

July 21, 2021

The Secretary Listing Department, BSE Limited, 1 <sup>st</sup> Floor, Phiroze Jeejeebhoy Towers Dalal Street, Mumbai 400001 Scrip Code: 540975	The Manager, Listing Department, The National Stock Exchange of India Ltd Exchange Plaza, C-1, Block G Bandra Kurla Complex Bandra (East), Mumbai 400051 Scrip Symbol: ASTERDM
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Dear Sir/ Madam,

**Sub: Notice of the 13<sup>th</sup> Annual General Meeting (AGM) and Annual Report for financial year 2020-21**

With reference to captioned subject, we wish to inform that the 13<sup>th</sup> AGM of Aster DM Healthcare Limited ("the Company") is scheduled to be held on Friday, August 13, 2021 at 11:30 A.M (IST) through Video Conferencing ("VC") / Other Audio Visual Means ("OAVM"), in compliance with the General Circular no. 14/2020 dated April 8, 2020, no. 17/2020 dated April 13, 2020, no. 20/2020 dated May 5, 2020 and no. 02/2021 dated January 13, 2021 issued by the Ministry of Corporate Affairs ('MCA circulars'), and other applicable provisions of the Companies Act, 2013, to transact the businesses as set forth in the Notice of AGM.

Pursuant to Regulation 34 of the SEBI (Listing Obligations and Disclosure Requirements) Regulations 2015, please find enclosed the Notice of the 13<sup>th</sup> Annual General Meeting and the Annual Report for the financial year 2020-21.

In compliance with the aforesaid MCA Circulars and SEBI Circular no. SEBI/HO/CFD/CMD1/CIR/P/2020/79 dated May 12, 2020 and Circular no. SEBI/HO/CFD/CMD2/CIR/P/2021/11 dated January 15, 2021, the Notice of the 13<sup>th</sup> AGM along with the Annual Report for the FY 2020-21 are being sent only through electronic mode to those Members whose email IDs are registered with the Company/ Depositories. Further, the same are also made available on the website of the Company at [www.asterdmhealthcare.com/investors/](http://www.asterdmhealthcare.com/investors/)

The schedule of the AGM is as set out below:

Event	Date	Time
Cut-off date for e-voting	August 06, 2021	NA
Commencement of e-voting	August 10, 2021	09:00 A.M (IST)
End of e-voting	August 12, 2021	05:00 P.M (IST)
AGM	August 13, 2021	11:30 A.M (IST)

We request you to take the same on record.

Thank you.

For Aster DM Healthcare Limited



**Puja Aggarwal**  
Company Secretary and Compliance Officer

# Aster DM Healthcare Limited

CIN: L85110KA2008PLC147259

Registered office: No.1785, Sarjapur Road, Sector -1, HSR Layout, Ward No.174, Agara Extension,  
Bangalore-560102, Karnataka, India

Tel: +91 484 6699999

Website: www.asterdmhealthcare.com Email: cs@asterdmhealthcare.com

## Notice

Notice is hereby given that the 13<sup>th</sup> Annual General Meeting ('AGM') of the Members of Aster DM Healthcare Limited (the "Company") will be held on Friday, the 13<sup>th</sup> day of August 2021 at 11:30 A.M (IST) through Video Conferencing ('VC')/ Other Audio-Visual Means ('OAVM') to transact the following business:

### A. Ordinary business

1. To receive, consider and adopt the Audited Standalone Financial Statements of the Company for the financial year ended March 31, 2021 along with the Auditors Report and the Report of the Board of Directors there on.
2. To receive, consider and adopt the Audited Consolidated Financial Statements of the Company for the financial year ended March 31, 2021 along with the Auditors Report there on.
3. To appoint a Director in the place of Mr. T J Wilson (DIN: 02135108) who retires by rotation and being eligible, offers himself for re-appointment.

### B. Special Business

4. **Ratification of remuneration payable to the Cost Auditors for the financial year 2021-2022**

To consider and if thought fit, to pass either with or without modification(s), the following resolution as an **Ordinary Resolution**:

**RESOLVED THAT**, pursuant to the provisions of Section 148 and read with Companies (Audit and Auditors) Rules, 2014, and other applicable provisions, if any, of the Companies Act, 2013, (including any amendment/modification thereof), the Members be and hereby approve and ratify the remuneration of ₹ 1,75,000 (Rupees one lakh and seventy-five thousand only) plus out of pocket expenses & taxes as applicable to BBS & Associates, Cost Accountants, Kochi (Firm Registration Number: 00273) who were appointed as Cost Auditors of the Company by the Board of Directors for the financial year 2021-2022.

**RESOLVED FURTHER THAT** the Board of Directors of the Company, be and are hereby authorized to do all such acts, deeds and things as may be necessary, proper, expedient or incidental for giving effect to this resolution.

5. **Re-appointment of Mr. Suresh Muthukrishna Kumar (DIN: 00494479) as Non-Executive Independent Director of the Company for a second term of one year**

To consider and if thought fit, to pass either with or without modification(s), the following resolution as **Special Resolution**:

**RESOLVED THAT**, pursuant to the recommendation of the Nomination and Remuneration Committee and the Board of Directors and pursuant to the provisions of Sections 149 and 152 read with Schedule IV and any other applicable provisions of the Companies Act, 2013 ('the Act') and the Companies (Appointment and Qualification of Directors) Rules, 2014 (including any statutory modification(s) or re-enactment thereof for the time being in force), and applicable provisions of the Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 as amended ("SEBI Listing Regulations") (including any statutory modification (s) or re-enactment(s) thereof, for the time being in force) and Articles of Association of the Company, Mr. Suresh Muthukrishna Kumar (DIN:00494479) who has submitted a declaration that he meets the criteria of independence as provided in Section 149(6) of the Act and Regulation 16(1)(b) of SEBI Listing Regulations and who is eligible for re-appointment, be and is hereby re-appointed as Non-executive Independent Director of the Company for a second term of one year with effect from September 16, 2020 to September 15, 2021 and whose office shall not be liable to retire by rotation.

**RESOLVED FURTHER THAT** the Board of Directors of the Company, be and are hereby authorized to do all such acts, deeds and things as may be necessary, proper, expedient or incidental for giving effect to this resolution.

6. **Approval for Contribution to Bona fide Charitable Funds/ Trusts**

To consider and if thought fit, to pass either with or without modification(s), the following resolution as an **Ordinary Resolution**:

**RESOLVED THAT**, pursuant to Section 181 and any other applicable provisions, if any, of the Companies Act, 2013, approval of the Members be and is hereby accorded for making contribution towards charitable purposes to bona fide charitable institution, trusts or any such institution as may be



identified by Board of Directors (hereinafter referred to as "the Board" which term shall be deemed to include any Committee including Corporate Social Responsibility Committee, which the Board has constituted to exercise its powers, including the powers, conferred by this resolution) up to a maximum of ₹ 6 crores (Rupees Six crores only) for the financial year 2021-2022.

**RESOLVED FURTHER THAT** the Board of Directors of the Company, be and are hereby authorized to do all such acts, deeds and things as may be necessary, proper, expedient or incidental for giving effect to this resolution.

7. **Approval of remuneration of Ms. Alisha Moopen (DIN: 02432525), Deputy Managing Director of the Company**

To consider and if thought fit, to pass either with or without modification(s), the following resolution as an **Ordinary Resolution**:

**RESOLVED THAT**, pursuant to the recommendations of Nomination and Remuneration Committee and the Board of Directors and pursuant to the provisions of Sections 196, 197, 203 and any other applicable provisions, if any, of the Companies Act, 2013 and the Companies (Appointment and Remuneration of Managerial Personnel) Rules, 2014 (including any statutory modification or re-enactment thereof) read with Schedule V of the Companies Act, 2013 and applicable provisions of the of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 and other rules, regulations, and guidelines of any/ various statutory/ regulatory authority(ies) that are or may become applicable (collectively referred herein as the "Applicable Laws"), subject to the provisions of Articles of Association of the Company and subject to such necessary approval(s), consent(s) or permission(s), as may be required and in partial modification to the resolutions approved by the shareholders vide postal ballot results dated October 14, 2019, consent of the Members of the Company be and is hereby

accorded for payment of remuneration to Ms. Alisha Moopen (DIN: 02432525), Deputy Managing Director of the Company, with effect from April 01, 2021 and until (i) for the remaining term of her directorship (i.e. until August 6, 2024) where the Company has profits, and (ii) for a period not exceeding three years, where the Company has inadequate profits or no profits:

Salary	₹ 30 Lakhs per annum
Gratuity	As per the rules of the Company
Encashment of leave	As per the rules of the Company
Other benefits	Use of Company's car, chauffeur and telephone for official purposes as per the rules of the Company

**RESOLVED FURTHER THAT** the Board of Directors be and are hereby authorized to alter and vary the remuneration based on the recommendation of the Nomination and Remuneration Committee subject to the same not exceeding the limits specified under Section 197 read with Schedule V of the Companies Act, 2013 (including any statutory modification(s) or re-enactment thereof for the time being in force).

**RESOLVED FURTHER THAT** the Board of Directors of the Company, be and are hereby authorized to do all such acts, deeds and things and execute all such documents, instruments and writings as may be required and to delegate all or any of its powers herein conferred to any Committee of Directors or Director(s) to give effect to the aforesaid resolution.

By Order of the Board of Directors  
For **Aster DM Healthcare Limited**

**Dr. Azad Moopen**

Chairman and Managing Director  
DIN: 00159403

Place : Dubai  
Date : June 22, 2021

## Notes

1. Pursuant to the General Circular numbers 20/2020, 14/2020, 17/2020, 02/2021 issued by the Ministry of Corporate Affairs (MCA) and Circular number SEBI/HO/CFD/CMD1/CIR/P/2020/79 and SEBI/HO/CFD/CMD2/CIR/P/2021/11 issued by the Securities and Exchange Board of India (SEBI) and (hereinafter collectively referred to as "the Circulars"), companies are allowed to hold AGM through VC, without the physical presence of Members at a common venue. Hence, in compliance with the Circulars, the AGM of the Company is being held through VC.
2. A Member entitled to attend and vote at the AGM is entitled to appoint a proxy to attend and vote on his / her behalf and the proxy need not be a Member of the Company. Since the AGM is being held, in accordance with the Circulars, through VC, the facility for appointment of proxies by the Members will not be available.
3. Members of the Company under the category of Institutional Investors are encouraged to attend and vote at the AGM through VC. Corporate Members intending to authorize their representatives to participate and vote at the meeting are requested to send a certified copy of the Board resolution / authorization letter to the Company or upload on the VC portal / e-voting portal.
4. The Members can join the AGM in the VC/OAVM mode 15 minutes before and after the scheduled time of commencement of the Meeting by following the procedure mentioned in the Notice. The facility of participation at the AGM through VC/OAVM will be made available for 1000 members on first come first served basis. This will not include large Shareholders (Shareholders holding 2% or more shareholding), Promoters, Institutional Investors, Directors, Key Managerial Personnel, the Chairpersons of the Audit Committee, Nomination and Remuneration Committee and Stakeholders Relationship Committee, Auditors etc. who are allowed to attend the AGM without restriction on account of first come first served basis.
5. Participation of Members through VC will be reckoned for the purpose of quorum for the AGM as per section 103 of the Companies Act, 2013 ("the Act").
6. The Register of Directors and Key Managerial Personnel and their shareholding, maintained under Section 170 of the Act, and the Register of Contracts or Arrangements in which the Directors are interested, maintained under Section 189 of the Act, will be available electronically for inspection by the Members during the AGM. All documents referred to in the Notice will also be available for inspection without any fee by the Members from the date of circulation of this Notice up to the date of AGM, i.e. August 13, 2021. Members seeking to inspect such documents can send an email to [cs@asterdmhealthcare.com](mailto:cs@asterdmhealthcare.com).
7. Members are requested to address all correspondence to the Registrar and Share Transfer Agents (RTA), Link Intime India Pvt Ltd, Surya, 35 Mayflower Avenue, Behind Senthilnagar, Sowripalayam Road, Coimbatore – 641028 or email to [coimbatore@linkintime.co.in](mailto:coimbatore@linkintime.co.in).
8. In compliance with Section 108 of the Act, read with the corresponding rules, and Regulation 44 of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 ("the Listing Regulations") and in terms of SEBI Circular no. SEBI/HO/CFD/CMD/CIR/P/2020/242 dated December 09, 2020, the Company has provided a facility to its Members to exercise their votes electronically through the electronic voting ("e-voting") facility provided by the National Securities Depository Limited (NSDL). Members who have cast their votes by remote e-voting prior to the AGM may participate in the AGM but shall not be entitled to cast their votes again. The manner of voting remotely by Members holding shares in dematerialized mode, physical mode and for Members who have not registered their email addresses is provided in the "Instructions for e-voting" section which forms part of this Notice. The Board has appointed Mr. Rajiv Balakrishnan, Senior Partner of M Damodaran & Associates LLP, Practicing Company Secretaries as the Scrutinizer to scrutinize the e-voting in a fair and transparent manner.
9. The e-voting period commences on Tuesday, August 10, 2021 (09:00 A.M IST) and ends on Thursday, August 12, 2021 (05:00 P.M IST). During this period, Members holding shares either in physical or dematerialized form, as on cut-off date, i.e. as on August 06, 2021 may cast their votes electronically. The e-voting module will be disabled by NSDL for voting thereafter. A Member will not be allowed to vote again on any resolution on which vote has already been cast. The voting rights of Members shall be proportionate to their share of the paid-up equity share capital of the Company as on the cut-off date, i.e. as on August 06, 2021.
10. The facility for voting during the AGM will also be made available. Members present in the AGM through VC and who have not cast their vote on the resolutions through remote e-voting and are otherwise not barred from doing so, shall be eligible to vote through the e-voting system during the AGM.
11. In case of joint shareholders, only such joint holder whose name is appearing first in the Register of Members will be entitled to vote at the AGM.
12. Any person holding shares in physical form and non-individual shareholders, who acquires shares of the Company and becomes a Member of the Company after sending of the Notice and holding shares as of the cut-off date, may obtain the login ID and password by sending a request at "[evoting@nsdl.co.in](mailto:evoting@nsdl.co.in)" However, if he / she is already registered with NSDL for remote e-voting then he / she can use his / her existing user ID and password for casting the vote. If you forgot your password, you can reset your password by using "Forgot User Details/Password" or "Physical User Reset Password" option available on [www.evoting.nsdl.com](http://www.evoting.nsdl.com) or call on toll free no. 1800 1020 990 and 1800 22 44 30. In case of Individual Shareholders holding securities in demat mode who acquires

shares of the Company and becomes a Member of the Company after sending of the Notice and holding shares as of the cut-off date i.e. August 06, 2021 may follow steps mentioned in the Notice of the AGM under "Access to NSDL e-Voting system".

13. In compliance with the Circulars, the Annual Report 2020-2021, the Notice of the 13<sup>th</sup> AGM and instructions for e-voting are being sent only through electronic mode to those Members whose email addresses are registered with the Company / depository participant(s).
14. We urge Members to support our commitment to environmental protection by choosing to receive the Company's communication through email. Members holding shares in demat mode, who have not registered their email addresses are requested to register their email addresses with their respective depository participants and Members holding shares in physical mode are requested to update their email addresses with the Company by sending an email to [cs@asterdmhealthcare.com](mailto:cs@asterdmhealthcare.com) to receive copies of the Annual Report 2020-2021 in electronic mode. Members may follow the process detailed below for registration of email ID to obtain the Annual Report, user ID / password for e-voting.

Type of Holder	Registering Email Address
Physical	Send a request to the Company at <a href="mailto:cs@asterdmhealthcare.com">cs@asterdmhealthcare.com</a> providing Folio No, Name of Member, scanned copy of the share certificate (front and back), PAN (self-attested scanned copy of PAN card), AADHAR (self-attested scanned copy of Aadhar card) for registering email address.
Demat	Please contact your DP and register your email address in your demat account, as per the process advised by your DP.

Alternatively, member may send an e-mail request to [evoting@nsdl.co.in](mailto:evoting@nsdl.co.in) for obtaining User ID and Password for e-Voting.

15. Members may also note that the Notice of the 13<sup>th</sup> AGM and Annual Report 2020-2021 will be available on the Company's website at [www.asterdmhealthcare.com/investors/](http://www.asterdmhealthcare.com/investors/) and

websites of the Stock Exchanges, i.e. BSE Limited and National Stock Exchange of India Limited, at [www.bseindia.com](http://www.bseindia.com) and [www.nseindia.com](http://www.nseindia.com) respectively and on the website of NSDL [www.evoting.nsdl.com](http://www.evoting.nsdl.com).

16. Additional information, pursuant to Regulation 36 of the Listing Regulations, in respect of the Directors retiring by rotation / seeking re-appointment forms part of the Notice.
17. The SEBI has mandated the submission of the Permanent Account Number (PAN) by every participant in the securities market. Members holding shares in electronic form are therefore, requested to submit their PAN to their depository participant(s). Members holding shares in physical form are required to submit their PAN details to the Registrar and Share Transfer Agents.
18. The Scrutinizer will submit his report to the Chairman of the Company ('the Chairman') or to any other person authorized by the Chairman after the completion of the scrutiny of the e-voting (votes casted during the AGM and votes casted through remote e-voting), not later than two working days from the conclusion of the AGM. The result declared along with the Scrutinizer's report shall be communicated to the stock exchanges, NSDL and RTA and will also be displayed on the Company's website at [www.asterdmhealthcare.com/investors/](http://www.asterdmhealthcare.com/investors/).
19. Since the AGM will be held through VC/OAVM in accordance with the Circulars, the route map, proxy form and attendance slip are not attached to this Notice.
20. The Explanatory Statement pursuant to Section 102 of the Companies Act, 2013 setting out material facts concerning business under item no. 4 to 7 is annexed hereto.

By Order of the Board of Directors  
For **Aster DM Healthcare Limited**

**Dr. Azad Moopen**

Chairman and Managing Director  
DIN: 00159403

Place : Dubai  
Date : June 22, 2021

## EXPLANATORY STATEMENT IN RESPECT OF THE SPECIAL BUSINESS PURSUANT TO SECTION 102 OF THE COMPANIES ACT, 2013

### ITEM NO 4

Members may note that as per Section 148 of the Companies Act, 2013, ('the Act') read with Companies (Cost Records and Audit) Rules, 2014, your Company is required to maintain cost records and appoint a Cost Auditor to have the cost records audited on annual basis. The Board of Directors, based on the recommendation of the Audit Committee, at their meeting held on June 22, 2021 had approved the re-appointment of M/s. BBS and Associates, Cost Accountants (Firm Registration Number: 00273), Kochi, as Cost Auditors to carry out cost audit for the financial year 2021-2022.

In accordance with Section 148 (3) the Act read with Rule 14 of the Companies (Audit and Auditors) Rules, 2014, the remuneration so payable to the Cost Auditors is required to be ratified by the Members of the Company.

None of the Directors, Key Managerial Personnel of the Company or their relatives or any of other officials of the Company as contemplated in the provisions of Section 102 of the Act is, in any way, financially or otherwise, concerned or interested in the proposed resolution.

The Board of Directors accordingly recommends the passing of the said resolution as contained in the Notice for approval by the Members as an ordinary resolution. The details of the remuneration proposed by the Board of Directors is as under:

A remuneration of ₹ 1,75,000 (Rupees one lakh and seventy-five thousand only) plus out of pocket expenses & taxes as applicable is being proposed for the Cost Audit for the financial year 2021-2022 and same has been recommended by the Audit Committee and the Board of Directors.

This explanatory statement may also be regarded as a disclosure under the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015.

### ITEM NO 5

Mr. Suresh Muthukrishna Kumar (DIN: 00494479) is Non-executive Independent Director of the Company. He was appointed as Non-executive Independent Director of the Company for a term of five consecutive years with effect from September 16, 2015. The term of his appointment ended on September 15, 2020.

Pursuant to Section 149 (10) of the Companies Act, 2013, ('the Act') an Independent Director shall be eligible for re-appointment for a second term up to five years on passing of special resolution by the Company.

The Board of Directors, based on the results of Board evaluation and given his background, experience and contributions made by him during his tenure, decided that Mr. Suresh Muthukrishna Kumar's continued association would be of immense benefit to the Company and it is desirable to continue to avail services from him as an Independent Director. Accordingly, the Board of Directors, on

recommendation of the Nomination and Remuneration Committee, had approved the re-appointment of Mr. Suresh Muthukrishna Kumar (DIN: 00494479) as Non-executive Independent Director of the Company for a second term of one year with effect from September 16, 2020 up to September 15, 2021 and recommended the same for the approval of Members of the Company.

The Company has received a notice pursuant to Section 160 of the Act proposing the re-appointment of Mr. Suresh Muthukrishna Kumar as Independent Director of the Company. He is not disqualified from being re-appointed as a Director in terms of Section 164 of the Act and has given his consent to act as Independent Director of the Company. The Company has also received a declaration confirming that he meets the criteria of independence as prescribed under Section 149(6) of the Act and Regulation 16 of the Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 as amended ('SEBI Listing Regulations').

In the opinion of the Board of Directors of the Company, Mr. Suresh Muthukrishna Kumar is independent of the management of the Company and fulfils the conditions specified in the Act, the rules made thereunder and SEBI Listing Regulations for re-appointment as Non-Executive Independent Director. Further the Board of Directors of the Company is of the opinion that he is a person of integrity and has relevant experience and expertise for him to be re-appointed as Non-Executive Independent Director of the Company.

The terms and conditions of appointment of Non-Executive Independent Directors would be available for inspection without any fee by the Members at the Registered Office of the Company during normal business hours (09:00 A.M to 05:00 P.M) on any working day, up to and including the date of AGM of the Company and is also available on the Company's Website.

Mr. Suresh Muthukrishna Kumar holds a Bachelor of Commerce (Hons.) Degree from the university of Bombay. He has also completed the International Investment Management Programme offered by the London Business School and the Stanford University Graduate School of Business. He is a Fellow of the Indian Institute of Bankers. He has been the Chairman of Federal Bank, and Chairman of the IDBI Federal Life Insurance Company Limited.

He is currently a Director of Tricolour Values Investments PSC, Tricolour Financial Services Private Limited, Values Alternative Investments International Private Limited and ICICI Lombard General Insurance Company Limited. He is also a member of the Oversight Board of the Emirates Reit in the DIFC, Dubai. He has been a Director of the Company since September 16, 2015.

Except Mr. Suresh Muthukrishna Kumar, none of the Directors, Key Managerial Personnel of the Company or their relatives or any of other officials of the Company as contemplated in the provisions of Section 102 of the Act is, in any way, financially or otherwise, concerned or interested in the proposed resolution.

Accordingly, the Board of Directors recommends passing of special resolution as set out at Item No. 5 of this Notice, for the approval of the Members.

Pursuant to Regulation 36 of SEBI Listing Regulations and Secretarial Standard 2, issued by the Institute of Company Secretaries of India, additional details about Mr. Suresh Muthukrishna Kumar is annexed to this Notice.

This explanatory statement may also be regarded as a disclosure under the SEBI Listing Regulations.

#### **ITEM NO 6**

The Board of Directors at their meeting held on June 22, 2021 had approved the contribution by the Company to any Bona fide Charitable Funds/Trusts up to ₹ 6 crores during financial 2021-2022.

As per Section 181 of the Companies Act, 2013, ('the Act') contribution to charitable purposes shall not be made in excess of 5% of average net profits of immediately preceding three years without the prior approval of the Members at the meeting. Since the net-profit of the Company is inadequate, it is proposed to seek approval of the Members for contribution to any Charitable Funds/ Trusts up to ₹ 6 Crores during the financial year 2021-2022.

Social initiatives of the Company have already created a very positive impact on the lives of over a million people in varied and wonderful ways. It is one of the core values of the Company. Aster Volunteers was founded with the aim of serving as a catalyst for social impact action and to function as a platform for all those who wish to contribute to its humanitarian efforts. It is proposed to utilize the said funds for various Aster Volunteers initiatives like building Covid field hospital, Aster Homes for the victims of the Kerala Floods 2018, making Aster Mobile Clinics and providing free treatments to the poor patients, Providing Medical Treatments and subsidies to deserving patients etc. as recommended by the CSR Committee of the Company.

None of the Directors, Key Managerial Personnel of the Company or their relatives or any of other officials of the Company as contemplated in the provisions of Section 102 of the Act is, in any way, financially or otherwise, concerned or interested in the proposed resolution.

Accordingly, the Board of Directors recommends passing of an Ordinary Resolution as set out at Item No. 6 of this Notice, for the approval of the Members.

This explanatory statement may also be regarded as a disclosure under the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015.

#### **ITEM NO 7**

The Members of the Company passed a special resolution vide Postal ballot results dated October 14, 2019, to appoint Ms. Alisha Moopen as Deputy Managing Director of the Company for a period of 5 years with effect from August 07, 2019, subject to approval of the Central Government as Ms. Alisha Moopen is not a resident of India (as per Schedule V of the Companies Act, 2013)

The Central Government has granted approval under section 196 read with Part-I (e) of schedule-V of the Companies Act, 2013 vide order no. No. SRNR09511726 /2 /2019- CL-VII dated January 27, 2021, for appointment of Ms. Alisha Moopen, a person who is not a resident of India, as Deputy Managing Director of the Company for a period of 5 years with effect from August 07, 2019.

Ms. Alisha joined Aster group in February 2012. During her illustrious career at Aster, she has held a number of senior leadership roles including CEO of Aster Hospitals and Medcare & Medical Centres – GCC and working closely with Dr. Azad Moopen, Chairman and Managing Director, she assumed a more challenging role and leading the growth strategy of the Company. Currently, she is responsible for overseeing the strategic direction and development of the Company and notably spearheading the expansion of the group in the GCC, India and new markets including Cayman Islands. She was inducted to the Board of Aster DM Healthcare Limited on September 20, 2013. She is the Chairperson of Risk Management Committee, member of Audit Committee, Medical Excellence Committee and Digital Transformation Committee of the Board.

Ms. Alisha is 40 years old. She is holding 2,15,842 equity shares in the Company. She is also serving as a Director of Wayanad Infrastructure Private Limited. She has attended 5 Board meetings of the Company during FY 2020-21.

She is a Chartered Accountant from the ICAS (Institute of Chartered Accountants of Scotland) and has worked earlier with Ernst & Young. She graduated from the University of Michigan, Ann Arbor with distinction in Finance & Accounting. She also holds a degree in Global Leadership & Public Policy Change from Harvard University.

She was elected by World Economic Forum as a Young Global Leader to join the class of 2018. Recognising her past work in healthcare, she has been inducted into a 5-year programme with like-minded people who are committed and passionate to tackle the main challenges of the world today, with healthcare being one of them.

She has also been appointed to the Board of YPO's Dubai Chapter, a global leadership organization that brings together over 27,000 chief executives from over 130 countries. She is currently serving as the Learning Officer at YPO. She is the Founder and Vice-Chairwoman of Dubai Healthcare Business Group. In 2021, she was also recently appointed to the Board of Thought Leadership and Innovation Foundation, a US based Non-profit organization.

In 2020, Ms. Alisha was recognized as one of the Most Influential Women in the Arab World by CEO Middle East Magazine. She has also been featured in Business Today's Most Powerful Women list 2019. She was also recognised as one of the Top 100 World's Greatest Leaders in Asia and GCC in 2018.

Ms. Alisha will be assuming the responsibilities of overseeing and strategically driving the hospitals, clinics and other verticals in India. The Board of Directors, on recommendation of Nomination and Remuneration Committee, in view of her additional role and contribution to the Company, has recommended payment of remuneration with effect from April 01, 2021 and until (i) for the remaining term of her directorship (i.e. until August 6, 2024) where



the Company has profits, and (ii) for a period not exceeding three years, where the Company has inadequate profits or no profits.:

Salary	₹ 30 Lakhs per annum
Gratuity	As per the rules of the Company
Encashment of leave	As per the rules of the Company
Other benefits	Use of Company's car, chauffeur and telephone for official purposes as per the rules of the Company

Considering the expertise, experience and the need to oversee various activities of the Company, the proposed remuneration is considered justifiable.

The remuneration shall be effective from April 01, 2021 as per the terms mentioned above for a period of appointment up to August 6, 2024 or such other earlier date where a resolution is passed by the Board of Directors altering or varying the remuneration; and that the Board of Directors are authorized to alter and vary the said remuneration in such form and manner or with such modifications as the Board of Directors may deem appropriate, as the case may be, does not exceed the limit specified under Section 197 read with Schedule V of the Companies Act, 2013 or such other limits as may be prescribed by the Central Government from time to time.

Further, currently, the Company has not defaulted in payment of dues to any of its secured creditors, therefore the prior approval of the secured creditors is not required.

In addition to the salary drawn from Aster DM Healthcare Limited, Ms. Alisha also draws a remuneration from the Company's foreign subsidiary, Dr. Moopen's Healthcare Management Services LLC for the services rendered to that subsidiary. During financial year 2020-21, Ms. Alisha has drawn a fixed remuneration of AED 1.69 million and variable incentive of AED 0.3 million.

Except Ms. Alisha Moopen, Dr. Azad Moopen and their relatives, none of the other Directors, Key Managerial Personnel and their relatives are in any way concerned or interested, financially or otherwise, either directly or indirectly in the proposed resolution.

Accordingly, the Board of Directors recommends passing of an ordinary resolution as set out at Item No. 7 of this Notice, for the approval of the Members.

This explanatory statement may also be regarded as a disclosure under the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015.

#### **A statement as per Clause iv of Section II of Part II of Schedule V of Companies Act, 2013**

##### **I. General information:**

- (1) Nature of industry: The Company is in the business of providing Healthcare services.
- (2) Date or expected date of commencement of commercial production: August 2014.
- (3) In case of new companies, expected date of commencement of activities as per project approved by financial institutions appearing in the prospectus: Not applicable.

- (4) Financial performance based on given indicators:

(₹ in Crores)

Particulars	2020-21	2019-20
Total Income	768.17	874.93
Total expenditure	836.21	810.32
Profit/(loss) before exceptional items and tax	(68.04)	64.61
Exceptional item	-	-
Profit/(loss) before tax	(68.04)	64.61
Less: Tax expense	0.74	4.00
Profit for the year	(68.78)	60.61
Other comprehensive income/ (loss), net of taxes	0.01	(0.25)
Total comprehensive income/ (loss)	(68.77)	60.36

- (5) Foreign investments or collaborations, if any: As on March 31, 2021, around 87% of the paid-up equity share capital of the Company is held by foreign companies and foreign individuals, foreign portfolio investors, foreign venture capital investors and non-resident Indians.

##### **II. Information about the appointee:**

- (1) Background details: Ms. Alisha joined Aster group in February 2012. During her illustrious career at Aster, she has held a number of senior leadership roles including CEO of Aster Hospitals and Medcare & Medical Centres – GCC and working closely with Dr. Azad Moopen, Chairman and Managing Director, she assumed a more challenging role and leading the growth strategy of the Company. Currently, she is responsible for overseeing the strategic direction and development of the Company and notably spearheading the expansion of the group in the GCC, India and new markets including Cayman Islands. She was inducted to the Board of Aster DM Healthcare Limited on September 20, 2013. She is Chairperson of Risk Management Committee, member of Audit Committee, Medical Excellence Committee and Digital Transformation Committee of the Board.

She is a Chartered Accountant from the ICAS (Institute of Chartered Accountants of Scotland) and has worked earlier with Ernst & Young. She graduated from the University of Michigan, Ann Arbor with distinction in Finance & Accounting. She also holds a degree in Global Leadership & Public Policy Change from Harvard University.

- (2) Past remuneration: Ms. Alisha Moopen has not drawn any remuneration from Aster DM Healthcare Limited since her appointment on August 07, 2019.
- (3) Recognition or awards: Ms. Alisha was elected by World Economic Forum as a Young Global Leader to join the class of 2018. Recognising her past work in healthcare, she has been inducted into a 5-year programme with like-minded people who are committed and passionate to tackle the main challenges of the world today, with healthcare being one of them.



She has also been appointed to the Board of YPO's Dubai Chapter, a global leadership organization that brings together over 27,000 chief executives from over 130 countries. She is currently serving as the Learning Officer at YPO. She is the Founder and Vice-Chairwoman of Dubai Healthcare Business Group. In 2021, she was also appointed to the Board of Thought Leadership and Innovation Foundation, a US based Non-profit organization, recently.

In 2020, Ms. Alisha was recognized as one of the Most Influential Women in the Arab World by CEO Middle East Magazine. She has also been featured in Business Today's Most Powerful Women list 2019. She was also recognised as one of the Top 100 World's Greatest Leaders in Asia and GCC in 2018.

- (4) Job profile and her suitability: Ms. Alisha will be assuming the responsibilities of overseeing and strategically driving the hospitals, clinics and other verticals in India. Considering the expertise, experience and the need to oversee various activities of the Company, the proposed remuneration is considered justifiable.
- (5) Remuneration proposed: It is proposed to pay ₹ 30 Lacs per annum along with other benefits like use of Company's car, chauffeur and telephone for official purposes, Gratuity and Encashment of leave as per the rules of the Company to Ms. Alisha Moopen.
- (6) Comparative remuneration profile with respect to industry, size of the company, profile of the position and person (in case of expatriates the relevant details would be with respect to the country of her origin): The Nomination and Remuneration Committee and the Board have taken into consideration the size and nature of business of the Company in India and outside, the varied and rich experience of Ms. Alisha Moopen and compared to the remuneration of similarly placed personnel in comparable companies, [financial position of the Company, market trends and industry standards, jurisdiction, etc.], while determining her remuneration with regard to the payment of remuneration as mentioned above.

- (7) Pecuniary relationship directly or indirectly with the Company, or relationship with the managerial personnel or other director, if any: Ms. Alisha Moopen is related to Dr. Azad Moopen, Chairman and Managing Director of the Company.

### III. Other information:

- (1) Reasons of loss or inadequate profits: The Company, on a standalone basis, has only four hospitals- Aster Medcity at Kochi, Aster CMI, Aster RV and Aster Whitefield at Bengaluru. Aster RV hospital has commenced in the last 2-3 years and Aster Whitefield has commenced last year and the losses have occurred in their ramp up phase.
- (2) Steps taken or proposed to be taken for improvement: In the normal course of operations a hospital, being capital intensive in nature, reaches a break even in 3-5 year of its operations. The revenue of the hospitals has been increasing year on year and is expected to further improve.
- (3) Expected increase in productivity and profits in measurable terms: Q1 and Q2 of FY 2020-21 were severally impacted due to COVID-19 first wave resulting in stopping all OPD and elective surgeries in our hospitals. This has impacted overall revenue for H1 FY 2020-21. However, during H2 FY 2020-21, we have seen positive growth in revenue as compared to previous year due to businesses returning back to normal.

### IV. Disclosures

The information relating to elements of remuneration packages of all Directors have been disclosed in the Corporate Governance Section of the Annual report FY 2020-21.

By Order of the Board of Directors  
For **Aster DM Healthcare Limited**

**Dr. Azad Moopen**

Chairman and Managing Director  
DIN: 00159403

Place : Dubai  
Date : June 22, 2021

## Additional information on Director recommended for appointment/ re-appointment as required under Regulation 36 of the SEBI (Listing Obligation and Disclosure Requirements) Regulations, 2015



**Mr. T J Wilson**

DIN (Director Identification Number)	02135108
Brief profile of Director	Mr. T J Wilson is a Director of Aster DM Healthcare Limited and Group Head–Governance and Corporate Affairs. He has been associated with the Aster group for more than 22years. In the past, he has worked with Koyenco Feeds Private Limited and Parle (Exports) Limited. He is responsible for overseeing the legal, secretarial and governance function, internal audit and large portfolio of new hospital projects.
Date of Birth (Age in Years)	May 14, 1961 (60 years)
Date of Appointment	April 20, 2009
Qualification	He holds a bachelor's degree in commerce from the University of Calicut, Kerala, India. He is also a member of the Institute of Chartered Accountants of India.
Expertise in specific functional areas	Healthcare, Finance, Accountancy & Audit, Law, Technology, Risk Management, Strategy & Marketing, Board and Governance, Global business
Number of Board Meetings attended during the financial year 2020-21	6
*Directorships held in other Listed Companies	NIL
**Membership of Committees of other Public Companies	NIL
Relationship between Directors of the Company inter-se	None
Number of shares held in the Company	27,08,590 Equity shares



**Mr. Suresh Muthukrishna Kumar**

DIN (Director Identification Number)	00494479
Brief profile of Director	Mr. Suresh Muthukrishna Kumar has been a Non-Executive Independent Director of the Company since September 16, 2015. He is currently a Director of ICICI Lombard General Insurance Company Limited, Tricolour Values Investments PSC and Tricolour Financial Services Private Limited, Values Alternative Investments International Private Limited. He has been the Chairman of Federal Bank, and Chairman of the IDBI Federal Life Insurance Company Limited.
Date of Birth (Age in Years)	July 08, 1950 (71 years)
Date of Appointment	September 16, 2015
Qualification	He holds a Bachelor of Commerce (Hons)'s Degree from the University of Bombay. He has also completed the International Investment Management Programme offered by the London Business School and the Stanford University Graduate School of Business. He is a Fellow of the Indian Institute of Bankers.
Expertise in specific functional areas	Healthcare, Finance, Accountancy & Audit, Technology, Risk Management, Board and Governance, Global business
Number of Board Meetings attended during the financial year 2020-21	6
*Directorships held in other Listed Companies	ICICI Lombard General Insurance Company Limited
**Membership of Committees of other Public Companies	ICICI Lombard General Insurance Company Limited (Stakeholder Relationship Committee)
Relationship between Directors of the Company inter-se	None
Number of shares held in the Company	NIL

The re-appointment of Mr. Suresh Muthukrishna Kumar, as Non-Executive Independent Director and Mr. T J Wilson, as Non-Executive Director has been approved and recommended by the Board based on the evaluation of their performance and the performance having been found satisfactory.

\* Includes names of Listed Companies in which the Director holds the Directorship. (Other than Aster DM Healthcare Limited)

\*\* Includes names of other Public Companies in which the person holds the Membership of Audit Committee and Stakeholders Relationship Committees of the Board of Directors. (Other than Aster DM Healthcare Limited)

## INSTRUCTIONS FOR PARTICIPATION THROUGH VC:

1. Member will be provided with a facility to attend the AGM through VC/OAVM through the NSDL e-Voting system. Members may access by following the steps mentioned below for **Access to NSDL e-Voting system**. After successful login, you can see link of "VC/OAVM link" placed under "**Join General meeting**" menu against Company name. You are requested to click on VC/OAVM link placed under Join General Meeting menu. The link for VC/OAVM will be available in Shareholder/Member login where the EVEN of Company will be displayed. Please note that the members who do not have the User ID and Password for e-Voting or have forgotten the User ID and Password may retrieve the same by following the remote e-Voting instructions mentioned in the notice to avoid last minute rush.
2. The Members can join the AGM in the VC/OAVM mode 15 minutes before and after the scheduled time of the commencement of the Meeting by following the procedure mentioned in the Notice. The facility of participation at the AGM through VC/OAVM will be made available for 1000 members on first come first served basis. This will not include large Shareholders (Shareholders holding 2% or more shareholding), Promoters, Institutional Investors, Directors, Key Managerial Personnel, the Chairpersons of the Audit Committee, Nomination and Remuneration Committee and Stakeholders Relationship Committee, Auditors etc. who are allowed to attend the AGM without restriction on account of first come first served basis.
3. Members are encouraged to join the Meeting through laptops for better experience.
4. Further Members will be required to allow camera and use internet with a good speed to avoid any disturbance during the meeting.
5. Please note that participants connecting from mobile devices or tablets or through laptop connecting via mobile hotspot may experience audio/video loss due to fluctuation in their respective network. It is therefore recommended to use stable Wi-Fi or LAN connection to mitigate any kind of aforesaid glitches.
6. Members who would like to express their views or ask questions during the AGM may register themselves as a speaker by sending their request from their registered email address mentioning their name, DP ID and Client ID/folio number, PAN, mobile number at [cs@asterdmhealthcare.com](mailto:cs@asterdmhealthcare.com) from August 7,

2021 (09:00 A.M IST) to August 10, 2021 (05:00 P.M IST). Those Members who have registered themselves as a speaker will only be allowed to express their views/ask questions during the AGM. The Company reserves the right to restrict the number of speakers depending on the availability of time for the AGM.

