a good balance. So, I believe that if medicine is contributing around close to 15% - 17%, I think that is a fairly good number, right? Because that works as a feeder for super speciality.
- Sumit Gupta:** Understood.

- Ashutosh Kumar Jha:** And down the line, what we are focusing is on improving on all the CONGO specialities, cardiac, onco, ortho and neurosciences.
- Sumit Gupta:** Understood. Thanks, Ashutosh. And with respect to the depreciation, how should we look at it? Shall we expect these two to be at the same trend? Or should we see a loss for the next two years?
- Sonu Goyal:** So, for the next two years, we are adding two more facilities. So, that will definitely impact, but the impact is not so much. So, we can presume around Rs. 20 million - Rs. 30 million impact quarter-on-quarter on a total basis.
- Sumit Gupta:** Okay. And for the next three years, how much of cumulative CAPEX for the next three years?
- Yatharth Tyagi:** Can you repeat the question?
- Sumit Gupta:** Cumulative CAPEX for the next three years?
- Yatharth Tyagi:** Yes. So, cumulative CAPEX would be, for the next three years, would be in the tune of, if you include both Brownfield as well as Greenfield, it would be in the tune of around Rs. 1,400 crores to Rs. 1,500 crores over the next three years.
- Sumit Gupta:** And how much would be maintenance?
- Yatharth Tyagi:** Maintenance is a low CAPEX for us. Maintenance is not included in this. Maintenance for the whole year should be around Rs. 20 crores to Rs. 25 crores for us.
- Nitin Gupta:** We have already ramped-up our hospitals in the recent past and all the kind of new equipments have already been added. Just a few civil work has to be there, as we mentioned about the Brownfield expansion as well. So, that is the only thing which will be coming up. Rest of the thing has been already completed in all the centers.
- Sumit Gupta:** Understood. Thank you. All the best.
- Moderator:** Thank you. The next question is from the line of Nirali Shah from Ashika Stock Services. Please proceed.
- Nirali Shah:** Yes, thank you for the opportunity. I had a couple of questions. I just wanted to know, is there any update on the Ghaziabad Greenfield opportunity? And we were also evaluating two, three more cities. Has there been any progress on those fronts?
- Yatharth Tyagi:** You know, as you are right, we are evaluating not just Ghaziabad, we are evaluating other opportunities within NCR, Ghaziabad, Gurgaon, outside NCR also, big cities basically. And the company would be looking to add at least one acquisition for this year. Maybe it could be a Greenfield land, it could be a stressed asset. The company is evaluating certain opportunities.

And we remain confident for the remaining of FY 26, we will be adding and closing one of these opportunities.

- Nirali Shah:** And what kind of investment are we looking at this number, I mean the CAPEX?
- Yatharth Tyagi:** Yes. So, for Greenfield, including the land, we are looking to add around 300 beds to 350 beds and including land, I think the total CAPEX outlay that we see is around Rs. 300 crores.
- Nirali Shah:** Okay. And just wanted to know, the effective tax rate for the quarter is higher than usual. I guess it is around 28%. Are there any specific adjustments this quarter or should we still assume a full year ETR as guided earlier to be around 24%?
- Sonu Goyal:** If you see the current tax rate is coming around 28.32%, okay. Earlier there were deferred tax assets in our Ramraja Multispeciality Hospital that is located in Orchha. Right now, there is a deferred tax liability. That to total 28% of the overall percentage in the tax rate.
- Nirali Shah:** So, on a full year basis, can you expect it to be?
- Sonu Goyal:** No, it will come down to 25%, 26%.
- Nirali Shah:** Okay. Understood.
- Nirali Shah:** And just a last one on the ARPOB, so this quarter is around Rs. 32,395 and that is likely aided by Faridabad breakeven. The two new hospitals we were expecting to be around in the range of Rs. 33,000 to Rs. 35,000, correct?
- Yatharth Tyagi:** It would be a bit more for the two new hospitals. It would be somewhere around Rs. 38,000 for those two new hospitals, that New Delhi as well as the Faridabad Hospital, the bigger Faridabad.
- Nirali Shah:** Understood. So, will that come from 2nd Quarter?
- Yatharth Tyagi:** Yes. Big impact you would start seeing from Q3 onwards, because we are midway of Q2 already and Faridabad is yet to start. So, the big impact you should start seeing from Q3 itself.
- Nirali Shah:** So, on a blended basis, say for '26, what could be the ARPOB? What is the number that we are building in?
- Amit Kumar Singh:** See, it is no, no forward-looking number but I can tell you, you can just correlate. As of now, you see the Greater Noida, Noida Extension is in a line of Rs. 40,000 close to Rs. 40,000 ARPOB, right? As you said that that Faridabad and Delhi, Delhi would do a bit more and Faridabad would be in a line of this thing. So, this is what I think I can tell you as of now.
- Nirali Shah:** Understood. That is it. Thank you.