7. Shareholders who would like to express their views/have questions may send their questions in advance mentioning their name demat account number/folio number, email id, mobile number at [cs@asterdmhealthcare.com](mailto:cs@asterdmhealthcare.com). The same will be replied by the Company suitably.
8. Members who need assistance before or during the AGM, can contact NSDL on [evoting@nsdl.co.in](mailto:evoting@nsdl.co.in) / 1800 1020 990 / 1800 224 430 or contact Mr. Amit Vishal, Asst. Vice President, NSDL at [evoting@nsdl.co.in](mailto:evoting@nsdl.co.in).

## THE INSTRUCTIONS FOR MEMBERS FOR REMOTE E-VOTING ARE AS UNDER

The remote e-voting period begins on Tuesday, August 10, 2021 at 09:00 A.M.(IST) and ends on Thursday, August 12, 2021 at 05:00 P.M.(IST) The remote e-voting module shall be disabled by NSDL for voting thereafter. The Members, whose names appear in the Register of Members / Beneficial Owners as on the record date (cut-off date) i.e. August 06, 2021, may cast their vote electronically. The voting right of shareholders shall be in proportion to their share in the paid-up equity share capital of the Company as on the cut-off date, being August 06, 2021.

### How do I vote electronically using NSDL e-Voting system?

The way to vote electronically on NSDL e-Voting system consists of "Two Steps" which are mentioned below:


#### Step 1: Access to NSDL e-Voting system

##### A) Login method for e-Voting and joining virtual meeting for Individual shareholders holding securities in demat mode

In terms of SEBI circular dated December 9, 2020 on e-Voting facility provided by Listed Companies, Individual shareholders holding securities in demat mode are allowed to vote through their demat account maintained with Depositories and Depository Participants. Shareholders are advised to update their mobile number and email Id in their demat accounts in order to access e-Voting facility.

Login method for Individual shareholders holding securities in demat mode is given below:

Type of shareholders	Login Method
Individual Shareholders holding securities in demat mode with NSDL.	<ol style="list-style-type: none"><li>1. Existing <b>IDeAS</b> user can visit the e-Services website of NSDL Viz. <a href="https://eservices.nsdl.com">https://eservices.nsdl.com</a> either on a personal computer or on a mobile. On the e-Services home page click on the "<b>Beneficial Owner</b>" icon under "<b>Login</b>" which is available under '<b>IDeAS</b>' section, this will prompt you to enter your existing User ID and Password. After successful authentication, you will be able to see e-Voting services under Value added services. Click on "<b>Access to e-Voting</b>" under e-Voting services and you will be able to see e-Voting page. Click on company name or <b>e-Voting service provider i.e. NSDL</b> and you will be re-directed to e-Voting website of NSDL for casting your vote during the remote e-Voting period or joining virtual meeting &amp; voting during the meeting.</li><li>2. If you are not registered for IDeAS e-Services, option to register is available at <a href="https://eservices.nsdl.com">https://eservices.nsdl.com</a>. Select "<b>Register Online for IDeAS Portal</b>" or click at <a href="https://eservices.nsdl.com/SecureWeb/IdeasDirectReg.jsp">https://eservices.nsdl.com/SecureWeb/IdeasDirectReg.jsp</a></li></ol>

Type of shareholders	Login Method
	<ol style="list-style-type: none"> <li>Visit the e-Voting website of NSDL. Open web browser by typing the following URL: <a href="https://www.evoting.nsdl.com/">https://www.evoting.nsdl.com/</a> either on a personal computer or on a mobile. Once the home page of e-Voting system is launched, click on the icon "Login" which is available under 'Shareholder/Member' section. A new screen will open. You will have to enter your User ID (i.e. your sixteen digit demat account number hold with NSDL), Password/OTP and a Verification Code as shown on the screen. After successful authentication, you will be redirected to NSDL Depository site wherein you can see e-Voting page. Click on company name or <b>e-Voting service provider i.e. NSDL</b> and you will be redirected to e-Voting website of NSDL for casting your vote during the remote e-Voting period or joining virtual meeting &amp; voting during the meeting.</li> <li>Shareholders/Members can also download NSDL Mobile App "<b>NSDL Speede</b>" facility by scanning the QR code mentioned below for seamless voting experience.</li> </ol> <p style="text-align: center;"><b>NSDL Mobile App is available on</b></p> <div style="display: flex; justify-content: center; align-items: center;">   </div> <div style="display: flex; justify-content: center; align-items: center; margin-top: 10px;">   </div>
Individual Shareholders holding securities in demat mode with CDSL	<ol style="list-style-type: none"> <li>Existing users who have opted for Easi / Easiest, they can login through their user id and password. Option will be made available to reach e-Voting page without any further authentication. The URL for users to login to Easi / Easiest are <a href="https://web.cdslindia.com/myeasi/home/login">https://web.cdslindia.com/myeasi/home/login</a> or <a href="http://www.cdslindia.com">www.cdslindia.com</a> and click on New System Myeasi.</li> <li>After successful login of Easi/Easiest the user will be also able to see the E Voting Menu. The Menu will have links of <b>e-Voting service provider i.e. NSDL</b>. Click on <b>NSDL</b> to cast your vote.</li> <li>If the user is not registered for Easi/Easiest, option to register is available at <a href="https://web.cdslindia.com/myeasi/Registration/EasiRegistration">https://web.cdslindia.com/myeasi/Registration/EasiRegistration</a></li> <li>Alternatively, the user can directly access e-Voting page by providing demat Account Number and PAN No. from a link in <a href="http://www.cdslindia.com">www.cdslindia.com</a> home page. The system will authenticate the user by sending OTP on registered Mobile &amp; Email as recorded in the demat Account. After successful authentication, user will be provided links for the respective ESP i.e. <b>NSDL</b> where the e-Voting is in progress.</li> </ol>
Individual Shareholders (holding securities in demat mode) login through their depository participants	You can also login using the login credentials of your demat account through your Depository Participant registered with NSDL/CDSL for e-Voting facility. upon logging in, you will be able to see e-Voting option. Click on e-Voting option, you will be redirected to NSDL/CDSL Depository site after successful authentication, wherein you can see e-Voting feature. Click on company name or e-Voting service provider i.e. NSDL and you will be redirected to e-Voting website of NSDL for casting your vote during the remote e-Voting period or joining virtual meeting & voting during the meeting.

**Important note:** Members who are unable to retrieve User ID/ Password are advised to use Forget User ID and Forget Password option available at abovementioned website.

**Helpdesk for Individual Shareholders holding securities in demat mode for any technical issues related to login through Depository i.e. NSDL and CDSL.**

Login type	Helpdesk details
Individual Shareholders holding securities in demat mode with NSDL	Members facing any technical issue in login can contact NSDL helpdesk by sending a request at <a href="mailto:evoting@nsdl.co.in">evoting@nsdl.co.in</a> or call at toll free no.: 1800 1020 990 and 1800 22 44 30
Individual Shareholders holding securities in demat mode with CDSL	Members facing any technical issue in login can contact CDSL helpdesk by sending a request at <a href="mailto:helpdesk.evoting@cdslindia.com">helpdesk.evoting@cdslindia.com</a> or contact at 022- 23058738 or 022-23058542-43

**B) Login Method for e-Voting and joining virtual meeting for shareholders other than Individual shareholders holding securities in demat mode and shareholders holding securities in physical mode.**

**How to Log-in to NSDL e-Voting website?**

1. Visit the e-Voting website of NSDL. Open web browser by typing the following URL: <https://www.evoting.nsdl.com/> either on a Personal Computer or on a mobile.
2. Once the home page of e-Voting system is launched, click on the icon "Login" which is available under 'Shareholder/Member' section.
3. A new screen will open. You will have to enter your User ID, your Password/OTP and a Verification Code as shown on the screen.

Alternatively, if you are registered for NSDL eservices i.e. IDEAS, you can log-in at <https://eservices.nsdl.com/> with your existing IDEAS login. Once you log-in to NSDL eservices after using your log-in credentials, click on e-Voting and you can proceed to Step 2 i.e. Cast your vote electronically.

4. Your User ID details are given below :

<b>Manner of holding shares i.e. Demat (NSDL or CDSL) or Physical</b>	<b>Your User ID is:</b>
a) For Members who hold shares in demat account with NSDL.	8 Character DP ID followed by 8 Digit Client ID For example if your DP ID is IN300*** and Client ID is 12***** then your user ID is IN300***12*****.
b) For Members who hold shares in demat account with CDSL.	16 Digit Beneficiary ID For example if your Beneficiary ID is 12***** then your user ID is 12*****.
c) For Members holding shares in Physical Form.	EVEN Number followed by Folio Number registered with the company For example if folio number is 001*** and EVEN is 101456 then user ID is 101456001***.

5. Password details for shareholders other than Individual shareholders are given below:
  - a) If you are already registered for e-Voting, then you can use your existing password to login and cast your vote.
  - b) If you are using NSDL e-Voting system for the first time, you will need to retrieve the 'initial password' which was communicated to you. Once you retrieve your 'initial password', you need to enter the 'initial password' and the system will force you to change your password.
  - c) How to retrieve your 'initial password'?
    - (i) If your email ID is registered in your demat account or with the company, your 'initial password' is communicated to you on your email ID. Trace the email sent to you from NSDL from your mailbox. Open the email and open the attachment i.e. a .pdf file. Open the .pdf file. The password to open the .pdf file is your 8 digit client ID for NSDL account, last 8 digits of client ID for CDSL account or folio number for shares held in physical form. The .pdf file contains your 'User ID' and your 'initial password'.
    - (ii) If your email ID is not registered, please follow steps mentioned below in **process for those shareholders whose email ids are not registered.**
6. If you are unable to retrieve or have not received the "Initial password" or have forgotten your password:
  - a) Click on "**Forgot User Details/Password?**" (If you are holding shares in your demat account with NSDL or CDSL) option available on [www.evoting.nsdl.com](http://www.evoting.nsdl.com).
  - b) "**Physical User Reset Password?**" (If you are holding shares in physical mode) option available on [www.evoting.nsdl.com](http://www.evoting.nsdl.com).
  - c) If you are still unable to get the password by aforesaid two options, you can send a request at [evoting@nsdl.co.in](mailto:evoting@nsdl.co.in) mentioning your demat account number/folio number, your PAN, your name and your registered address etc.
  - d) Members can also use the OTP (One Time Password) based login for casting the votes on the e-Voting system of NSDL.
7. After entering your password, tick on Agree to "Terms and Conditions" by selecting on the check box.
8. Now, you will have to click on "Login" button.
9. After you click on the "Login" button, Home page of e-Voting will open.

**Step 2: Cast your vote electronically and join General Meeting on NSDL e-Voting system.**

**How to cast your vote electronically and join General Meeting on NSDL e-Voting system?**

1. After successful login at Step 1, you will be able to see all the companies "EVEN" in which you are holding shares and whose voting cycle and General Meeting is in active status.
2. Select "EVEN" of company for which you wish to cast your vote during the remote e-Voting period and casting your vote during

the General Meeting. For joining virtual meeting, you need to click on "VC/OAVM" link placed under "Join General Meeting".

3. Now you are ready for e-Voting as the Voting page opens.
4. Cast your vote by selecting appropriate options i.e. assent or dissent, verify/modify the number of shares for which you wish to cast your vote and click on "Submit" and also "Confirm" when prompted.
5. Upon confirmation, the message "Vote cast successfully" will be displayed.
6. You can also take the printout of the votes cast by you by clicking on the print option on the confirmation page.
7. Once you confirm your vote on the resolution, you will not be allowed to modify your vote.

relevant Board Resolution/ Authority letter etc. with attested specimen signature of the duly authorized signatory(ies) who are authorized to vote, to the Scrutinizer by e-mail to [kjr@mdassociates.co.in](mailto:kjr@mdassociates.co.in) with a copy marked to [evoting@nsdl.co.in](mailto:evoting@nsdl.co.in).

2. It is strongly recommended not to share your password with any other person and take utmost care to keep your password confidential. Login to the e-voting website will be disabled upon five unsuccessful attempts to key in the correct password. In such an event, you will need to go through the "Forgot User Details/Password?" or "Physical User Reset Password?" option available on [www.evoting.nsdl.com](http://www.evoting.nsdl.com) to reset the password.

In case of any queries, you may refer the Frequently Asked Questions (FAQs) for Shareholders and e-voting user manual for Shareholders available at the download section of [www.evoting.nsdl.com](http://www.evoting.nsdl.com) or call on toll free no.: 1800 1020 990 and 1800 22 44 30 or send a request to Mr. Amit Vishal, Asst. Vice President at [evoting@nsdl.co.in](mailto:evoting@nsdl.co.in)

#### General Guidelines for shareholders

1. Institutional shareholders (i.e. other than individuals, HUF, NRI etc.) are required to send scanned copy (PDF/JPG Format) of the

### THE INSTRUCTIONS FOR MEMBERS FOR E-VOTING ON THE DAY OF THE AGM ARE AS UNDER

1. The procedure for e-Voting on the day of the AGM is same as the instructions mentioned above for remote e-voting.
2. Only those Members/ shareholders, who will be present in the AGM through VC/OAVM facility and have not casted their vote on the Resolutions through remote e-Voting and are otherwise not barred from doing so, shall be eligible to vote through e-Voting system in the AGM.
3. Members who have voted through Remote e-Voting will be eligible to attend the AGM. However, they will not be eligible to vote at the AGM.
4. The details of the person who may be contacted for any grievances connected with the facility for e-Voting on the day of the AGM shall be the same person mentioned for Remote e-voting.

### PROCESS FOR THOSE SHAREHOLDERS WHOSE EMAIL IDS ARE NOT REGISTERED WITH THE DEPOSITORIES FOR PROCURING USER ID AND PASSWORD AND REGISTRATION OF E MAIL IDS FOR E-VOTING FOR THE RESOLUTIONS SET OUT IN THIS NOTICE

1. In case shares are held in physical mode please provide Folio No., Name of shareholder, scanned copy of the share certificate (front and back), PAN (self attested scanned copy of PAN card), AADHAR (self attested scanned copy of Aadhar Card) by email to [cs@asterdmhealthcare.com](mailto:cs@asterdmhealthcare.com).
2. In case shares are held in demat mode, please provide DPID-CLID (16 digit DPID + CLID or 16 digit beneficiary ID), Name, client master or copy of consolidated account statement, PAN (self attested scanned copy of PAN card), AADHAR (self attested scanned copy of Aadhar Card) to [cs@asterdmhealthcare.com](mailto:cs@asterdmhealthcare.com). If you are an Individual shareholders holding securities in demat mode, you are requested to refer to the login method explained at **step 1 (A)** i.e. **Login method for e-Voting and joining virtual meeting for Individual shareholders holding securities in demat mode.**
3. Alternatively, shareholder/members may send a request to [evoting@nsdl.co.in](mailto:evoting@nsdl.co.in) for procuring user id and password for e-voting by providing above mentioned documents.
4. In terms of SEBI circular dated December 9, 2020 on e-Voting facility provided by Listed Companies, Individual shareholders holding securities in demat mode are allowed to vote through their demat account maintained with Depositories and Depository Participants. Shareholders are required to update their mobile number and email ID correctly in their demat account in order to access e-Voting facility.



## NOTE

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## NOTE

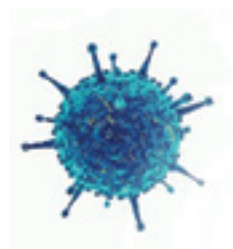
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## NOTE

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# ASSURING SUSTAINABILITY DURING THE PANDEMIC

Annual Report 2020 - 2021  
Aster DM Healthcare Limited



# INSIDE THE PAGES

## Corporate Overview

02	_____	About Us
04	_____	Chairman's Message
06	_____	Deputy Managing Director Message
07	_____	Q&A with CFO
08	_____	Financial Summary and Highlights
10	_____	Our Core Competencies
11	_____	Aster Vision 2030 and Values
12	_____	Quarter Highlights
13	_____	A Review of FY 2020-21
14	_____	Aster Global Footprints
16	_____	A Sustainable Business Model
18	_____	New Age Solutions
22	_____	Clinical Strategy Against Covid-19
26	_____	Business Strategy Against Covid-19
28	_____	Making a Positive Difference in Patients' Lives
56	_____	Tech-Led Digital Transformation
58	_____	Making Meaningful Contributions to People & Communities
64	_____	Board of Directors
65	_____	Corporate Information

## Statutory Reports

66	_____	Management Discussion and Analysis
76	_____	Directors' Report
107	_____	Corporate Governance Report
133	_____	Business Responsibility Report

## Financial Statements

### Standalone

143	_____	Independent Auditors' Report
150	_____	Balance Sheet
151	_____	Statement of Profit and Loss
152	_____	Statement of Cash Flows
154	_____	Statement of Changes in Equity
157	_____	Notes to the Financial Statements

### Consolidated

213	_____	Independent Auditors' Report
220	_____	Balance Sheet
221	_____	Statement of Profit and Loss
222	_____	Statement of Cash Flows
224	_____	Statement of Changes in Equity
227	_____	Notes to the Financial Statements

## Forward-looking statements

Some information in this report may contain forward-looking statements which include statements regarding Company's expected financial position and results of operations, business plans and prospects etc. and are generally identified by forward-looking words such as "believe," "plan," "anticipate," "continue," "estimate," "expect," "may," "will" or other similar words. Forward-looking statements are dependent on assumptions or basis underlying such statements. We have chosen these assumptions or basis in good faith, and we believe that they are reasonable in all material respects. However, we caution that actual results, performances or achievements could differ materially from those expressed or implied in such forward-looking statements. We undertake no obligation to update or revise any forward-looking statement, whether as a result of new information, future events, or otherwise.



To know more  
about us in digital  
mode, scan this  
QR code in your QR  
mobile application.

# CALAMITIES TEST THE LIMITS. IT ALSO BRINGS TO THE FORE THE INHERENT STRENGTHS OF PEOPLE AND COMMUNITIES. **FOR ASTER, THE INDOMITABLE SPIRIT OF ITS PEOPLE AND ITS RESILIENT VALUES ALLOWED THE COMPANY TO TIDE THROUGH AN UNIMAGINABLE CRISIS.**

As the world came to terms with the biggest threat in living memory, healthcare ecosystems were left to battle a raging pandemic that cost millions of lives. And at Aster, the Company remained undeterred in the face of crisis – tenaciously conditioning and calibrating its efficiencies to deliver the highest standards of healthcare at affordable rates.

Keeping the concerns of patients at the core of its efforts, the Company deliberated efforts to proactively rethink and redesign its offerings. From providing telemedicine facilities to upgrading its hospitals and clinics with necessary equipment and trained staff, it left no stone unturned to consistently care for people. While the COVID-19 pandemic continued to remodel ways of living, Aster was constantly adapting to new paradigms and adding convenience to healthcare delivery.

Today, Aster is synonymous with quality care. To ensure success and achieve excellence, the Company has adopted innovative technology and relies on a team of talented experts to assure sustainability during the pandemic and keep its promise, **‘We’ll Treat You Well’.**



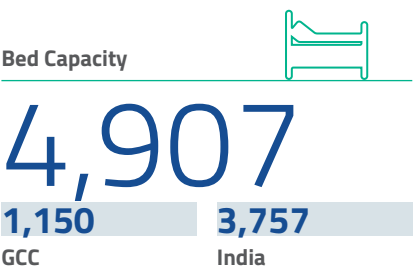
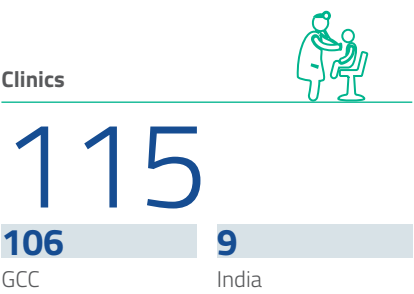
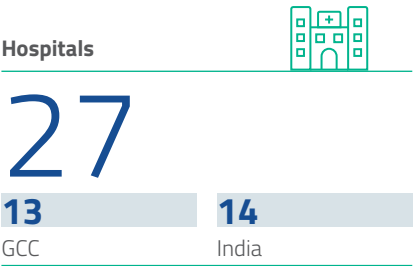


# ABOUT US

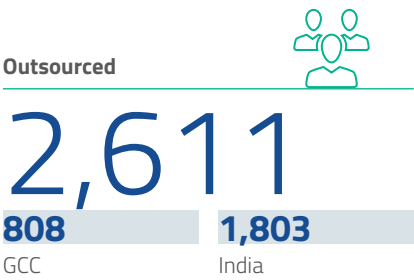
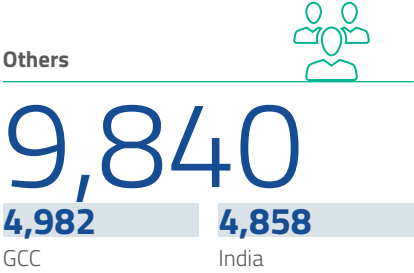
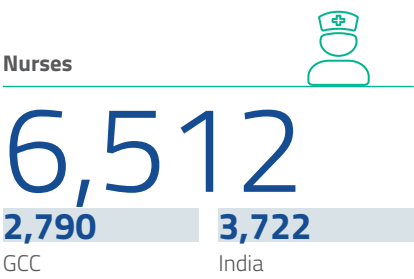
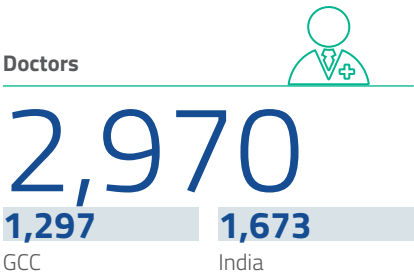
**Aster DM Healthcare Limited is one of the largest integrated healthcare service providers in the Middle East and an emerging player in India. It has operations in 7 countries including GCC and India.**

With its inherent emphasis on clinical excellence and integrated model it covers the entire life cycle of healthcare, starting from primary to quaternary care through its state-of-the-art hospitals, clinics and pharmacies. With over three decades of experience, the Company continued to reach out to all sections of society through its differentiated healthcare services offered under 'Aster', 'Medcare' and 'Access' brands. With its strong and dedicated workforce, the Company aims to continue delivering on its promise- "We'll treat you well."

## Robust Infrastructure



## Committed workforce



## Holistic Patient Care

Outpatient Visits  
(in mn)



15.2

13.7

GCC

1.5

India

In-patient Serviced  
(in thousands)



220

82

GCC

138

India

ARPOB\*  
(in thousands)



66

173

GCC

30

India

## Sustained Value Creation

Revenue from operations  
(₹ in crore)

8,608

6,954

GCC

1,654

India

PAT (post NCI)  
(₹ in crore)

148

239

GCC

(91)

India



\*ARPOB: Average Revenue Per Occupied Bed per day

# CHAIRMAN'S MESSAGE



**Our new business vertical Aster Labs in India, which is a NABL accredited lab with ICMR approval for RT-PCR testing for COVID-19, saw a good momentum in volumes."**

*Dear Shareholders,*

**The last year has been one of the most challenging year in world history, and our commitment to provide quality healthcare at affordable cost has never been of more importance to us and the countries and communities we serve. Since the pandemic struck, each Asterian has been tenaciously working to ensure that we provide the best possible healthcare to each patient.**



We had to continuously rethink, re-evaluate and redesign our strategies in order to meet with changing conditions due to the pandemic. As Friedrich Nietzsche, the great German philosopher said, "That which does not kill us, makes us stronger", the testing times also proved the resilience of our team and business model. Though we saw some impact on our financials the effect was marginal and we are on a stronger footing than before.

The year was extremely unsettling for everyone, for us what was of crucial importance was to proactively provide sustainable healthcare to the society. Our first and primary focus was to ensure continuity of business operations, so that we could ensure best possible healthcare for our patients. We took multiple steps in that direction, and adopted best possible practices, formulated standardised and evidence-based

guidelines and developed SOPs through virtual meetings.

In terms of our domestic performance, the initial number of patient footfalls staggered and medical tourism sector stalled, affecting the overall revenue. Notwithstanding the uncertainties, we continued to serve the population and ramped up our initiatives to address the clinical complexities created by COVID-19. I am pleased to report that two of our laboratories in Bangalore and Calicut are now accredited by ICMR for doing the RT-PCR test. Besides, we also adopted Telehealth as a new vertical to deliver and facilitate healthcare related services in departments like general medicine, gastroenterology, neurology, cardiology, and many more. Our Aster at Home initiative in the homecare division also performed well in regions like Kerala and Bengaluru, and generated additional revenues for our business.

By the end of first quarter, our businesses in the GCC region also stabilized. We noticed a noticeable change in behaviour in GCC countries with more people approaching the hospitals for elective procedures. With time, it further picked up and we saw a positive momentum in our collections.

To weather the storms spurred by COVID-19, we implemented conservative financial management to enhance our cost efficiencies while staying true to our service levels. We critically analysed overheads and expenditures, and filtered all non-essential expenditure. In order to reduce cost, we made constant efforts to negotiate best possible terms with our vendors, and secured part rent payment deferment for our leased facilities in both GCC and in India. We also had to take some de-layering exercises, and undertook some reduction of the payroll cost for both GCC and India employees.

Speaking in terms of numbers, in the last FY, our revenue from operations declined

by 1% to ₹ 8,608 crore in FY 2020-21, compared to ₹ 8,652 crore in FY 2019-20. Our PAT (post NCI) stood at ₹ 148 crore during the year under review. Our GCC operations continued to be major contributors to the overall business, accounting for 81% of the total revenue.

Our employees are our real strength and we remained focussed on guarding all Asterians against the COVID-19. Our heart goes out to every healthcare hero who worked relentlessly to save lives and often have risked his/her own lives in their line of duty. In the year under review, we have announced 10-year salary support for families of employees who died of COVID-19. This shall be applicable to all employees of Aster in India and GCC who lost their lives due to COVID-19 or those who may succumb, God forbid, to the disease in future. I feel happy to announce that we have managed to fully vaccinate 84% of our employees till 15th June 2021.

Looking ahead, I believe Aster DM Healthcare is poised to embark on an exciting journey. With our hospital in the Caribbean, we are expanding into the Western Hemisphere and unfolding a new chapter in Aster's history. In tandem with our strategy towards achieving Vision 2030, we signed an agreement with Cayman Islands Government to build Aster Cayman Medcity, a 150-bed Multispecialty Hospital over the next three years along with an Assisted Living facility and a Medical University in the long term. The project would cater to the entire Caribbean Region, America & Canada and introduce the world to Aster's world-class tertiary and quaternary care bolstered by our clinical and service excellence.

With the advent of the second wave in the last quarter, GCC operations faced multiple disruptions. Strict lockdowns, night curfews, travel restrictions and bans at international borders impacted our businesses, particularly in UAE. But the positive news, however, is that the vaccination drive in

the UAE is proceeding at a rapid pace. Although it does not remove the possibility of infection, it does provide significant protection to a wider population and makes our future prospects better.

On the domestic front, we remain dedicated to our expansion in India and see a strong potential for growth. In order to broaden our healthcare offerings for our patient base, we are proactively developing Aster Labs and the pharmacy distribution network in India.

In alignment with the strategy of expanding presence through an asset-light model, we started our Aster Whitefield. Women & Children Hospital in Bangalore which caters to the unique healthcare needs of the children and women. In addition, our division in Aster volunteers recently signed a MoU with Al Shifa Multi-Specialty Hospital in New Delhi to help set up a 50-bed field hospital to meet the increasing shortage of hospital beds in times of crisis.

To my stakeholders, I would like to express my gratitude for being with us through these testing times, for supporting us throughout and for believing in Aster. As a result of which, we were able to come out smoothly from those difficult times. Even as the second wave of COVID-19 continues to cause disruptions, at Aster we are confident to emerge out stronger, backed by resilience and agility to guide us to a better tomorrow.

**Dr. Azad Moopen**

MD, FRCP

Founder, Chairman and Managing Director

# DEPUTY MD'S MESSAGE



*Dear Shareholders,*

Let me begin by first expressing how honoured I am to be a part of Aster DM Healthcare. The resilience and dedication shown by each team member inspires me every day. The psychological impact along with constant threat of possible health scare, was huge but even then our teams kept going with renewed dedication each day to win against this pandemic.

The year was a difficult one, personally and professionally for everyone across the globe. As countries in which we operate went into lockdowns, we spent the initial weeks addressing and adapting to the rapidly changing local circumstances. Our primary focus was to switch over to telemedicine, reduce mortality and morbidity, sustain our revenue streams and ensure a robust liquidity in the system.

We believe that digital expertise is the future of healthcare and wellness and are committed to creating solutions that go beyond the literal meaning of healthcare. Because our patient care outreach is currently limited to hospitals, clinics, labs, and pharmacies, we are always looking for methods to break down these barriers and establish a ubiquitous model of clicks and bricks. With resilience, we have shifted a large part of our back-office work to a

shared service center in India and took proactive measures towards creation of digital assets.

On the technology front, we initiated key innovative projects aimed at supporting people and their families with the necessary knowledge and assistance to deal with the pandemic. For instance, we recently invested in a new application development called "Aster Health" that will serve as our coordinated way of engagement with our patient base for their wellness. It shall have Teleconsult, e-Pharmacy, Chronic Disease Management and create various themes to support patient care.

Our attempt to help people adjust to the New Normal Living through our new microsite- Our New Earth also emerged as a one-stop go-to solution for people seeking practical and yet medically verified guidance on topics ranging from ways to safeguard against COVID-19 in everyday routines, assisting children and high-risk groups, to providing guidance for COVID-19 recovered patients to adjust back to normal routine. It acquired a lot of traction in the GCC, India, and neighbouring countries like Sri Lanka, Bangladesh, Pakistan, Nepal, and Iraq, with about 450,000 website visitors and 20% plus return visitors in a span of 10 months.

Even amidst the pandemic, we continued our drive to maintain our clinical excellence, achieving some significant milestones which need a special mention. We have made huge strides in Transplant services and Neurosciences. All our seven Global Centres of Excellence have been virtually connected, now our entire clinical team can come together to leverage on our collective strengths and dreams to be the global best.

As part of our inorganic expansion strategy, we have entered into a partnership with Roche Middle East, the world leader in biotechnology, as a strategic partner across the UAE, Qatar, KSA, Oman and Bahrain. This collaboration will empower Aster hospitals, clinics, and laboratories across the region to adopt the latest diagnostic innovation and solutions to support doctors in providing optimal treatment solution to their patients.

We have also taken another giant step towards global excellence by inking the agreement to establish our Clinical Excellence Hub in the Western Hemisphere, at Cayman Islands in the Caribbean region.

In tough times like these, it is unquestionably necessary to not only unify our team mates for the shared goal of tending towards our patients, but also to let them know that they are our Heroes for serving the people in need of the hour. To that end, we started the Aster Salutes Everyday Heroes programme, a group-wide initiative that highlights the outstanding work done by Asterians across geographies.

Being constantly motivated by the promise of 'We'll Treat You Well', we have also continued to provide quality services across the communities we serve across the world. From our contributions to the Kerala Chief Minister's Disaster Relief Fund, the distribution of free masks to spread awareness regarding COVID-19, bolstering of the UAE front line workforce by flying in 88 ICU nurses, to catering for the emergency evacuation of critically-ill patients from Yemen - there have been numerous acts of valour which we are all proud of.

In conclusion, I want to again convey my deepest appreciation to each Asterian for the commitment and passion with which they have stepped up and gone beyond the call of duty in this challenging year.

Regards,

**Alisha Moopen**  
Deputy Managing Director



## Q&A WITH CFO



**Sreenath Reddy**  
Group Chief Financial Officer

### How would you summarise the year under review?

With the evolution of medical science and availability of healthcare, the world had not seen many large scale pandemics over the last century. Unfortunately, last year was an unprecedented year which saw COVID-19 pandemic at Global level; the impact was felt in multiple waves. Also, vaccination for COVID-19 could be made available only in the last few months.

Despite all the challenges faced by the Healthcare industry, we demonstrated resilience and ability to withstand multiple internal and external challenges. I take pride in saying that we came out of this stronger and leaner. In the last Financial Year despite the Covid impact, we were able to generate revenues of ₹ 8,608 crore as compared to ₹ 8,652 crore in the previous fiscal year, a decline of just 1% (constant currency decline of 4%) YoY. This is despite the electives being stopped at multiple stages and the year saw more than a quarter of revenue being severely impacted by lockdowns and restrictions. Revenue from our GCC operations was ₹ 6,954 crore in FY 21 as compared to ₹ 7,021 crore in the previous fiscal year. Revenue from Indian business operations grew by 1% to ₹ 1,654 crore against ₹ 1,631 crore in FY 20. Consolidated EBITDA excluding other income and loss on

fair valuation of put option stood at ₹ 1,077 crore in FY 21 and PAT (post NCI) was ₹ 148 crore. The year saw increased spend on materials, PPE kits and added precautions being made to keep the healthcare professionals safe as they relentlessly served the patients.

### How was the business impacted during Covid?

The impact of the pandemic was spread over the year varying across geographies at different times of the year. In India, both first and second quarter revenue and profitability contracted, due to the lockdown and travel restrictions. During Q3 and Q4, however, there was a recovery in India business as the first wave had receded during that period.

In GCC, the revenue and profitability were impacted in the first quarter due to the introduction of lockdowns and suspension of elective procedures, though pent-up demand led to a significantly better second quarter. In Q3, travel restrictions were eased and people started travelling out which had an impact on our revenue and profitability. In Q4, while business in India normalized, we saw the second wave of the pandemic in GCC, which impacted our business there.

### What financial measures were taken to mitigate the effects of Covid?

Our key focus during the year was to be able to provide the best possible service. We could anticipate the cost of operations will increase due to increased focus on patient care and safety of the healthcare professionals. So, we focused on meeting the patient needs while consolidating costs to ensure sustenance of bottom-line without impacting our service levels.

In GCC, we re-purposed some of the hotels to make them Covid specific units and also ensured that some of the specialty hospitals of ours are retained Covid free. This allowed us to further our need of patient care for both Covid as well as non-Covid patients. In India, our extensive reach across Southern Indian states of Karnataka, Kerala, Andhra Pradesh, Telangana and Maharashtra helped mitigate regional imbalances.

To reduce the impact of the Coronavirus pandemic on the Company's financial position, we looked at multiple new means to ensure steady revenue generation such as teleconsultation, homecare and diagnostics. The doctors continued to provide consultations under a no direct contact model of Teleconsultation and Home care. We extended the offerings to lab tests at home, medicine delivery at home and further provide home care services with a hybrid of remote and at home support. This allowed us to sustain our revenues and support our patients in need. We optimised our material cost by focusing on spending on essential requirements, developed a comprehensive pay reduction/deferment model which was implemented across the organization, temporarily terminated all monthly retainer marketing contracts for the first two quarters and negotiated a rental waiver/reduction for our facilities during the lockdown period.

### Could you give us more details on the expected capex for the upcoming financial year?

Since FY 21 was impacted by COVID-19, the capex for new projects was restricted and delayed to tide over the uncertainties. Projects at advanced stages of completion were prioritized and these shall see completion in FY 22. We are also moving steadily to complete the projects in India such as the Whitefield Hospital in Bangalore, expansion of Aster Aadhar Hospital in Kolhapur, Mother & Child Hospital at Kottakkal. Within GCC, Aster Hospital in Sharjah and the Aster Hospital in Oman would be completed and put into operations during FY 22. The construction of the hospital project at Cayman would commence during the year. The total capital outlay estimated for FY 22 is around ₹ 580 crores.

### What is the overall outlook for the next financial year?

Considering that in the GCC, significant part of the population has been vaccinated and our facilities in India are approaching a mature state, we have a positive outlook for the next financial year.



# FINANCIAL SUMMARY AND HIGHLIGHTS

## Revenue (₹ in crore)



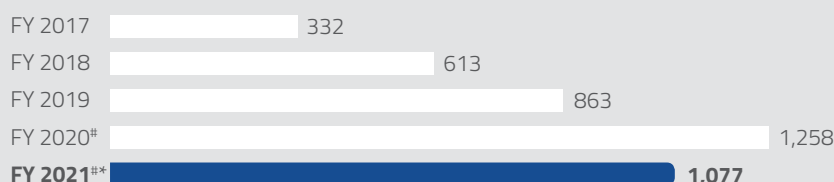
~4% Constant Currency

Decline FY 2021

1%

YoY Decline FY 2021

## EBITDA (₹ in crore)



~18% Constant Currency

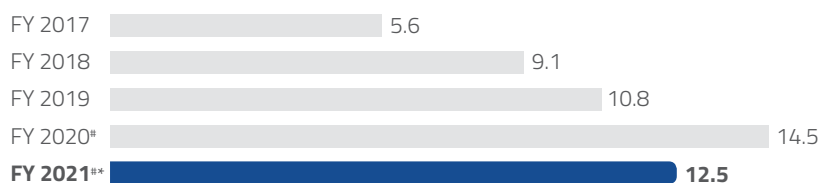
Decline FY 2021

14%

YoY Decline FY 2021

\*Post Ind AS 116, excluding other income \*Excludes loss on fair value of put option

## EBITDA Margin (in %)

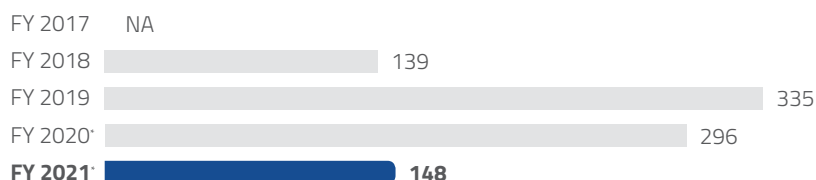


\*Post IND AS 116, excluding other income \*Excludes loss on fair value of put option

200 bps

YoY Decline FY 2021

## Adjusted PAT (₹ in crore)



Adjusted PAT is PAT (Post NCI) adjusted for exceptional items.

\*Post Ind AS 116

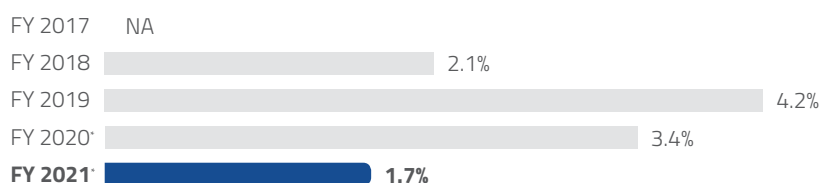
~54% Constant Currency

Decline FY 2021

50%

YoY Decline FY 2021

## Adjusted PAT Margin (in %)



\*Post Ind AS 116

170 bps

YoY Decline FY 2021

#### Segment wise revenue break-up in FY 2021



#### Geography wise revenue break-up

₹ in crore		In %	
6,954	1,654	81%	19%
GCC	India	GCC	India

#### Segment wise EBITDA\* break-up in FY 2021

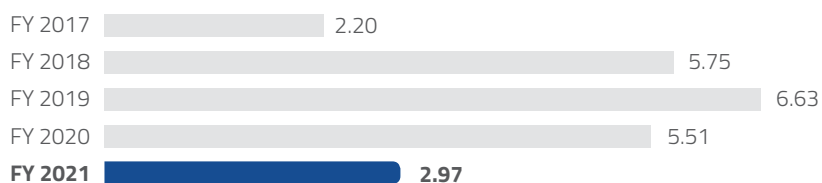


#### Geography wise EBITDA break-up

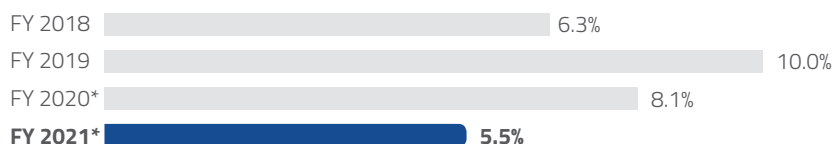
₹ in crore		In %	
919	159	85%	15%
GCC	India	GCC	India

\*Post Ind AS 116, Pre-Elimination and excludes loss on fair value of put option

#### EPS – Basic (in ₹ per share)



#### RoCE (pre-tax) (in %)



\*Post Ind AS 116

# ASTER CORE COMPETENCIES



## Robust & Expansive Healthcare Ecosystem

- **Holistic healthcare** solutions to people, including primary, secondary, tertiary and quaternary care
- **27** Hospitals equipped with state-of-the-art technology
- Extensive network of **115** clinics enabling patient-feeder structure
- Strategically located **223** pharmacies serving patients across geographies



## Collaboration Across Geographies

- Revenue contribution by GCC and Indian operations stand at **81%** and **19%** respectively
- GCC network leverage to foster medical tourism in India
- Sourcing of excellent and experienced medical professionals from India
- Relatively lower cost of debt in GCC (**5%-6%**)



## De-risked Business Model

- Revenue diversification from **multi-geography presence** and multi-economic segment operations
- Heterogenous brands Medcare, Access and Aster creating a mark across **multifarious economic segments**
- GCC operations engirdled by stable currencies pegged to US dollars, creating an inherent **hedge to currency fluctuations**



## Transformative Asset-light Business Model

- Combination of leased and owned assets, with **concentration of leased assets for an asset light model**
- Established units in GCC return a **higher average return** on capital employed



## Proficient & Experienced Management Team

- **Decades** of healthcare experience between the directors
- Strong second line management with **managerial, healthcare and regulatory experience** to provide stability.



## Touchstone of Healthcare Practices

- **Upholding the highest standards** of patient care echoed in numerous industry recognitions and patient endorsements



## Sturdy Performance Record

- **13%** Revenue CAGR over **4** years (excl FY21)
- **1.2** times net debt to equity (including lease liabilities)
- **Strong track-record** of financial, operational, societal growth trajectory in GCC
- **Brisk scaling-up of operations** across segments and geographies

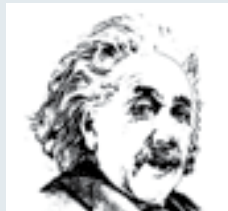
# ASTER VISION 2030 AND VALUES

## Our Vision

**A Caring Mission with a Global Vision to serve the world with Accessible and Affordable Quality Healthcare.**

## Our Values

### **Excellence**



Surpassing current benchmarks constantly by continually challenging its ability and skills to take the organisation to greater heights

**Albert Einstein**

### **Integrity**



Doing the right thing without any compromises and embracing a higher standard of conduct

**Nelson Mandela**

### **Passion**



Going the extra mile willingly, with a complete sense of belongingness and purpose while adding value to the stakeholders

**Steve Jobs**

### **Compassion**



Going beyond boundaries with empathy and care

**Mother Teresa**

### **Respect**



Treating people with utmost dignity, valuing their contributions and fostering a culture that allows each individual to rise to their fullest potential

**Mahatma Gandhi**

### **Unity**



Harnessing the power of synergy and engaging people for exponential performance and results

**H.H. Sheikh Zayed Bin Sultan Al Nahyan**

## Our Promise

We'll Treat You Well. A promise that sums up what the Company does and why it exists. One that it strives to honour every day, every moment.

# QUARTER HIGHLIGHTS

## QUARTER

### One

FY 21

- A rare case of right lung lesion (Yolk Sac Tumour with critical airway issues) was managed by the Aster CMI team.
- A rare genetic disorder of the skeletal dysplasia - a case of Congenital Heart defect in a new born with Ellis van Creveld Syndrome at birth was successfully managed.

## QUARTER

### Two

FY 21

- A complex and risky procedure-Frozen Elephant Trunk Technique was performed successfully
- Aster CMI successfully treated a life-threatening anaphylactic reaction with Moringa soup which is first reported case in India and only second reported case in the world.
- Aster MIMS Calicut is the first unit in North Kerala to complete 100 liver transplant surgeries

## QUARTER

### Three

FY 21

- A successful total endovascular revision of blocked ventriculo-atrial shunt was carried out at Aster which is a first in India
- Medcare Hospitals becomes the first healthcare provider in the Middle East to offer complimentary gene therapy to two infant patients suffering from Spinal Muscular Atrophy (SMA) type 1.
- A rare case of large lactational Adenoma weighing 1.2Kgs is treated at Aster Hospital.

## QUARTER

### Four

FY 21

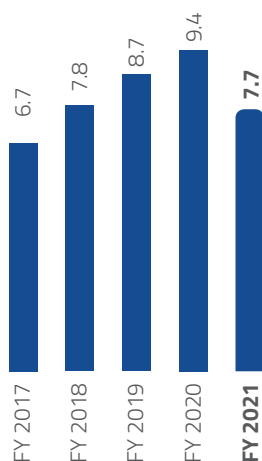
- Allogenic Haplo Identical Stem Cell Transplant was done successfully.
- 3D printed total Talus replacement was carried out at Aster which is the Second Talus replacement in India.
- Middle East's first Endoscopic Fundoplication procedure was performed by Medcare
- Aster Hospitals, Dubai use novel method to treat Benign Prostatic Hypertrophy

# A REVIEW OF FY 2020-21

The Company's growth is underpinned by dedicated efforts to ensure business sustainability. During the year under review, Aster continued on the growth trajectory by increasing operational capacity at existing facilities, adding newer models to serve patients through the use of technology and undertaking extensive cost efficiency measures.

## Outpatient Count\*

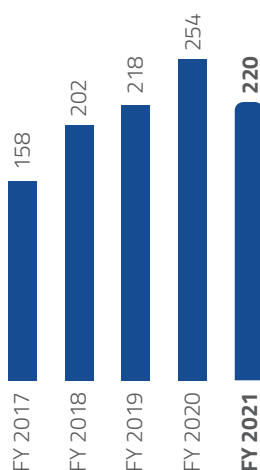
(in Millions)



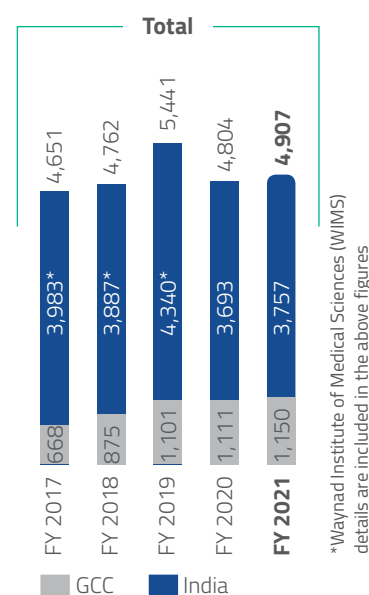
\*out-patient visits mentioned above does not include pharmacy visit

## Inpatient Count

(in 000)

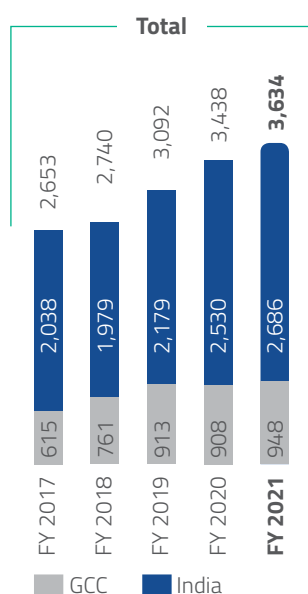


## Installed Beds



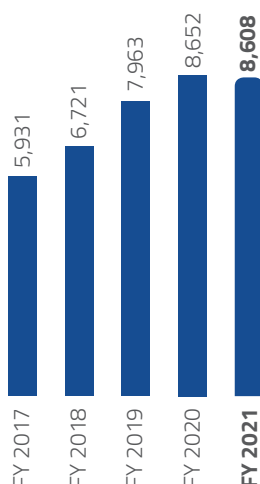
\*Waynad Institute of Medical Sciences (WIMS) details are included in the above figures

## Operational Beds



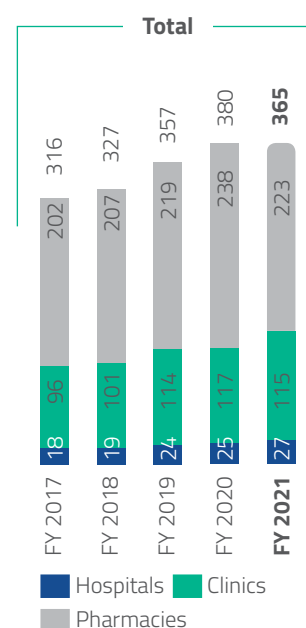
## Revenue from Operations

(₹ in crore)



## Number of Facilities

(In Units)





# ASTER GLOBAL FOOTPRINTS



## GCC

Hospitals 

13

Clinics 

106

GCC Pharmacies 

223



### Medcare






- Medcare Hospital, Dubai, UAE
- Medcare Orthopaedics and Spine Hospital, Dubai, UAE
- Medcare Women & Children Hospital, Dubai, UAE
- Medcare Sharjah Hospital, Sharjah, UAE

## Aster HOSPITAL

### Aster

- Aster Hospital Mankhool, Dubai, UAE
- Aster Hospital Qusais, Dubai, UAE
- Aster Cedars Hospital, Dubai, UAE
- Aster Hospital Sonapur, UAE
- Al Raffah Hospital, Muscat, Oman
- Al Raffah Hospital, Sohar, Oman
- Al Khair Hospital, Ibri, Oman
- Aster Hospital, Doha, Qatar
- Sanad Hospital, Riyadh, KSA

### Countries of Presence

UAE	Qatar	Oman	Jordan	Bahrain
				
<b>91</b>	<b>6</b>	<b>7</b>	<b>NA</b>	<b>2</b>
<b>199</b>	<b>5</b>	<b>7</b>	<b>10</b>	<b>2</b>

 Clinics  Pharmacies

# India

## Hospitals



14

## Clinics



9

## Aster Hospitals

- Aster Medcity in Kochi, Kerala
- Aster MIMS in Calicut, Kerala
- Aster MIMS in Kottakkal, Kerala
- Aster MIMS in Kannur, Kerala
- DM WIMS in Wayanad, Kerala
- Aster RV Hospital, Karnataka
- Aster CMI in Bengaluru, Karnataka
- Aster Whitefield Women & Children Hospital, Bengaluru, Karnataka
- Aster Aadhar in Kolhapur, Maharashtra
- Aster Prime at Ameerpet in Hyderabad, Telangana
- Ramesh Hospital in Guntur, A.P
- Ramesh Hospital at M G Road, in Vijayawada, A.P
- Ramesh Hospital at Labbipet, Vijayawada, A.P
- Ramesh Sangamitra Hospital in Ongole, A.P



■ Hospitals

■ Clinics

# A SUSTAINABLE BUSINESS MODEL

## A Healthcare Ecosystem

Over the last 34 years the Company has created a robust and integrated healthcare ecosystem across two geographical regions of GCC and India, giving it a competitive edge in the industry. It continuously provides efficient healthcare through its pharmacies, clinics and hospitals in GCC. The Company's clinics in the GCC regions also act as initial touch-points in the patient journey, transferring patients to its hospitals in India for complex tertiary care. Its Indian operations act as a source of talent acquisition (doctors, nurses and other employees) for GCC operations, with high-skilled individuals ready to explore opportunities outside the country. Doctors at its clinics in GCC have the opportunity to hone their surgical skills while exploring opportunities beyond geographical boundaries.

We strive to maintain a constant connect with the pulse of our patients which helps us introduce new and innovative solutions as per patient needs.

We are constantly innovating to stay ahead of the curve and introduce cutting edge solutions which our patients need.

We remain at the heart of the pandemic, working closely with the government in all the 7 countries that we operate to serve patients and societies. At the start of the pandemic, we were able to set benchmarks in clinical care through concepts like Hospital within a hospital, E-ICU etc. which became industry best practices for others to follow.

We were the first private healthcare player to introduce telemedicine in UAE and within 8 months enrolled 800 doctors consulting patients across geographies.

We introduced home care services like doctors and nurses on call, vaccination and lab tests collection at home, delivery of prescription medicine at home which helped shift the entire process of appointment booking to purchase of medicine to the homes of patients.

We are setting up a clinical excellence hub in the Western Hemisphere at Cayman Islands.

We strive to maintain a constant connect with our patients by introducing new and innovative solutions. This involves constant innovation through new healthcare services backed by excellence of healthcare professionals.

In FY21, we worked closely with the government in all the 7 countries that we operate to serve patients and societies during the pandemic.

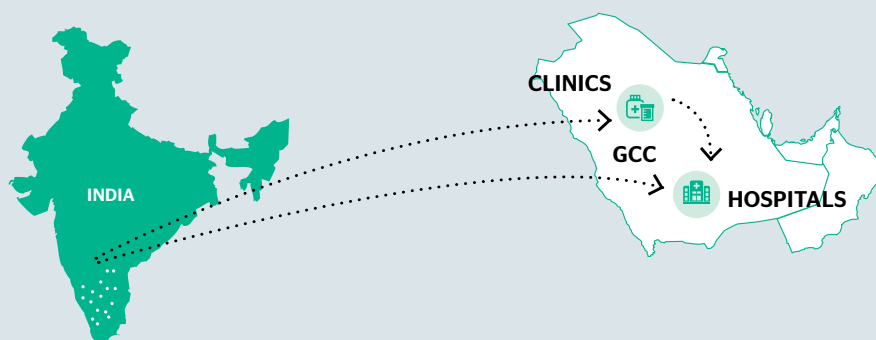
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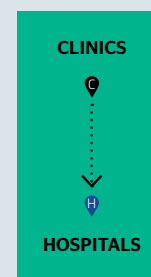
### Patient Life Cycle Management



### Resource Talent Management



Clinics (including attached pharmacies) close to hospitals in a Hub and Spoke model



## Telehealth



## Integrated Healthcare Provider

Through the integrated business model, the Company continues to provide its patients with quality healthcare services starting from primary and secondary to tertiary and quaternary care

### Primary Care

Clinic OPD Visits

~4.7 mn

Pharmacy Visits

~7.5 mn

Hospital OPD visits

~3.0 mn

### Secondary Care

IP Discharges

220,000+

Urology Cases

10,000+

General Surgeries

16,100+

Deliveries

19,500+

Joint Replacements

1,200+

Gastro-Intestinal

3,800+

### Tertiary & Quaternary Care

Cardiovascular Surgeries

2,200+

Transplants -  
includes kidney, heart, liver, pancreas, etc.

480+

Bariatric Surgeries

1,300+

Neurosurgery

3,300+

Spine Surgeries

1,200+

Plastic Surgeries

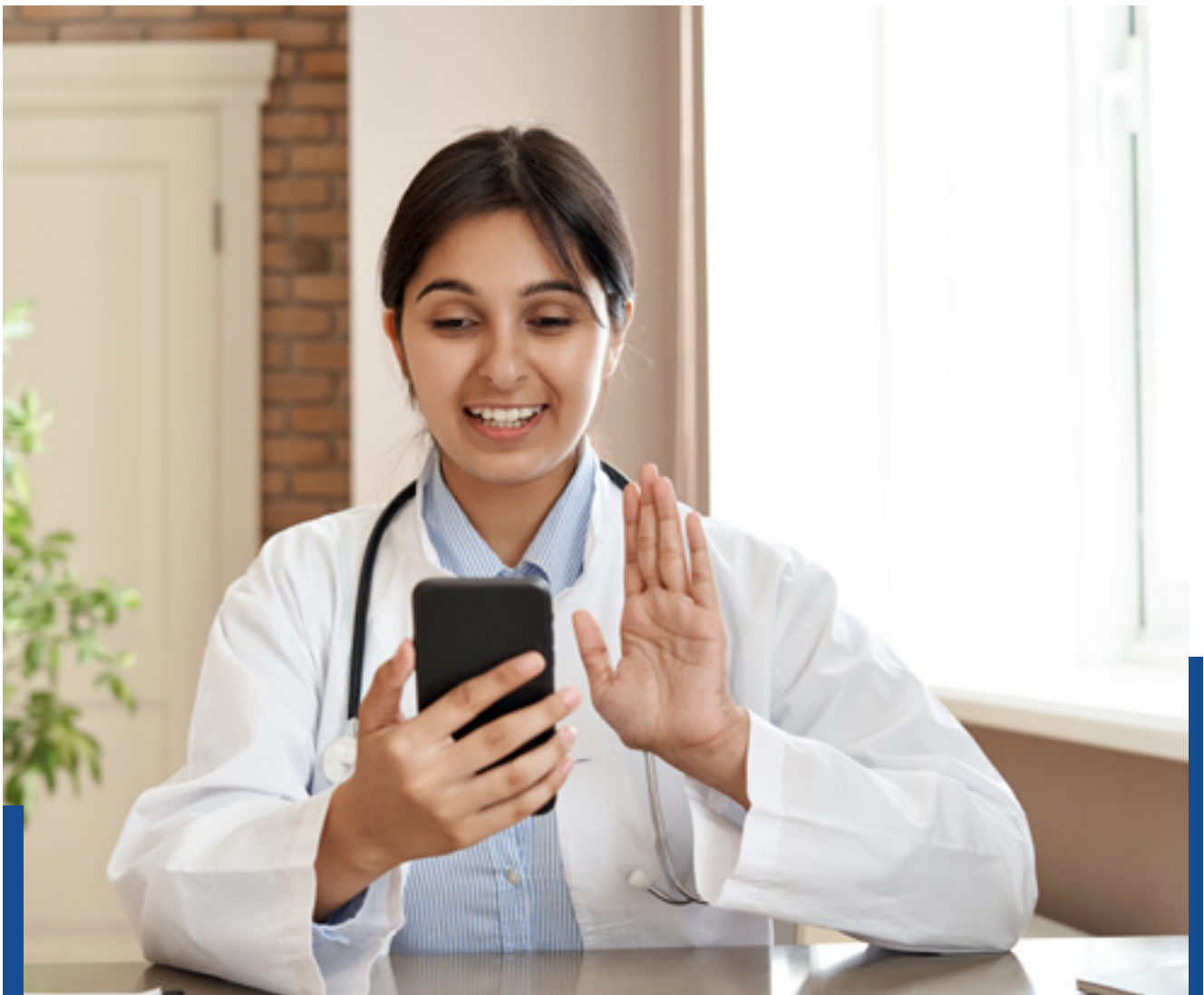
3,200+

# NEW AGE SOLUTIONS

**As an extension of its asset-light business model, the Company is exploring less capital-intensive businesses. It has recently forayed into multiple new ventures, which were crucial to providing healthcare especially in these testing times. The Company has adopted multiple new means to provide health and health-related services such as teleconsultation, home care services, and diagnostic services, adopting telecommunications and digital communication technologies.**

## Telehealth

Aster DM was the first private player in UAE to introduce telemedicine at the start of the pandemic. The Company has forayed last year into providing teleconsultation, addressing the growing needs of patients in most pressing times. It has been able to expand to the Tier II and Tier III cities, in a cost-effective manner. It has highly trained consultants across multiple departments including general medicine, gastroenterology, endocrinology, dermatology, neurology and cardiology.



## Homecare Services

Aster ventured into providing home care services through Aster@Home, organically in India and inorganically through its acquisition of Wahat Al Aman Home Health Care LLC in GCC. Under the service it provides healthcare professionals and nurses to patients.

### Points of Differentiation - Aster@Home

- Building Visibility & Awareness across strategic locations in India
- Introducing Home ICU with remote monitoring – First of its kind in India which will enable long term care of patients
- Introducing Uberized model Home Care Services which is also first-of-its-kind in India

### Products Offered

- Doctor on call
- Physio on call
- Nurse on call
- Phlebotomy & Pharmacy on call

### USP of Aster@Home

- Aster@Home backed up by Aster Hospital
- Staff trained of handling in-patients and out-patients
- Medication reminders and prescription pick up
- 24/7 assistance or supervision for safety and comfort
- Offers plenty of choices with diverse offerings

- Customised for Individualised needs
- Cost-effectiveness

## Aster Labs

The new laboratories segment Aster Labs is currently aids in further integrating the Company's ecosystem. The segment is currently present in India across Kerala and Bangalore. Along with molecular biology testing, its lab infrastructure is also equipped to conduct testing in other areas such as biochemistry, histopathology, microbiology and haematology. Aster Labs has also been accredited by ICMR for doing the RT-PCR test.





## Medcare Home Care Services

Medcare launched its Homecare services at a time when patients were looking to access healthcare services during the pandemic last year, in a bid to bring patients a greater level of convenience and safety. In the lead up to its launch, Medcare observed a growing demand for alternative access to medical services. The debut of Homecare services enriched its offering while making healthcare more accessible to a greater number of patients.

Medcare's Homecare services eased patient concerns about visiting hospitals and risking exposure to COVID-19 and nosocomial infections. It also helped quarantined and isolated patients who could not visit healthcare facilities freely, to be followed up and monitored at home. There has been an enthusiastic uptake of the Homecare services since its launch, reaffirming Aster's belief that this was a required service to patients.

Its homecare services were launched on a small scale, in tandem with the launch of teleMEDCARE in April 2020. Upon observing its performance, a dedicated team was hired, and the service officially launched in June 2020.

Aster's suite of Homecare services includes home visits from doctors, nurses, physiotherapists, vaccination and laboratory specialists.

- Physio@Home offers hands-on management of post-surgery conditions, chronic disorders, and acute injuries.
- Nurse@Home provides high-quality domestic care to patients that require wound care, infusions, who are critically ill and cannot visit a hospital, or are elderly.
- Lab@Home is designed to bring greater value and convenience to patients that are unable to visit a hospital for routine lab tests.
- Doctor@Home delivers accessible healthcare to patients who have mobility

issues or are unable to leave home due to other reasons.

- Vaccination@Home brings timely childhood vaccinations and seasonal vaccinations to help patients continue looking after their health.
- Covid-Testing@Home conducts at-home Covid tests for patients that opt in, delivering timely results and greater convenience and reducing exposure.

Medcare caters to thousands of patients with these new services. Their positive impact was observed amongst the patient communities. Lab@Home services has resulted in ensuring the optimum care for chronic and elderly patients who were able to get their routine lab works at the comfort of their home without having to miss any part of their care continuum journey within Medcare. Vaccination@home led to an increase in home administration of the flu vaccine among children and geriatrics, and childhood vaccinations among newborns.

Doctor@home and Nurse@home added value during the pandemic to deliver access to care and proper administration of medications for quarantined and vulnerable patients.

## Wahat Al Aman Home Health Care LLC, UAE

Wahat Al Aman is one of the leading multi-disciplinary home healthcare companies in the Emirate of Abu Dhabi and currently services concurrently 115 Extended Care(12-24Hr) and ~25 Intermittent Care patients. With a strong team of 300+ healthcare professionals, Wahat is one of the top free-standing home healthcare companies in the Emirate of Abu Dhabi. During the peak of the COVID-19 pandemic, Wahat Al Aman maintained patients, health and safety at home with the lowest re-admission to hospital under 5% which prevented the immune-compromised patients to be exposed to the virus.

Wahat is a Joint Commission Accredited company and the team has demonstrated experience in treating wide range of patients including intensive/critical ventilated patients. Wahat Al Aman has been a pioneer of treating and maintaining ICU@Home patients with the highest quality and safety standards.

At the beginning of 2021, Wahat joined with the Department of Health with a dedicated team of 10 healthcare professionals in their Home Isolation & Home Quarantine Programmes to trace and track positive / exposed community members to control the spread of COVID-19. These efforts have led to control of the spread through restrictions of exposed community members.





During these challenging times, Aster DM Healthcare, has been successful in leveraging technology to provide access to Quality Medical Care beyond its hospital boundaries.

### Aster eConsult Services

During the early days of the pandemic, 'Aster Telehealth services' set up the 24/7 Aster COVID-19 Triage helpline and Covid Self-Assessment Tool much before the lockdown started in India and GCC, for provision of professional medical advice, information on the infection and extended support to the public in India and the UAE.

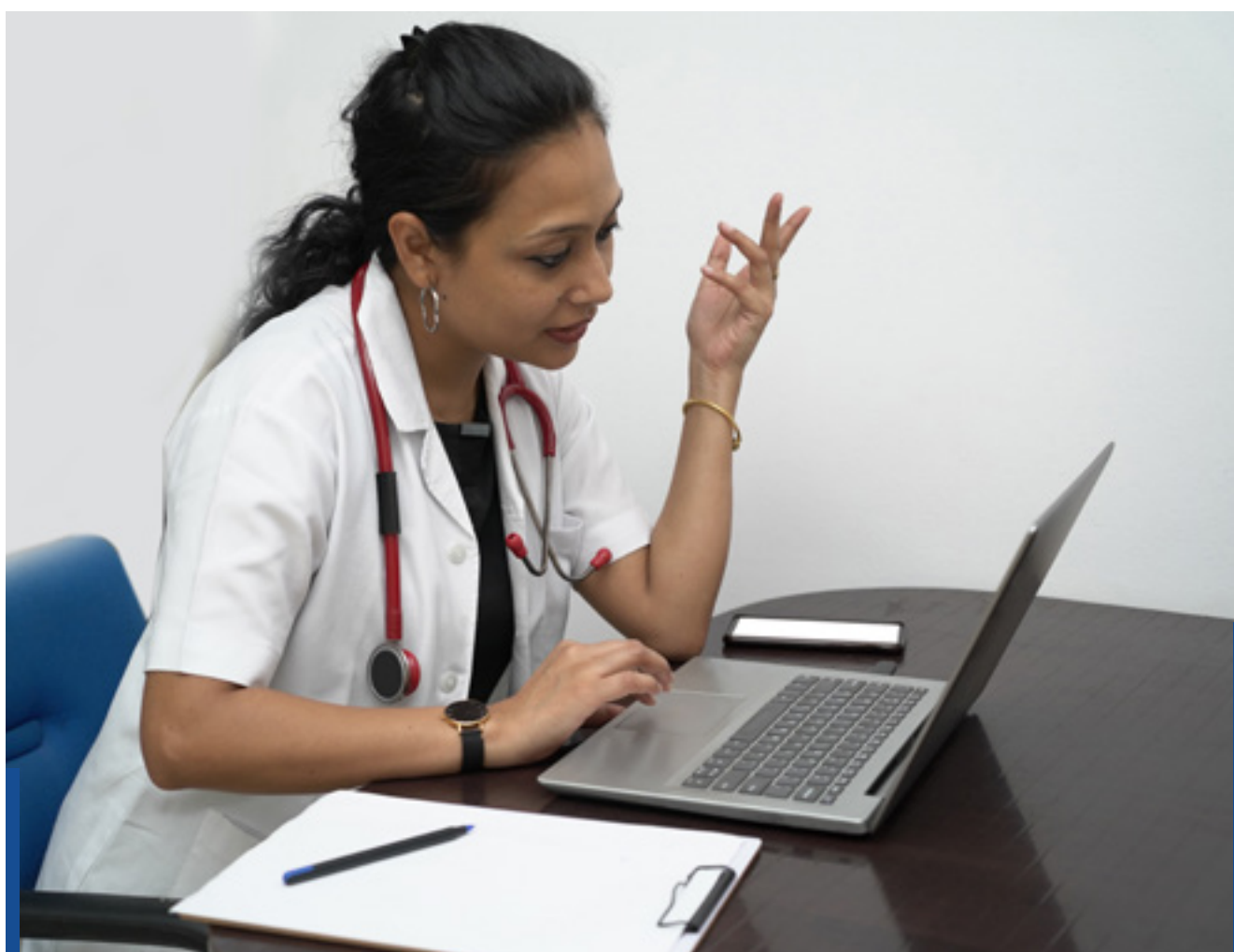
During the lockdown, the Group started 'Aster eConsult' & 'Telemedcare' services, a telemedicine portal which integrates

appointment system, medical records and Video Conferencing facility helping the medical experts provide real-time experience and consult.

Nearly 800 plus Aster doctors provide teleconsult service in Cardiology, General medicine, Ophthalmology, ENT, Pulmonology, Neurology, Endocrinology, Urology, Nephrology, Orthopedics Dermatology and all other medical specialties.

### Awards & Recognitions for Telehealth services

- FICCI Award for - Excellence in Telemedicine/Digital Health - October 2020 - Category: COVID-19 Project
- IHW Award - Silver Award - December '2020 - Category: Covid Protection Project
- Health Innovation Award for Critical Care Nursing. Category: Home Healthcare - December '20



# CLINICAL STRATEGY AGAINST COVID-19

**A public health emergency of international concern was declared by the World Health Organisation (WHO) on 30th, January 2020. In view of this declaration of a Pandemic, Aster activated its incident command centres across the group and carried out a rapid risk assessment. The overall objective was to strengthen the preventive action to reduce the risk of COVID-19 and enable Aster to take a timely and useful response. Communication, coordination & collaboration were the buzz words !**

Priority measures were identified based on significant references like WHO, CDC, and national guidelines. An executive council was established to cascade the business units with effective strategic plans. Swift action was taken to rapidly mobilise staff and resources, expand emergency and ICU capacity, supply of essential items. With the COVID-19 situation rapidly evolving, Aster focused on developing clinical guidelines for healthcare workers in concurrence with international organisations like WHO, CDC etc.

Aster's processes also aimed at keeping a comprehensive and integrated approach to health for all hence it considered enhancing environmental controls, ensuring air quality, water and sanitation, effective waste management as essential measures to minimise possible secondary impacts.

Health support models were launched which included Webinar's on various topics related to COVID-19 through the Aster Volunteers programme. From people management perspective it was resilience, response & recover.

Serenity-Wysa app -Aims to rewire the mind to improve emotional health, fight off depression or get stress relief using Cognitive Behavioral Therapy (CBT) techniques and guided sleep meditations for optimal sleep.

Microcyte the new Earth - A go-to platform for people seeking information validated by medical professionals on how to function and go about their daily routines with safety measures was incorporated. This

has four main sections viz Me, Family member, employee and, employer.

**The following guidelines were also implemented in the various business units:**

- Clinical Care, Investigation & Treatment Protocols based on Ministry of Health guidelines.
- Infection control protocols
- Protocol for chest CT imaging at CT suite
- Protocol for Inter-Facility Transfer and Movement of Inpatients
- Updated ACLS Cardiac Arrest Algorithm for Suspected or Confirmed COVID-19 Patients as per new AHA guidelines
- Protocols for Regular / Elective Admission with risks screening of all patients.
- Increased number of Negative Pressure Rooms and availability of portable hepa-filters in areas conducting aerosol generating procedures.
- COVID-19 Related Personal Protection Equipment usage guideline
- Engineering Control protocols to prevent/control COVID-19
- Standard Precautions to be followed by health-care workers while handling the affected bodies
- Protocols for waste management, linen segregation

- Protocols for Covid Exposed Healthcare Workers
- Digital platforms to address Psychological safety of staff and mental well-being of patients
- A signboard was placed in the waiting area, asking patients to report Covid-related symptoms like fever, cough or breathing difficulty or any positive report to the reception.
- Policy on restriction of visitors to hospitals.

## Quarantine Facility

As the Coronavirus infection continued to increase, Aster rented hotels to keep patients with a relatively mild infection. It also helped doctors and nursing staff to provide special home care to monitor asymptomatic patients remotely. This helped the Company improve business significantly in the GCC regions.

## Teleconsulting

The higher risk of contracting coronavirus from hospitals and clinics that see many patient footfalls is driving people to opt for telemedicine as an alternative. The service also ensured safety of patients and healthcare workers and easy access to doctors from anywhere, at a time convenient to the patient

## Home healthcare

As part of Aster's strategy to enter less capital intensive business, it acquired Wahat Al Aman Home Health Care LLC, Abu Dhabi which offers home care services wherein nurses are deputed at patients' residences to provide healthcare services.

## Aster Labs

Aster Labs was started as a separate vertical providing pathology services at the doorstep of patients in April 20, after the country-wise lockdown was implemented in India. Currently, it has have one fully operational reference lab, two Hospital Lab Management (HLM) centres and 184 B2B pick-up points. The labs are NABL-Certified and accredited centres for COVID-19 testing. It also started providing confirmatory test service for COVID-19 in Bengaluru.

## Post-Covid rejuvenation centre

To address the physical as well as the mental health issues faced by patients who have recovered from COVID-19, Aster Wayanad launched a post-Covid rejuvenation centre called Rejuve which offers a multi-disciplinary rejuvenation package combining modern medicine, Ayurveda, yoga, recreational activities and leisure trips.

## Risk, Mitigations & Strategies

Well-prepared health facilities are the key to saving the lives of COVID-19 affected patients.

The journey began with assessing Aster's preparedness to face the pandemic.

- Infectious organism: Specific risks associated with the organism causing the infection.

- Surveillance: Risks associated with close contact of patients.
- Failure of Prevention Activities: Lack of training.
- Isolation: Infrastructure and adherence to appropriate processes.
- Policies & Procedure: Implementation and adherence to policies and protocols
- Employee health: Covers risks to both physical and mental health in staff.
- Environment: Safety of the environment as a working space.
- Resources: Risks relating to the availability of necessary equipment, medicines, supply chain disruption, and work areas.

Under each of the eight elements described above, the core departments scored were: ER, HR, Radiology, Outpatient department





(OPD), ICU, Laboratory, OT, Wards, CCU, Mortuary, Stores, and Pharmacy.

The probability, the severity of the impact and system preparedness for each event were scored on a scale of 1-5.

The average risk scores across all departments were in the range of 21 to 40. The six most consistently identified risks across departments and their total scores and actions are shown below.

Aster's journey to navigate the COVID-19 pandemic has provided a unique experience and challenge- to deliver the best of patient care in a rapidly evolving situation without making any compromises to patient or staff safety.

A key contributing factor has been the frequent audits by not only the internal team of clinicians but also external regulatory bodies in India & Gulf cooperation council GCC like Dubai Health Authority (DHA) & Ministry of Health MOH). The audit outcomes in turn paved the way to the Company's learning and constant endeavour to provide the best evidence-based care to patients.

The Company's dashboard provides a measure of success and shows beyond doubt that the provisions made for patient safety, and staff to self-isolate and avoid infection, helped it avoid what could have been a runaway situation and achieve optimal outcomes for patients. COVID-19 continues to challenge and test Aster but it will continue to take the lead in bringing quality care to its patients. As the Company's motto says: "We'll treat you well".

The clinical excellence was measured by the good outcomes as measured by the ALOS, mortality, recovery % and other parameters. Aster was at par and even better than the global benchmarks.

All in all it strived to achieve, operational, clinical, people and last but not the least business excellence.

All these culminated in the creation of the "White paper of Clinical & business excellence" and Aster has been considered as a case study by prestigious management organisations.

### Awards

Aster's earnest efforts have been recognised and appreciated with accolades for its contribution to the staff, patients & community. For its fight against Covid-19 it won the prestigious 'Beyond the Call of Duty' for COVID-19 by The International Hospital Federation (IHF). In addition, there were several awards won by Aster DM Healthcare Group - Aster Hospitals, Aster Clinics & Pharmacy, Aster Al Raffah, Hospital (Oman), Aster Sanad Hospital (Saudi Arabia), Medcare Hospital Dubai (United Arab Emirates) & Medcare Women

& Children Hospital (United Arab Emirates) for introducing microsite "Our New Earth" (The world inside is the world outside).

- Aster RV for Hospital Innovations at CAHOTECH 2020 appreciation award on Human Capital evolution (People resource management) with training and development during the current pandemic.
- Aster Sanad for workplace safety amidst COVID-19 -Awarded first place in the 'Medium Size Hospitals' category by The Consortium of Accredited Healthcare Organizations (CAHO).
- The Group received a reputable "Gold Initiative certificate" to recognise the efforts of health organisations in overcoming the emerging pandemic.



- Its hospitals in Dubai (Aster & Medcare verticals ) were appreciated by the Dubai Health Authority for their constant efforts in fighting the pandemic situation.
- Aster MIMS Calicut received the Covid Warriors award for the most innovative and exemplary work in the society (Kerala) & the award was announced by the Union Minister.
- The Group has been honoured with two prestigious awards for its CSR and sustainability efforts as well as for its contributions towards tackling the pandemic in the Middle East and Africa by The Dubai Chamber and the Arabia CSR Network, to applaud the Group's ongoing efforts to serve the community.

The efforts were to flatten the curve no doubt, but Aster was cognizant of the way forward which is summarised in what it calls FRESH, which encompasses,

**Focus** on continuous improvement.

**Rigorous** monitoring and surveillance

**Excellence** in infection prevention and control practices

**Scientificall**y driven strategy for exposed patients and staff

**High-level planning**, scheduling, and organisation of clinical activity

## Centre of Excellence in Medical Imaging

Aster has started the journey of consolidation of its radiology resources across its group, to establish 'Centre of Excellence' in Medical Imaging.

Leveraging technology, 550 plus radiology workforce, spread across five countries and operating 82 Medical Imaging Department and nearly 300 equipment, reporting nearly 1.2 Million cases; are being consolidated through a secure (HIPPA compliant, FDA approved) virtual platform.

The objective is to establish reach, optimise resource and provide quality services across Group hospitals and other non-Aster entities to support patient care and increase efficiencies.

In the financial year 2020-21, radiology departments in geographies of India and the UAE have been consolidated.

## Tele-ICU

Aster Telehealth has been partnering with leading technology providers to extend its expertise in critical care.

The critical care experts provide 24 X 7 patient Tele-monitoring services, Tele-rounds both by Intensivist and ICU nurse, Super-specialist consult, infection control advisory and critical care training.

The technology interfaces hospital systems, analyses real time patient data and connects the care teams to the bedside staff through two-way video conferencing. The structured workflows focused on best practice and a collaborative data-driven process consistently drives adherence to evidence-based best practices in the ICU.

Currently Aster is involved in providing TeleICU services within its Group hospitals and a few entities in Kerala.





# BUSINESS STRATEGY AGAINST COVID-19

The COVID-19 pandemic has made 'business as usual' a phrase used in the distant past replaced by the 'new normal'. The Company adopted to the evolving business environment, fine-tuning its strategies and being resilient in its long-term competitiveness. To minimise the impact of COVID-19 on its financial position, Aster strategically relied on the three pillars- Revenue, Cost and Liquidity.



# 1

## Maintaining Business Continuity

In consideration of the challenging circumstances that the world faced; it became vital for Aster to gain the confidence of its patients. The Company implemented measures to earn the trust of its patients, including introduction of fever clinics and separate entries to OPDs and lifts, with a strong focus on maintaining all Covid protocols. It also undertook home deliveries of pharma and non-pharma products by pharmacies.

Aster introduced the 'Hospital within a hospital' concept to contain the spread of the disease, manage COVID-19 protocols and ensure the safety of staff and Non-Covid patients. The Company also created separate sections and floors for the treatment of Covid and non-Covid patients and teams were accordingly divided as it strove to live up to its brand promise: "We'll Treat You Well". While, in GCC, it bifurcated the COVID-19 facilities from other patient's facilities and the Medcare Women and Child unit was kept free from admitting any patients with COVID-19 positive cases.

# 2

## Diversifying Care Portfolio

To provide additional support to the existing sources of revenue, alternative sources like quarantine facilities, teleconsulting, homecare and diagnostics were explored across the operations.

### Quarantine Facility care

To manage additional Covid cases, the Company rented hotels to keep patients with a relatively mild infection. The doctors and nursing staff provided special home care packages to monitor asymptomatic patients remotely. The initiative saw good response in the GCC regions, Andhra-Telangana clusters and in Kolhapur region.

### Teleconsulting

The pandemic manifested the demand for teleconsulting across geographies. The Company started multiple initiatives like 24\*7 dedicated hotlines for Covid patients, virtual OPDs for non-emergency patients and so on. Its team of doctors, across specialisations, were made available for remote consultation.

### Homecare

Home healthcare has the potential to replace significant percentage of avoidable hospital visits in India, and costs incurred on hospital visits can also be reduced. In concurrence, with the Company's long-term strategy it launched Aster@Home, as a safe and affordable solution for the families allowing patients to avail superior quality care from the comfort of their homes.

### Diagnostics

The Company started Aster Labs as a separate vertical providing pathology services at the doorstep of patients at the beginning of the year, in the middle of the lockdown in India.