**Moderator:** Thank you. The next question is from the line of Aditya Sen from Findoc. Please proceed.

**Aditya Sen:** Hello, hi. Thanks for the opportunity. I am audible, right?

**Amit Kumar Singh:** Yes, please go ahead.

**Aditya Sen:** Yes. So, this is regarding the international patients that we are targeting. So, as we added to the double-digits as a percentage of our total patient mix, will there also be any additional cost associated with the procurement of international customers?

**Amit Kumar Singh:** So, typically, as of now, we are a single-digit number. And then so what do you need? You need basically there is a good team, a team has already been added, right? So, when you start doing your various information centers, you are setting up various information centers on different place. So, that is all the OPEX, right? And then, definitely, if you are doing international and you understand that the ARPOB is better. So, right, I think that is only the OPEX will be this thing. There is no other CAPEX as such, neither even a manpower cost. It has already been taken care of now.

**Yatharth Tyagi:** Yes. And we do not see any impact on our profitability or EBITDA due to increase in the international patients. So, technically your question --

**Aditya Sen:** All right.

**Yatharth Tyagi:** It will not increase or change any of our parameters once the international business increases. In fact, it will be better our ARPOB numbers, because all the expenses mostly have been done in terms of hiring the doctors, getting those equipment's in place and starting those treatments. Now, just the volume has to grow.

**Aditya Sen:** Understood. So, I was asking this question particularly because there is a competitor of ours in Gurgaon who has a higher ARPOB because of international patients, but the EBITDA margin is way low than our EBITDA margins. So, I was just afraid that if we are adding international, we might not fall back to their level of EBITDA margin?

**Yatharth Tyagi:** The difference between that competitor and us is that we are not just single-handedly focusing on international patients. Ours still one-third of the revenue comes from cash patients, one-third comes from private insurance and certain still comes from government. We will not make international patients' contribution to one-third of our revenue, so that is the difference. It will still be close to around 10%, which is how a lot of hospitals, other hospitals also operate on.

**Aditya Sen:** Okay. Fair enough. Got my answer. Thank you.

**Moderator:** Thank you. The next question is from the line of Bhagwat from Prosperity Wealth Management. Please proceed.

- Bhagwat:** Thank you for the opportunity. Actually, in the operationalization of two new hospitals, what is the estimated revenue growth on a consolidated level for current year and next year FY '27?
- Yatharth Tyagi:** See, our revenue growth expectations for the whole year remain the same. Our guidance remains the same, as we have always maintained that last few years the company has grown close to around 30%. I think in the upcoming years also, including this year, we remain on track for that.
- Bhagwat:** Okay. Similar range of 30% we can expect.
- Yatharth Tyagi:** Yes.
- Bhagwat:** Okay. Thank you. Thank you so much.
- Moderator:** Thank you. The next question is from the line of Surya Narayan Nayak from Sunidhi Securities. Please proceed.
- Surya Narayan Nayak:** Yes, thank you for giving me the opportunity. Congratulations for the great set of numbers. So, sir, just one question is that, how are you going to phase out the addition of new beds in the new Faridabad 400 and the Delhi 300 units because presently we are seeing that, we have added 300 beds. So, can we assume around 250 census beds from Q2 onwards? Likewise, can you please guide for the Faridabad unit also?
- Yatharth Tyagi:** Yes. So, whenever we are starting a hospital, the beds become official on a scale-wise, but it is not that we have restricted to any beds. We might operationalize like the Delhi Hospital, which is inaugurated. Today, we can have operationalized close to 150 beds. But if we get 151 patients today, it is not that that patient would be refused for admission. So, the scalability of the beds is there as and when required. The infra is ready, the nurses are there, the equipment is there. As and when the patients are coming, we will look to add up and scale up those flows.
- So, even from day one, we are starting the hospital with complete infra. It is not that, certain floors are not ready or certain construction is going on in the Delhi Hospital, everything is complete. So, similarly to what we did in the Greater Faridabad Hospital, we would be ramping up our census beds and operational beds on a similar manner.
- Surya Narayan Nayak:** Okay. And sir, for the Noida Extension, Greater Noida Extension, the current occupancy is, you said is similar to that. So, can we expect what would be the expectation for the peak occupancy in these regions in the NCR, especially, can it go to, let us say, 75% or 80%?
- Amit Kumar Singh:** Noida Extension, Greater Noida is above 400 bed facility. So, if anything, 75 to 80, it will be a very, very ideal and very optimal utilization. I think beyond that, it is difficult. So, I think that is we are inching towards it. So, anything 75 to 80 can be a guidance.
- Yatharth Tyagi:** And certain drivers are there for this, which we are quite confident that in the coming years, in the coming quarters, you will see an increase in occupancy in these two hospitals. Specifically,

we have added a lot of star doctors in even these two hospitals. We started certain new treatments like the transplant program, the radiation oncology, where the volumes is bound to increase, as well as increase in international patients. So, these three are good drivers for the growth of occupancy also. And we are quite confident that, in the coming quarters, you will see that rise in occupancy.

**Surya Narayan Nayak:** And sir, because, you are even offering so, can we consider that, some of the areas where we are not actually matured or not established, and often establishing in our cases, maybe in radiation oncology and other areas, we will be getting higher occupancy and not before that.

**Yatharth Tyagi:** Already, it is not just the new therapeutic areas we have added, even in the existing areas, like, pediatrics, ortho, gyne, there is constant upgradation of departments and the new doctors that are added. New doctors are not just added in the new specialties, but even our existing specialties. So, there also, we do expect an increase in the volume, including general surgeries, including certain other super specialties, like gastro, like neuro, that we have been doing since a long time. So, we do expect occupancy to grow from all the super specialties, but yes, highest share will increase of the super specialties like so cardiology, oncology and neurosurgery.

**Surya Narayan Nayak:** Okay. Can it be fair to assume that we will be beating the inflation in all the NCR region hospitals at least for the next three years?

**Sonu Goyal:** Yes, because twice in a year we keep on changing our pricing, so by considering the inflation we keep on changing the pricing of the overall patient charging, so we are pretty much sure to beat the inflation.

**Surya Narayan Nayak:** Okay. Thanks.

**Moderator:** Thank you. The next question is from the line of Prerana from Equity Research Program. Please proceed.

**Prerana:** So, what is the status of empanelment in your New Delhi Hospital that you recently inaugurated? Like how is empanelment going with insurance and various other government departments?

**Yatharth Tyagi:** So, we have started taking all the private cash patients as well as for the private insurances now the process is ongoing because we are getting fast-tracked our NABHs and other QCRE permissions. As soon as that happens, private insurances will be empaneled and then the number comes for the government empanelment's.

However, already from day one, nowadays there are a lot of agencies like MediBuddy, GMoney and other aggregators which does provide cashless facility to any private insurance holder who is walking to a hospital. So, he is able to utilize his insurance through those third-party aggregators, and they are able to get cashless treatments.



Similarly, we have done that in the past in our Greater Faridabad Hospital and we are doing that today in our New Delhi Hospital. So, already we are treating private insurance patients there. As far as the empanelment's of these private insurance and government empanelment's are concerned, I think within the first year, we would be able to get 90% of all private insurance as well as the government empanels. But it will not hamper our progress of taking those patients.

**Prerana:** Okay, sir. And the last question is on EBITDA margin. You told that because of the starting of these two new hospitals, the EBITDA margin will be similar to Q4 of FY '25. So, can we expect around 24% or is it going to be lower than that?

**Yatharth Tyagi:** Around that would be a right estimation. 1% up and down, but around 24% would be a right estimation.

**Prerana:** Okay, sir. Thank you so much. Thank you.

**Moderator:** Thank you. The next question is from the line of Vicky from Guardian Capital Partners. Please proceed.

**Vicky:** Thank you for the opportunity, sir. Sir, my question is, what was the EBITDA and PAT for Greater Faridabad Hospital for this quarter?