# 3

## Cost & Liquidity Management

The Company in order adopted multiple approaches for cost containment and cash management in order to respond to the muted business performance as it believes that there is no 'one size fits all' approach. It ensured effective ways to manage critical costs pertaining to material, HR and overheads. The Company's units implemented cost containment by proactively engaging in discussions with vendors, landlords and other multiple business partners on real time basis. The Company also addressed the issues of increased drug prices and consumables, owing to a supply-demand gap. It identified non-critical expenses that could be curtailed temporarily to prevent its impact on cash flow.

We put on hold any further projects involving Capex, to ensure balance in liquidity and better management of cash flows. We also worked on reducing our debt through effective financial management, negotiated terms with bankers to provide reliefs, identified the projects requiring immediate cash outflows and, strategically deferring them.

### Debt Reduction

**₹779 crores**

Net debt-equity ratio\* as on March 31, 2021

**1.2**

\*Includes lease liabilities

# MAKING A POSITIVE DIFFERENCE IN PATIENTS' LIVES

## Hospitals in GCC

### Aster Hospitals, UAE

Aster Hospitals, UAE is Aster DM Healthcare's continuation of its endeavour to create world-class, patient-centric hospitals driven by medical innovations and a culture of excellence. The Hospital aims to make a difference, with its patient-centric approach to medical care. The state-of-the-art multispecialty hospital in Mankhool is a 126-bedded medical facility, the one at Al Qusais is a 158-bedded medical facility and in Jebel Ali it has a 18-bed medical facility where doctors adopt a multidisciplinary approach to provide holistic treatment to patients. Equipped with the most advanced Neonatal Intensive Care Unit in UAE, Aster Hospital offers multispecialty medical and surgical care all under one roof. Aster Hospitals has recently also added a 35-bedded medical facility in Muhaisnah under its banner and will soon launch its next big project, Aster Hospital Sharjah in this fiscal.

### Aster Hospital, Al Mankhool

- Canadian Accredited
- 126 bedded facility
- Twin sharing rooms
- Single rooms
- VIP rooms
- Day Surgery Unit
- Dialysis Unit
- Endoscopy suite
- Labor room and delivery suites
- 5 extensively equipped operating theatres
- Fully equipped Cath-lab for cardiac interventions
- 5 Intensive Care Units (ICU) including an Isolation unit
- 8 Neonatal ICU beds including an Isolation unit - Advanced Level III NICU
- Baby Nursery
- Radiology & Laboratory Services
- 24/7 Emergency & Ambulatory Services

### Aster Hospital, Al Qusais

- Canadian Accredited
- 158 bedded facility
- 6 Operation Theaters including a separate OT for women equipped with the most advanced technology
- Private rooms
- Deluxe Rooms
- 9 Neonatal ICU beds - Advanced Level III NICU
- 4 beds for Labor, Delivery and Recovery
- A critical care unit comprising of 10 beds
- Day Care Unit with 10 beds
- 34 OPD consultations
- Endoscopy Suite
- Dialysis Unit
- Radiology & Laboratory Services
- Dedicated Molecular Laboratory for COVID-19 PCR testing
- 24-Hour Emergency Care with 10 beds
- 24x7 Pharmacy



#### **Aster Cedars Hospital, Jebel Ali**

- 18-bed Facility
- Two Operation Theatres
- Private Rooms
- Radiology Services – Open MRI, CT scan, Ultrasound, X-ray 24/7 Emergency Care
- 24/7 Pharmacy
- 24/7 Emergency Care
- Intensive Care Unit
- Endoscopy Suite

#### **Aster Hospital, Sonapur**

- 2 Operation Theatres
- 2 pre – OP rooms / 2 beds + post OP 2 beds
- 2 Intensive Care Unit Beds
- 10-bed Day Surgery Unit
- 5 wards – 15-Beds
- 4 ER / Observation Beds
- 5 Treatment Rooms
- 15 OPDs
- One Xray Room and two USG Rooms and one ER Consult Room
- 24/7 Pharmacy
- 24/7 Emergency Care

#### **Aster Day Surgery Center, Al Mankhool**

- 2 Operation Theatres
- 10-Bed Facility
- Specialised Centre for Dermatology and Cosmetology Treatments
- One Intensive Care Unit Bed
- Independent Physiotherapy Unit

#### **Key Recognitions and Achievements:**

- Aster Hospitals & Clinics UAE launched Aster Patient Delight Management

### **Removal of Giant Ovarian Cyst using Laparoscopic Surgery performed for the first time at Aster Hospital, Mankhool-Dr. Sejal Devendra Surti, and Specialist Obstetrician & Laparoscopic Gynaecology**

A 43-year-old Filipino lady was admitted to the OPD on 19 December, 2020 with a history of mass in her abdomen since the past 1 year and abnormal bleeding since 4 months. On examination, a mass was found reaching up to her epigastrium. Her MRI report showed a 32.8x30 cm pelvic abdominal endometriotic right ovary cyst and a 5x3.8cm left ovarian dermoid cyst. Her tumor markers CA125 and CEA were within normal range. Her preoperative evaluation revealed a benign ovarian cyst. Since her general health condition was in good shape, a decision for laparoscopy instead of open surgery was taken.

Laparoscopic surgery has become a gold standard for benign ovarian cysts but cyst size can be a limitation. Definition of large ovarian cyst is described as anything more than 15 cm. Laparoscopic

approach for large ovarian cyst removal presents with certain difficulties like creating pneumoperitoneum as well as a decrease in visibility and surgical mobility. As the cyst reached the sub costal area the possibility of using Palmars point or any other area in upper abdomen was ruled out. A supraumbilical incision was made using open technique and the abdomen and pelvis were evaluated to confirm the origin of the giant cyst. It was seen to be arising from the pelvis and a decision to aspirate the cyst was taken avoiding any intraoperative spillage. After aspirating 10.8 litres of chocolate color fluid from the cyst, it was confirmed to be a right ovarian cyst and a right salpingo-oophorectomy was performed. The specimen measuring 32x30 cm was retrieved via endobag and sent for histopathology examination. The patient withstood the procedure well.



## MAKING A POSITIVE DIFFERENCE IN PATIENTS' LIVES

### Treatment of Chronic Kidney Disease (CKD) with Urgent High Risk CABG

A 64-year-old Asian man was admitted to the Emergency Department at Aster Hospital, Qusais with shortness of breath on moderate excursion with chest tightness. He was suffering from H/o HTN for over seven years and DM since 8 years with a known case of CKD (creatinine -4.1mg/dl)

After an initial assessment of ECG (lateral leads ischemia, LVH pattern), a detailed evaluation was done and it was noted that he had an elevated Trop I value of 64.75pg/ml and his Echocardiographic evaluation noted changes suggestive of IHD.

In view of the severe calcified, the DVD advised to undergo an Urgent CABG with due risk and the patient's and relatives accepted the course of treatment and decided to proceed with it. Considering the risks of traditional - Bypass Surgery - using heart lung machine, a surgery was performed on his beating the heart with cardiac stabilisers (3 grafts). After the procedure, the patient maintained a normal hemodynamics and recovered well with normal healing of all surgical wounds. The patient was discharged on the 6th post-op day just like any other normal Risk CABG patient after OFF Pump (beating heart) CABG.

As per various studies conducted internationally, in CKD patients undergoing coronary revascularization, death is more frequent than end stage renal disease (ESRD). The data suggests better overall clinical outcomes with CABG than with PCI in CKD patients. In short CKD with elevated serum creatinine value is not a contraindication for surgical revascularization of coronaries and CABG preferably OPCAB is the best option for long term survival of the patient with low risk of death.

System (APIMS) to enhance patient feedback process at Aster Hospital Mankhool & Aster Hospital Qusais. An integrated digital application to capture direct, indirect and inferred feedback of a patient from multi-channels and provide scientific data analysis to drive service excellence and innovation.

- Aster Hospital Al Qusais launched its dedicated Molecular Laboratory for COVID-19 PCR Testing with state-of-the-art facilities, highly qualified experts and very well trained nurses to provide accurate report less than 24hours from testing.

- Introduced Cardio Thoracic Surgery and Neurosurgery & Centre of Excellence for Vitreo-retinal surgeries at Aster Hospital, Al Qusais
- Aster Cedars Hospital, Jebel Ali and Aster Clinic, Ajman launched a drive through PCR test centre. The Drive through the centre is set up in a way that is convenient and safe for the visitors, without having to leave their car and enter the facility.

#### Awards & Accolades – FY2020-21

- Aster Hospitals UAE was recognised by the International Hospital Federation or IHF under "Call of Duty for COVID-19" initiative.
- Aster Hospitals Dubai won the AHPI Healthcare Excellence Award 2021 in the Patient Friendly Category.
- Aster Hospitals UAE was chosen as the winner of the UAE Innovation Award-2019 (IT innovation).

## Aster Hospital & Medical Centres, Qatar

Aster DM Healthcare started its Qatar operations in 2003; and now operates five medical centres, six pharmacies, one full-fledged diagnostic centre and multispecialty Aster Hospital. Aster Hospital Qatar is a state-of-the-art 61-bed Multispecialty Hospital with three operation theatres and ICU facilities, which is designed keeping in mind the comfort of its patients. Situated at Airport, adjacent to D Ring Road, the hospital is equipped with advanced facilities and emergency services for providing quality healthcare services. Aster Medical Centres and

pharmacies are located at residential and business districts including C – Ring Road, Al Hilal, Al Rayyan, Al Khor and Industrial area. Aster Medical Centres in Qatar provides wide range of services the medical departments including Internal Medicine, General Medicine, Ophthalmology, Obstetrics and Gynaecology, Paediatrics, Dermatology, Pulmonology, Orthopaedics, Dental, Radiology and Laboratory Medicine to super speciality departments like Cardiology, Urology, Neurology, Gastroenterology and Plastic Surgery.

### Measures taken to combat COVID-19:

Aster Medical Centres and Hospital are the leading private facility for COVID-19 PCR test in Qatar and official COVID-19 screening partner of MotoGP, Al Shaqab Equestrian Events in 2021, in association with HMC Laboratory. In the early days of the pandemic Aster released two awareness videos with Ministry of Interior Qatar in English and Urdu languages. More than 10 Doctors from Aster Medical Centres and Hospital supported the Indian Embassy and community groups by arranging free on-call consultations for the needy during the peak period of the pandemic.





## MAKING A POSITIVE DIFFERENCE IN PATIENTS' LIVES

### Aster Al Raffah Hospitals & Clinics, Oman

In 2009 Aster DM Healthcare extended its services to the Sultanate of Oman by establishing a medical centre in Sohar (ARMC) and a 30-bed hospital in Ghubra, Muscat. As on today, Aster owns and operates three multispecialty hospitals (Muscat, Sohar and Ibri) totalling 197 beds, 7 clinics and 7 pharmacies. Aster DM Healthcare in Oman has a successful track record of healthcare performance for the

last 10 years and currently boasts of 930 staff with 133 qualified doctors and 372 nursing staff.

These Hospitals & Clinics are spread across Oman, offering a comprehensive range of multispecialty services such as General Medicine, General Surgery, ENT, Paediatrics & Neonatology, Dermatology, Ophthalmology, Dentistry, and Gynaecology

& Obstetrics to Super-specialty services like Gastroenterology, Orthopaedics and Spine Surgery, Laparoscopic Surgery, Rheumatology Bariatric and Plastic Surgery.



### Key differentiators

- 1 Recognised as a quality healthcare provider in Oman with the best and most experienced team of Doctors, Nurses and Paramedical Staff.
- 2 Started the first Private Covid Testing drive-through centre in Muscat Oman
- 3 Selected as a preferred partner for Government Contracts in Sohar and Batinah Region
- 4 Pan Oman operations with significant brand recognition and clinical excellence.



### Awards

- Aster hospital, Ghubra in Muscat was recognized for its outstanding healthcare service in the area of Muscat for demonstrating initiative, agility, and an incredible capacity to innovate under extraordinary circumstances.

### Key clinical cases and achievements

- Completed Antireflux Mucosal Ablation (ARMA) procedure which is the first in Oman. ARMA is one of the newer endoscopic treatment for GERD. The principle behind the procedure is to ablate with Argon Plasma a portion of the GE junction producing a controlled scar which heals leaving a tighter GE junction hence reducing the extent of reflux. The Company's first case was a 45-year-old man with Hill's Grade 2 Valve with intractable symptoms on whom it performed ARMA. He had an uneventful hospital stay and was in endoscope in 4 weeks later which revealed a tight Hills grade 1 valve with normal Demeester scores. This is a simple Endoscopic ablation procedure which can be effectively used to treat a very common and prevalent problem safely and effectively in carefully selected patients.

- When 36 years old, Ms. Asma (name changed on request), reached the consultation chamber of Dr. Manar, she was in extreme discomfort. She had a history of abortion and multiple fibroids. Dr. Manar explained the condition to the patient and after much counselling the patient agreed to undergo the procedure. Upon ultrasound, it was observed that there were multiple fibroids ranging from 7- 15 cm in size. The patient was taken for open Myomectomy surgery which lasted for over 3.5 hours and eight fibroids were removed. A happy and relieved patient was discharged three days later, who termed her surgery as re-birth for her and she was grateful to Dr Manar and the entire team of Aster Hospital Muscat for her recovery

### Measures taken to combat COVID-19:

- Entered into a contract for Covid testing for Mussandam region and the borders and have successfully completed in excess of 25,000 tests.
- Started the first private COVID-19 testing drive-through centre at Aster Al Raffah Muscat Hospital within a new parking premises developed. Successfully completed 10,000 tests till date.

### Key Initiatives:

- **Shoulder Surgery Programme** was started in association with a leading Omani Doctor Dr. Ahmed Said Al Mandhari.
- **Sleep Study & Respiratory Medicine Programme** initiated and implemented. Currently, the programme can perform Level 1, 2 & 3 sleep studies.
- **Implemented Plastic Hand Surgery Programme** with Dr. Gopal Malhotra. Also started Varicose Veins treatment, Axios Stenting programme in Gastroenterology, Sports Medicine, Ankle Surgery and, Aesthetic Gynecology programme.

## MAKING A POSITIVE DIFFERENCE IN PATIENTS' LIVES

### Medcare Hospitals & Medical Centres

Medcare is the premium private healthcare provider under the parent group, Aster DM Healthcare. Operating leading state-of-the-art hospitals, including two multi-specialty hospitals in Dubai and Sharjah, two specialised hospitals for women & children and orthopaedics and spine, in addition to 16 medical centres, Medcare has established a strong presence in the UAE, offering premium health services of the highest quality.

Medcare Hospital Al Safa is a 64-bed JCI accredited premium multi-specialty facility equipped with world-class technologies and 24/7 emergency. Medcare Orthopaedic & Spine Hospital is the first orthopaedics hospital in the UAE offering dedicated sub-specialties and a full-fledged physiotherapy wing that provides high-quality in-patient and out-patient physical rehabilitation services. Medcare Hospital Sharjah is a 128-bed facility offering a wide range of outpatient, day-care, in-patient and 24/7 emergency care services. Medcare Women & Children Hospital is an 112-bed facility operated almost entirely by women and offers a comprehensive range of services ranging from preventative health checks to urogynaecological and advanced gynaecological surgery. Medcare Medical Centres are located across 16 different locations in Dubai and Sharjah, offering premium healthcare to the neighbouring communities.

### Awards and recognitions

#### Women's health clinic of the year:

Medcare Fertility Centre was awarded the Bronze Award for the Best Women's health clinic of the year by Mother, Baby & Child Awards. This milestone is a testament to the commitment to fertility care and the trust that families place in Medcare to deliver care when it matters the most.

**Paediatric clinic of the year:** Medcare Paediatric Specialty Centre received the Silver Award for the best Paediatric Clinic of the year by Mother, Baby & Child Awards. This award recognises Medcare's passion for providing the best medical treatment to children while considering their comfort.

**Recognised by IHF for Beyond the Call of Duty for COVID-19 programme (Nov 2020):** Medcare Hospital Al Safa and Medcare Women & Children Hospital received special recognition for demonstrating initiative, agility and an incredible capacity to innovate under the extraordinary circumstances of COVID-19.

**Medcare Hospital Al Safa won the Qual-Tech prize 2020 (Nov 2020):** Medcare Hospital Al Safa was declared a winner for clinical process for an Automation and Integration of Microbiology reports project.

### New Initiatives and services

**teleMEDCARE:** Medcare's telemedicine platform was launched in April 2020. The

plan to launch the service preceded the onset of the pandemic but was prioritised to ensure continuity of care during the lock down period. It also emerged as an effective and sustainable solution for precaution, prevention and treatment to curb the spread of COVID-19. Through teleMEDCARE, patients can speak immediately to a doctor or schedule a future appointment with a specialist, and have their medication delivered right to their doorstep.

### Homecare Services

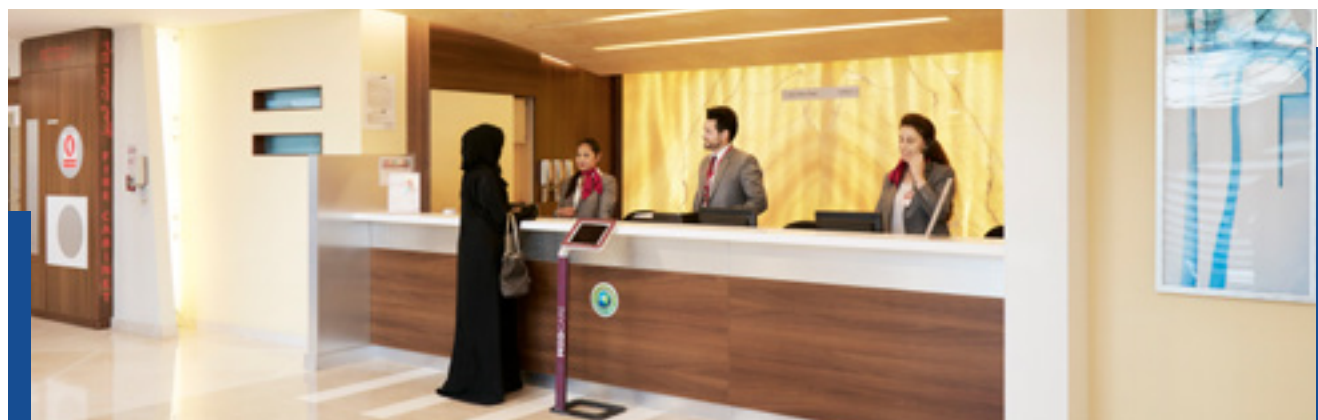
The Medcare@Homecare services offer many patients a level of privacy that may not be achieved within a clinic environment, providing devoted qualified medical personnel and customized healthcare programme with five different at homes services now available to patients:

#### Lab@home

Medcare's qualified expert laboratory technicians are available to visit patients at home, collect samples and then send the results back digitally.

#### Vaccination@home

The Vaccination@home service includes both essential immunisations for children as well as a comprehensive list of vaccines available for adults, including seasonal vaccines (like Flu shots), travel vaccines





or occupational vaccines. All these are administered by qualified professionals in the comfort and privacy of one's own home.

#### **Covid testing@home**

This is the safest way to undergo a COVID-19 test – to have the sample taken at the patient's own home, as they are not exposed to the external environment and do not come into contact with other suspected carriers of the virus. At the start of the pandemic, Medcare felt there was an immediate need for isolation facilities, so they worked with the government entities and converted two hotels, 500 extra beds into isolation facilities. This is where Medcare made best use of resources and ensured they had capitalised on the situation to respond well to the pandemic by offering the community the needed services and generating alternate revenues that would enable them to sustain the business model. Through this initiative, Medcare treated 2,500 Covid positive patients.

#### **Nursing care@home**

Backed by their specialised knowledge across healthcare spectrum, qualified and well-trained nurses visit patients at home.

#### **Physio@home**

Instead of coming to regular physio appointment in clinic or putting off that important physio appointment due to a busy schedule, patients can have their treatment done in their own space, at a time most convenient to them with Medcare's highly experienced physiotherapists.

#### **Clinical Excellence Case**

### **Medcare aids two infants with Spinal Muscular Atrophy with revolutionary gene therapy worth USD 2.1 million**

Medcare Hospitals has become the first healthcare provider in the Middle East to offer the complimentary gene therapy to two infant patients suffering from Spinal Muscular Atrophy (SMA) type 1 as part of the Managed Access Programme (MAP) by Novartis. The programme started in 2020 to offer gene replacement therapy for free to 100 random patients in the world diagnosed with SMA. An infant is selected every 15 days as the part of this programme, and the first two in the Middle East have been chosen from Medcare Women & Children Hospital (MWCH).

Dr Shamsa Abdulla bin Hammad, Chief Operating Officer, Medcare Women and Children Hospital said: "We, at Medcare Women and Children Hospital, are proud to be the first hospital in the UAE to start the treatment of Gene therapy for Spinal Muscular Atrophy! This treatment is giving the gift of life which is one of the most fulfilling feeling and this is the reason we do what we do. Spreading smiles and health to all our patients has always been our priority".

### **Medcare Hospital Saves Toddler who Ingested Magnets**

Medcare Women & Children Hospital has treated a one-year-old who suffered from intestinal perforation after accidentally swallowing eight magnetic balls. Although surgery was done immediately to remove the foreign bodies, Salma had already gone into septic shock and showed signs of disseminated intravascular coagulation (DIC), a condition in which blood clots form throughout the body, blocking small blood vessels. After a week, a second surgery had to be performed to manage the perforation that had occurred as a result of the magnets having lined her abdominal walls for a while.

"The perforation had worsened her condition significantly, and the paediatric Intensive Care Unit continued to give optimal medical care and support to stabilise her health. We as a team are very proud of how Salma's treatment was managed. The outcome of bringing her back to full health is truly impressive as it was a very hard and complicated case," said Dr Dima Tarsha, specialist paediatrician at Medcare Women & Children Hospital.

## MAKING A POSITIVE DIFFERENCE IN PATIENTS' LIVES

### Aster Sanad Hospital in Riyadh, KSA

Aster Sanad Hospital, is located in the heart of Riyadh with easy access to the Airport and in close proximity to the Saudi Red Crescent Hub. This aids in quickly serving the Trauma and Road traffic accidents through Aster's Multidisciplinary team of Neurosurgeons, Cosmetic, Spinal and Maxillofacial Surgeons.

Embodying the principles and standards of Aster DM Healthcare Group, Aster Sanad Hospital is accredited by Saudi Central Board of Accreditation for Healthcare Organizations (CBAHI) and delivers high quality medical care to almost all the Insurance companies and the major networks. The multi-cultural team of 100+ doctors from 20+ different countries have served 30+ different patient nationalities, encompassing Minimal Invasive Laparoscopic General Surgery/Weight Loss Surgeries (minimal stay in the Hospital) to Advanced Surgeries.

#### Major Facilities

- 1 We have six Centres of excellence encompassing Cardiology, Orthopaedics, Neurosciences, Obstetrics and Gynaecology, Urology, and multi-disciplinary ICU care. This leading Multi-specialty hospital has been equipped with advanced medical equipment like the Bipolar TURis Machine in Urology for operating large-sized Prostate gland enlargement in males.
- 2 Other unique services in the Gulf region include the Hyperbaric Therapy (Pure Oxygen Therapy) for faster wound healing during COVID pandemic, for diabetes, Sports medicine and Aviation space, in close collaboration with our high-end Orthopaedics Dept.
- 3 24/7 Emergency room with Cardiac Catheterisation Lab is backed with a strong Non-Invasive Cardiology Department that caters to the low-risk Cardiac cases stratification with a Non-Invasive CT- Coronary Angiogram. Patients that are more prone to heart attacks and Cardiac Arrest cases are tackled by Coronary Angiogram/Angioplasty at par with international excellence outcomes (with an average Door to Balloon time of less than 60 minutes).
- 4 Aster Sanad is well positioned as one of the largest private healthcare providers for Normal and Caesarean deliveries with a 35-bed Level 3 Neonatal ICU (managing cases of infants beyond 550 gms of weight) and Paediatric ICU. Over the years, Aster Sanad Hospital has emerged as a strategic partner and top preferred healthcare provider for reputed Government tenders and contracts.





#### Measures taken to combat COVID-19:

- Aster Sanad Hospital's stringent measures, in line with MOH guidelines, are constantly reviewed and updated to ensure patient safety. It also has a system of thermal scanning in place.
- Aster Sanad Hospital took part in the Brave Heart Awards in close collaboration with Media One to honour the Covid warriors and the supporters.

#### Awards & Recognitions:

- Aster Sanad Hospital won the Consortium of Accredited Healthcare Organisation International Award (CAHO) on International Patient Safety Day.
- Three nurses from different nursing units were recognised with The Disease Attacking the Immune System (DAISY) award, that acknowledges nurses for their work
- The Aster Sanad Hospital, Riyadh won the AHPI Healthcare Excellence Award 2021 in the Nursing Excellence Category.
- The hospital received new accreditation from the Saudi CBAHI (Saudi Central Board for Accreditation of Healthcare Institutions).



## MAKING A POSITIVE DIFFERENCE IN PATIENTS' LIVES

### Hospitals in India

#### Aster Medcity Hospital, Kochi

Aster Medcity is one of the most technologically advanced healthcare destinations in India, with a 670-bed facility located in a 40-acre waterfront campus in Kochi, Kerala. The hospital houses quaternary care facilities with one Multi-speciality Hospital and 10 dedicated Centres of Excellence in Cardiac Sciences, Neurosciences, Orthopaedics & Rheumatology, Nephrology & Urology, Oncology, Women's Health, Child & Adolescent Health, Gastroenterology & Integrated Liver Care, Multi-Organ Transplant and Minimal Access Robotic Surgery. It is also accredited by JCI and NABH.

The Multi-speciality Hospital offers varied specialities including Internal Medicine, General Surgery, Pulmonology, Endocrinology, Aesthetics & Plastic Surgery, ENT, Anaesthesia & Critical Care, Dental Sciences, Cranio-Maxillofacial Surgery, Ophthalmology, Dermatology, Psychiatry, Clinical Imaging, Interventional Radiology, Nuclear Medicine, Infectious Disease & Infection Control, Pathology, Physical Medicine & Rehabilitation, Pain Palliative Medicine, Wellness, Laryngology and 24/7 Emergency Care.

#### New Services launched in FY2020-21:

- Aster Medcity started a birth injury clinic for treating injuries during the birth process. The birth injury clinic with state-of-the-art facilities has an expert panel of orthopaedic doctors for managing birth injury cases. With this, Aster Orthopaedic and the Rheumatology Department has become the first centre in Kerala to provide expert service in all domains of bone and joint health through specialists in all branches of orthopaedics.
- Aster Medcity launched the Centre for Brain Tumors and Skull Base Surgery as part of its plans to shift from speciality directed approach to illness specific approach. "We are in the process of organising Neurosciences Specialities, comprises of Neurology, Neurosurgery and Neuropsychology departments, into a series of centres specific for the management of illnesses," said Dr. Dilip Panikar, Senior Consultant Neurosurgery, Aster Medcity. This dedicated centre will facilitate cutting edge research in areas like imaging, advanced molecular diagnostics, therapeutic strategies and

strives to improve the outcome for the patients.

- Aster Medcity started a Deep Brain Stimulation (DBS) Support Group for Parkinson's patients. The group will address all the doubts and apprehensions related to DBS therapy. The DBS group will also act as a mediator between the patient and the technical team for communication.
- Aster Medcity launched Rapid Access Chest Pain Emergency Clinic (RACPC) on the occasion of the World Heart Day for express assessment of the patients who suffered chest pain and suspecting angina, a type of chest pain caused by reduced blood flow to the heart.

#### Measures taken to combat COVID-19:

- Aster Medcity was one of the first hospitals in the city to implement rotation of its staff to ensure continued services and all healthcare workers were given several rounds of training in various aspects of pandemic roles.
- As one of the frontline institutions involved in the fight against the





pandemic, Aster Medcity was selected as one of the launch sites of the COVID-19 vaccination drives and to date continues to test, treat and vaccinate against COVID-19 upholding its motto of "We'll treat you well".

#### Awards and Achievements

- **Recognised as a hospital** with exemplary Patient Safety preparedness during the pandemic by eLets Healthcare Leader Forum
- **Excellence in Emergency Medicine** Recognition for Dr. Johnson at Indian Health Professional Awards
- **Award for Leading HR Practices** in Quality Work Life from Global HR Excellence Awards forum
- **Aster Medcity completed** over 1000 robotic surgeries as on October 2020
- **Aster Medcity witnessed** the graduation of its first batch of Core medical trainees (CMT) in June 2020

#### Clinical Excellence

### One-day-old baby with abnormal position of heart, other internal organs and low heart rate receives a new lease of life after surgery at Aster Medcity



A one-day-old baby boy with abnormal positioning of heart, other internal organs and with low heart beat rate has received a new lease of life after doctors at Aster Medcity successfully implanted a pacemaker. The new-born was brought to Aster Medcity from a hospital in Palakkad, immediately after birth with complex congenital heart disease.

On arrival, the patient had a heart rate of just 40 beats per minute and mild bluish discoloration of the lips, according to the hospital authorities. He was immediately taken to the NICU, where the Neonatal team led by Dr. Jose Paul and Dr. Rajasree treated him with IV fluids. The doctors decided on an urgent pacemaker insertion to save his life. A medical team under Pediatric Cardiovascular and Thoracic Surgeon Dr. Sajan Koshy successfully implanted the pacemaker in a surgery that lasted an hour. Post-surgery, the newborn's heart rate improved to 120 beats per minute. The baby became active and started taking breast feeds from the next day and was discharged from the hospital.

### Aster Medcity doctors perform 'Frozen Elephant Trunk' procedure to save the life of 59-year-old patient air lifted from Sri Lanka

Doctors at Aster Medcity have successfully performed a major and risky hybrid procedure using a frozen elephant trunk (FET) stent-graft to save the life of a 59-year-old patient airlifted from Sri Lanka. Shane Bernard Croner, a native of Colombo in the island nation, was admitted in a local hospital with central shearing chest pain and intractable hypertension.

An expert panel of doctors after reviewing the patient concluded that frozen elephant trunk stent-graft procedure was the only option to save the patient's life. A medical team comprising Dr. Manoj Nair and Dr. George Varghese Kurien, CTVS Surgeons, established an intricate bypass circuitry to enable adequate blood flow to all the vital organs. Then the diseased ascending aorta and arch were explanted. Dr. Manoj and Dr. George sewed the graft to the native aorta, which involved multiple suture lines. The procedure lasted for 14 hours and the vital organs including brain and kidneys were given blood supply through selective tubes placed into them during the procedure. All the vital organs recovered well after the surgery. The whole body was cooled to prevent damage during this long surgery (hypothermia technique).

## MAKING A POSITIVE DIFFERENCE IN PATIENTS' LIVES

### Aster MIMS Hospital, Kottakkal

Aster MIMS Kottakkal is an NABH accredited multi-specialty hospital that delivers a comprehensive range of preventive, acute and outpatient services. The hospital, located in downtown Kottakkal in Kerala is ideal for people seeking treatment for various ailments, because of its excellent infrastructure and its commitment to maintain the highest standards of safety, cleanliness, integrity and honesty. Good health is an unquestionably imperative requirement of all people, and it is the first priority at Aster MIMS Kottakkal.

With cutting edge technology and top-notch facilities for Trauma Care, Intensive Care and more, Aster MIMS Kottakkal continuously strives to provide holistic

care to patients. All the care centres in the hospital are equipped with the latest technology that helps in providing excellent comprehensive treatment to patients. The Hospital is concentrating on Innovative New Procedures in modern medicine to help all sorts of patients with lesser pain, lower cost and least hospital stay.

#### Key Procedures

- Percutaneous Endoscopic Lumbar Discectomy (PELD)
- Cyanoacrylate Glue Embolization For Varicose Veins (CAE)
- Uterine Fibroid Embolization (UFE)
- Prostate Artery Embolization (PAE)

#### Benefits for the Patient

- Minimally invasive procedures.
- Minimal pain.
- Small/ No scar.
- Minimal blood loss.
- No general anaesthesia.
- Faster recovery and minimal hospital stay.
- Faster return to work and normal life.

#### Awards

- Aster MIMS Kottakkal received the prestigious Excellence Award from the Asian Hospital Management Awards 2020 (AHMA Awards) for PELD & UFE.
- Aster MIMS Kottakkal won the silver award in the health innovation category.



## Clinical Excellence

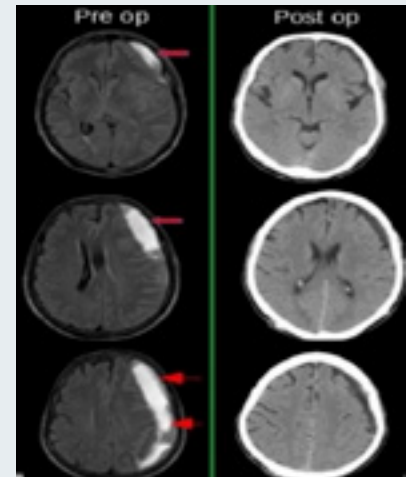
### A burr hole surgery performed in a COVID-19 patient with multiple ailments gives new lease of life to a 65-year-old man.

An NRI who had been working in the Middle East returned home on 17th July 2020 and was admitted to the Emergency department, Aster MIMS Kottakkal with complaints of general weakness, impaired memory and subtle difficulty in walking since one month. A CT-scan of the brain revealed a large subdural hematoma which was causing mass effect and midline shift of the brain. He also tested positive for COVID-19.

Dr R Rajeev and Dr Shaji K R Neurosurgeons of Aster MIMS Kottakkal, who attended the case,

explained the need for emergent burr hole evacuation for relieving the pressure in the brain. In view of his Covid positive status and background history of heart disease, a modified approach for surgical decompression was considered.

With the initiative of the hospital administration, an additional theatre was set up adhering to all Covid protocols which was completely separate from the main Operation Theatre Complex. The patient was subsequently discharged in a stable condition and after a review 2 weeks later was found to be in good health, repeat CT showed complete dissolution of hematoma.



## Measures taken to combat COVID-19:



Aster MIMS Kottakkal with Kottakkal Municipality and RTO Enforcement placed wash basins at the Kozhikode - Thrissur bus stop, Chenguvetty to generate awareness on hand hygiene. Passengers got an opportunity to get their hands clean while travelling. Daily 5,000 to 8,000 passengers used to travel through this bus stop which is situated on the National Highway.

Aster MIMS Kottakkal, in association with Lions Club of Kottakkal herbal city and the Kottakkal Municipality flagged off the 'COVID-19 - Awareness Announcement on Wheels'.



The Aster MIMS Hospital in Kottakkal, in collaboration with the Indian Railways and the Government District Hospital Tirur arranged for a medical counter at the Tirur Railway Station. They also distributed leaflets about hand hygiene. Passengers to Tirur were subjected to digital check of body temperatures.



## MAKING A POSITIVE DIFFERENCE IN PATIENTS' LIVES

### Aster CMI Hospital, Bengaluru

Aster CMI Hospital, Bengaluru is a contemporary state-of-the-art facility with a capacity of over 500 beds offering a comprehensive range of primary to quaternary care services through its Centres of Excellence in Complete Cancer Care, Cardiac Sciences, Neurosciences, Gastroenterology, Surgery and Allied Specialties, Integrated Liver Care, Organ Transplant, Urology and Nephrology, Orthopaedics, Women's Health, and Child & Adolescent Health.

#### Key Differentiators:

- It was the first hospital in Asia to use Normothermic Machine Perfusion for a Liver Transplant – a breakthrough procedure that aims to improve liver transplant success rates across India.
- Aster CMI Hospital is the only hospital in Bangalore to offer O-arm™ system, the most advanced 3-D surgical imaging equipment.
- Aster CMI Hospital is one of the top neuro hospitals in Bangalore that brought one of the first facilities in Bangalore to offer 3-Tesla MRI scan and Hybrid Cath lab.
- Performed Combined heart and lung transplant and Bilateral lung transplant



#### Case Study:

### Doctors at Aster CMI Hospital successfully remove 3.5 kg crippling tumor from a 15-year-old girl's neck

A team of 21 doctors worked tirelessly and removed a football-sized tumor weighing close to 3.5kgs from the neck of a 15-year-old girl named Surbhi from Amerli district in Gujarat that allowed her to regain normal life. Extending from her neck onto her chest, the benign tumor which had affected Surbhi's life for more than a decade, was later identified by the doctors as fibromatosis.

The case had extensive involvement of structures in the neck going to upper torso both within and out of the thoracic cavity. The case was also immensely critical as the tumor had grown in the neck region where all the essential structures of life are located. The surgery involved procedures like surgical debulking of the tumor and flap reconstruction for the affected area. The case highlighted the role of multi-specialty department in treating critical ailments.

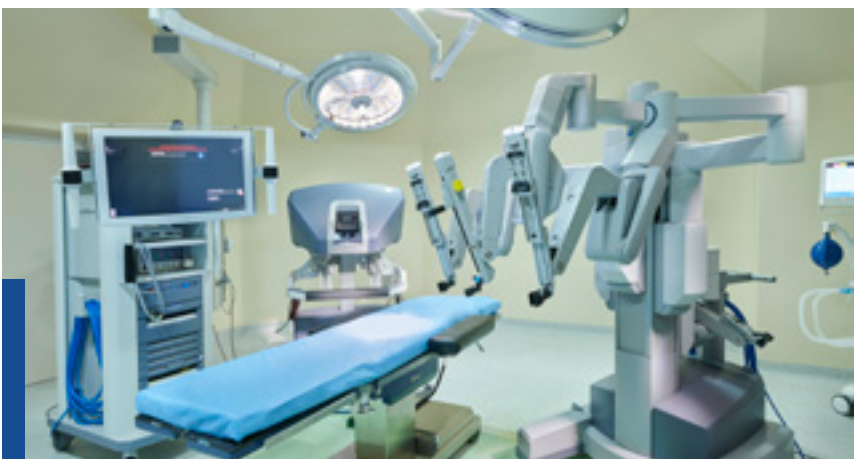
### Aster Neuroscience doctors save the life of an eight-and-a-half-year-old boy by removing hanging brain matter from his face

In a life-altering surgery that lasted for six-and-a-half hours, a team of Neuroscience doctors from Aster CMI Hospital, helped 8.5 years old Misbah Syed to get rid of a rare condition. The condition had impacted Misbah's life for several years. The child was also suffering from a cleft lip, a cleft palate, and a swelling inside the mouth. However, with the efforts undertaken by a team of multi-specialist doctors at the hospital, the child has now got a new lease of life.

Misbah's surgery was performed in two phases – in stage one, the doctors opened his skull and then retracted his brain back. The doctors then placed an artificial bone between the two eyes and another bone on that to ensure that the brain does not fall again into the nasal cavity. In stage 2, the medical team repaired the child's cleft lip. At present he is undergoing speech therapy. Misbah will also undergo a surgery for repairing the cleft palate in 3 months' time. All these were huge surgical challenges that made Misbah's case a one-in-a-million occurrence.

#### Measures taken to combat COVID-19:

- **Aster CMI Hospital launched and promoted** a 24/7, online COVID-19 portal to advise people seeking medical help. The tele-triage (assessment of the condition and appropriate guidance for treatment) service was offered free to everyone seeking medical help when having symptoms related to the novel coronavirus disease.
- **Launched "Aster eConsult" mobile application** to help patients connect with their doctor for any ailment or for a follow-up visit from the comforts of their home.
- **Introduced Hotel / Home isolation services** to offer care for asymptomatic and mild symptomatic Covid positive patients.
- **COVID-19 Vaccination** successfully conducted at Aster CMI Hospital. In the first phase the healthcare workers and all employees of Aster CMI were vaccinated. In phase two the vaccination was opened to the public and enormous amount of awareness was created on the importance of vaccination.



## MAKING A POSITIVE DIFFERENCE IN PATIENTS' LIVES

### Aster Prime Hospital, Hyderabad, Telangana

Situated in the city of Pearls and at a strategic location at Ameerpet, Aster Prime Hospital offers quaternary medical care with best-in-class technology and facilities on par with global standards to ensure world-class healthcare to all the patients. As one among the leading healthcare providers in Hyderabad, the hospital provides patients with the latest technological innovations for diagnosis and treatment of the most acute clinical conditions, highly skilled Medical and Nursing Expertise, round the clock personalized care promoting faster recovery of the patients.