**Sonu Goyal:** So, EBITDA for this quarter in Greater Faridabad, that contributes to 1.7% of the overall group EBITDA and PAT is 3.4% of the revenue in Greater Faridabad.

**Vicky:** Okay. And sir, one more thing I wanted to ask. We have been seeing increase in employee cost as we are onboarding new super doctors. When do we expect this to settle down? Because earlier our employee costs as a percentage of sales was around 17% - 17.5%, which has inched up to around 19%. So, when should we expect this to normalize going forward?

**Amit Kumar Singh:** So, see, as you said, these hospitals like Greater Faridabad, the new hospitals, right? So, you see the employee costs will be higher. But yes, when they are mature hospitals, I think it should be anything between 15% to 17%, 18%. It is an ideal percentage. I think we should get settled in it.

**Vicky:** Okay. And sir, one more question. These are very early days, but how is the response of the new hospital, new hospital that we inaugurated?

**Amit Kumar Singh:** We started just on the 14th. So, I think that the excitement in the market, I think the medical fraternity, they are excited. So many people are coming, joining these things. And I just said that we are in that area, which is a very old, but very, very prominent area of Delhi, right? So, there we see that I think this hospital will do a much, much faster ramp up in our group.

**Vicky:** Thank you, sir. Thank you, sir.

- Moderator:** Thank you. The next question is from the line of Yash Modani from Purnartha Investment Advisors. Please proceed.
- Yash Modani:** So, sir, I just wanted to ask you, what are the drivers when the increase in occupancy rate in Jhansi-Orchha Hospitals? And what are your projections for next quarters also, in terms of ARPOB?
- Amit Kumar Singh:** So, Jhansi-Orchha, if you see, I mean, it has made very good progress. Y-on-Y last year it was 45%. Now, it is around close to 60%, right? So, Jhansi-Orchha is doing good. As that is a hospital delivering good quality care, all super specialities, the name is getting spread in that particular market. And then we have an advantage of, there is no other big hospital in the range of 200 kilometers in that region.
- So, I think, as time is moving, yes, a bit of empanelment is also playing a big role. There are slowly the more government empanelment are happening in that particular hospital. So, within the two years of operation, it is a 60% occupancy. I believe it is a very good occupancy and if it is around close to 70% - 75%, that is, optimally we will utilize Jhansi.
- Participant:** Okay. And my next question, sir, how do you anticipate the ramp up of the two new hospitals? And how will this influence the overall occupancy rate group level?
- Yatharth Tyagi:** So, with the addition of even 700 beds, and they will take time to ramp up, because as I said that after first year of both these two hospitals operationalized, we feel that both these two hospitals can have an occupancy close to 30% - 35%. So, at a group level, yes, even though with the addition of 700 significant beds, we expect even at the group level occupancy should increase, because occupancy is bound to increase in the existing hospitals of Faridabad as well as the Greater Noida and the Noida Extension.
- Participant:** Okay. Thank you, sir.
- Moderator:** Thank you. The next question is from the line of Aman from PhillipCapital. Please proceed.
- Aman:** So, my question is on the CAPEX outlay that you mentioned. So, we are currently at 2,300 beds and we are about 700 beds from our targeted 3,000 number, right? Now, if I look at the CAPEX guidance that you gave earlier of about Rs. 1,400 crores - Rs. 1,500 crores, is that number right just to begin with?
- Yatharth Tyagi:** Yes, but approximately around that.
- Aman:** Okay. Now, if we just roughly do the math, the CAPEX per bed comes out to about Rs. 1.52 crores per bed almost, right? And this is relatively higher than what our historical numbers have been. So, is this majorly because do we plan on doing more on Greenfield CAPEX that might drive our cost up? Is my understanding correct?