Aster Prime Hospital is a private, full-fledged 158-bed multi-specialty hospital accredited with NABH & NABL. As one of the pioneer corporate healthcare facilities in the state of Telangana, Aster Prime Hospitals was the first hospital in Telangana to perform TAVR.

Academic programmes in Cardiology department – DNB and PGDCC and various Paramedical Courses under Osmania University are offered by the hospital. The hospital has advanced medical infrastructure, equipped with the latest machines like Philips 3D Echo CVX Machine, MRI – 1.5 Tesla, Multi Slice CT &

Dexa Scan and Digital 500 KVP X-Ray and Cathlab facilities.

#### Clinical Highlights:

A five-month-old boy was admitted to the hospital with excessive crying, fever, loose stools, reduced intake, and runny nose. His systemic examination was normal. COVID-19 RTPCR showed positive, therefore, he was shifted to the isolation ward and managed as per COVID-19 protocol therapy and discharged successfully. He was treated under the special care of Dr. Narender.T- Consultant Pediatrician & Neonatologist (Newborn, Children & Adolescent Specialist) with 19 years of experience.

#### Measures taken to combat COVID-19:

- Aster Prime was the first hospital in Hyderabad to start the screening of Covid patients at the entrance with

necessary precautions. Before clinical care was started, the potential cases were identified as soon as possible and the suspected people were isolated separately from confirmed cases of the COVID-19, to prevent the potential transmission of infection to other patients and health care staff.

- Webinars were conducted to educate the staff & create awareness regarding infection-control measures. In case of staff isolation, designated ward was identified and designated floor was identified as isolation area & separate entry & exit was designed.
- Special allowances was provided to staff working in the isolation areas. To practice social distancing, a special seating arrangement was done, and chairs were labeled for seating.





### Aster MIMS Hospital, Kannur

Sprawled across 1.5 acres of vast space in the beautiful coastal city of Kannur, the crown of Kerala, lies Aster MIMS hospital. The 302-bedded multi-specialty hospital is a first of its kind in the healthcare landscape of the culturally rich city. The tertiary care hospital has 7 OT's, 121 single rooms, 7 suite rooms & 88 ICU beds. Aster MIMS Kannur is complemented by medical experts, medical practitioners, nurses, technologists & support staff who bring in a professionalism that has no parallel. The newly-built hospital is set to move forward with its commitment to strengthen the health-care system of the city.

This facility features level 3 neonatal intensive care units which are among the most advanced in the country. With fully equipped inborn & out born NICU's, a baby's needs will be fully met. The hospital's ICU's are a first of its kind in Kannur manned by a team of excellent critical care physicians, with fully equipped latest technologies like ECMO to monitor and respond to the needs of the critical care patient. The well equipped Emergency & Critical care department is the first of its kind in Kannur, offering the best treatment for patients, equipped with 25 emergency beds and 24x7 emergency services. The Hospital's

Radiology department is equipped with State- of the-art MRI with MR Angiogram and viability study packages, 128 slice CT, 4D Ultra sound machines and Mammogram. With the highest level of expertise in a wide range of women health issues, the OBG department offers world class treatment for every single aspect of women's health.





## MAKING A POSITIVE DIFFERENCE IN PATIENTS' LIVES

### Aster RV Hospital, Bengaluru

Aster RV Hospital was established to provide world-class, patient-centric centres, driven by medical innovation and culture of excellence. The state-of-the-art super speciality hospital has 233 beds and offers comprehensive primary care

to quaternary care services, with centres of excellence in Cardiac Sciences, Neuro-Sciences, Gastro Sciences, Orthopaedics, organ transplant, and minimally invasive surgeries backed by high-end critical care and emergency medicine. Aster RV

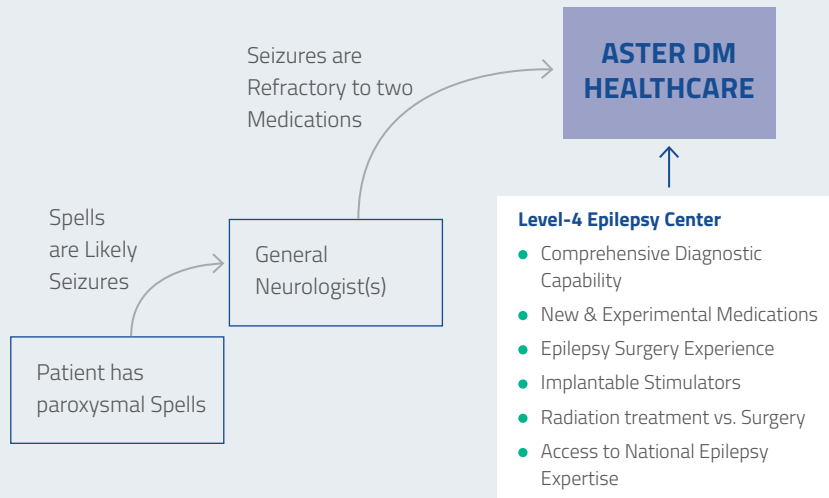
Hospital has best in class infrastructures and technology like Biplane Cath lab, Intra operative MRI among other state-of-the-art facilities. Aster RV Hospital also has a 53-bed ICU along with a six-bed Paediatric ICU.



## Clinical Excellence Case

### Vagus Nerve Stimulation Implantation for a case of Paediatric Epilepsy with Drop Attacks

#### Epilepsy Care Pathway



A six-year-old girl child from West Bengal, was admitted to Aster RV Hospital with history of daily seizures in the form of sudden drop attacks multiple times in a day for the last one year. This used to occur despite taking four anti-epileptic medications for treatment of epilepsy. As a result of this she had sustained recurrent facial and head injuries and was unable to even sit without support.

In view of medically intractable seizures she underwent a detailed pre-surgical evaluation at the Comprehensive Epilepsy Care Centre in Aster RV Hospital. Her brain MRI showed major malformation of cortical development in the form of pachygyria involving the bilateral temporoparietal regions. Video EEG showed high amplitude of chaotic background activity and multiple atonic head drops of diffuse ocatal onset with electro decrement in EEG were recorded.

She underwent left sided VNS implantation under general anaesthesia. VNS programming was started once the wound was healed. A remarkable reduction in seizure frequency was noted and the child began walking with minimal support. Follow-up EEG showed significant improvement in background activity. Her anti-epileptic medications are being tapered and neuro-rehabilitative measures have been initiated.

VNS is a rarely performed surgical procedure for medically refractory epilepsy. It is described to be associated with a low technical difficulty and needs a short surgical time. VNS results in a significant reduction of seizure frequency and particularly intensity and duration of drop attacks, as well as the overall improvement in quality of life in paediatric patients.

The level 4 Comprehensive Epilepsy Care Centre at Aster Hospitals Bengaluru, aims to bridge this treatment gap by ensuring that any patient with medically refractory epilepsy gets access to detailed pre-surgical evaluation and appropriate surgical treatment at the earliest.



## MAKING A POSITIVE DIFFERENCE IN PATIENTS' LIVES

### Aster MIMS, Calicut

The Aster MIMS, Calicut (Malabar Institute of Medical Sciences Ltd) is a 678-bed multi-specialty hospital situated in the heart of Calicut city and has an atmosphere of quiet and unpolluted air. The hospital is renowned for its excellent medical expertise, nursing care and quality of diagnostic services. The hospital has earned a recognition as a leader in

providing world-class healthcare services to the common man at an affordable cost. It is continuously in tune with the latest technology that promotes the healthcare and well-being of the patient.

Meanwhile, the hospital has successfully completed 50 liver transplant surgeries post COVID-19 outbreak. Aster MIMS

Calicut performed the surgeries at a time when Kerala witnessed a decline in life-saving surgeries, including transplant surgeries, due to the fear caused by COVID-19. Six of the surgeries performed during the period involved organs received from brain-dead patients.





Clinical Excellence

## Karipur Plane crash survivor undergoes 3D printed total Talus replacement - The second talus replacement in India



Doctors at Aster MIMS Calicut have successfully performed the First Talus replacement Surgery in South India. The surgery was performed on the patient who was grievously injured in the Karipur Plane Crash. The rare surgery was performed

by a medical team under Dr Moidu Shameer K P Consultant Orthopedic Surgeon. Noufal's left Talus Bone was completely damaged and lost in the accident. The talus replacement surgery is a sophisticated treatment method and normally performed when

talus develops damage due to lack of blood supply. However doctors of Aster MIMS Calicut took up the challenge of reconstructing the talus of Noufal.

Picture: Dr Moidu Shameer with Patient Noufal And his family.

## MAKING A POSITIVE DIFFERENCE IN PATIENTS' LIVES

### Awards and Achievements

- **Aster MIMS Calicut** received Platinum Status for Acute Stroke Care in the World Stroke Organization Angels Awards. This is the first time a hospital achieved this award in Kerala.
- **Aster Home Services** won two honours at the IHW Awards 2020. It was elected for the Bronze Award in health innovation category and also won the award in the home healthcare category.



### Intertrochanteric Fracture of the Left Hip

Mr Kalandan Haji, a 104 year old gentleman was admitted with pain in the left hip following a fall. He had sustained Intertrochanteric fracture in the left. Preoperative tests showed aortic stenosis. During pre-op evaluation, cardiology consultation revealed severe Aortic stenosis (pin-point). Mr Kalandan Haji underwent CMR fixation with proximal femoral nail under Lumbar plexus / nerve block + local anesthesia. The whole procedure was completed within 40 minutes. He was kept in HDU for overnight observation and shifted to a room the next day. The high risk surgery was performed by a medical team under Dr Radhesh Nambiar, Sr Consultant Orthopedic Surgeon.



### Covid Initiatives

- A dedicated Operation Theatre (with negative pressure) and ICU were maintained for Covid-suspected and positive patients.
- Home ICU and home care services were intensified to restrict the flow of patients to the hospital.
- Telemedicine & Tele ICU services were started in full swing. At least one doctor from each department was available for teleconsultation to ensure proper service. All consultants were requested to use online video consultation platforms wherever possible to minimise physical presence of patients in the hospitals.
- Make-shift ICU facility was set-up to accommodate patients who were in dire need of ICU care. This was introduced for the first time in Kerala.

### Allogenic Haplo Identical Stem Cell Transplant

Kulsum, a 2.5 year old native of Afghanistan and Pakistani passport holder, miraculously recovered after a rare bone marrow transplant performed at Aster MIMS Hospital in Calicut, India. A resident of the UAE, she was referred by doctors to performed the transplant at Aster Calicut and, with special permissions taken from the Indian Embassy in Abu Dhabi, she was successfully transferred to India. In the history of Kerala, this was the first successful bone marrow transplant performed on a child as young as Kulsum.





## MAKING A POSITIVE DIFFERENCE IN PATIENTS' LIVES

### Clinics and Pharmacies

#### Aster Clinics

##### A NETWORK OF WORLD-CLASS CLINICS THAT BRING QUALITY CARE TO EVERY NEIGHBOURHOOD.

Aster has spent the last three decades in strengthening the scope and quality of its services while simultaneously evolving the brand, to ensure that all patient's healthcare needs are met.

Aster Clinic is now one of the biggest integrated networks in the region, with 60+ clinics, with 3 Diagnostic Centres, 400 + Doctors and 30+ Specialities. In 2020-2021, it expanded its operations and opened new Clinics in Ras Al Khor, CIG Mall & Sheikh Zayed Road and relocated the Muhaisnah Clinic to a bigger and better location with more specialities to serve the customers better.

##### Key achievements and recognitions

- Supported Covid Isolation Facilities at Warsan and Jebel Ali
- Prime Supporter for COVID-19 Screening with DHA at the initial stages of Covid Pandemic
- IHF Beyond the Call of Duty Recognition Award: For Proactively responding with outstanding and innovative actions in facing the COVID-19 pandemic
- Integrated clinic offerings on Aster Online with the prescription upload feature
- Placement of Safe Distance and other Covid awareness and educational material at the clinics
- Expansion of Aster Home Care Services - Covid test at Home, Home Lab Sample Collection Services

- Drive Through Covid testing centre at Ajman and Covid PCR Screening Facility introduced at Aster Clinic & Access Clinic
- Introduction of Tele-consultation services, Home Isolation Care Packages and Covid Support Call centre for four months providing support to the public for any COVID-19 related issues

##### Measures taken to combat COVID-19:

- In March 2020, when the UAE was initially hit with Covid, a team of doctors, paramedics and employees from Aster and Access Clinic volunteered to support DHA for the mass screening initiative in the areas of Deira, Al Quoz and Jebel Ali. More than 10,000 people were screened over a period of two months. DHA recognised this effort and Aster Clinic was awarded the IHF certification. Aster was also recognised as the major partner of DHA for its support.
- Partnered with DHA for two Covid isolation centres in Warsan and Jebel Ali over a period of two to three months where doctors, paramedics and nurses volunteered. The Aster Clinics were opened during the initial days of the pandemic to ensure safety of the people.
- Dedicated call centres were opened by Aster Clinics with doctors available for more than 18 hours to allay panic among the people and to provide basic treatment advices.
- Aster Clinics initiated tele-consultation and lab sample collection from home to prevent chronic and elderly patients visiting clinics. Aster Mobile Units played a major role in transferring patients from home and hotels to isolation centres.



## Aster Pharmacy

Aster Pharmacy holds one of the largest presence in healthcare retail across the GCC healthcare landscape with over 200 pharmacies thereby touching the lives of millions by going beyond boundaries, both in terms of products & services. Offering the entire gamut of curative, nutritive, baby products, lifestyle, wellness products, FMCG products, cosmetics, personal & homecare products - Aster Pharmacy has become a household name in the UAE & has emerged as the brand of choice amongst pharmacies due to its wide availability & customer-first orientation. Driven by a zeal to innovate & excel, Aster Pharmacy has led various first-of-its-kind unique initiatives in the region – to name a few, the Secure Rewards Programme, the first Pharmacy Rewards Programme, launch of the UAE's first online pharmacy

website - [www.asteronline.com](http://www.asteronline.com) and 800-700-600 - a dedicated call centre enabling its customers to access over 700+ multilingual pharmacists who counsel & provide medical assistance 24/7.

### Key achievements and recognitions

- The Best Service Performance Outlet Award in the health and wellness sector 2020 was awarded by the Dubai Service Excellence scheme to Aster Pharmacy branch 2 (RAK) for applying and exceeding the service standards prescribed by the DSES (Dubai Service Excellence Scheme)
- Introduced Free Home Delivery and launched the WhatsApp channel to place orders

### Measures taken to combat COVID-19:

- Measures taken to ensure safety at 200+ pharmacies during the pandemic comprise but is not restricted to social distancing strips, footprints across the counters placed at a distance of 1.5m, temperature checks of all customers hand sanitisers and PPE kits for all the staff with instructions to wear at all times, waiting area chairs marked for social distancing & disinfection done frequently, a checklist shared between shifts for hand hygiene and sanitisation.
- Social activities carried out like distribution of free masks and sanitisers in communities of Dubai, Abu Dhabi, Sharjah and other Emirates in the UAE, hand sanitiser pouch distribution and hand sanitiser unit fixing in lift lobbies.



## MAKING A POSITIVE DIFFERENCE IN PATIENTS' LIVES

### When the test is true, the diagnosis is more accurate.

A diagnostic laboratory that is true to everything a lab ought to be. Aster Labs from the Aster DM Healthcare Group emerged from the glaring need to take the doubt out of diagnosis. Aster is obsessed with accuracy, committed toward the highest quality standards, and looks at performing every test with minimal human intervention. All this to give a test report a patient can truly trust. Hence the promise "THE TRUE TEST"

Aster is proud to inherit the Aster DM Healthcare legacy of trust, quality spanning 7 countries, 30+ years and 300+ healthcare establishments. It is committed to upholding it, by living up to the same

clinical standard of excellence. That's why it has benchmarked its process on global quality standards.

#### Philosophy of THE TRUE TEST

**THE TRUE TEST OF COMPASSION-** Making precise, highly accurate lab screening and testing accessible and affordable to all.

**THE TRUE TEST OF ACCURACY-** Robotic track, and world's latest technology for absolutely precise results.

**THE TRUE TEST OF COMMITMENT-** Harnessing three decades of Aster's experience across the healthcare spectrum to offer better diagnostics to all.

#### THE TRUE TEST OF AUTHENTICITY-

Ensure to meet high quality standards in testing and reporting.

#### Infrastructure

The journey for Aster Labs started in March 2019. Today Aster has infrastructure present in Bangalore & Kerala, with one state-of-the-art NABL-accredited national reference laboratory situated in Bangalore. At present Aster has seven satellite labs out of which, three are located in Bangalore & four are in Kerala covering districts like Kochi, Thiruvananthapuram, Malappuram & Kannur.

With the vision of making world class diagnostics accessible & affordable to every Indian, Aster is establishing its reach by developing patient-experience centres across cities via associating with partners, who are keen on joining Aster Labs as a diagnostic franchise. It aims to create Path Lab Franchisee Network with a strong IT infrastructure, world-class technologies and exceptional patient experience. Currently it has 10 active franchisee centres across Bangalore & Kerala.

Having set footprint in southern and western states of India like Maharashtra, Andhra Pradesh, Telangana, Tamil Nadu, Karnataka and Rest of Kerala, it is looking ahead to establish total of 40+ satellite labs by the end of 2023 and more than 200+ franchisee-patient experience centres.

#### Accreditation

Aster's reference lab is granted with NABL accreditation in accordance with ISO 15189:2013 in the field of Medical testing for the disciplines of Clinical Biochemistry, Clinical Pathology, Cytopathology, Haematology (\*except DU test), Histopathology, Microbiology & Infectious disease serology and grant of accreditation





for the enhanced scope in the discipline of Molecular Testing. The accreditations help it live up to the promise of providing the best patient care.

### Test Port folio

Aster is equipped to perform more than 2500+ tests with the help of the latest high-end equipment, making sure that the results are accurate and delivered to customers on time. It offers quality diagnostic services ranging from routine test investigations, super-specialty test investigations, blood test, urine test, stool test, and biopsy to the more advanced tests pertaining to Biochemistry; Haematology; Micro-biology; Cytogenetics; and Clinical Pathology and Histopathology.

### Challenges & way forward during Covid

The pandemic that created a havoc worldwide and with the 2nd wave hitting people more strongly, the diagnostic sector has been put to the test. The challenge in collecting, processing, reporting on time, managing staff and training on changing protocols, new molecular testing, and automated processes has been an uphill task.

As the daily COVID-19 cases touch new highs, Aster is facing the toughest challenge to meet the soaring demand for the RT-PCR test to check for the infection and provide the reports on time to patients. At Aster Labs, the focus has always been in providing quality service with a shorter turnaround and to this end it has acted quickly to increase the Covid test demands and took necessary steps like-

- Strengthening home collection services in terms of man power & technology,
- Bringing in latest technology with shorter TAT and thus increasing the test capacity



- Controlling infection strictly, following protocols and maintaining the safety of the lab staff,
- Sourcing strategically to attain cost effectiveness
- Ensuring accurate & timely reporting of Covid tests.

The coronavirus pandemic has made it more agile and nimble in its approach and this has been made possible owing to the hard work, flexibility and dedicated team efforts of all laboratory staff involved.

# TECH-LED DIGITAL TRANSFORMATION

**The pandemic put an accelerator on the ongoing digital transformation initiatives, to keep employees safe and provide the best possible care to patients. It was necessary to use technological interventions wherever possible in the healthcare system and enhance patient-care.**

## Revolutionising Patient Service

In order to further improve the patient service, Aster launched **OneAster** in India connecting all the hospitals in Kerala and Maharashtra to a single patient engagement platform. This allowed for a single point access to all consultation and interactive records with doctors across the hospital, making it easier for patients to be serviced from different units under one Aster brand. The platform also provides ease of booking appointments and online payments for patients.

**Aster eConsult**, the tele-consultation platform was made available on the multiple platforms including a website and mobile application for both iOS and Android users, across the facilities in Kerala, Karnataka and Maharashtra.

Aster's shift towards **Industry 4.0** was fast-tracked, as we extended the use of IoT (Internet of Things) to monitor patients. One of the biggest challenges during the pandemic has been availability

of ICU beds for severely critical patients. The Company's remote-sensing solutions enabled remote monitoring of patients at home and in non-ICU beds, freeing ICU beds occupied for constant monitoring needs. While the use of IoT in the ICU bed for COVID-19 beds also aided in effective minimising of exposure of frontline employees.

**We introduced remote monitoring for non-critical patients to free up beds, especially in the ICU department.**

This also assisted in reducing the burnout among staff, especially in India which was already high due to extended work hours. Additionally, due to the remote work mode, clinicians and intensivists based across Aster's network in different countries, could extend support to each other.

## Data Security Management

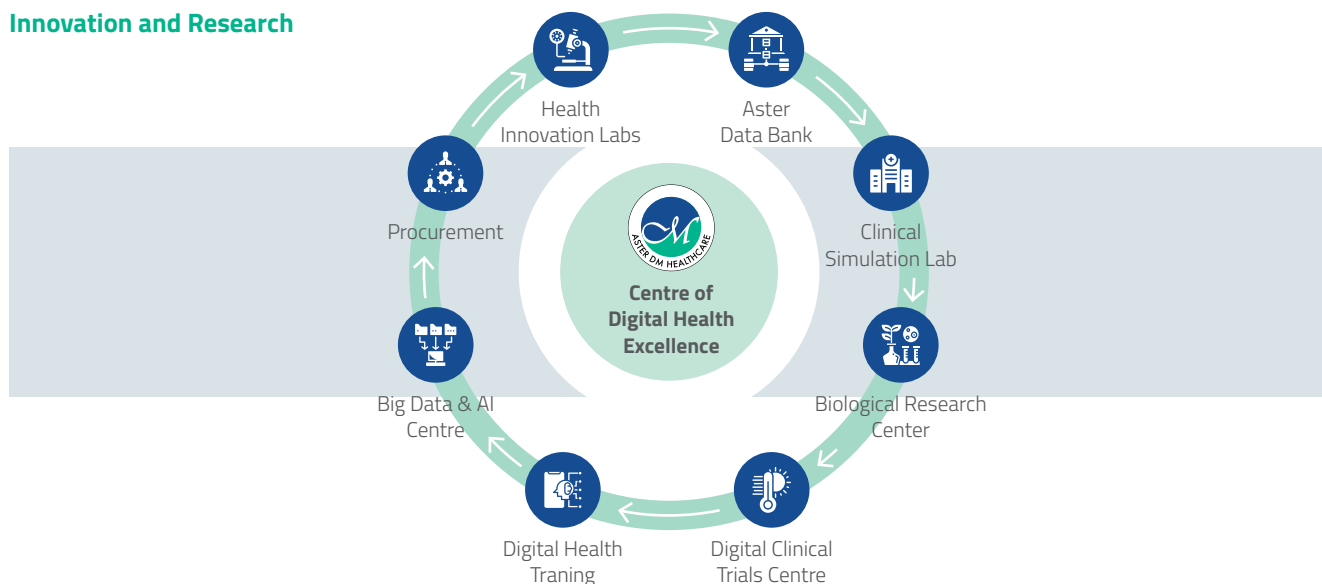
Early investment in Cloud Technology and the team's high adaption to the Office 365 suite of products aided the Company during the pandemic. As a consequence of it, we were able to seamlessly migrate entire back office and corporate function to a Work-from-Home model. We scaled the Office 365 platforms to support the increased virtual interactions between the leadership and hospital teams.

Hospital-based employees and caregivers were ensured safe access to the patient records even from remote locations through a Secure Virtual Private Network (Secure VPN). Close to 2,500 connections in less than 72 hours were enabled to ensure access was provided to the business teams on the most secure channel possible.

As most home networks are not secure and protected with firewalls as an enterprise network, the Aster team made investments in advanced email security to mitigate the risk of Ransomware and attacks triggered through Phishing emails. The Company also initiated the Aster Guardian Campaign with added rigor to educate its employees on the etiquettes of being on the Internet. Adequate security software were put in place to safeguard operating environment.



## Innovation and Research



Aster Research and Innovation Team has been driving research programmes with a broader vision for data monetisation, Artificial Intelligence (AI) and Intellectual Property (IP) developments. It has been imparting IT and healthcare training, and simultaneously bolstering Aster's brand value through research papers and media publications.

The Innovation Team is in the process of setting up a top-notch centralised databank platform in collaboration with marquee data and platform partners. Aster endeavours to build a state-of-the-art data system in India and the UAE, where all patient centric data can be centralised, processed, anonymised and annotated for further research. The Company is currently driving more than nine applied research projects involving both data and clinical insights through participation of its doctors to innovate and co-develop AI models, tools, drugs etc.

The Clinical Simulation Lab is another area which is being set up to provide an end-to-end development through beta testing for the AI and Healthcare start-ups to develop their next generation products. Aster Clinical Simulation Lab, works on a hospital immersive iterative pre-clinical product development approach used in faster, reliable and compliant evidence

generation for digital health solutions. The Lab has abridged the shortcomings in the current approach by bringing problem and solution together, to define the real-world healthcare problems. Aster's Pragmatic approaches helps in evidence generation, iterative agile development, clinical data modelling and conduct early Validation experiments in Aster's Ideal Infrastructure.

Aster is also working with a leading silicon partner for a Federated Learning setup, where models will be designed and used for new AI development without using the original datasets, keeping it safe and secure. The Innovation Team has been instrumental in imparting trainings on AI and Healthcare IT to more than 500 Asterians till date, working together with Learning and Development team.

Aster is also driving synergies in biological research, new technology procurement and healthcare research with industry partners. Aster's CDHE has been collaborating with industry partners using innovative simulation-based approach to co-develop and conduct interdisciplinary research in Aster's world class medical facilities. The biological research unit - Aster Research Foundation, focuses on clinical problems with high mortality rates like Diabetes Mellitus and Sepsis. These are being addressed with innovative solutions

at various levels like early diagnosis, management and prevention strategies. The research findings in Diabetes mellitus has been well accepted in various international journals and conferences. The novel medical device and antibody therapy for sepsis management is also in its final stage and has been repurposed for Covid management since the target is common in both cases – the cytokine storm. The successful completion would leave Aster with a much better way to handle the uncontrolled mortality of COVID-19. The foundation is also planning to expand its transnational research activities into new areas like regenerative medicine, neuroscience and genetics.

Aster is exploring sustainable opportunities in India and UAE with its incubation program, for start-ups in the field of healthcare. The Company is working for sickle cell population prevalent at Wayanad with the help of NITI Aayog and the medical college. In coming years, Aster Data bank led EDVantage programme aims to train all programme health workers on digital health. The same programme can be provided to communities through (Aster Volunteers) to keep community health sustainable for operating regions.



# MAKING MEANINGFUL CONTRIBUTIONS TO PEOPLE & COMMUNITIES

**Aster's Chairman, Dr. Azad Moopen, always considers giving back to the society as a natural extension of his and the organisation's core values. Aster Volunteers was founded with the aim of serving as a catalyst for social impact action and to function as a platform for all those who wish to contribute to its humanitarian efforts. As of date, Aster Volunteers is a growing force of over 36,000+ volunteers who have impacted over 2 million+ lives globally. Aster Volunteers played a key role in the relief and rehabilitation of several lives such as rebuilding homes for victims of the Kerala floods, support for Lebanon blast victims, playing a pivotal role in extending community programmes during the COVID-19 pandemic, sharing critical information leveraging digital mediums, blood donation programmes and extending community healthcare drives.**

## COVID-19 Relief and Response

Aster Volunteers have been at the forefront of the battle against COVID-19. The team has been assisting and supporting medical professionals and people in need through both online and offline initiatives. Given the sheer challenge thousands of migrant workers faced due to the lockdown imposed, Aster Volunteers distributed food packets and helped spreading hope in Dubai, Kochi, Guntur and Bangalore. The volunteers risked their lives during a pandemic to help the people in need by

distributing 318,490+ food and essentials packs. They also set up multiple screening camps across different geographies. Over 325,264+ individuals were screened through medical camps by units and Mobile Medical Services. A series of webinars were hosted and moderated by Aster doctors and medical professionals about precautions, preventive measures and special care for people with pre-existing conditions amongst other topics. 500,705++ people were reached through

webinars and the Aster Homes initiative. Beyond this, the volunteering force also distributed 15,486 PPEs, masks, gloves, sanitisers, face shields to individuals and medical personnel alike. Being confined to one place can be challenging, physically and emotionally. To help individuals in need, a distress call centre was set up and helped 16,697+ individuals in need. Aster has also undertaken significant steps to bolster the Covid vaccination efforts in India and the UAE impacting 23,976 individuals.

Food and essentials packs distribution

318,490+

Medical camps

325,264+

Helped individuals in need

16,697+

**They worked through nights so the less fortunate could eat every day.**



#FeedTheHungry

**Aster**  
volunteers  
Powered by Humanity





## MAKING MEANINGFUL CONTRIBUTIONS TO PEOPLE & COMMUNITIES

### Aster Homes

Kerala witnessed the deadliest floods of the century in 2018. The trail of destruction was unprecedented and left the entire state devastated. Aster Volunteers joined hands with like-minded individuals to help with food, medical aid, and relief supplies. As the waters receded, many were left

without a roof over their heads. Aster Volunteers decided to rebuild some of these homes and kick-started the Aster Homes initiative with support from the Government of Kerala and other like-minded people and organisations. While the foundation stone-laying ceremony for

35 Aster homes across 1.62 acres plot has commenced. At the Perumbavoor cluster, they were able to hand over 134 homes to beneficiaries. A total of 250 houses are proposed to be completed in the financial year 2021-22.



Handed over

# 134

homes to beneficiaries

Total

# 250

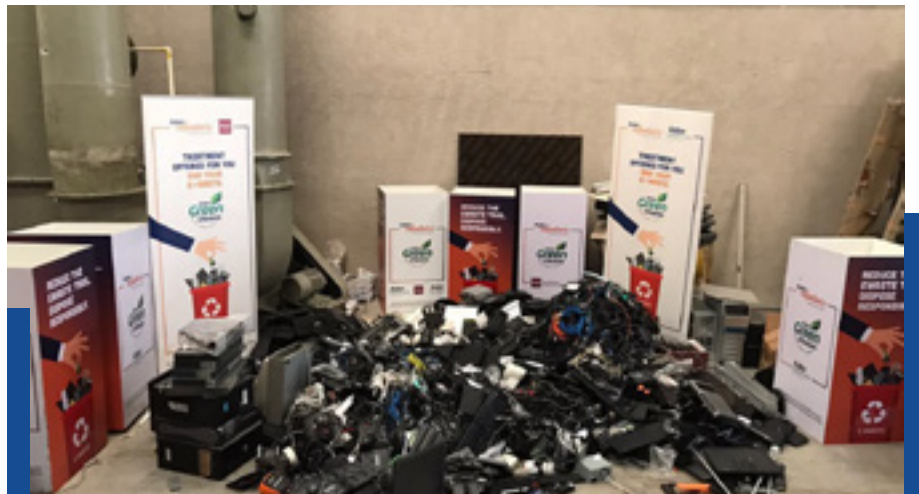
houses are proposed to be completed in the financial year 2021-22





## Green Choices

The global volume of e-waste generated is expected to reach 52.2 million tonnes by 2021. So, as a part of the Green Choices initiative, Aster Volunteers wanted to highlight and facilitate the proper disposal of e-waste. Disposal bins were set up and people were urged to drop by the nearest Aster Hospital to discard e-waste. Aster Volunteers aimed to safely dispose and recycle e-waste along with the help of partners.



The Company had signed a pledge to reduce plastic pollution during a co-hosted event by the UAE Ministry of Climate Change and Environment (MOCCAEE) and the Indian Embassy in the UAE marking World Environment Day at the Ministry's headquarters in Dubai and had announced that Aster Pharmacy will phase out the use of plastics bags over a period of time. With the introduction of recycled paper bags in Aster Pharmacies this year, it has taken a significant step towards this milestone in reducing the carbon footprint.



## MAKING MEANINGFUL CONTRIBUTIONS TO PEOPLE & COMMUNITIES

### Mobile Medical Services

Many communities around the world do not have access to healthcare. The situation has become challenging especially during the COVID-19 crisis. Through Aster's Mobile Medical Services, basic healthcare facilities were provided for people in multiple countries. Aster launched the Mobile Medical Services in Ethiopia, Sudan, Oman and in several parts of India. A majority of the mobile clinics reach communities that don't have easy access to healthcare as they are far from established centres. So far, more than 325,264+ people have been helped through this initiative, and Aster Volunteers is extending this concept to remote regions in other parts of Asia, Africa and the Middle East.





## Blood Donation Drive

A persistent problem faced by the medical community is the reliable availability of safe blood at the hour of need. And to help this cause, this World Blood Donor Day, Aster

Volunteers organised the Drops of Hope blood drive that was conducted across various Aster locations. The blood donation

drive was organised in various geographies to support the shortage of blood during the Covid era.



## Evangelising Volunteering

While Aster Volunteers is over 36,000+ volunteers strong, who've impacted close to 2.5 million lives, the constant endeavour is to introduce more people to the idea and benefits of volunteering. The goal is to increase the number of volunteers to 100,000 in the next five years and to extend the depth and breadth of the Aster Volunteers program. With this in mind, Aster Volunteers created the Aster Family Tree Programme. In essence a referral programme, the aim is to ask volunteers to introduce their friends and family to the Aster Volunteers initiative. Apart from spreading goodness, it also gives them a purpose in their lives and an opportunity to spend time helping others.



Aster Volunteers

# 36,000+



# BOARD OF DIRECTORS



**Dr. Azad Moopen**  
Founder, Chairman and  
Managing Director



**Ms. Alisha Moopen**  
Deputy Managing Director



**Mr. T J Wilson**  
Non-Executive Director



**Mr. Anoop Moopen**  
Non-Executive Director



**Mr. Shamsudheen Bin  
Mohideen Mammu Haji**  
Non-Executive Director



**Mr. Daniel Robert Mintz**  
Non-Executive Director



**Mr. Suresh Muthukrishna  
Kumar**  
Non-Executive  
Independent Director



**Prof. Biju Varkkey**  
Non-Executive  
Independent Director



**Dr. Layla Mohamed Hassan Ali  
Almarzooqi**  
Non-Executive  
Independent Director



**Mr. Chenayappillil John George**  
Non-Executive Independent  
Director



**Mr. James Mathew**  
Non-Executive Independent  
Director



**Mr. Sridar Arvamudhan Iyengar**  
Non-Executive Independent  
Director

# CORPORATE INFORMATION

## Board of Directors

Dr. Azad Moopen

Ms. Alisha Moopen

Mr. T J Wilson

Mr. Anoop Moopen

Mr. Shamsudheen Bin Mohideen Mammu Haji

Mr. Daniel Robert Mintz

Mr. Suresh Muthukrishna Kumar

Prof. Biju Varkkey

Dr. Layla Mohamed Hassan Ali Almarzooqi

Mr. Chenayappillil John George

Mr. James Mathew

Mr. Sridar Arvamudhan Iyengar

## Group Chief Financial Officer

Mr. Sreenath Reddy

## Company Secretary and Compliance officer

Ms. Puja Aggarwal

## Statutory Auditors

Deloitte Haskins & Sells,  
Chartered Accountants  
Prestige Trade Tower, Level 19  
46, Palace Road, High Grounds  
Bengaluru - 560001

## Registered Office

No.1785, Sarjapur Road, Sector - 1,  
HSR Layout, Ward No.174,  
Agara Extension, Bangalore-560102,  
Karnataka, India  
Tel: +91 484 6699999

## Registrar and Transfer Agent

Link Intime India Pvt Ltd  
C-101, 1st Floor, 247 Park,  
Lal Bahadur Shastri. Marg,  
Vikhroli (West), Mumbai -400 083  
Maharashtra, India  
Tel: +91 22 4918 6200

### **Important Communication to Shareholders**

The Ministry of Corporate Affairs has taken a "Green Initiative in the Corporate Governance" by allowing paperless compliances by the companies and has issued circulars stating that service of notice / documents including Annual Report can be sent by e-mail to its members. To support this green initiative of the Government in full measure, members who have not registered their e-mail addresses, so far, are requested to register their e-mail addresses, in respects of electronic holding with the Depository through their concerned Depository Participants.

# MANAGEMENT DISCUSSION AND ANALYSIS (MDA)

## Global Economy

The worldwide contraction in the economy by 3.3 per cent in CY2020 as a result of the COVID-19 epidemic in early 2020, witnessed lockdowns and the consequent breakdown of the worldwide supply chain<sup>1</sup>. The pandemic resulted in 95 million being infected globally, with the global death rate averaging around 2.1 per cent.<sup>1</sup> The loss of output was not uniform and was determined by pre-existing vulnerabilities in different economies as well as the strength of their macroeconomic foundations. Cumulative per capita income losses in the emerging markets and the underdeveloped nations are expected to be comparable to 20% of 2019 per capita GDP, whilst losses in advanced economies are expected to be considerably less, at 11%.<sup>1</sup> The social and economic losses have been significant, particularly for vulnerable groups such as youth, women, and children, who have lost money, jobs, and education. The shrinking budgetary headroom for most economies jeopardises the worldwide campaign against the virus due to diminished capability to deal with the ensuing catastrophe.

The monetary easing policy was adopted by most of the central banks, which enabled the Governments to provide fiscal stimulus to cushion the economy. Indigenously, Governments have implemented a variety of fiscal policies, including steps to mitigate income loss, boost hiring, expand social assistance, guarantee credit, and infuse ownership into businesses. As per estimates, the fiscal stimulus exceeded more than one-fifth of the GDP for nine countries led by Japan, while the US was the largest contributor in absolute terms.<sup>2</sup>

### Outlook

With normalisation of economic activity and availability of COVID-19 vaccines, the global economy is expected to register a strong growth rate of 6% in 2021, moderating to 4.4% in 2022.<sup>1</sup> The volatility of the growth momentum is exacerbated by the fact that most countries began the crisis with massive public debt and have limited capability to withstand future crises. The threat of subsequent crisis is also looming large as observed by the emergence of new strains of virus and sporadic lockdowns in limited areas.

Though the current situation is bleak and ambiguous, with time and experience, a path out of this health and economic crisis becomes evident. Due to relentless efforts in healthcare facilities, vaccination administration and availability, multispeed recovery is under way in areas and across income backgrounds. As a result of the year's

events, healthcare delivery has expedited its transition, and the notion of anytime-anywhere care has begun to gather momentum. Digital health technologies, particularly telehealth and remote patient monitoring, showed significant demand as the sole way for many people to continue receiving care throughout the pandemic.

## GCC Economy

Last year, the COVID-19 pandemic produced significant output losses in the Middle East, with huge GDP losses seen across the GCC nations. The counterfactual drop for GCC nations has been around 7.7 per cent<sup>3</sup>. Significant interruptions caused by COVID-19 have been exacerbated by the sudden drop in oil prices and demand. COVID-19 infection rates have risen in numerous economies over the first half of the fiscal. Exports and industrial production fell throughout much of 2020, and employment fell sharply in some economies. The GCC and growing oil exporters had the worst decreases in real Government income in 2020. The slowing demand has compressed inflation in most GCC economies.

In the second half of the year, the sub-region saw a moderate revival in activity, with high frequency indicators strengthening and equities markets normalising. Saudi Arabia's economy is on the mend among other GCC nations, as new COVID-19 infections have stabilised at acceptable levels, global conditions improve, and the national vaccination programme gathers traction. Oil price increases and the relaxation of fiscal and external containment measures are believed to boost the medium-term fiscal and external prospects. The recurrence of COVID-19, along with additional interruptions caused by geopolitical tensions and political instability, increased downward pressure on oil prices, and increased balance-of-payments stress, are important downside risks to the forecast.

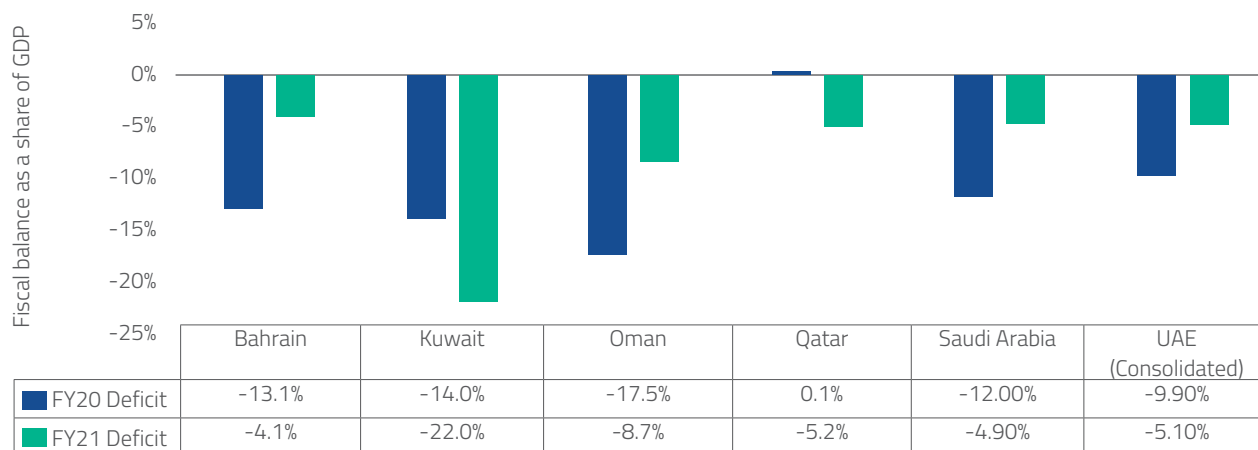
### Outlook

The economy is predicted to recover in parallel with the global economy, though the effects are likely to remain for another two years. The recovery would be slower in the economically-diverse GCC nations, where critical industries such as transportation and tourism would take longer to recover. With higher global oil prices, the hydrocarbon industry would regain strength, assisting in the restoration of fiscal and external situations and encouraging confidence in the whole economy. This, in combination with a prolonged recovery in global commerce and tourism, would allow the non-hydrocarbon economy to recover in the middle-term outlook.

<sup>1</sup> WEO, April 2021

<sup>2</sup> Washington post - <https://www.washingtonpost.com/world/2021/03/10/coronavirus-stimulus-international-comparison/>

<sup>3</sup> <https://www.worldbank.org/en/country/gcc/publication/economic-update-april-2021>



Source: <https://www.pwc.com/m1/en/blog/five-economic-themes-for-2021-to-watch-in-the-gulf.html>

## Indian Economy

The financial year 2020-2021 saw unprecedented economic turmoil, with the breakout of a worldwide pandemic compounding the growth inhibitors from a weakening economy in recent years. The real GDP contracted by 7.3% in 2020-21, compared to 4.2 per cent growth in 2019-20<sup>4</sup>. The countrywide lockdown imposed at the start of FY21 resulted in unforeseen production shutdowns, while the contact-intensive industries of tourism, live events, and airlines were severely impacted. The -23.9 per cent year-on-year quarterly growth rate in Q1FY21 was accompanied by significant demand contraction and a constricted supply network. The economy crept into positive territory in Q3 because of the holiday season and pent-up demand, following the unlocking in Q2 when GDP decline was lowered to 7.5 per cent.<sup>5</sup>

The RBI, like central banks of other countries, adopted a loose monetary policy and injected liquidity through the banking system to reduce the cost of borrowing for Government and businesses. The forbearance measures by the central bank as a regulatory authority, provided relief to small and medium businesses which form the backbone of the economy.

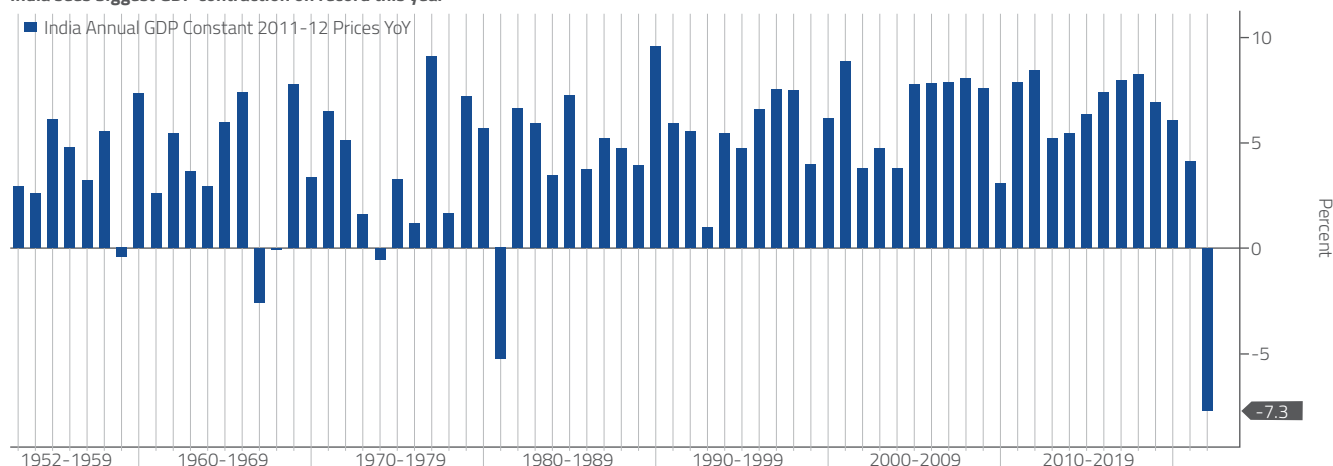
The high infrastructure capex announced during the Budget session, under the overarching theme of Aatmanirbhar Bharat reiterated the Government's intent of capitalising on the opportunity provided by the crisis and is expected to trigger a trickledown effect in the economy through increased public investments. The liberalisation of the agricultural sector along with private sector participation, as envisioned by the New Farm Bill and amendments in Essential Commodities Act, marks a milestone in the structural transformation of the sector.

## Outlook

The Indian economy is wading through uncertainty and the fragile recovery is dependent on mitigating subsequent waves of infections, vaccination distribution and adapting to evolving scenarios with greater agility. Furthermore, inflation will depend on the expected stable monsoons in FY22, taxes on petroleum products and international commodity prices, which can exacerbate cost push inflation. Nonetheless, the IMF has lifted its prediction for India's economic growth rate to 11.5% for 2021-22.<sup>6</sup> The IMF also predicted that India would be the fastest expanding economy in the next two years.

## Output Shrinks

India sees biggest GDP contraction on record this year



<sup>4</sup> National Statistical Office

<sup>5</sup> Ministry of Statistics & Programme Implementation

<sup>6</sup> WEO, April 2021



## Industry Overview

### Global Healthcare Industry

According to the World Development Report (WDR), health is a basic human right and it stresses on the importance of providing cost-effective healthcare to people. The demand for quality healthcare is increasing rapidly. As a result, the global healthcare industry is undergoing a transformational shift and exploring better ways to provide care. An ageing population, growing prevalence of serious diseases, rapid investment in healthcare infrastructure and technological innovations are some of the major growth drivers for the industry.

Healthcare in most developed economies account for more than 10% of the GDP<sup>7</sup>. In 2019, healthcare in the United States (US) accounted for about 18% of the GDP<sup>7</sup>. The healthcare industry is one of the primary employers in the US and the country's healthcare expenditure is one of the largest in the world.

The year 2020 created immense pressure on the healthcare ecosystem. With the emergence of the COVID-19 pandemic, the full force of the industry was tested. The healthcare sector resiliently dealt with an unprecedented emergency and continued to adopt newer methods of healthcare. In 2020, the industry saw a sharp decline, from 5.3 per cent to 0.6 per cent, and revenue is anticipated to be less than \$2 trillion<sup>8</sup>.

Although the life sciences sector continued to flourish and thrive, the medical devices and imaging industry were hit hard due to the pandemic. Due to the postponement of elective surgical procedures, the surgical instruments segment is anticipated to report sluggish growth. However, digital healthcare systems is anticipated to grow at 7.9 per cent in 2020 due to the rapid adoption of telehealth services and advancements in analytics and interoperability<sup>8</sup>.

Governments across the world have started to allocate budgets for financing and testing of viable immunity passports, mass vaccination and contact tracing procedures. Coronavirus vaccines have also been introduced in many countries and it is expected to be crucial for controlling the pandemic. However, efficient and timely distribution of vaccines continue to be one of the major challenges for the healthcare sector.

### Outlook

The healthcare sector performed fairly well during the pandemic, although the impact varied across subsectors. The industry witnessed a fair recovery after battling the coronavirus pandemic. But, mergers and acquisitions were put on hold due to the unprecedented situation and it is expected to resume in 2021. Besides, risk of a third wave of the pandemic in 2021 looms large and continues to pressurise the healthcare industry.

### GCC Healthcare Industry

In an effort to streamline the healthcare ecosystem in the Gulf Cooperation Council (GCC) region and introduce universal health benefits and technological innovations, a large number of mega-projects have been undertaken. Emphasis on disease prevention and access to healthcare has significantly increased over the years and this has significantly improved health metrics such as life expectancy and infant mortality rates in the GCC region. Additionally, the role of private players has radically increased in the industry with the growing demand for quality healthcare and the prevalence of various lifestyle diseases.

The GCC accounts for nearly 1% of the global healthcare revenue but the region has experienced the fastest growth rate in the last decade<sup>9</sup>. International players continue to find the GCC market quite lucrative and the region has also pushed beyond the United States (US) imports. In 2020, the impact of the COVID-19 pandemic was felt on the healthcare industry in the GCC region, mainly due to cancellation of regular health check-ups, reduced visits to emergency departments, drop in outpatient visitors and ambulatory care and fall in in-patient admissions. The healthcare market in the GCC is projected to record a short-term downturn in revenues of about 15%-20% in 2020<sup>10</sup>.

Delayed elective surgeries and lower sale of medicines and medical equipment have largely contributed to the decline of healthcare revenues from the GCC market. However, digital health channels have played an integral role in aiding the fight against COVID-19. Contact tracing and tracking, 3D-printing, telehealth consultations, artificial intelligence and machine learning have largely helped to flatten the Covid curve and assist the care of infected patients in the GCC region.

In the aftermath of the Covid pandemic, healthcare investments in the GCC region are expected to touch new highs. Private investments are likely to be on the rise. Experts believe, it would create better healthcare infrastructure and provide opportunities for the real estate and infrastructure sector to benefit from such developments.

The countries in the GCC union, United Arab Emirates, Saudi Arabia, Qatar, Oman, Kuwait, and Bahrain faced various challenges in 2020. The countries resorted to several strategies to overcome such hurdles. The country-wise review is discussed in detail below.

### United Arab Emirates (UAE)

The UAE's healthcare sector is one of the fastest-growing. The number of hospitals and clinics in the country continue to increase at a steady pace. The COVID-19 pandemic, however, had a major impact on the sector and has led to accelerated spending on quality healthcare facilities.

<sup>7</sup> <https://policyadvice.net/insurance/insights/healthcare-statistics/>

<sup>8</sup> Post pandemic Global Health Care Market Outlook, 2020 by Frost and Sullivan

<sup>9</sup> <https://www.arabhealthonline.com/en/overview/industry-insights/frost-sullivan-report-healthcare-industry-outlook-gulf-cooperation-council.html>

<sup>10</sup> Understanding the Impact of COVID-19 on the UAE and GCC Region

The UAE has been extremely successful in combating the COVID-19 pandemic and has set new standards of excellent care. The country's leaders handled the crisis efficiently and made thousands of additional beds available within a short period of time. To make COVID-19 tests easily accessible, drive-through test facilities were also opened. During the early days of the pandemic, special mask production facilities were started in Abu Dhabi and the Dubai World Trade Center was turned into a 3,000 bed quarantine centre within 10 days.

Advanced technology also played a significant role in the UAE's fight against COVID-19. Telemedicine, home treatment and remote monitoring systems were set up by hospitals and clinics around the country to take healthcare to patients' doorsteps. It also helped to turn the UAE's vision of becoming a digital-first economy a reality. With the frequent use of robots for disinfection, food and medicine delivery, contactless delivery systems could be implemented in short notice.

#### Saudi Arabia

Amid fluctuating oil prices and dampened global economic growth as a result of the outbreak of COVID-19, the Kingdom of Saudi Arabia (KSA) is working towards its ongoing healthcare transformation program. The KSA Government aims to enhance the role of the private sector in its healthcare space by privatizing Government healthcare services, promoting public private partnership models, encouraging medical education and adequate training of the local workforce. Moreover, KSA is moving towards quick adoption of technology to further bolster its healthcare transformation program.

#### Qatar

Healthcare in Qatar has been a priority even before the COVID-19 pandemic. It was a prime focus of the country's budget in 2020 and is believed to be a major contributor to Qatar's National Vision 2030. The country is actively improving healthcare facilities, relying heavily on imported technologies, improved facilities as well as experience and expertise from overseas. The market for medical equipment is

also recording tremendous growth due to the development of new hospitals and other healthcare centres. Furthermore, as per its Vision 2030, Qatar has optimistic plans to extend its network of advanced treatment facilities in future.

#### Oman

The healthcare sector in Oman is expanding amidst challenges posed by the COVID-19 pandemic and economic disturbances caused by falling oil prices. The private sector is playing a noteworthy role in the country's healthcare ecosystem. Its Health Vision 2050 seeks to deliver superior service, improve public health infrastructure, restructure medical education, invest in human capital, grow investments and engage with the private sector to fulfil the country's healthcare expenditure.

#### Kuwait

The Ministry of Health primarily controls the healthcare sector of Kuwait and private participation in this space is quite limited. The Kuwait Direct Investment Promotion Authority (KDIPA) has identified the healthcare industry as a prospective investment destination. Besides, the Government plans to promote public-private partnerships and medical tourism to improve the country's healthcare facilities, with an emphasis on controlling lifestyle diseases.

#### Bahrain

Bahrain's pharmaceutical industry has witnessed moderate growth over the past few years, driven by strong underlying factors. Despite its limited scale, pharmaceutical investment in the country would be supported by a growing burden of non-communicable diseases, an ageing population and the demand for high-value advanced drugs. Modernisation of the healthcare sector through public-private alliances remain a priority for the Government. The COVID-19 pandemic has forced the Government to take numerous steps to combat the emergency as Bahrain successfully engaged in vaccine trials and R&D investments to deal with the virus.

### National agenda for a world-class healthcare system

Strategies	Projected Requirement	Key Objectives
Oman - Health Vision 2050	Between 2017 and 2050 the country will require an addition of 7,950 beds, 13,404 physicians (including dentists) and 26,056 nurses	Establishment of a well-organized, equitable, efficient and responsive health system
Dubai Clinical Services Capacity plan 2018-2030	Providing a suite of capacity planning tools to aide in service planning, facility planning guidelines and licensing solutions	<ul style="list-style-type: none"> <li>To capture and validate the current supply of clinical service capacity</li> <li>Integrate the planned clinical service capacity approved for development</li> <li>To capture and validate the current supply of clinical service capacity</li> <li>Integrate the planned clinical service capacity approved for development</li> <li>Project the demand for clinical service capacity through to 2030 taking account of the Dubai's resident population and visitors using health service in Dubai from other United Arab Emirates and elsewhere</li> </ul>

Strategies	Projected Requirement	Key Objectives
		<ul style="list-style-type: none"> <li>• Develop scenarios to assess the impact of demand on health service capacity</li> <li>• Assess the gap in the supply of clinical service capacity for each scenario</li> <li>• Identify short and long-term priorities and strategies for the development of clinical services</li> <li>• Develop a mapping tool for displaying the current supply of health service facilities</li> <li>• Produce a guide to clinical service capacity development and policy recommendations</li> <li>• Provide comprehensive guidelines for facility licensing and facility design</li> </ul>
Abu Dhabi Healthcare Strategic Plan 2015-2020 & HAAD Capacity Master Plan	By 2025, the city will require an addition of over 1,200 acute care beds, 1,789 doctors and 16,158 nurses	<ul style="list-style-type: none"> <li>• Reducing capacity gaps</li> <li>• Improving the quality of care</li> <li>• Human resources development</li> <li>• Encouraging PPP models</li> <li>• Introducing e-Health</li> </ul>

Source: <https://www.arabhealthonline.com/en/visit/healthcare-general-services-gcc.html>

#### Growth opportunities in the GCC Healthcare industry

- **E-health:** Digital health systems and personalised virtual treatment solutions are anticipated to grow in double digits. Virtual consultations with doctors and caregivers are expected to rise phenomenally in the days ahead.
- **Medical tourism:** The GCC countries continue to promote medical tourism in the region and plan to make the GCC a one-stop destination for world class medical facilities. The growth in medical tourism will in turn help in the expansion of the overall healthcare industry.
- **Health Insurance:** The incremental roll-out of compulsory health coverage throughout the region would improve the use of medical services in private healthcare facilities.
- **High prevalence of Non-Communicable Diseases (NCDs):** Sedentary lifestyles and unhealthy food choices have led to higher incidence of lifestyle diseases such as diabetes, cardiovascular disease, obesity and other chronic disorders. With the rapid growth of chronic disorders, the need for advanced healthcare services and a more skilled workforce will be imminent.
- **Digital and Technological Infrastructure:** The increasing usage of robotics, artificial intelligence, big data analytics and automation in the healthcare sector is paving the way for world class medical infrastructure in the region.

#### Challenges in the GCC Healthcare Industry

- **Economic slowdown:** Due to the sharp correction in oil prices, countries in the GCC region have suffered severe economic

setbacks. Moreover, the recent COVID-19 pandemic has further worsened the situation and this might affect spending on the healthcare sector.

- **Rising Cost of Healthcare:** Cost of healthcare continues to increase due to the growing demand for advanced medical facilities and treatment for various chronic conditions. It may affect the growth of the healthcare industry to a certain extent.
- **Shortage of Medical Professionals and Healthcare Facilities:** COVID-19 has increased the pressure on the existing healthcare service providers in the GCC area. Scarcity of trained professionals in growing hospitals and medical facilities may act as an impediment for the healthcare sector in the GCC countries.

#### Indian Healthcare Industry

The healthcare industry in India is growing at an incredible pace, owing to its massive reach, superior facilities and increased spending by both public and private players. Growing instances of lifestyle diseases, demand for accessible healthcare delivery services, technical advances, the advent of telemedicine, accelerated penetration of health insurance, and Government initiatives such as e-health are driving India's healthcare market.

India has a strategic edge in the industry. It has a diverse pool of trained medical professionals and offers cost-effective medical services in comparison to other service providers in Asia and other western countries. The cost of surgery in India is also comparatively lower, about one-tenth of the expenses incurred in the United States or Europe. Currently, India is ranked 145<sup>th</sup> among 195 countries, in terms of healthcare accessibility and the availability of quality care<sup>11</sup>.

<sup>11</sup> India Brand Equity Foundation: Healthcare Industry in India

FY 2020-21 has been a challenging year and has tested the viability of healthcare systems in India. The magnitude of the COVID-19 crisis was unimaginable and India's healthcare system was not prepared for a contingency of such proportions. However, in a matter of weeks, national committees were established to improve the medical infrastructure and aid vaccine formulation and research capabilities. From setting up isolation centres for Covid patients to making vaccines available for people across the country, the healthcare industry in India has come a long way and promises a bright future.

#### Key highlights in FY 2020-21

- Soon after the COVID-19 pandemic in India, the Government introduced the Pradhan Mantri Garib Kalyan Yojana. Under this scheme, insurance cover of ₹ 50 lakh was announced for health workers tackling the COVID-19 pandemic<sup>12</sup>.
- The Government partnered with the private sector to use Information and Communication Technology (ICT), Artificial Intelligence (AI) and Big Data Analytics to adopt advanced procedures for contact tracing and containing the spread of the virus.
- An application named 'Arogya Setu' has been developed with public-private collaboration for tracing COVID-19 patients.
- The state governments allocated several hospitals for Covid patients only, in record time. During the initial phase of the pandemic, private hospitals, hotels and even railway coaches were converted into isolation centres.
- Technology has played a major role in minimising the impact of the crisis. Robots and humanoids were used in Covid wards of Tamil Nadu to protect the healthcare workers.
- Two vaccines have been approved by the Drugs Controller General of India (DCGI). These include the Serum Institute of India's Covishield and Bharat Biotech's Covaxin.
- The Centre has launched an application named CoWIN (Covid Vaccine Intelligence Work) to record the vaccination process in the country.
- As of December 2020, approximately 1.54 lakh Auxiliary Nurse Midwives (ANMs) are serving as COVID-19 vaccinators. The Government aims to pursue joint efforts with states and Union Territories (UTs) to increase the reach of vaccines to the remotest corners of the country.
- The Engineering Export Promotion Council of India (EEPC) and the National Design Institute have collaborated to upgrade and improve the design and technology used for medical devices to meet the demands of the healthcare sector, specifically after the COVID-19 pandemic.
- The Government intends to increase the number of research projects and COVID-19 RT-PCR laboratories to improve COVID-19 testing facilities. The main objective is to make the tests affordable and easily accessible to people. A mobile COVID-19 real-time reverse transcription polymerase chain reaction (RT-PCR) lab was launched during the year, in New Delhi, accredited by the Indian Council of Medical Research (ICMR).

- The number of medical colleges in India has increased to about 560 in FY 2021 from 416 in FY 2016.
- ESanjeevani, an online platform developed by the Ministry of Health, helps patient-to-doctor and doctor-to-doctor teleconsultations. It recorded over 1 million telecommunications in December, 2020.
- The Union Budget 2021-22 has proposed a new centrally sponsored scheme, the Pradhan Mantri Atmanirbhar Swastha Bharat Yojana with a total outlay of ₹ 64,180 crore, over a period of six years.

#### Opportunities in the Indian Healthcare Industry

- **Increased Budget Allocations:** The Union Budget 2021-22 increased budgetary allocations by 137% for the healthcare sector. The total outlay for health and well-being has increased from ₹ 94,452 crore in FY 2020-21 to ₹ 2,23,846 crore in FY 2021-22. The increased budgetary allocation is expected to provide greater access to medical care in India.
- **Medical Infrastructure:** The pre-pandemic medical infrastructure was inadequate for meeting the demands of a health emergency. However, the Health Ministry and service providers in the healthcare industry have taken the initiative to equip the country with adequate medical devices, personal protective equipment and ventilators. Additionally, increased allocations for healthcare in the recent budget are likely to reboot the medical infrastructure in India.
- **Leveraging Information Technology:** The Indian healthcare sector continues to adopt technology and increase its usage for various purposes. It enhances seamless communication between departments, increases availability of telemedicine facilities and provides opportunities to utilise the benefits of big data analytics.
- **Rapid Investments:** A number of small and medium-sized companies are showing great interest in healthcare. With growing emphasis on Artificial Intelligence, Augmented Reality and Virtual Reality, Robotics and 3D Printing in the medical field, it aims to enhance overall patient experience.
- **Medical Research:** An increasing population and novel health issues have called upon the need for rapid advancements and increased research facilities in the field of medicine. This has led to the development of novel medications, imaging procedures and surgical procedures for better cure and care.

#### Threats in the Indian Healthcare Industry

- **Manpower crisis:** India has an acute shortage of healthcare professionals and it poses a serious challenge for the sector. The doctor-patient ratio in India is extremely low, far below the norms prescribed by the World Health Organisation (WHO).
- **Rural-urban disparity:** Although a significant proportion of the Indian population is concentrated in rural areas, a large rural-urban disparity is observed in healthcare services. Qualified healthcare professionals are mostly based in urban areas, making it difficult for people in rural areas to access quality healthcare.

<sup>12</sup> <https://pib.gov.in/PressReleasePage.aspx?PRID=1723396>



- **Increasing population:** Growing population is increasing the demand for healthcare in the country. The country's medical infrastructure is still developing and is not adequately equipped to match the growing need for advanced healthcare facilities.

## Outlook

India is extremely well placed to witness significant growth in the medical devices industry. The country has now become one of the largest markets for high-end medical services, with a massive capital spending on specialised diagnostic facilities, catering to a larger proportion of the population.

The hospital industry in India, which constitutes 80% of the overall healthcare market, is experiencing a demand surge from both international as well as domestic investors. It is estimated to be valued at \$132 billion by 2023 from \$61.8 billion in 2017; with an annual growth rate of 16–17%<sup>13</sup>. The Government is also planning to enhance medical infrastructure with expenditure worth over \$200 billion by 2024<sup>13</sup>. Moreover, digital healthcare is anticipated to gain prominence in the years ahead. Besides, the National Digital Health Blueprint is likely to unlock an additional economic benefit of over 200 billion dollars for the healthcare sector in the next 10 years<sup>13</sup>.

## Company Overview

Aster DM Healthcare Limited is one of the leading private healthcare service providers. With a vision to provide accessible, affordable and quality healthcare services, Aster aims to offer patient-centric care. It operates quaternary, tertiary and secondary care facilities, multispecialty hospitals, primary care centres, medical centres, diagnostic labs and pharmacies. The Company also has a robust presence in healthcare retail, digital healthcare services, medical research and education.

From its humble beginnings in the United Arab Emirates (UAE), the Company has progressively expanded its network in the Middle East and North Africa (MENA) and Asia-Pacific region. The Company now has operations in multiple countries including India, the UAE, Oman,

Qatar, Saudi Arabia, Bahrain and Jordan. It also has a strong global network of 27 hospitals, 115 clinics, 223 pharmacies and a trained workforce of 21,933 people.

To deliver superior quality healthcare, Aster relies on its team of qualified professionals, innovative technology and a focus on patient-centric care. The Company continuously strives to adopt state-of-the-art innovations in robotic surgery and delivers world class OT imaging services, cath labs, interventional radiology suites for patients.

## Key strengths

- **Medical Excellence:** Aster DM Healthcare aspires for perfection and excellence to deliver quality healthcare to millions of people. The Company strives to provide affordable and accessible healthcare with compassion, integrity and unity.
- **Global Network:** Aster has its roots in the UAE and has been expanding exponentially across the Middle East and North Africa and Asia-Pacific region. The healthcare brand has a strong global network in over seven countries and aims to touch the lives of millions through its world-class healthcare services.
- **Modern Medical Technology and Innovation:** Aster continuously strives to adopt innovative and cutting-edge technology to enhance its care capacities. The Company has introduced XHealth Innovation Labs, India's first accelerator and incubator programme, to offer the hospital immersion module as part of its core structure.
- **Experienced professionals and management team:** Aster has a legacy of over three decades, and a well-managed team of professionals dedicated to serve each patient to the best of their abilities.

## Business review

**GCC Hospitals:** Aster provides diverse range of services through its hospitals in GCC. The out-patient services provided by the Company includes consultations for various issues and preventive health screenings.

Hospitals-GCC	Location	Commencement or Acquisition year	Bed Capacity	Operational Beds
Medcare Hospital	Dubai, UAE	2007	64	55
Al Raffah Hospital	Muscat, Oman	2009	86	72
Al Raffah Hospital	Sohar, Oman	2010	80	69
Medcare Orthopaedics and Spine Hospital	Dubai, UAE	2012	33	27
Aster Hospital Mankhool	Dubai, UAE	2015	126	108
Medcare Women and Children Hospital	Dubai, UAE	2016	112	95
Medcare Hospital	Sharjah, UAE	2017	128	111
Sanad Hospital	Riyadh, KSA	2011	218	218
Aster Hospital	Doha, Qatar	2017	61	30
Aster Hospital Qusais	Dubai, UAE	2018	158	99
Ibri Hospital	Ibri, Oman	2019	31	24
Cedars Hospital	Dubai, UAE	2019	18	12
Aster Hospital Sonapur	Dubai, UAE	2020	35	28

<sup>13</sup> <https://www.investindia.gov.in/sector/healthcare>

**GCC Clinics:** Aster possesses one of the largest network of clinics in UAE, operating to the highest quality of standards and offers affordable health care, thereby, setting new benchmarks in care to make a positive difference to the lives of its patients. The Company has 91 clinics present in UAE, 7 clinics present in Oman, 6 clinics present in Qatar and 2 clinics in Bahrain.

**GCC Retail Pharmacies:** Aster has a huge pharmacy network of 223 stores catering to its customers a wide range of products including

nutritional supplements, baby care, personal care, medical device, rehabilitation products etc. The Company has its Pharmacies present in the UAE (199), Oman (7), Qatar (5), Jordan (10) and in Bahrain (2).

**Indian Hospitals:** Aster has 14 hospitals in India with an installed capacity of 3,757 beds. These hospitals offer a wide range of care services such as Cardiac, Orthopaedic, Neurology, Oncology, etc. The Company, during the year, also witnessed a significant rise in inpatients and outpatients count in its Indian hospitals.

Hospitals-GCC	Location	Commencement or Acquisition year	Bed Capacity	Operational Beds
Aster Aadhar Hospital	Kolhapur, Maharashtra	2008	176	151
MIMS Kozhikode	Kozhikode, Kerala	2013	678	517
MIMS Kottakkal	Kottakkal, Kerala	2013	244	186
Aster CMI	Bengaluru, Karnataka	2014	509	326
Aster Medcity	Kochi, Kerala	2014	670	455
Aster Prime Hospital - Ameerpet	Hyderabad, Telangana	2014	158	112
DM WIMS Wayanad	Wayanad, Kerala	2016	NA	NA
Dr. Ramesh Guntur	Guntur, Andhra Pradesh	2016	350	175
Dr. Ramesh - Main Centre	Vijaywada, Andhra Pradesh	2016	184	160
Dr. Ramesh- Labbipet	Vijaywada, Andhra Pradesh	2016	54	50
Dr. Ramesh Sanghamitra-Ongole	Ongole, Andhra Pradesh	2018	150	150
MIMS Kannur	Kannur, Kerala	2019	302	237
Aster RV Hospital	Bengaluru, Karnataka	2019	233	137
Aster Whitefield Women & Children Hospital	Bengaluru, Karnataka	2021	49	30

#### Operational review

**Beds:** The total number of operational beds increased YOY from 2,530 units to 2,686 units in India and increased YOY from 908 units to 948 units in GCC hospitals.

**Hospital Patient Visits:** The number of inpatients count decreased from ~254,000 in FY20 to ~220,000 in FY21. The number of outpatient counts decreased from ~3.59 million in FY20 to ~2.97 million in FY21.

#### Financial performance

₹ in crore

	FY 2020-21	FY 2019-20	Change
Revenue from Operation	8,608	8,652	-1%
EBITDA <sup>@</sup>	1,077	1,258	-14%
Adjusted PAT <sup>*</sup>	148	296	-50%

#### Financial Ratios

Ratio	FY 2020-21	FY 2019-20	Change
Debtor Turnover Ratio (times)	3.93	3.94	-0.01
Inventory Turnover Ratio <sup>#</sup> (times)	2.82	3	-0.18
Interest Coverage Ratio (times) <sup>§</sup>	1.52	1.87	-0.35
Current Ratio	1.14	1.1	0.04
Net Debt Equity Ratio <sup>§</sup>	1.2	1.5	-0.3

Ratio	FY 2020-21	FY 2019-20	Change
EBITDA Margin (%) <sup>@</sup>	12.5%	14.5%	-200 bps
Adjusted PAT Margin* (%)	1.7%	3.4%	-170 bps
Return on Net Worth (%)	4.7%	9.0%	-430 bps

Note:

<sup>@</sup>Excludes other income and loss on fair value of put option

<sup>\*</sup>Post NCI excluding exceptional income/expense

<sup>#</sup>Based on cost of goods sold

<sup>§</sup>Based on EBIT excluding other income

<sup>§</sup>Net debt includes lease liability

#### Expansion plans

Aster plans to expand and strengthen its brand with the help of its geographical presence in GCC Countries, India and Cayman Islands. The Company intends to increase its revenue share from India operations by optimally utilising the beds and also adding new units. Presently the Company has 27 hospitals in India and GCC put together.

In GCC, the 80-bed Aster Hospital in Sharjah is in the advanced stage of completion and is expected to start in the Q2 of FY 22. In Muscat, Oman, the construction of a 145-bed hospital is in progress and is expected to start by Q4 of FY 22.

In India, the expansion of Aster Aadhar Hospital in Kolhapur, Maharashtra is in progress through the addition of 60 beds and is expected to be completed by Q2 FY 22. In Bengaluru, Karnataka, the second phase of Aster Whitefield Specialty Hospital is under construction. This is a 310-bed hospital and is expected to be completed by Q1 FY 23. The Mother & Child Hospital at Kottakkal is also under progress and is expected to start soon.

## Strategies for road ahead

1. Aster DM Healthcare hopes to leverage its extensive experience of working in a 100% insurance market in the GCC to derive better margins due to the increasing share of Insurance segment in the Indian market.
2. In line with focus on derisking business – target of India business achieving 25% of overall revenues
3. Increase focus on asset light retails models like labs, pharmacy, home care and big thrust towards virtual care platforms in India.
4. The pandemic allowed us to reflect and re-invent certain processes at all the locations. Enhanced use of digital means made us explore the power of digitization. We have launched Aster Digital Initiative with a strong focus on foundational and growth levers. Initiatives like Virtual Care (Teleconsultation), Radiology consolidation, e-Pharmacy, Laboratory consolidation, Chronic Disease Management, Digital Data Lake etc are at advanced stages of implementation. We have created a dedicated vertical with experienced leadership to develop and grow this new stream of efficiency and revenue for Aster. Use of integrated data bases, common format for Electronic Medical Records, Integrated Systems and Single Sign On for Patients will better their experience and create a more unified data base for patient care.

5. Further on the digital levers, we discovered that remote working could provide higher level of efficiencies and productivity without compromising quality of output. This propelled our ambition to set up a Shared Services Centre – Aster Global Centre, where in our specialized Centre of Excellence teams across Revenue Cycle Management (RCM), Finance, Human Resource, Procurement and Technology can be supported from Banaglore and Calicut centers. This is likely to give us advantages of cost and operational efficiency through use of Centre of Excellence and Automation through Robotic Process Automation (RPA) and Machine Learning (ML). We expect this to yield significant gains to business in the coming years.

## Human Resources

Aster considers its human resource a core asset for the growth and development of the Company. The Company constantly aims to bolster professional as well as personal development to create a conducive environment for realising organisational goals. Aster works towards enhancing the skills of its employees and provides an engaging and secure work environment that helps to keep its people motivated and enthusiastic about reaching greater heights of success.

As of 31st March 2021, the Company has workforce strength of 21,933 including 2,970 doctors, 6,512 nurses, 9,840 other employees and 2,611 outsourced staff.

## Risk Management

Risks are inevitable to any business activity. Aster has a strong regulatory framework for timely identification and mitigation of such risks.

Risks	Impact	Mitigation
Competition Risks	The healthcare sector is dynamic and growing demand for healthcare continues to attract more players to the industry. As a result, competitive pricing pressure may affect the operations of the Company.	With over 30 years of industry experience, the Company has a vigorous business model that lends it a competitive edge over its peers. The Company's persistent focus on quality and excellence aids in tackling competitive pressures from the industry.
Legal Risks	With its vast network in seven countries, the Company needs to be mindful of laws and regulatory guidelines in different countries. Failure to comply with stipulated rules may affect the Company.	Aster constantly keeps track of regulatory frameworks in different countries and renews permits in countries where it operates. The Company abides by all laws and regulations set by various Governments, ensuring smooth and seamless operations across geographies.
People Risks	The growth of the Company is highly dependent on its ability to acquire a talented workforce. The expertise and engagement of employees drives organisational success. Inability to acquire such talent can significantly impact the Company's operations.	The Company continuously works to improve its work environment to retain a pool of trained medical professionals.
Quality and Safety Risks	Healthcare providers must follow stipulated norms for meeting quality and safety standards. Failure to do so may impact the future of the Company.	Aster DM continuously strives to deliver quality care to achieve desired results. Patient safety and advanced medical care are, therefore, a priority for the Company.
Technology Risks	Technology is changing every day and it is critical for the Company to stay up-to-date with new and updated innovations in the industry. It allows the Company to enhance efficiency and ensure cost optimisation.	Aster adopts new and emerging technology regularly to provide superior quality patient-centric care. The organisation has state-of-the-art equipment to aid complex treatments and deliver excellent care to each one of its patients.

### Internal Control System and their adequacy

The Management has laid down internal financial controls to be followed by the Company. The Company has adopted policies and procedures for ensuring orderly and efficient conduct of the business, including adherence to the Company's policies, the safeguarding of its assets, the prevention and detection of frauds and errors, the accuracy and completeness of the accounting records, and the timely preparation of reliable financial disclosures. The internal control system is commensurate with the nature of the business, size and complexity of operations and has been designed to provide reasonable assurance on the achievement of objectives, effectiveness and efficiency of operations, reliability of financial reporting and compliance with applicable laws and regulations.

As part of the Corporate Governance Report, the CFO certification is provided, for assurance on the existence of effective internal control systems and procedures in the Company.

The internal control framework is supplemented with an internal audit programme that provides an independent view of the efficacy and effectiveness of the process and control environment and supports a continuous improvement program. The internal audit programme is managed by an in-house internal audit function and by Grant Thornton India LLP, external firm. The Audit Committee of the Board oversees the internal audit function.

The Audit Committee is regularly apprised by the internal auditors through various reports and presentations. The scope and authority

of the internal audit function is derived from the audit charter approved by the Audit Committee. The internal audit function develops an internal audit plan to assess control design and operating effectiveness, as per the risk assessment methodology. The internal audit function provides assurance to the Board that a system of internal control is designed and deployed to manage key business risks and is operating effectively.

### Cautionary statement

Certain statements in the MDA section concerning future prospects may be forward-looking statements which involve a number of underlying identified / non-identified risks and uncertainties that could cause actual results to differ materially. In addition to the foregoing changes in the macro-environment, a global pandemic like COVID-19 may pose an unforeseen, unprecedented, unascertainable and constantly evolving risk(s), inter-alia, to the Company and the environment in which it operates. The results of these assumptions made, relying on available internal and external information, are the basis for determining certain facts and figures stated in the report. Since the factors underlying these assumptions are subject to change over time, the estimates on which they are based, are also subject to change accordingly. These forward-looking statements represent only the Company's current intentions, beliefs or expectations, and any forward-looking statement speaks only as of the date on which it was made. The Company assumes no obligation to revise or update any forward-looking statements, whether as a result of new information, future events, or otherwise.



# DIRECTORS' REPORT

Dear Shareholders,

Your Directors have immense pleasure in presenting the Thirteenth Annual Report on the business and operations of your Company along with the audited financial statements for the financial year ended March 31, 2021.