- Yatharth Tyagi:** No. So, just to correct you there, when I have said Rs. 1,500 crores, it is not just to take a bed from 2,300 to 3,000. In next three years, we are looking to add around 1,200 beds more. That is why, the CAPEX per bed will come down in the tune of Rs. 1 crores and not in the tune of that. Because there is no benchmark that we have taken that, we will just stop at 3,000 once the growth is there.
- We have accelerated our growth, we will continue to grow at the same level in terms of adding of the beds are concerned. Because there are a lot of good opportunities that we have seen and we are evaluating them. It is not that we are chasing a number of beds that we want to be. If a good opportunity is there, we would like to add to it. So, that is why we are evaluating few land parcels, we are evaluating few stressed assets. So, over the course of next, a 1.5 years or to two years, we will be adding more beds than just 3,000 number.
- Aman:** Okay. Noted. I just wanted to clarify that. Thank you.
- Moderator:** Thank you. The next question is from the line of Anand from KSEMA Wealth Private Limited. Please proceed.
- Anand:** Sir, good afternoon, sir. Yes, sir, congratulations on the good set of numbers. I just want to understand on the Brownfield expansion of Greater Faridabad Hospital. Would you see a Brownfield expansion by how many beds, let us say, in the next four years - five years for Greater Faridabad?
- Yatharth Tyagi:** So, Greater Faridabad does not have any Brownfield expansion possibilities. That hospital has currently 200 beds, and in fact that is the reason why we have acquired another hospital in Faridabad which is now a 400-bed hospital, which is going to start at the end of this month. Maybe the hospital you are talking about is Greater Noida, which currently is 400 beds, and we are doing a Brownfield expansion of 200 beds there, which will be coming to utilize that capacity within two years.
- Anand:** Okay. But there is no Brownfield expansion for Greater Faridabad at all?
- Amit Kumar Singh:** No.
- Yatharth Tyagi:** No.
- Anand:** Okay. Fine. And I just want to like get an understanding of what will be the census, as a percentage of operational beds, what will be the census percentage of the new hospitals Faridabad and Delhi?
- Yatharth Tyagi:** 80% to 85%, yes.
- Anand:** Sorry?

**Yatharth Tyagi:** 80% to 85%.

**Anand:** Sorry, I am sorry, can you repeat it again? Not very clear.

**Yatharth Tyagi:** It is going to be 80% to 85%.

**Anand:** 80% to 85%. Okay. And what would be the occupancy rate for these two hospitals as well?

**Yatharth Tyagi:** As we have already mentioned, after a year or so, somewhere around 30% - 35% would be the right estimation.

**Anand:** That is all the questions I have. Thank you.

**Moderator:** Thank you. The next question is from the line of Mohammed Patel from Edelweiss Public Alternative. Please proceed.

**Mohammed Patel:** Yes, hi. I just wanted to have one clarity. So, can you break up the CAPEX of Rs. 1,500 crores?

**Yatharth Tyagi:** Right. So, if you look at it, we are already doing a Brownfield expansion of Greater Noida and Noida Extension Hospital. So, that comes to around 450 beds. Now, Brownfield expansion that we are doing would be doing at a CAPEX of around Rs. 60 lakh to Rs. 70 lakh CAPEX per bed. So, that is the cost of the Brownfield expansion we are doing. Plus, I have talked about that when we are acquiring a Greenfield project, as earlier mentioned, maybe this year, around 300 beds - 350 beds, we will be spending around Rs. 300 crores, including land for that hospital.

And similarly, for any expansion of 300 beds to 350 beds in the corresponding years also, we would be spending Rs. 1 crore CAPEX per bed. So, that is roughly how it is, probably within Rs. 1,500 crores, we would be able to add at around 1,200 beds additional including the Greenfield and the Brownfield.

**Mohammed Patel:** Okay. So, this includes inorganic acquisition?

**Yatharth Tyagi:** Yes.

**Mohammed Patel:** Thank you.

**Moderator:** Thank you. The next question is from the line of Vicky from Guardian Capital Partners. Please proceed.

**Vicky:** Sir, thank you again for the opportunity. I just wanted to ask one question. What was the debtor days for the last quarter?

**Yatharth Tyagi:** So, debtor days for the whole year in FY '25 was around 123 days. And I think for the latest quarter also, I think we are looking to reduce that. Somewhere I think we feel by H1 we should

be reaching a number of around 118 days to 117 days, and I think that is if we are on that because even our scale is increasing, the volume is increasing, but probably H1 we would be looking to close around 117 days for the debtor days.

**Vicky:** Okay, sir. Thank you so much.

**Moderator:** Thank you. The next question is from the line of Om Kant Sharma from Vaishan Ventures. Please proceed.

**Om Kant Sharma:** Yes. Hi. Thank you for the opportunity, sir. Most of my questions are answered. I just have one quick question. If you could just touch down on your new hospitals, which is your Model Town and the Faridabad hospital. Could you just talk a little bit about what is the competitive scenario situation in those two areas as to which are the hospitals that we would be competing, which are the hospitals which are there in the catchment area, if you could just throw some color?

**Amit Kumar Singh:** Yes. So, as far as Delhi hospital is concerned within 10-kilometer radius, we have a Fortis and Max, but yes if you see, that that hospital is very, in the region where there is a very high density of the population. right. So, I think the 3 kilometers - 4 kilometers, 5 kilometers is enough for you to feed largely 60% - 70% of the bed capacity. And that is what since our competitions are with Fortis and Max and a few smaller hospital there, we are making that hospital as absolutely on a quaternary care hospital. So, that is there, but I believe that more and more hospitals and then in particular region more and more market develops. I think we are nowhere inferior in that particular market. As far as Faridabad is concerned, I think --

**Yatharth Tyagi:** Yes. And also, just to add for the Delhi Hospital, which just operationalized a few weeks ago, or the name of the competitors that we just mentioned, we have taken on Board some of the star doctors who have been in those hospitals for last 10 years - last 15 years. So, that is how we have positioned that hospital. And in fact, how we are trying to compete is also, we are trying to create a very boutique hospital culture where every patient who is entering a hospital is getting care and addressed to.

The other hospitals in the region, which might be 7 kilometers – 8 kilometers within the radius, the patient volume and the patient turnover is so huge in those hospitals that patients are sometimes not getting the personal attention that is required. So, how we have positioned ourselves is each and every patient that is coming to the hospital will be highly focused on the patient care experience by the same star doctors who have been previously practicing in those regions.

As far as Faridabad is concerned, Faridabad is a market we very much understand. We already have a hospital 200 bed in Greater Faridabad, we operationalized that a 1.5 year ago. So, this new hospital in Faridabad that we have is also, there are one published hospital chain, it has many big local hospitals, which are still not listed. So, those hospitals have already been doing

well in that region. In fact, Faridabad, if you see, is an older city with much more bigger healthy market than even Noida as of today we speak.

So, there are a lot of opportunities for, again, similarly from star doctors that we are onboarding in Faridabad. And the good part is we already have a feeder from a Greater Faridabad hospital to feed certain of the specialities that we will be doing here, which we could not do there, like oncology, like transplant program, like certain of the bone marrow transplants. We already have a feeder from an existing hospital to feed a bigger 400 bed hospital in Faridabad also.

**Om Kant Sharma:** Got it. Perfect. And sir, just one, from a numbers' perspective, right, we see that the employee costs have jumped by about Rs. 4 crore Q-on-Q basis. Can this be related with the operationalization of this new hospital? And also, a corollary to the question would be, let us say, by year end, what would this on a quarterly run rate basis, what are the numbers that we are talking about on the employee cost by the year end?

**Amit Kumar Singh:** See, I think I have already answered this question. So, as the new hospital is coming up, the percentage wise, if you see, it looks a bit higher side of it, but we understand that this is going to be the well remain within the industry practice. Anything between 15% to 17% - 18%, that is what I think that the employee cost and that is going to settle down.

As far as doctor cost is concerned, I mean, that is also you see, because the new hospital is coming up, the percentage will increase, but this will be well within the range and we are very much on to it, these numbers. So, once this gets matured, I think that is the ideal time when you can, questions on this percentage, but the hospitals are not matured yet I mean they have just started it. So, 1% or 2% range maybe 3% --

**Om Kant Sharma:** No, what I am trying to get a sense, is this 48 number we are seeing for the quarter, does that reflect the entire cost of the greater, for the Delhi hospital at least?

**Yatharth Tyagi:** No, even in the Delhi hospital, because it has actually been operationalized just a few weeks back. So, in Quarter 2 is when you will see those numbers and they are not reflecting in Quarter 1.