## 1. RESULTS OF OPERATION AND STATE OF AFFAIRS

### Financial Results

(₹ in crores except per share data)

Particulars	Standalone		Consolidated	
	2021	2020	2021	2020
Revenue from operations	746.54	760.42	8,608.43	8,651.88
Other income	21.63	114.51	49.97	37.87
Total income	768.17	874.93	8,658.40	8,689.75
Total expenditure	836.21	810.32	8,456.87	8,339.88
Profit/(loss) before exceptional items and tax	(68.04)	64.61	201.53	349.87
Exceptional item	-	-	-	(19.64)
Profit/(loss) before tax	(68.04)	64.61	201.53	330.23
Share of net profit/ (loss) of equity accounted investees	-	-	3.52	(0.19)
Profit/(loss) before tax	(68.04)	64.61	205.05	330.04
Less: Tax expense	0.74	4.00	27.22	15.38
Profit/(loss) for the year	(68.78)	60.61	177.83	314.66
Other comprehensive income/(loss), net of taxes	0.01	(0.25)	(49.71)	144.61
Total comprehensive income/ (loss)	(68.77)	60.36	128.12	459.27
Profit attributable to				
Owners of the company	(68.78)	60.61	147.74	276.61
Non-controlling interest	-	-	30.09	38.05
<b>Total</b>	<b>(68.78)</b>	<b>60.61</b>	<b>177.83</b>	<b>314.66</b>
Total comprehensive income attributable to				
Owners of the company	(68.77)	60.36	103.95	405.42
Non-controlling interest	-	-	24.17	53.85
<b>Total</b>	<b>(68.77)</b>	<b>60.36</b>	<b>128.12</b>	<b>459.27</b>
Earnings per share				
Basic	(1.38)	1.21	2.97	5.51
Diluted	(1.38)	1.21	2.97	5.50

### Financial position

(₹ in Crores)

Particulars	Standalone		Consolidated	
	2021	2020	2021	2020
Cash and cash equivalents	6.79	15.55	258.09	150.80
Trade receivables	42.92	44.78	2,019.00	2,366.44
Other current assets	148.54	112.76	1,351.92	1,578.43
<b>Total current assets</b>	<b>198.25</b>	<b>173.09</b>	<b>3,629.01</b>	<b>4,095.67</b>
Property, plant and equipment	822.87	868.41	4,213.13	4,261.93
(including capital work in progress)				
Goodwill	-	-	1,052.24	1,068.74
Other intangible assets	3.26	3.25	249.98	216.60
Other non-current assets	2,564.24	2,508.25	2,499.10	2,794.90
<b>Total non-current assets</b>	<b>3,390.37</b>	<b>3,379.91</b>	<b>8,014.45</b>	<b>8,342.17</b>
<b>Total Assets</b>	<b>3,588.62</b>	<b>3,553.00</b>	<b>11,643.46</b>	<b>12,437.84</b>
Non-current liabilities	396.70	286.82	4,613.72	4,997.25
Current liabilities	327.81	335.58	3,195.62	3,722.08
<b>Total current and non-current liabilities</b>	<b>724.51</b>	<b>622.4</b>	<b>7,809.34</b>	<b>8,719.33</b>
Equity	497.04	496.80	497.04	496.80
Other equity	2,367.07	2,433.80	2,875.42	2,775.34
Non-controlling interest	-	-	461.66	446.37
<b>Total equity</b>	<b>2,864.11</b>	<b>2,930.60</b>	<b>3,834.12</b>	<b>3,718.51</b>
<b>Total equity and liabilities</b>	<b>3,588.62</b>	<b>3,553.00</b>	<b>11,643.46</b>	<b>12,437.84</b>

## Performance Overview

During the year under review the Company reported, on a consolidated basis, a total income from operations of ₹ 8,608.43 crores as compared to ₹ 8,651.88 crores. Of the total revenues from operations for fiscal 2021, our hospital segment accounted for ₹ 4,798.89 crores, our clinic segment accounted for ₹ 2,014.46 crores and our retail pharmacy segment accounted for ₹ 1,783.12 crores. The Company reported, on a standalone basis, a total income from operations of ₹ 746.54 crores as compared to ₹ 760.42 crores.

Our strategies for the financial year 2021-22 are explained in the Management Discussion and Analysis, which forms part of this Annual Report.

## 2. TRANSFER TO RESERVES

There are no appropriations to/from the general reserves of the Company during the year under review.

## 3. DIVIDEND

The Company continues to look at growth prospects through new investment opportunities. The past year of the pandemic has presented healthcare companies across the world with many challenges and it is imperative that the Company looks at available options for organic as well as inorganic growth. The key objective of the Company is to achieve a consistent sustainable growth over the years to come and consolidate the Company's position. Keeping in view the growth strategy of the Company, the Board of Directors have decided to plough back the profits and thus do not recommended any dividend for the financial year under review.

In terms of Regulation 43A of the SEBI (Listing Obligations and Disclosures Requirements) Regulations ("Listing Regulations"), the Company has adopted Dividend Distribution Policy setting out the parameters and circumstances that will be taken into account by the Board in determining the distribution of dividend to the Shareholders and/or retaining profits earned by the Company. The detailed Policy is available on the website of the Company at [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors).

## 4. SHARE CAPITAL

The share capital of the Company as on March 31, 2021 stands at ₹ 499.51 Crores consisting of 49,95,13,060 equity shares of ₹ 10 each. During the year under review, the Company has not issued any shares with differential voting rights or any sweat equity shares. Details of Employee Stock Options granted by the Company are provided separately in the annexure to this report.

As on March 31, 2021, except the following directors, no other Directors hold any equity shares or preference shares in the Company:

S. No	Name of the Director	Number of shares
1.	Dr. Azad Moopen	17,33,536
2.	Ms. Alisha Moopen	2,15,842
3.	Mr. T J Wilson	27,08,590
4.	Mr. Anoop Moopen	12,76,114
5.	Mr. Shamsudheen Bin Mohideen Mammu Haji	56,61,732

During the year under review, the Company has not issued any bonus shares or rights shares.

## 5. PUBLIC DEPOSITS

The Company has not accepted any public deposits within the meaning of Section 73 of the Companies Act, 2013 and the Companies (Acceptance of Deposits) Rules, 2014.

## 6. LOANS, GUARANTEE AND INVESTMENTS

Pursuant to Section 186 of the Companies Act, 2013 and Schedule V of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015, disclosure relating to loans/ advances given, guarantees provided and investments made are provided as part of the financial statements.

## 7. SUBSIDIARY, JOINT VENTURES AND ASSOCIATE COMPANIES

The Company along with its subsidiaries are engaged in the business of setting up hospitals, clinics and pharmacies in India and GCC. At the beginning of the year your Company had 76 subsidiaries and 4 associate companies. As on March 31, 2021 the Company has 76 subsidiaries and 7 associate companies. Your Company has no joint ventures as on March 31, 2021. There has been no material change in the nature of the business of the subsidiaries.

Following entities have become subsidiaries / associates of the Company during the reporting period:

1. Warseps Healthcare LLP
2. Alfaone Medicals Private Limited
3. Alfaone Retail Pharmacies Private Limited
4. Mindriot Research and Innovation Foundation
5. Aster Caribbean Holdings Limited
6. Aster Cayman Hospital Limited
7. Alfa One Drug Store LLC
8. Aries Investments LLC

Pursuant to provisions of Section 129(3) of the Companies Act, 2013, a statement containing salient features of the financial statements of the Company's subsidiaries in Form AOC-1 is annexed as **Annexure 1** to this report.

## 8. CONTRACTS AND ARRANGEMENTS WITH RELATED PARTIES

In line with the requirements of the Companies Act, 2013 and Listing Regulations, the Company has formulated a policy on dealing with related party transactions, which is also available on the Company's website at [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors). The policy intends to ensure that proper reporting, approval and disclosure processes are in place for all transactions between the Company and related parties.

All related party transactions are placed before the Audit Committee for review and approval. Prior omnibus approval is obtained for related party transactions on yearly basis for transactions which are of repetitive nature and /or entered in the ordinary course of business.

No material related party transactions, i.e. transactions exceeding 10% of the annual consolidated turnover as per the last audited financial statements, were entered into by the Company during the year.

A statement giving details of all related party transactions entered pursuant to the omnibus approval so obtained is placed before the Audit Committee for their review on a quarterly basis. Disclosures as required under Section 134(3)(h) read with Rule 8(2) of the Companies (Accounts) Rules, 2014 are given in Form AOC-2 as specified under Companies Act, 2013 which is annexed as **Annexure 2** to this report.

## 9. DIRECTORS' RESPONSIBILITY STATEMENT

In terms of Section 134 (5) of the Companies Act, 2013 the Directors confirm that:

- a) in the preparation of the annual accounts, the applicable accounting standards have been followed and there has been no material departures;
- b) the Directors have selected such accounting policies and applied them consistently and made judgments and estimates that are reasonable and prudent so as to give a true and fair view of the state of affairs of the Company at the end of the financial year and of the profit and loss of the Company for that period;
- c) the Directors have taken proper and sufficient care for the maintenance of adequate accounting records in accordance with the provisions of the Companies Act, 2013 for safeguarding the assets of the Company and for preventing and detecting fraud and other irregularities;
- d) the Directors have prepared the annual accounts on a going concern basis;
- e) they have laid down internal financial controls to be followed by the Company, which are adequate and are operating effectively;
- f) they have devised proper systems to ensure compliance with the provisions of all applicable laws and such systems are adequate and operating effectively.

## 10. DIRECTORS AND KEY MANAGERIAL PERSONNEL

### Appointments

- Mr. Chenayappillil John George (DIN: 00003132) was appointed as Non-Executive Independent Director of the Company effective from April 11, 2020 for a term of three consecutive years and the same was approved by the Members at the 12<sup>th</sup> Annual General Meeting held on August 14, 2020.
- Mr. James Mathew (DIN:07572909) was appointed as Non-Executive Independent Director of the Company effective from June 23, 2020 for a term of three consecutive years and the same was approved by the Members at the 12<sup>th</sup> Annual General Meeting held on August 14, 2020.
- Mr. Sridar Arvamudhan Iyengar (DIN:00278512) was appointed as Non-Executive Independent Director of the Company effective from July 19, 2020 for a term of three consecutive years and the same was approved by the Members at the 12<sup>th</sup> Annual General Meeting held on August 14, 2020.

### Re-appointments

- In accordance with Articles of Association, Mr. Anoop Moopen (DIN: 02301362), Director who retired by rotation was re-appointed as Director at the 12<sup>th</sup> Annual General Meeting of the Company held on August 14, 2020.
- In accordance with Articles of Association, Mr. T J Wilson (DIN: 02135108), Director shall retire by rotation at the ensuing Annual General Meeting. The Director being eligible offers himself for re-appointment. The Notice of 13<sup>th</sup> Annual General Meeting of the Company contains the above proposal for the approval of the Members.
- The Board of Directors on recommendation of the Nomination and Remuneration Committee, re-appointed Mr. Suresh Muthukrishna Kumar (DIN:00494479) as Non-Executive Independent Director of the Company for a second term of one year with effect from September 16, 2020 to September 15, 2021 subject to approval of the Members at the ensuing Annual General Meeting of the Company. The Notice of 13<sup>th</sup> Annual General Meeting of the Company contains the above proposal for the approval of the Members.

### Retirements

- Mr. Ravi Prasad (DIN: 07022310) and Mr. Daniel James Snyder (DIN:02298099), Non-Executive Independent Directors of the Company had retired from the Board of Directors of the Company on completion of their term of five years with effect from the close of the business hours on April 20, 2020.

### Approval of Central Government

- The Members of the Company passed a special resolution vide Postal ballot results dated October 14, 2019 to appoint Ms. Alisha Moopen as Deputy Managing Director of the Company for a period of five years with effect from August

07, 2019 subject to approval of the Central Government. The Central Government has granted approval under section 196 read with Part-I (e) of schedule-V of the Companies Act, 2013 vide order no. No. SRNR09511726 /2 /2019- CL-VII dated January 27, 2021 for appointment of Ms. Alisha Moopen as Deputy Managing Director of the Company for a period of five years with effect from August 07, 2019.

#### Key Managerial Personnel

In terms of the provisions of Section 203 of the Companies Act, 2013, the Company has appointed the following Key Managerial Personnel:

S. No	Name of the Key Managerial Personnel	Designation
1	Dr. Azad Moopen	Chairman and Managing Director
2	Ms. Alisha Moopen	Deputy Managing Director
3	Mr. Sreenath Reddy	Group Chief Financial Officer
4	Ms. Puja Aggarwal	Company Secretary and Compliance Officer

### 11. COMMITTEES OF DIRECTORS

The Company has constituted committees as required under the Companies Act, 2013 and the Listing Regulations. The details of the said Committees forms a part of the Corporate Governance Report.

### 12. BOARD EVALUATION

Pursuant to the provisions of Companies Act, 2013 and the Listing Regulations the evaluation of Board of Directors was conducted for the financial year 2020-21.

The evaluation was conducted by engaging an external independent firm having the requisite expertise in this field. An online questionnaire method was adopted for evaluation based on the criteria formulated by the members of the Nomination and Remuneration Committee ("NRC"). The evaluation was made to assess the performance of individual Directors, Committees of the Board, Board as a whole and the Chairman. Adherence to the Code of Conduct, display of leadership qualities, independence of judgement, integrity, confidentiality and the six pillars of Aster namely people management, service excellence, clinical excellence, technology, digital transformation and innovation, brand equity and community connect, business performance etc were the criterion based on which the performance evaluation was conducted. Further, the evaluation of Management was conducted based on the factors such as timeliness in the flow of information, transparency and quality of information provided to the Board for decision-making, adoption of suggestions provided by the Board etc.

The Independent Directors at their meeting held on May 06, 2021, reviewed the performance of the Non-Independent Directors, Committees of the Board, the Board as a whole and Chairman based on the evaluation of other Directors. The NRC at their meeting held on June 21, 2021 reviewed the outcome of the evaluation process. The Directors were satisfied by the constructive feedback obtained from their counterparts.

### 13. DECLARATION BY INDEPENDENT DIRECTORS

The Company has received the declaration from Independent Directors in accordance with Section 149(7) of the Companies Act, 2013 ("the Act") and Regulations 25(8) of the Listing Regulations that he/she meets the criteria of independence as laid out in Section 149(6) of the Act and Regulation 16(1)(b) of the Listing Regulations. The Board of Directors is of the opinion that all the Independent Directors meet the criteria regarding integrity, expertise, experience and proficiency.

In terms of Section 150 of the Companies Act, 2013 read with Rule 6 of the Companies (Appointment and Qualification of Directors) Rules, 2014, Independent Directors of the Company have confirmed that they have registered themselves with the databank maintained by the Indian Institute of Corporate Affairs ("IICA").

### 14. POLICY ON APPOINTMENT OF DIRECTORS AND REMUNERATION

The Company's policy on Directors' appointment and remuneration and other matters provided in Section 178 (3) of the Companies Act, 2013, has been disclosed in the Corporate Governance Report and is also available on the website of the Company at [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors).

### 15. BOARD MEETINGS AND ANNUAL GENERAL MEETING

The Board of Directors met 6 times during the financial year viz June 23, 2020; August 12, 2020; November 10, 2020; February 09, 2021; March 03, 2021 and March 25, 2021. The intervening gap between the meetings was within the period prescribed under the Companies Act, 2013 and as per MCA circulars. Detailed information regarding the meetings of the Board and Committees of the Board is included in the report on Corporate Governance.

The Annual General Meeting for the financial year 2019-20 was held on August 14, 2020 through Video Conferencing ('VC')/ Other Audio-Visual Means ('OAVM').

### 16. SECRETARIAL STANDARDS

The Company has devised proper Systems to ensure compliance with all applicable Secretarial Standards issued by the Institute of Company Secretaries of India ("ICSI") as required under Section 118 (10) of the Companies Act, 2013.

### 17. PARTICULARS OF EMPLOYEES

The statement containing particulars of employees as required under section 197 (12) of the Companies Act, 2013, read with Rule 5(1) of the Companies (Appointment and Remuneration of Managerial Personnel) Rules, 2014, is provided in **Annexure 3** to this report.

### 18. EMPLOYEE STOCK OPTION PLAN

The Nomination and Remuneration Committee of the Board inter alia administers and monitors the Company's Employees



Stock Option Plan "Aster DM Healthcare Employees Stock Option Plan 2013" in accordance with SEBI (Share Based Employee Benefits) Regulations, 2014 ("SBEB Regulations") and the plan is implemented through DM Healthcare Employees Welfare Trust.

During the year, 3,81,475 shares were transferred from the ESOP Trust to the eligible employees under the Company's prevailing ESOP Plan. As on March 31, 2021, the ESOP Trust held 24,91,141 (0.50%) equity shares of the Company.

Disclosures as required under Rule 12 of Companies (Share Capital and Debentures) Rules, 2014, SEBI (SBEB) Regulations, 2014 read with SEBI Circular CIR/CFD/POLICY CELL/2/2015 dated June 16, 2015 have been provided separately in **Annexure 4** to this report.

The certificate from the Statutory Auditor that the scheme has been implemented in accordance with SBEB Regulations and the resolutions passed by the shareholders shall be made available at the Annual General Meeting for inspection by the Members.

## 19. INTERNAL CONTROL SYSTEMS

The Management has laid down internal financial controls to be followed by the Company. The Company has adopted policies and procedures for ensuring orderly and efficient conduct of the business, including adherence to the Company's policies, the safeguarding of its assets, the prevention and detection of frauds and errors, the accuracy and completeness of the accounting records, and the timely preparation of reliable financial disclosures. The internal control system is commensurate with the nature of business, size and complexity of operations and has been designed to provide reasonable assurance on the achievement of objectives, effectiveness and efficiency of operations, reliability of financial reporting and compliance with applicable laws and regulations.

As part of the Corporate Governance Report, CFO certification is provided, for assurance on the existence of effective internal control systems and procedures in the Company.

The internal control framework is supplemented with an internal audit programme that provides an independent view of the efficacy and effectiveness of the process and control environment and supports a continuous improvement program. The internal audit programme is managed by an in-house internal audit function and by Grant Thornton Bharat LLP, external firm. The Audit Committee of the Board oversees the internal audit function.

The Audit Committee is regularly apprised by the internal auditors through various reports and presentations. The scope and authority of the internal audit function is derived from the audit charter approved by the Audit Committee. The internal audit function develops an internal audit plan to assess control design and operating effectiveness, as per the risk assessment methodology. The internal audit function provides assurance to the Board that a system of internal control is designed and deployed to manage key business risks and is operating effectively.

## 20. VIGIL MECHANISM

The Company believes in conducting its affairs in a transparent manner and adopts the highest standards of professionalism

and ethical behaviour. Integrity is one of the key values of the Company that it strictly abides by. Keeping that in view the Company has established a vigil mechanism for Directors and employees to report concerns about unethical behaviour, actual or suspected fraud or violation of the Company's code of conduct or ethics.

The Whistle-Blower Policy has been amended with effect from November 10, 2020 and is available on the website of the Company at [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors).

The Company, as a policy, condemns any kind of discrimination, harassment, victimisation or any other unfair employment practice being adopted against whistle-blowers and provides adequate safeguard measures. It also provides a direct access to the Chairman of the Audit Committee to raise concerns.

In addition to this, the Company has also engaged an independent agency called 'Integrity Matters' that provides an electronic and digital platform to report any unethical practices or harassment/injustice at the workplace confidentially and, if desired, anonymously by any employees or vendors of the Company or any of its subsidiaries anywhere in the world to ensure fairness and transparency in the process.

## 21. RISK MANAGEMENT POLICY

Risk is the effect of uncertainty on an expected result and every business is exposed to it. The ability to effectively identify and manage risk is a vital element of business success for all parts of the Company's business. During the period under review, the Company has strategised to handle the risks by:

- carrying out risk identification sessions for the Board, senior management, and other staff members;
- defining, analysing and prioritizing various kinds of risks;
- forming a cross functional team with well-defined roles for identifying and reporting of new risks;
- giving training and support for the risk owners; and
- commencing the standardisation and digitalisation of risk reporting, planning risk management activities, and reviewing the risks periodically.

The Company strives to bring in further accountability and transparency and expertise in the risk management by periodic reporting to the Risk Management Committee. The Risk Management Committee oversees how management monitors compliance with the risk management policies and procedures and reviews the adequacy of the risk management framework in relation to the risks being faced by the Company.

Risk of natural calamities including pandemic, innovation risk and medical risk were identified by management as high risks that can have major impact on the business of the Company. Competition risk, Technology risk, and Investment risk are examples of moderate risks on the company's business. The Risk Management Policy is available on the website of the Company at [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors).

## 22. CORPORATE SOCIAL RESPONSIBILITY

The Company has a well-defined policy on Corporate Social Responsibility as per the requirement of Section 135 of the Companies Act, 2013. The CSR activities of the Company undertaken by Aster Volunteers broadly includes providing free healthcare services to the under-privileged children and the needy, village adoption, providing education, sustainability programmes. The CSR activities are being carried out under the broad umbrella of our registered charitable organisation – Aster DM Foundation. The Foundation is established and endowed as a non-profitable charity and philanthropic organisation by Dr. Azad Moopen as the Managing Trustee.

The CSR Policy of the Company is available on the website of the Company at [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors). Details on Corporate Social Responsibility activities undertaken during the year is provided in **Annexure 9** forming part of this report.

## 23. AUDITORS

### i. Statutory Auditors

At the Annual General Meeting held on August 14, 2020, M/s. Deloitte Haskins & Sells, Chartered Accountants [Firm registration number: 0080725] were appointed as the Statutory Auditor of the Company for a period of 5 years from the conclusion of 12<sup>th</sup> AGM till the conclusion of the 17<sup>th</sup> AGM.

### ii. Secretarial Auditor

M/s. M Damodaran & Associates LLP, Practising Company Secretaries, [Firm registration number: L2019TN006000] were appointed to conduct the Secretarial Audit of the Company for the financial year 2020-21, as required under section 204 of the Companies Act, 2013 and Rules thereunder.

### iii. Cost Auditor

The Company has maintained cost record and accounts as specified by the Central Government under section 148(1) of the Companies Act, 2013 and rules made thereunder and M/s. BBS & Associates, Cost Accountants [Firm Registration No: 00273] were appointed as the Cost Auditor of the Company to conduct the audit of cost records for the financial year 2020-21.

The Board of Directors, on the recommendation of the Audit Committee, has appointed M/s. BBS & Associates, Cost Accountants [Firm Registration No: 00273] as the Cost Auditor of the Company to conduct the audit of cost records for the financial year 2021-22 at a remuneration of ₹ 1,75,000 (Rupees One Lakh and Seventy Five Thousand Only) plus out of pocket expenses & taxes as applicable, if any, in connection with the cost audit.

The Board of Directors of the Company proposes the ratification of remuneration of M/s. BBS & Associates, Cost Accountants for financial year 2021-22 at the ensuing Annual General Meeting. The Notice of 13<sup>th</sup> Annual General Meeting of the Company contains the above proposal for the approval of the Members.

## 24. AUDIT REPORT

### i. Statutory Audit Report

Audit report on the financial statements of the Company for the financial year 2020-21 is being circulated to the shareholders along with the financial statements. There are no qualifications or adverse remarks made by the statutory auditors in their report for the financial year ended March 31, 2021.

During the year under review the Statutory Auditors have not reported to the Audit Committee any incident of fraud committed against the Company by its officers or employees under Section 143 (12) of the Companies Act, 2013.

### ii. Secretarial Audit Report

The Secretarial Audit report issued by M/s. M Damodaran & Associates LLP, Practising Company Secretaries for the financial year 2020-21 is annexed as **Annexure 5** to this report.

Pursuant to Regulation 24A of the Listing Regulations read with SEBI circular dated February 08, 2019, listed entities are required to submit the Annual Secretarial Compliance report with the stock exchanges within sixty days from the end of the financial year. Further, SEBI vide its circular dated April 29, 2021 extended the timeline for filing by one-month up to June 30, 2021. The Company has received the Annual Secretarial Compliance report from M/s. M Damodaran & Associates LLP, Practising Company Secretaries, [Firm registration number: L2019TN006000] and the same has been submitted to the stock exchanges within the stipulated date and a copy of the report is annexed as **Annexure 5A** to this report.

Pursuant to amendment made to Regulation 24A of the Listing Regulations, the Secretarial Audit report of Malabar Institute of Medical Sciences Ltd, a material unlisted subsidiary of the Company issued by M/s. Ashique Sameer Associates, Practising Company Secretaries for the financial year 2020-21 is annexed as **Annexure 5B** to this report.

During the year under review the Secretarial Auditors have not reported to the Audit Committee any incident of fraud committed against the Company by its officers or employees under Section 143 (12) of the Companies Act, 2013.

## 25. MATERIAL CHANGES AND COMMITMENTS AFFECTING FINANCIAL POSITION

In March 2020, the World Health Organisation declared COVID-19 to be a pandemic. This pandemic resulted in disruption to regular business operations due to lockdown, disruptions in transportation, travel bans, quarantines, social distancing and other emergency measures imposed by the government. The Company adopted measures to curb the spread of infection in order to protect the health of its employees and ensure business continuity with minimal disruption and has considered available internal and external information up to the date of approval of the financial statements by the Board of Directors.

The Company has used the principles of prudence in applying judgements, estimates and assumptions including sensitivity analysis and the Company has evaluated impact of the pandemic in assessing the recoverability of property plant and equipment (including Capital work in progress), investments, intangibles, inventories, receivables and other assets based on its review of current indicators of future economic conditions. Based on current estimates, including the availability of financing facilities for maintaining liquidity, the Company expects to fully recover the carrying amount of these assets. Further, the Company has taken various measures to reduce its fixed cost - for example, salary reductions, optimization of administrative, sales and marketing costs, deferment of capex along with judicious resource allocation and requesting for the waiver of minimum guarantee fee and revenue share for hospital premises taken on lease. The eventual outcome of impact of the global health pandemic may be different from that which has been estimated as on the date of approval of these financial statements. The Company will continue to monitor any material changes to future economic conditions and the consequent impact on its business, if any, and any significant impact of these changes would be recognized in the financial statements as and when these material changes to economic conditions arise.

## 26. EXTRACT OF ANNUAL RETURN

As per Section 134 (3) (a) of the Companies Act, 2013, an extract of the annual return in prescribed format is given in Form MGT 9 is available on the website of the Company at [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors).

## 27. SIGNIFICANT AND MATERIAL ORDERS

There are no significant or material orders passed by any regulators or courts or tribunals impacting the going concern status and Company's operations in future.

## 28. BUSINESS OF THE COMPANY

The Company is into the business of setting up and running of hospitals and healthcare centres. There has been no change in the nature of business during the last financial year.

## 29. DISCLOSURE UNDER SEXUAL HARASSMENT OF WOMEN AT WORKPLACE

The Company has in place a Policy on Prevention of Sexual Harassment at workplace framed under Sexual Harassment of Women at Workplace (Prevention, Prohibition & Redressal) Act, 2013. Internal Complaints Committee (ICC) has been constituted as per the said Act to redress the complaints with respect to sexual harassment. All employees (permanent, contractual, temporary, trainees) are covered under this policy. During the year under review no cases were reported on sexual harassment.

## 30. CONSERVATION OF ENERGY, TECHNOLOGY ABSORPTION, FOREX EARNINGS AND OUTGO

The information on conservation of energy, technology absorption and foreign exchange earnings and outgo stipulated under Section 134(3)(m) of the Companies Act, 2013, read with Rule 8 of the Companies (Accounts) Rules, 2014 is annexed as **Annexure 6** to this report.

## 31. MANAGEMENT DISCUSSION AND ANALYSIS

The Management Discussion and Analysis as required under the Regulation 34 (3) of the SEBI Listing Regulations and Schedule V (B) to the said regulation forms part of the Annual Report.

## 32. CORPORATE GOVERNANCE

As per Regulation 34 and Schedule V (C) to the SEBI Listing Regulations, the Corporate Governance Report with the Compliance certificate from the Practicing Company Secretary is annexed as **Annexure 7** to this report.

## 33. BUSINESS RESPONSIBILITY REPORT

As per the Regulation 34 (2) (f) of the SEBI Listing Regulations, a Business Responsibility Report is annexed as **Annexure 8** to this report.

## 34. LISTING ON STOCK EXCHANGES

The Company's shares are listed on both BSE Limited and National Stock Exchange of India Limited from February 26, 2018.

## 35. ACKNOWLEDGEMENT

Your Directors thank the Company's Shareholders, customers, banks, financial institutions, and well-wishers for their continued support during the year. Your Directors place on record their appreciation on the contribution made by the employees at all levels. The Company's consistent growth was made possible by their hard work, solidarity, co-operation and support. The Board sincerely expresses its gratitude to Government of India, Ministry of Corporate Affairs, Reserve Bank of India, Foreign Investment Promotion Board, Securities and Exchange Board of India, BSE Limited, National Stock Exchange of India Limited and Governments of Kerala, Karnataka, Andhra Pradesh, Telangana and Maharashtra for the guidance and support received from them including officials thereat from time to time.

**For and on behalf of the Board of Directors**

**Dr. Azad Moopen**

Date : June 22, 2021  
Place : Dubai

Chairman and Managing Director  
DIN: 00159403

# Annexure 1

## FORM AOC-1

(Pursuant to the first proviso to sub-section (3) of section 129 of read with Rule 5 of the Company (Accounts) Rules, 2014)

### Statement containing salient features of the financial statements of subsidiaries or associate companies or joint ventures

#### Part A- Subsidiaries

Sl no.	Name of Subsidiary Company	Country	Currency	Exchange Rate	Share Capital	Other equity	Total Assets	Total Liabilities (excluding share capital and other equity)	Investments	Turnover	Profit before taxation	Profit after taxation	Proposed Dividend	(amount in ₹ crores)	
														Percentage of beneficial holding	Percentage of legal holding*
1	DM Med City Hospitals (India) Private Limited	India	₹	1.00	0.01	66.22	123.19	56.96	0.12	5.04	(1.68)	(2.11)	-	100%	100%
2	Ambady Infrastructure Private Limited	India	₹	1.00	15.01	54.55	91.81	22.25	-	0.09	(0.71)	(0.71)	-	100%	100%
3	Aster DM Healthcare (Trivandrum) Private Limited	India	₹	1.00	8.01	(23.38)	91.98	107.34	0.00	0.06	(8.04)	(8.04)	-	100%	100%
4	Malabar Institute of Medical Sciences Ltd	India	₹	1.00	99.91	349.62	822.36	372.84	9.29	559.40	18.81	12.05	-	74%	74%
5	Prerana Hospital Limited	India	₹	1.00	4.14	29.92	104.18	70.12	0.00	69.79	2.68	1.52	-	87%	87%
6	Sri Sainatha Multispecialty Hospital Private Limited	India	₹	1.00	7.02	30.14	55.57	18.41	-	61.41	7.57	5.75	-	77%	77%
7	Dr. Ramesh Cardiac and Multispecialty Hospital Private Limited	India	₹	1.00	10.79	97.30	206.83	98.75	53.71	157.63	(3.49)	(8.54)	-	51%	51%
8	Aster Clinical Lab LLP	India	₹	1.00	1.00	(19.05)	74.49	92.54	-	39.57	(18.09)	(17.91)	-	100%	100%
9	Mindriot Research and Innovation Foundation	India	₹	1.00	-	-	-	-	-	-	-	-	-	49%	49%
10	Affinity Holdings Private Limited	Mauritius	USD	73.30	0.01	1,729.55	2,068.39	338.83	2,047.21	1.07	0.73	(2.18)	-	100%	100%
11	EMED Human Resources India Private Limited	India	₹	1.00	0.02	0.53	1.25	0.70	-	0.52	0.13	0.08	-	100%	100%
12	Ezhimala Infrastructure LLP	India	₹	1.00	0.01	0.02	9.32	9.29	-	0.02	0.02	0.02	-	40%	40%
13	Warseps Healthcare LLP	India	₹	1.00	0.10	(0.00)	0.10	0.00	-	0.00	(0.00)	(0.00)	-	100%	100%
14	Sanghamitra Hospitals Private Limited	India	₹	1.00	6.27	14.43	34.37	13.68	-	62.28	16.32	10.81	-	26%	26%
15	Aster Ramesh Duhita LLP	India	₹	1.00	0.51	(0.41)	0.75	0.65	-	0.52	(0.36)	(0.36)	-	26%	26%
16	Komali Fertility Centre LLP (earlier Ramesh Fertility Centre LLP)	India	₹	1.00	0.80	0.12	1.06	0.14	0.45	2.18	0.71	0.48	-	26%	26%
17	Aster Caribbean Holdings Limited	Cayman Island	USD	73.30	-	-	-	-	-	-	-	-	-	100%	100%
18	Aster Cayman Hospital Limited	Cayman Island	USD	73.30	-	-	-	-	-	-	-	-	-	100%	100%
19	Aster DM Healthcare FZC	UAE	AED	19.96	2,043.78	436.38	6,764.54	4,284.38	892.63	953.27	78.07	78.07	-	100%	100%
20	Aster Hospital Sonapur L.L.C	UAE	AED	19.96	0.60	-	0.60	-	-	-	-	-	-	90%	39%



Sl no.	Name of Subsidiary Company	Country	Currency	Exchange Rate	Share Capital	Other equity	Total Assets	Total Liabilities (excluding share capital and other equity)	Investments	Turnover	Profit before taxation	Profit after taxation	Proposed Dividend	(amount in ₹ crores)	
														Percentage of beneficial holding	Percentage of legal holding*
21	Radiant Healthcare LLC	UAE	AED	19.96	0.60	29.30	72.35	42.45	-	37.90	2.87	2.87	-	76%	25%
22	Aster Day Surgery Centre LLC	UAE	AED	19.96	0.60	(16.29)	25.03	40.72	-	11.56	(0.73)	(0.73)	-	82%	49%
23	DM Healthcare (L L C)	UAE	AED	19.96	19.96	273.74	711.73	418.03	1.02	1038.54	110.53	110.53	-	100%	100%
24	Wahat Al Aman Home Health Care LLC	UAE	AED	19.96	0.20	33.57	61.38	27.62	-	142.59	36.78	36.78	-	100%	49%
25	Aster Grace Nursing and Physiotherapy LLC	UAE	AED	19.96	0.60	(0.00)	4.78	4.18	-	5.19	(0.40)	(0.40)	-	60%	29%
26	Aster Pharmacies Group LLC	UAE	AED	19.96	0.60	446.68	952.15	504.87	-	1,332.47	100.62	100.62	-	100%	49%
27	New Aster Pharmacy DMCC	UAE	AED	19.96	0.40	8.38	12.88	4.10	-	14.21	1.50	1.50	-	100%	100%
28	Medshop Garden Pharmacy LLC	UAE	AED	19.96	0.60	24.35	34.17	9.21	-	31.81	3.36	3.36	-	100%	49%
29	Aster DCC Pharmacy LLC	UAE	AED	19.96	0.60	(7.85)	16.73	23.97	-	11.26	(1.57)	(1.57)	-	70%	49%
30	Aster Al Shafar Pharmacies Group LLC	UAE	AED	19.96	5.99	9.16	49.36	34.21	-	78.64	4.68	4.68	-	51%	49%
31	Rafa Pharmacy LLC	UAE	AED	19.96	0.60	(1.49)	4.19	5.08	-	11.11	0.65	0.65	-	100%	49%
32	Aster Pharmacy LLC, AUH	UAE	AED	19.96	0.60	1.97	5.16	2.59	-	13.50	0.69	0.69	-	100%	49%
33	Med Shop Drugs Store LLC	UAE	AED	19.96	0.60	73.95	831.86	757.31	-	327.45	(11.90)	(11.90)	-	100%	49%
34	Alfa Drug Store LLC	UAE	AED	19.96	0.60	178.30	236.92	58.02	-	134.99	40.44	40.44	-	100%	49%
35	Alfa One Drug Store LLC	UAE	AED	19.96	0.60	-	0.60	-	-	-	-	-	-	100%	49%
36	Alfaone FZ LLC	UAE	AED	19.96	0.20	-	0.20	-	-	-	-	-	-	100%	100%
37	DM Pharmacies LLC**	UAE	AED	19.96	0.60	2.20	2.79	-	-	50.92	(13.63)	(13.63)	-	100%	49%
38	Aster Opticals LLC	UAE	AED	19.96	0.60	(20.67)	36.68	56.76	-	7.35	(4.10)	(4.10)	-	60%	49%
39	Medcare Hospital LLC	UAE	AED	19.96	19.96	1,143.00	2,504.56	1,341.60	-	1,811.57	168.63	168.63	-	85%	73%
40	Premium Healthcare Limited	UAE	AED	19.96	0.37	4.05	5.23	0.81	-	16.86	2.16	2.16	-	80%	80%
41	Dr. Moopens Healthcare Management Services LLC	UAE	AED	19.96	0.60	(202.74)	55.05	257.19	-	37.09	(81.76)	(81.76)	-	100%	49%
42	Eurohealth Systems FZ LLC	UAE	AED	19.96	0.20	17.78	28.11	10.14	-	9.01	1.93	1.93	-	100%	95%
43	Al Rafa Investments Limited	UAE	AED	19.96	0.37	(1.77)	0.80	2.20	0.37	-	(0.16)	(0.16)	-	100%	0%
44	Al Rafa Holdings Limited	UAE	AED	19.96	0.37	(0.92)	0.39	0.95	-	-	(0.07)	(0.07)	-	100%	0%
45	Alfa Investments Limited #	UAE	AED	19.96	0.37	(0.46)	14.05	14.15	0.36	-	(0.14)	(0.14)	-	0%	0%
46	Active Holdings Limited	UAE	AED	19.96	0.37	(0.32)	13.69	13.64	11.97	-	(0.07)	(0.07)	-	100%	0%
47	Al Rafa Medical Centre LLC	UAE	AED	19.96	0.60	(36.26)	28.40	64.06	-	19.18	(7.96)	(7.96)	-	51%	40%
48	Dar Al Shifa Medical Centre LLC	UAE	AED	19.96	0.60	(4.58)	7.71	11.69	-	7.18	(1.91)	(1.91)	-	51%	40%
49	Aster Primary Care LLC	UAE	AED	19.96	0.60	(1.88)	3.73	5.02	-	3.57	(1.05)	(1.05)	-	71%	40%
50	Modern Dar Al Shifa Pharmacy LLC	UAE	AED	19.96	0.60	10.79	17.39	6.01	-	33.26	2.56	2.56	-	51%	40%

Sl no.	Name of Subsidiary Company	Country	Currency	Exchange Rate	Share Capital	Other equity	Total Assets	Total Liabilities (excluding share capital and other equity)	Investments	Turnover	Profit before taxation	Profit after taxation	Proposed Dividend	(amount in ₹ crores)	
														Percentage of legal holding*	Percentage of beneficial holding
51	Harley Street LLC	UAE	AED	19.96	0.30	(0.11)	10.35	10.16	-	-	-	-	-	60%	9%
52	Harley Street Pharmacy LLC	UAE	AED	19.96	0.30	0.02	8.45	8.13	-	15.33	0.93	0.93	-	60%	9%
53	Harley Street Medical Centre LLC	UAE	AED	19.96	0.30	49.21	137.22	87.71	-	164.60	12.14	12.14	-	60%	9%
54	Harley Street Dental LLC	UAE	AED	19.96	0.30	(3.21)	6.87	9.78	-	10.24	0.95	0.95	-	38%	2%
55	Grand Optics LLC	UAE	AED	19.96	0.60	(90.58)	78.16	168.14	-	52.24	(2.72)	(2.72)	-	85%	34%
56	Noor Al Shefa Clinic LLC	UAE	AED	19.96	0.60	9.01	18.97	9.36	-	13.75	0.06	0.06	-	70%	19%
57	Zahrath Al Shefa Medical Center LLC	UAE	AED	19.96	0.60	(0.63)	3.82	3.86	-	3.19	(0.37)	(0.37)	-	70%	19%
58	Zahrath Al Shefa Pharmacy LLC	UAE	AED	19.96	0.60	2.68	4.52	1.24	-	3.11	0.40	0.40	-	70%	19%
59	Samary Pharmacy LLC	UAE	AED	19.96	0.60	10.88	13.57	2.10	-	7.02	1.19	1.19	-	70%	19%
60	Metro Meds Pharmacy LLC	UAE	AED	19.96	0.60	3.46	9.17	5.11	-	7.64	1.12	1.12	-	66%	15%
61	Metro Medical Center LLC	UAE	AED	19.96	0.60	3.14	10.10	6.36	-	13.17	0.55	0.55	-	66%	15%
62	Symphony Healthcare Management Services LLC	UAE	AED	19.96	0.60	(42.78)	84.87	127.04	-	135.46	10.08	10.08	-	100%	0%
63	E-Care International Medical Billing Services Co. LLC	UAE	AED	19.96	9.98	6.24	33.00	16.78	-	10.00	3.26	3.26	-	80%	0%
64	Al Raffah Hospital LLC	Oman	AED	19.96	5.75	55.27	818.26	757.24	-	332.82	(13.48)	(11.68)	-	100%	100%
65	Al Raffah Medical Centre LLC**	Oman	AED	19.96	-	-	-	-	-	0.97	(0.47)	(0.47)	-	NA	NA
66	Al Raffah Pharmacies Group LLC	Oman	AED	19.96	2.87	0.73	5.27	1.67	-	4.14	0.37	0.30	-	100%	70%
67	Oman Al Khair Hospital LLC	Oman	AED	19.96	9.58	(0.14)	32.43	22.98	-	31.77	(0.26)	(0.33)	-	60%	42%
68	Dr. Moopen's Healthcare Management Services WLL	Qatar	AED	19.96	3.39	212.81	350.15	133.94	0.60	214.00	6.98	5.87	-	99%	49%
69	Welcare Polyclinic WLL	Qatar	AED	19.96	0.40	(1.65)	9.76	11.00	-	17.79	1.08	0.92	-	50%	45%
70	Dr. Moopen's Aster Hospital WLL	Qatar	AED	19.96	0.40	(76.42)	226.29	302.31	-	109.62	2.80	2.72	-	99%	49%
71	Sanad Al Rahma for Medical Care LLC	Kingdom of Saudi Arabia	AED	19.96	48.87	337.71	539.81	153.24	-	322.60	(7.38)	(11.94)	-	100%	100%
72	Aster DM Healthcare WLL (earlier Aster DM Healthcare SPC)	Bahrain	AED	19.96	1.00	(63.06)	22.83	84.89	-	26.29	(4.54)	(4.54)	-	100%	100%
73	Orange Pharmacies LLC	Jordan	AED	19.96	0.31	(28.38)	24.38	52.46	-	49.76	(1.05)	(1.05)	-	51%	0%
74	Al Shafar Pharmacy LLC, AUH **	UAE	AED	19.96	0.60	(1.76)	0.03	1.19	-	-	(0.07)	(0.07)	-	51%	49%
75	Aster DM Healthcare INC **	Philippines	AED	19.96	7.98	(7.44)	3.09	2.55	-	-	-	-	-	90%	90%
76	Aster Medical Centre LLC**	UAE	AED	19.96	0.60	(27.32)	0.46	27.18	-	-	-	-	-	90%	39%

Sl no.	Name of Subsidiary Company	Country	Currency	Exchange Rate	Share Capital	Other equity	Total Assets	Total Liabilities (excluding share capital and other equity)	Investments	Turnover	Profit before taxation	Profit after taxation	Proposed Dividend	(amount in ₹ crores)	
														Percentage of beneficial holding	Percentage of legal holding*
77	Aster Kuwait Pharmaceuticals and Medical Equipment Company W.L.L **	Kuwait	AED	19.96	15.56	(12.53)	4.93	1.88	-	0.52	(0.64)	(0.64)	-	54%	2%
78	Asma Pharmacy LLC ***	UAE	AED	19.96	-	(0.00)	-	-	-	2.00	(0.05)	(0.05)	-	NA	NA
79	Shindagha Pharmacy LLC ***	UAE	AED	19.96	-	0.00	-	-	-	3.54	(0.28)	(0.28)	-	NA	NA
80	Union Pharmacy LLC ***	UAE	AED	19.96	-	(0.00)	-	-	-	5.23	0.18	0.18	-	NA	NA
81	Zabeel Pharmacy LLC ***	UAE	AED	19.96	-	-	-	-	-	2.13	0.11	0.11	-	NA	NA

Name of the subsidiaries which are yet to commence operations:

- Alfaone FZ LLC
- Alfa One Drug Store LLC
- Aster Caribbean Holdings Limited
- Aster Cayman Hospital Limited
- Mindnot Research and Innovation Foundation

Name of the subsidiaries which have been liquidated or sold during the year - Nil

\*Although the percentage of voting rights as a result of legal holding by the Company is not more than 50% in certain entities listed above, the Company has the power to appoint majority of the Board of Directors of those entities as to obtain substantially all the returns related to their operations and net assets and has the ability to direct that activities that most significantly affect these returns. Consequently, all the entities listed above have been consolidated for the purposes of the preparation of this consolidated financial information

\*\*Represents subsidiaries which are in the process of being wound-up.