**Yatharth Tyagi:** Yes. July itself is when the hospital got inaugurated.

**Om Kant Sharma:** Okay. Got it. And just one last question, I do not know if you mentioned that, but if you could just talk a little bit on the operationalization of the Brownfield CAPEX that you are planning, when are we seeing that actually getting operationalize?

**Yatharth Tyagi:** The greater Noida hospital should be before two years, and Noida Extension should be around two years from today.

**Om Kant Sharma:** Okay. Perfect. Thank you. Thank you very much.

- Moderator:** Thank you. Our next question is from the line of Urmi Khania from Ledge Advisors. Please proceed.
- Urmi Khania:** Hello, this is Urmi from Ledge Advisors. My question is that any revision on the guidance of achieving a bed capacity of 3,000 beds by FY '28, since you have managed to add new beds faster. Do we see this target to be achieved sooner than this? And also beyond this 3,000 beds target, in the long-term, say five years ahead, what do we see going ahead? Thank you.
- Yatharth Tyagi:** So, definitely, we are looking to expand, because as earlier mentioned that we are not just looking to expand at any cost, we are looking to expand because there are some good opportunities that we have identified which are present in the geographies where we operate, where we feel that we can have even first mover advantages by being present in those geographies. So, 3,000 target, yes, definitely looks like it might be met before the FY '28 target.
- But even beyond that, for a five year horizon, we would be looking to scale up at a similar trend to what we have scaled up in the last two years. So, we would like to continue with the same momentum as to how many beds it will leave after five years, time will tell. But the momentum should be continuing at least within the North India market.
- Amit Kumar Singh:** Yes. We are not chasing any, particular targets in terms of number of beds. So, as and when good opportunities come, we will be scaling ourselves.
- Urmi Khania:** Okay. Thank you.
- Moderator:** Thank you. The next question is from the line of Anand Kulkarni from Front Wave Research. Please proceed.
- Anand Kulkarni:** Hi, thank you for the opportunity and congrats on a great set of numbers. Most of my questions have already been answered. So, just one on the speciality charges. As you know, the share of CONGO in total revenue continues to rise, how are we looking at our speciality charges as a percentage of CONGO revenue, a couple of years down the line? Thank you and all the best.
- Amit Kumar Singh:** Yes, Anand, can you please repeat the question, please?
- Anand Kulkarni:** Yes. So, as I was saying, just one on the speciality charges part. As the share of CONGO in total revenue continues to rise, how are we looking at our speciality charges as a percentage of CONGO revenue a couple of years down the line?
- Amit Kumar Singh:** See, we have not seen that way, but if you see that there is a 70% revenue being contributed by this CONGO, I believe, I think that is and will be having probably the higher expenditure. I mean, that is there, right? But as such, if you ask me, we have not seen that way, that is how much percentage of these specialities and how much percentage of the expenditure of our CONGO. We have not seen it. But yes, you can extrapolate in that way because if 70% revenue contributed by this thing and their ARPOB is higher where the in high-end specialities you do,

right, where we do transplant and others you do. I mean, there are a good percentage of the expenditure. So, higher percentage of expenditure goes in those super specialities.

**Anand Kulkarni:** Okay. Right sir. For the last five years, if I take it, it is in the range of 40% to 45%. So, do we expect to be in similar range or on the high end?

**Yatharth Tyagi:** I think some 5% higher would be a right estimation, but not significantly higher than that.

**Anand Kulkarni:** Okay. Great. Thank you and all the very best.

**Amit Kumar Singh:** Thank you.

**Moderator:** Thank you. The next question is from the line of Ankur from Anived. Please proceed.

**Ankur:** Yes, I have just one question on the trade receivable side. Our trade receivables have been higher. So, anything you can just guide us on that?

**Yatharth Tyagi:** See, I think last year we were quite happy with the OCF conversion the company has done. We had a cash conversion of around 68% we have said. So, even with high receivables, the important part is that we are receiving that money. Yes, the new business that was generated has also gone into receivables, but the way it happened last year, this year we are on the similar trend. So, Q1 itself we have seen good receivable position as far as the money that is incurring to the company.

And over the course of next few years, when the government business comes down, in the tune of 25%, that is where you could expect the days and absolute number of the receivables to also come down. But more important for us is that the money that is being, generated has been received by the company and we are happy with that progress for the quarter as well.

**Ankur:** Understood. Like so for FY '26, like anything that we can assume?

**Yatharth Tyagi:** I think I have already mentioned for H1 the number of receivables days that we do expect, and I think for the whole year could be on a similar trend also.

**Ankur:** Understood. Yes. So, that is it from mine. Thank you so much.

**Moderator:** Thank you. The next question is from the line of Sumit Gupta from Centrum. Please proceed.

**Sumit Gupta:** Hi. Just one clarification on the tax rate. So, you guided for 25% to 26% or is it still 24%?

**Sonu Goyal:** It is 25.67% effective tax rate.

**Sumit Gupta:** No, how much do you expect for '26 on a full year basis basically?

**Sonu Goyal:** It is coming down 26% on a full year basis.



- Sumit Gupta:** Okay. Cool. Thank you.
- Moderator:** Thank you. The next question is from the line of Rudraksh from MB Investments. Please proceed.
- Rudraksh:** Hi, my question is, what steps is the Board taking to improve the corporate governance to your peers like Max or Apollo? And my question to you is what is your outlook for expansion strategy in niche markets, in niche cities like you have in Jhansi, Gwalior, Agra? What is your expansion strategy there? If you could share some light on that, that would be great.
- Yatharth Tyagi:** Your first question is concerned, as I already talked about in the last commentary, we have onboarded BDO as a statutory auditor, who would be taking over, and existing auditors, we have accepted the resignation. So, BDO being appointed as statutory auditor as well as Deloitte has been appointed as an internal auditor from last few quarters, and we have been gaining a lot of good insights and improving our operational efficiency through Deloitte is concerned.
- As for your second question in terms of our expansion geographies are concerned, so I think Jhansi-Orchha for us was good, because they were one of our, good ROI, ROCE opportunity that we saw. But going forward, we would like to be in bigger cities. We would not like to experiment much with Tier III cities, maybe, NCR and, capital cities of the big states is where we would like to be, because we see good growth in terms of paying potential and ARPOB in those cities and that is what we would like to explore more.
- That is why if you see post-Jhansi, we have acquired three hospitals that are in New Delhi, Greater Faridabad and Faridabad. So, this sort of reflects as an example of a strategy that the one which we are approaching forward with.
- Rudraksh:** All right. Just to follow-up, by when do you think that on an average level, the group can achieve an average occupancy of upwards of 75%? Barring the new one.
- Yatharth Tyagi:** Yes. That is what I was about to say because we are constantly adding up new beds, right, so that is why at a group level only we can talk about is barring the new hospitals. So, I think in couple of years, our existing hospitals should be at a group level occupancy of close to 75%.
- Rudraksh:** All right. Thank you. That answers my question.
- Moderator:** Thank you. The next question is from the line of Mohammed Patel from Edelweiss Public Alternative. Please proceed.
- Mohammed Patel:** Sir, how are we going to fund this CAPEX?
- Yatharth Tyagi:** So, we already have a cash position as we talked about of around Rs. 300 crores as we speak. Today, the company is sitting on zero debt. So, that is an option the company will explore in the future. And thirdly, we will be having good internal accruals. So, the CAPEX that we have talked

about is spread across the years, right? It is not that immediately we do require something. So, I think the company is quite capable of funding it through the internal accruals, the debt, as well as the cash position that we currently sit on.

**Mohammed Patel:** Okay. Thank you.

**Moderator:** Due to time constraint, that was the last question. I now hand the conference over to Mr. Aman. Over to you, sir.

**Aman:** Thank you. On behalf of PhillipCapital Private Client Group, we thank all the participants for your valuable time and especially, the entire team of Yatharth Hospitals and Trauma Care Services Limited.

Before we close the call, I would like to hand it over to Mr. Tyagi for his closing comment. Over to you, Mr. Tyagi. Thank you.

**Yatharth Tyagi:** Thank you, everyone for participating in our earning calls for Quarter 1 FY '26. And thanks for your questions.

**Moderator:** Thank you. On behalf of PhillipCapital (India) Private Limited, that concludes this conference. Thank you for joining us and you may now disconnect your lines.

(This document has been edited for readability purpose)

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