\*\*\* represents subsidiaries which were merged during the current year.

"# Although the percentage of voting rights as a result of legal holding by the Group is Nil, the Group has the power to appoint/replace all members of the Board of Directors. Consequently Group has control over the entity."

All numbers have been converted from foreign currency to INR at the closing rate

**PART B-Associates or Joint Ventures**

Sl no.	Name of the Associate or Joint Venture	(amount in ₹ crores)					
		AAQ Healthcare Investments LLC	Aries Holdings FZC	Al Mutamaizah Healthcare Investment Co. LLC	Aries Investments LLC^	MIMS Infrastructure and Properties Private Limited	Alfaone Medicals Private Limited Pharmacies Private Limited
1	Latest Audited Balance Sheet Date	March 31, 2021	March 31, 2021	December 31, 2020	--	March 31, 2021	March 31, 2021
2	Date on which the associate was associated or acquired	March 27, 2016	July 10, 2013	May 6, 2018	February 1, 2021	July 6, 2010	February 1, 2021
3	Shares of associate held by Company on the year end No.	99 equity shares of AED 1,000 each	1,250 equity shares of AED 1,000 each	735 equity shares of AED 100 each	2,970 equity shares of AED 1,000 each	0.66 crores equity shares of ₹ 10 each and 0.27 crores of preference shares of ₹ 10 each	990 equity shares of ₹ 10 each
4	Amount of investment in associate	0.20	2.49	0.15	5.93	9.29	0.23
	Extent of holding - Percentage of beneficial holding	33%	25%	49%	25%	36%	16%
	- Percentage of legal holding	33%	25%	49%	25%	36%	16%
4	Description of how there is a significant influence						
5	Reason why the associate/joint venture is not consolidated						
					(Consolidated as per IND-AS 28)		
6	Networth attributable to shareholding as per the latest audited balance sheet	3.16	17.88	(12.12)	-	8.84	0.22
7	Profit/(loss) for the year						
	i. considered in consolidation*	1.60	1.77	-	-	0.16	-
	ii. Not considered in consolidation	-	-	(1.22) <sup>§</sup>	-	-	(0.23)

\*Groups share in profit/ (loss) for the year

Name of associate/ joint venture which are yet to commence operations - Aries Investments LLC

Name of associate/ joint venture which have been liquidated or sold during the year- NIL

^Incorporated during February 2021

§ Not considered in consolidation as investment value is exhausted

**For and on behalf of the Board of Directors**

**Dr. Azad Moopen**  
Chairman and Managing Director  
DIN: 00159403

Date : June 22, 2021  
Place : Dubai



## FORM AOC-2

(Pursuant to clause (h) of sub-section (3) of section 134 of the Act and Rule 8(2) of the Companies (Accounts) Rules, 2014)

Disclosure of particulars of contracts/arrangements entered into by the Company with related parties referred to in sub-section (1) of Section 188 of the Companies Act, 2013 including certain arm's length transactions under the third proviso thereto

### 1. Details of contracts or arrangements or transactions not at arm's length basis: Nil

### 2. Details of contracts or arrangements or transactions at arm's length basis:

Sl no.	Name(s) of the related party and Nature of relationship	Nature of contract/ arrangements/ transactions	Duration of the contracts / arrangements/ transactions	Salient terms of the contracts or arrangements or transactions including the value, if any	Date(s) of approval by the Board	Amount paid as advances, if any
1	Aster DM Healthcare (Trivandrum) Private Limited, Wholly-owned subsidiary	Expenses incurred on behalf of subsidiaries/ associates/related parties Interest on loan to related parties	On going	Expenses incurred on behalf of subsidiary. Value of transactions for financial year 2020-21 is ₹ 0.11 crore. Interest on loan given to subsidiary. Value of transactions for financial year 2020-21 is ₹ 7.79 crore.	February 11, 2020 August 12, 2020	Nil Nil
		Availing or rendering of any services	On going	Availing or rendering of any services. Value of transactions for financial year 2020-21 is ₹ 0.06 crore.	February 11, 2020	Nil
2	DM Med City Hospitals (India) Private Limited, Wholly-owned subsidiary	Expenses incurred on behalf of subsidiaries/ associates/related parties Lease rental for land	On going	Expenses incurred on behalf of subsidiary. Value of transactions for financial year 2020-21 is ₹ 0.90 crore. Lease rental for land. Value of transactions for financial year 2020-21 is ₹ 0.04 crore.	February 11, 2020 November 10, 2020	Nil Nil
		Guarantee commission expense	On going	Guarantee commission paid to the subsidiary for guarantee extended on behalf of the loans availed by the Company. Value of transactions for financial year 2020-21 is ₹ 0.27 crore.	February 11, 2020	Nil
		Interest on loan to related parties	On going	Interest on loan given to subsidiary. Value of transactions for financial year 2020-21 is ₹ 1.59 crore.	August 12, 2020 and June 22, 2021	Nil
		Sale of Property	On going	Sale of property. Value of transactions for financial year 2020-21 is ₹ 0.22 crore.	February 09, 2021	Nil
		Availing or rendering of any services	On going	Availing or rendering of any services. Value of transactions for financial year 2020-21 is ₹ 0.00 crore*.	February 11, 2020	Nil

Sl no.	Name(s) of the related party and Nature of relationship	Nature of contract/ arrangements/ transactions	Duration of the contracts / arrangements/ transactions	Salient terms of the contracts or arrangements or transactions including the value, if any	Date(s) of approval by the Board	Amount paid as advances, if any
3	Ambady Infrastructure Private Limited, Wholly-owned subsidiary	Expenses incurred on behalf of subsidiaries/ associates/related parties Interest on loan to related parties Guarantee commission expense	On going On going On going	Expenses incurred on behalf of subsidiary. Value of transactions for financial year 2020-21 is ₹ 0.02 crore. Interest on loan given to subsidiary. Value of transactions for financial year 2020-21 is ₹ 0.51 crore. Guarantee commission paid to the subsidiary for guarantee extended on behalf of the loans availed by the Company. Value of transactions for financial year 2020-21 is ₹ 0.09 crore.	February 11, 2020 August 12, 2020 and June 22, 2021 February 11, 2020	Nil Nil Nil
		Availing or rendering of any services	On going	Availing or rendering of any services. Value of transactions for financial year 2020-21 is ₹ 0.00 crore*	February 11, 2020	Nil
4	Sri Sainatha Multispecialty Hospitals Private Limited, Subsidiary in which the Company holds 77.30% stake	Expenses incurred on behalf of subsidiaries/ associates/related parties Availing or rendering of any services	On going On going	Expenses incurred on behalf of subsidiary. Value of transactions for financial year 2020-21 is ₹ 0.36 crore. Availing or rendering of any services. Value of transactions for financial year 2020-21 is ₹ 0.64 crore.	February 11, 2020 February 11, 2020 and November 10, 2020	Nil Nil
5	Prerana Hospital Limited, Subsidiary in which the Company holds 86.99% stake	Expenses incurred on behalf of subsidiaries/ associates/related parties Guarantee commission received	On going On going	Expenses incurred on behalf of subsidiary. Value of transactions for financial year 2020-21 is ₹ 0.68 crore. Guarantee commission received on the corporate guarantee extended on behalf of the loans availed by the subsidiary. Value of transactions for financial year 2020-21 is ₹ 0.26 crore.	February 11, 2020 February 11, 2020	Nil Nil
6	Dr.Ramesh Cardiac and Multispecialty Hospital Private Limited, Subsidiary in which the Company holds 51% stake	Expenses incurred on behalf of subsidiaries/ associates/related parties Availing or rendering of any services	On going On going	Expenses incurred on behalf of subsidiary. Value of transactions for financial year 2020-21 is ₹ 0.20 crore. Availing or rendering of any services. Value of transactions for financial year 2020-21 is ₹ 0.00 crore*	February 11, 2020 February 11, 2020	Nil Nil
7	Malabar Institute of Medical Sciences Ltd, Subsidiary in which the Company holds 74.14% stake	Expenses incurred on behalf of subsidiaries/ associates/related parties Sale of Medical consumables Other income Guarantee commission received Availing or rendering of any services	On going On going On going On going	Expenses incurred on behalf of subsidiary. Value of transactions for financial year 2020-21 is ₹ 4.05 crore. Sale of medical consumables. Value of transactions for financial year 2020-21 is ₹ 0.03 crore. Other income. Value of transactions for financial year 2020-21 is ₹ 0.04 crore. Guarantee commission received on the corporate guarantee extended on behalf of the loans availed by the subsidiary. Value of transactions for financial year 2020-21 is ₹ 0.78 crore. Availing or rendering of any services. Value of transactions for financial year 2020-21 is ₹ 0.36 crore.	February 11, 2020 February 11, 2020 and November 10, 2020 and June 22, 2021 February 11, 2020 February 11, 2020 February 11, 2020 and November 10, 2020 February 11, 2020	Nil Nil Nil Nil Nil Nil

Sl no.	Name(s) of the related party and Nature of relationship	Nature of contract/ arrangements/ transactions	Duration of the contracts / arrangements/ transactions	Salient terms of the contracts or arrangements or transactions including the value, if any	Date(s) of approval by the Board	Amount paid as advances, if any
8	EMED Human Resources India Private Limited, Wholly-owned subsidiary	Expenses incurred on behalf of subsidiaries/ associates/related parties Interest on loan to related parties Other expenses	On going On going On going	Expenses incurred on behalf of subsidiary. Value of transactions for financial year 2020-21 is ₹ 0.20 crore. Interest on loan given to subsidiary. Value of transactions for financial year 2020-21 is ₹ 0.00 crore*. Other Expenses. Value of transactions for financial year 2020-21 is ₹ 0.02 crore.	February 11, 2020 February 11, 2020 February 11, 2020	Nil Nil Nil
9	Aster Clinical Lab LLP, Company owns 100% stake	Expenses incurred on behalf of subsidiaries/ associates/related parties Interest on loan to related parties Availing or rendering of any services	On going On going On going	Expenses incurred on behalf of subsidiary. Value of transactions for financial year 2020-21 is ₹ 0.58 crore. Interest on loan given to subsidiary. Value of transactions for financial year 2020-21 is ₹ 2.26 crore. Lab testing fees. Value of transactions for financial year 2020-21 is ₹ 22.86 crore.	February 11, 2020 and November 10, 2020 August 12, 2020, February 09, 2021 and June 22, 2021 August 12, 2020 and February 09, 2021	Nil Nil Nil
		Sale, purchase or supply of any goods or materials Sale, purchase or supply of any goods or materials Availing or rendering of any services	On going On going On going	Sale of medical consumables. Value of transactions for financial year 2020-21 is ₹ 0.90 crore. Medical Consumables incurred by Company on behalf of subsidiary. Value of transactions for financial year 2020-21 is ₹ 2.61 crore. Availing or rendering of any services. Value of transactions for financial year 2020-21 is ₹ 0.09 crore.	February 11, 2020 February 09, 2021 February 11, 2020	Nil Nil Nil
10	Wayanad Infrastructure Private Limited, Dr. Azad Moopen (Chairman and Managing Director), Mr. T.J Wilson (Non- Executive Director), Ms. Alisha Moopen (Deputy Managing Director), Mr. Anoop Moopen (Non- Executive Director), Mr. Shamsudheen Bin Mohideen Mammu Haji (Non -Executive Director), Mrs. Naseera Azad, Ms. Ziham Moopen, Ms. Zeba Moopen, (relative of Dr. Azad Moopen and Ms. Alisha Moopen) are Directors in this Company	Other expenses	On going	Other expenses. Value of transactions for financial year 2020-21 is ₹ 0.00 crore*.	February 11, 2020	Nil
11	Dr. Moopen's Healthcare Management Services LLC, Wholly-owned subsidiary in UAE	Expenses incurred on behalf of subsidiaries/ associates/related parties Collection by Subsidiaries/ associates/related parties on behalf of company Expenses incurred by subsidiaries/ associates/related parties on behalf of company	On going On going On going	Expenses incurred on behalf of subsidiary. Value of transactions for financial year 2020-21 is ₹ 3.68 crore. Collection by subsidiary on behalf of the Company. Value of transactions for financial year 2020-21 is ₹ 3.09 crore. Expenses incurred by subsidiary on behalf of company. Value of transactions for financial year 2020-21 is ₹ 0.01 crore.	February 11, 2020 and February 09, 2021 February 11, 2020 February 11, 2020 and February 09, 2021	Nil Nil Nil

Sl no.	Name(s) of the related party and Nature of relationship	Nature of contract/ arrangements/ transactions	Duration of the contracts / arrangements/ transactions	Salient terms of the contracts or arrangements or transactions including the value, if any	Date(s) of approval by the Board	Amount paid as advances, if any
12	Aster DM Healthcare FZC, Wholly-owned subsidiary in UAE, Wholly owned subsidiary in Qatar	Expenses incurred on behalf of subsidiaries/ associates/related parties Employee stock option expense recharged Expenses incurred by subsidiaries/ associates/related parties on behalf of company Collection by Subsidiaries/ associates/related parties on behalf of company	On going On going On going On going	Expenses incurred on behalf of subsidiary. Value of transactions for financial year 2020-21 is ₹ 0.98 crore. Employee stock option expense. Value of transactions for financial year 2020-21 is ₹ 1.88 crore. Expenses incurred by subsidiary on behalf of company. Value of transactions for financial year 2020-21 is ₹ 1.66 crore. Collection by subsidiary on behalf of the Company. Value of transactions for financial year 2020-21 is ₹ 0.82 crore.	February 11, 2020 and June 22, 2021 February 11, 2020 and February 09, 2021 February 11, 2020 and June 22, 2021 February 11, 2020 and June 22, 2021	Nil Nil Nil Nil
13	Al Raffah Hospital LLC, Wholly -owned subsidiary in Oman	Expenses incurred on behalf of subsidiaries/ associates/related parties	On going	Expenses incurred on behalf of subsidiary. Value of transactions for financial year 2020-21 is ₹ 0.06 crore.	February 11, 2020	Nil
14	Alfaone Medicals Private Limited, Company owns 15.98% Stake	Interest on loan to related parties	On going	Interest on loan given to related party. Value of transactions for financial year 2020-21 is ₹ 0.01 crore.	June 22, 2021	Nil
15	DM Education and Research Foundation, Dr. Azad Moopen (Chairman and Managing Director), Ms. Alisha Moopen (Deputy Managing Director), Mrs. Naseera Azad and Ms. Zeba Moopen (relative of Dr. Azad Moopen and Ms. Alisha Moopen) are Trustees in this trust	Expenses incurred on behalf of subsidiaries/ associates/related parties Income from consultancy services Other expenses Collection by Subsidiaries/ associates/related parties on behalf of company	On going On going On going On going	Expenses incurred on behalf of related party. Value of transactions for financial year 2020-21 is ₹ 0.03 crore. Income from consultancy services. Value of transactions for financial year 2020-21 is ₹ 1.45 crore. Other expenses. Value of transactions for financial year 2020-21 is ₹ 6.75 crore. Collection by related parties on behalf of company. Value of transactions for financial year 2020-21 is ₹ 6.24 crore.	February 11, 2020 February 11, 2020 February 11, 2020 February 11, 2020 and June 22, 2021	Nil Nil Nil Nil

\*Represents negligible (Small) amount

**For and on behalf of the Board of Directors**

**Dr. Azad Moopen**  
Chairman and Managing Director  
DIN: 00159403

Date : June 22, 2021  
Place : Dubai



## Annexure 3

### PARTICULARS OF EMPLOYEES

(Pursuant to Section 197 read with Rule 5 of the Companies (Appointment and Remuneration of Managerial Personnel) Rules, 2014)

- a. The ratio of the remuneration of Directors and Key Managerial Personnel to the median remuneration of the employees of the Company for the financial year 2020-21

Name of the Director/KMP and designation	(amount in ₹ crore)		
	Remuneration during FY 2020-21	Percentage increase in remuneration	Ratio to median remuneration
Dr. Azad Moopen*	0.60	Nil	19.45
Chairman and Managing Director			
Mr. Suresh Muthukrishna Kumar	0.15	Nil	4.86
Non-Executive Independent Director			
Mr. Daniel Robert Mintz	Nil	NA	NA
Non-Executive Director			
Prof. Biju Varkkey	0.20	Nil	6.48
Non-Executive Independent Director			
Mr. Shamsudheen Bin Mohideen Mammu Haji	Nil	NA	NA
Non-Executive Director			
Mr. T J Wilson**	Nil	NA	NA
Non-Executive Director			
Mr. Anoop Moopen	Nil	NA	NA
Non-Executive Director			
Ms. Alisha Moopen***	Nil	NA	NA
Deputy Managing Director			
Dr. Layla Mohamed Hassan Ali Almarzooqi	0.14	Nil	4.54
Non-Executive Independent Director			
Mr. Chenayappillil John George****	0.13	Nil	4.21
Non-Executive Independent Director			
Mr. James Mathew*****	0.11	Nil	3.57
Non-Executive Independent Director			
Mr. Sridar Arvamudhan Iyengar*****	Nil	NA	NA
Non-Executive Independent Director			
Mr. Daniel James Snyder#	0.01	Nil	0.32
Non-Executive Independent Director			
Mr. Ravi Prasad#	0.01	Nil	0.32
Non-Executive Independent Director			
Mr. Sreenath Reddy*****	Nil	NA	NA
Chief Financial Officer			
Ms. Puja Aggarwal	0.25	12.84%	8.18
Company Secretary and Compliance Officer			

There is no increase in the remuneration paid to Independent Directors. Sitting fees of ₹ 1,00,000 is paid per meeting attended. However, the total remuneration received tends to change based on the meeting attended. Additionally, the Independent Directors are reimbursed for their expenses incurred in performance of official duties.

\* Dr. Azad Moopen also received remuneration of AED 6.48 Mn and variable incentive of AED 1.5 Mn during financial year 2020-21 from Dr. Moopen's Healthcare Management Services LLC. He is entitled to gratuity payments and other benefits as per the policies.

\*\* Mr. T J Wilson received remuneration of AED 1.39 Mn and variable incentive of AED 0.11 Mn during financial year 2020-21 from Dr. Moopen's Healthcare Management Services LLC. He is entitled to gratuity payments and other benefits as per the policies.

\*\*\* Ms. Alisha Moopen received remuneration of AED 1.69 Mn and variable incentive of AED 0.3 Mn during financial year 2020-21 from Dr. Moopen's Healthcare Management Services LLC. She is entitled to gratuity payments and other benefits as per the policies.

\*\*\*\*Mr. Chenayappillil John George was appointed as a Non-Executive Independent Director of the Company with effect from April 11, 2020

\*\*\*\*\*Mr. James Mathew was appointed as a Non-Executive Independent Director of the Company with effect from June 23, 2020

\*\*\*\*\*Mr. Sridar Arvamudhan Iyengar was appointed as a Non-Executive Independent Director of the Company with effect from July 19, 2020. He had waived off sitting fees for attending all the Board and Committee meetings for financial year ending March 31, 2021.

\*\*\*\*\*Mr. Sreenath Reddy received remuneration of AED 1.28 Mn and variable incentive of AED 0.11 Mn during financial year 2020-21 from Dr. Moopen's Healthcare Management Services LLC. He is entitled to gratuity payments and other benefits as per the policies.

#Mr. Ravi Prasad and Mr. Daniel James Snyder retired from the Board of Directors of the Company with effect from April 20, 2020

- b. The percentage increase in the median remuneration of employees in the financial year: 2.77%
- c. The number of permanent employees on the rolls of Company: 3,695
- d. Average percentile increases already made in the salaries of employees other than the managerial personnel in the last financial year and its comparison with the percentile increase in the managerial remuneration and justification thereof and point out if there are any exceptional circumstances for increase in the managerial remuneration: The average increase in the salaries of employees other than the managerial personnel is 1.78% while there has been no change in the managerial remuneration during the financial year 2020-21
- e. The Company affirms that the remuneration is as per the remuneration policy adopted by the Company.
- f. The names of the top ten employees in terms of remuneration drawn\*

SI no.	Name of the employee	Designation	Remuneration received (in ₹)	Nature of employment, whether contractual or otherwise	Qualification	Experience in no. of years	Date of commencement of employment	Age	Previous employer	% of equity shares held by the employee in the company	If relative of any director or manager of the company and if so, name of such director or manager
1	Dr. Harish Pillai	Chief Executive Officer-Aster India	2,28,69,343	Permanent	MBBS, MHM, MBA	31	27-05-2013	53	AS Salam International Hospital	0.03	NA
2	Dr. Nitish Shetty	Chief Executive Officer-Aster Hospitals, Bangalore	1,40,59,291	Permanent	MBBS, MD	21	24-10-2014	50	BGS Global Hospital	0.01	NA

\*The employees in receipt of remuneration of not less than one crore and two lakh rupees per annum and not less than eight lakh and fifty thousand rupees per month are covered in the list above.

- g. If employed throughout the financial year or part thereof, was in receipt of remuneration in that year which, in the aggregate, or as the case may be, at a rate which, in the aggregate, is in excess of that drawn by the managing director or whole-time director or manager and holds by himself or along with his spouse and dependent children, not less than two percent of the equity shares of the Company – Not Applicable

**For and on behalf of the Board of Directors**

**Dr. Azad Moopen**

Chairman and Managing Director  
DIN: 00159403

Date : June 22, 2021  
Place : Dubai

## Annexure 4

### DISCLOSURE WITH RESPECT TO EMPLOYEES STOCK OPTION PLAN (ESOP) OF THE COMPANY

(Pursuant to Rule 12 (9) of the Companies (Share Capital and Debentures) Rules 2014 and SEBI Circular CIR/CFD/POLICY CELL/2/2015 dated June 16, 2015)

#### A. Description on the ESOP Scheme

- (a) Date of Shareholders' approval – March 2, 2013 and December 22, 2018
- (b) Total number of options approved under ESOP – 46,28,250
- (c) Vesting requirements - Options granted shall not vest prior to expiry of 12 months from the date of grant. The details of vesting are provided in Note 40 of standalone financial statements.
- (d) Exercise price or pricing formula – The exercise price shall be in the range of from ₹10 to a maximum of 25% discount on the fair market value (Average of opening and closing price) on the latest trading day in NSE prior to Nomination & Remuneration Committee meeting at which grant is made.
- (e) Maximum term of options granted – 14 years
- (f) Source of shares – Secondary
- (g) Variation in terms of options – There has been no variation in the terms of options during the period under review.
- (h) Material change in the scheme and whether the scheme(s) is/are in compliance with the regulations – There has been no change in the scheme during the period under review. The ESOP Scheme is in compliance with the SEBI (Share Based Employee Benefits) Regulations, 2014.

#### B. Accounting Of ESOP

- (a) Method used to account for ESOP's – Fair value method is used for accounting of ESOPs
- (b) The impact on the profits and EPS of the Company - Refer Note 32 and 33 of standalone and consolidated financial statements respectively.
- (c) Relevant disclosures in terms of the 'Guidance note on accounting for employee share-based payments' issued by ICAI or any other relevant accounting standards as prescribed from time to time – Refer Note 40 of standalone financial statements

#### C. Option movement during the year

Particulars	Milestone	Incentive	Performance	Loyalty	Total
Number of options outstanding at the beginning of the period	20,901	21,026	10,69,629	7,16,680	18,28,236
Number of options granted during the year	-	-	45,000	30,000	75,000
Number of options forfeited / lapsed during the year	7,686	7,936	1,85,380	61,100	2,62,102
Number of options vested during the year	12,282	12,157	2,52,386	2,61,700	5,38,525
Number of options exercised during the year	-	-	80,906	1,55,550	2,36,456
Number of shares arising as a result of exercise of options	-	-	80,906	1,55,550	2,36,456
Money realized by exercise of options (₹), if scheme is implemented directly by the company	-	-	-	-	-
Loan repaid by the Trust during the year from exercise price received	-	-	-	-	-
Number of options outstanding at the end of the year	13,215	13,090	8,48,343	5,30,030	14,04,678
Number of options exercisable at the end of the year	13,215	13,090	1,63,271	2,45,275	4,34,851
Weighted-average exercise prices of options outstanding at the end of year	Refer Note 40 of standalone financial statements				
Weighted-average fair values of options granted	Refer Note 40 of standalone financial statements				

## D. Options granted to the employees of the Company during the year

### (a) Options granted to Senior managerial personnel during the year

Name of the employee	Designation	Type of option	No. of options granted	Exercise Price (in ₹)
Dr. Harish Pillai	CEO- Aster India	Performance	30,000	91.85
		Loyalty	20,000	10
Mr. Amitabh Johri	Chief Financial officer - GCC	Performance	15,000	115
		Loyalty	10,000	10

### (b) Any other employee who received a grant during the year, options amounting to 5% or more of option granted during the year

Name of the employee	Designation	Type of option	No. of options granted	Exercise Price (in ₹)
Dr. Harish Pillai	CEO- Aster India	Performance	30,000	91.85
		Loyalty	20,000	10
Mr. Amitabh Johri	Chief Financial officer - GCC	Performance	15,000	115
		Loyalty	10,000	10

### (c) Identified employees who were granted options during the year, equal to or exceeding 1% of the issued capital excluding outstanding warrants and conversions of the Company at the time of grant – NIL

## E. Disclosures in respect of transactions made by Trust under ESOP Scheme

### (a) General information on the scheme

Sl no.	Particulars	Details
1	Name of the Trust	DM Healthcare Employees Welfare Trust
2	Details of the Trustee(s)	Mr. Sooraj P, Mr. Monu Kurian and Mr. Hariharan M P
3	Amount of loan disbursed by company/any company in the group, during the year	NIL
4	Amount of loan outstanding (repayable to company/ any company in the group) as at the end of the year	₹ 12.41 Crores
5	Amount of loan, if any, taken from any other source for which company/any company in the group has provided any security or guarantee	NIL
6	Any other contribution made to the Trust during the year	NIL

### (b) Brief details of transactions in shares by the Trust

Number of shares	As a percentage of paid-up equity capital as at the end of the year immediately preceding the year in which shareholders' approval was obtained
Held at the beginning of the year	28,72,616
Acquired during the year	Nil
Sold during the year	Nil
Transferred to the employees during the year	3,81,475
Held at the end of the year	24,91,141



**F. A description of the method and significant assumptions used during the year to estimate the fair value of options including the following information:**

The Company has computed the fair value of the options for the purpose of accounting of employee compensation cost/ expense over the vesting period of the options. The fair value of the option is calculated using the Black-Scholes Option Pricing model.

(a) the weighted-average values of share price, exercise price, expected volatility, expected option life, expected dividends, the risk-free interest rate and any other inputs to the model	Refer Note 40 of standalone financial statements
(b) the method used and the assumptions made to incorporate the effects of expected early exercise	Refer Note 40 of standalone financial statements
(c) Determination of expected volatility, including an explanation of the extent to which expected volatility was based on historical volatility	Refer Note 40 of standalone financial statements
(d) Other features of the option grant incorporated into the measurement of fair value	Refer Note 40 of standalone financial statements

**G. Grants made in three years prior to IPO**

Disclosures in respect of grants made in three years prior to IPO under DM Healthcare Employees Stock Option Plan:

Particulars	Milestone	Incentive	Performance	Loyalty	Total
Number of options outstanding at the beginning of the period	20,901	21,026	1,83,829	1,36,480	3,62,236
Number of options granted during the period	NA	NA	NA	NA	NA
Number of options forfeited / lapsed during the period	7,686	7,936	31,363	-	46,985
Number of options vested during the period	12,282	12,157	60,549	23,600	84,988
Number of options exercised during the period	-	-	35,799	59,700	95,499
Number of shares arising as a result of exercise of options	-	-	35,799	59,700	95,499
Number of options outstanding at the end of the period	13,215	13,090	1,16,667	76,780	2,19,752

**For and on behalf of the Board of Directors**

Date : June 22, 2021  
Place : Dubai

**Dr. Azad Moopen**  
Chairman and Managing Director  
DIN: 00159403

## Annexure 5

### FORM MR 3

### SECRETARIAL AUDIT REPORT

For the financial year ended March 31, 2021

(Pursuant to section 204(1) of the Companies Act, 2013 and Rule No.9 of the Companies (Appointment and Remuneration of Managerial Personnel) Rules, 2014)

To  
The Members,  
**Aster DM Healthcare Limited**  
(CIN: L85110KA2008PLC147259)  
No.1785, Sarjapur Road, Sector - 1,  
HSR Layout, Ward No.174, Agara Extension,  
Bangalore, Karnataka – 560102, India

I, Rajiv Balakrishnan, Senior Partner of M Damodaran & Associates LLP, Practicing Company Secretaries have conducted the Secretarial Audit of the compliance of applicable statutory provisions and the adherence to good corporate practices by **ASTER DM HEALTHCARE LIMITED** (hereinafter called the Company). Secretarial Audit was conducted in a manner that provided me a reasonable basis for evaluating the corporate conducts/statutory compliances and expressing my opinion thereon.

Based on my verification of the Company's books, papers, minute books, forms and returns filed and other records maintained by the Company and also the information provided by the Company, its officers, agents and authorized representatives during the conduct of secretarial audit, I hereby report that in my opinion, the Company has, during the audit period covering the financial year ended on March 31, 2021 complied with the statutory provisions listed hereunder and also that the Company has proper Board-processes and Compliance-mechanism in place to the extent, in the manner and subject to the reporting made herein:

I have examined the books, papers, minute books, forms and returns filed and other records maintained by the Company for the financial year ended on March 31, 2021 according to the provisions of:

- (i) The Companies Act, 2013 (the Act) and the rules made thereunder;
- (ii) The Securities Contracts (Regulation) Act, 1956 ('SCRA') and the rules made thereunder;
- (iii) The Depositories Act, 1996 and the Regulations and By laws framed thereunder;
- (iv) Foreign Exchange Management Act, 1999 and the rules and regulations made thereunder to the extent of Foreign Direct Investment and Overseas Direct Investment;
- (v) The following Regulations and Guidelines prescribed under The Securities and Exchange Board of India Act, 1992 ('SEBI Act'); including amendment/ re-enactment made thereto;

- a) The Securities and Exchange Board of India (Substantial Acquisition of Shares and Takeovers) Regulations, 2011;
- b) The Securities and Exchange Board of India (Prohibition of Insider Trading) Regulations, 2015;
- c) The Securities and Exchange Board of India (Issue of Capital and Disclosure Requirements) Regulations, 2018;
- d) The Securities and Exchange Board of India (Share Based Employee Benefits) Regulations, 2014.
- e) The Securities and Exchange Board of India (Registrars to an Issue and Share Transfer Agents) Regulations, 1993 regarding the Companies Act and dealing with client;
- (vi) The Management has identified and confirmed compliances with certain laws as specifically applicable to the Company: Refer **Annexure- A**

I have also examined compliance with the applicable Regulations/ Clauses of the following:

- i. The Listing Agreements entered into by the Company with BSE Limited and National Stock Exchange of India Limited under The Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 and
- ii. Secretarial Standards (SS-1) for Board Meeting and Secretarial Standards (SS-2) – for General Meeting issued by The Institute of Company Secretaries of India.

During the period under review the Company has complied with the provisions of the Act, Rules, Regulations, Guidelines, Standards, etc. mentioned above subject to the following observations. NIL

**I further report that** the Board of Directors of the Company is duly constituted with proper balance of Executive Directors, Non-executive Directors and Independent Directors. The changes in the composition of the Board of Directors that took place during the period under review were carried out in compliance with the provisions of the Act.

Adequate notice is given to all Directors to schedule the Board & Committee Meetings, agenda and detailed notes on agenda were sent at least seven days in advance, and a system exists for seeking and obtaining further information and clarifications on the agenda items before the meeting and for meaningful participation at the meeting. As per the minutes of the meetings duly recorded and signed by the Chairman, the decisions of the Board were unanimous and no dissenting views have been recorded.

**I further report that** there are adequate systems and processes in the Company commensurate with the size and operations of the company to monitor and ensure compliance with applicable laws, rules, regulations and guidelines.

**I further report that** during the audit period there was no specific/ major events in the Company. However, the registered office of the Company has been shifted from the State of Kerala to the State of Karnataka as on the date of signing of this Certificate.

**For M Damodaran & Associates LLP**

**Rajiv Balakrishnan**

Senior Partner

Membership No.: 6326

COP. No.: 20520

ICSI UDIN: F006326C000494022

Date: June 21, 2021

Place: Chennai

## Annexure-A

1. Air (Prevention & Control of Pollution) Act 1981 and rules thereunder
2. Atomic Energy (Radiation Protection) Rules, 2004
3. Atomic Energy Act, 1962
4. Batteries (Management and Handling) Rules, 2001
5. Bio-Medical Waste Management Rules, 2016
6. Birth & Death And Marriage Registration Act
7. Code Of Ethics For Doctors And Nurses
8. Contract Labour (Regulation & Abolition) Act, 1970
9. Copyright Act, 1957
10. Drugs (Prices Control) Order, 2013
11. Drugs and Cosmetics Act, 1940
12. Electricity Act, 2003
13. Employees' Compensation Act, 1923
14. Employees' Provident Funds and Miscellaneous Provisions Act, 1952
15. Employers State Insurance Act, 1948
16. Environment Protection Act, 1986
17. Equal Remuneration Act, 1976
18. Food Safety and Standards Act, 2006 and Rules 2011 along with regulations.
19. Goods and Service Act, 2014
20. Guidelines For Clinical Management of HIV / Aids
21. Hazardous and Other Wastes (Management and Trans boundary Movement) Rules, 2016
22. Income Tax Act 1961 and Indirect Tax Law
23. Indian Medical Council (Professional Conduct, Etiquette And Ethics) Regulations, 2002
24. Indian Medical Council Act, 1956
25. Indian Medical Degree Act, 1916
26. Indian Nursing Council Act, 1947
27. Indian Stamp Act, 1999
28. Industrial Disputes Act, 1947
29. Inter-State Migrant Workers (Regulation of Employment and Conditions of Services) Act, 1979
30. Karnataka Lifts, Escalators and Passenger Conveyors Act, 2012
31. Karnataka Lifts, Escalators and Passenger Conveyors Rules, 2015
32. Karnataka Private Medical Establishments Act, 2007
33. Karnataka Fire Force Act, 1964
34. Kerala Fire Force Act, 1962
35. Kerala Lifts and Escalators Act, 2013 and Kerala Lifts and Escalators Rules, 2012
36. Kerala Panchayat Raj -Transplantation of Human Organs Act, 1994
37. Kerala Panchayat Raj Act, 1994 and Kerala Panchayat Raj (Registration of Private Hospitals and Paramedical Establishments) Rules, 1997
38. Legal Metrology Act, 2009
39. Medical Termination of Pregnancy Act, 1971
40. Minimum Wages Act, 1948
41. Narcotic Drugs and Psychotropic Substances Act, 1985
42. Payment of Bonus Act, 1965
43. Payment of Gratuity Act, 1972
44. Payment of Wages Act, 1936
45. Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994
46. Radiation Protection Rules, 1971
47. Radiation Surveillance Procedures for Medical Application of Radiation, 1989
48. Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013
49. Shops and Commercial Establishment Acts, and
50. The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954
51. The Environment (Protection) Act, 1986
52. The Explosives Act, 1884
53. The Indian Boilers Act, 1923
54. The Minimum Wages Act, 1948
55. The Safety Code for Medical Diagnostic X-Ray Equipment And Installations, 2001
56. Trade Marks Act, 1999
57. Transplantation Of Human Organ Act
58. Transplantation of Human Organs and Tissues Act, 1994
59. Water (Prevention & Control of Pollution) Act 1974 and rules thereunder
60. Water (Prevention & Control of Pollution) Cess Act, 1977



## DISCLAIMER CERTIFICATE

To  
The Members,  
**Aster DM Healthcare Limited**  
(CIN: L85110KA2008PLC147259)  
No.1785, Sarjapur Road, Sector -1,  
HSR Layout, Ward No.174, Agara Extension,  
Bangalore, Karnataka – 560102, India

My Secretarial Audit Report of even date is to be read along with this letter.

1. Maintenance of secretarial record is the responsibility of the management of the company. My responsibility is to express an opinion on these secretarial records based on my audit.
2. I have followed the audit practices and processes as were appropriate to obtain reasonable assurance about the correctness of the contents of the Secretarial records. The verification was done on test basis to ensure that correct facts are reflected in secretarial records. I believe that the processes and practices, I followed provide a reasonable basis for my opinion.
3. I have not verified the correctness and appropriateness of financial records and Books of Accounts of the company.
4. Wherever required, I have obtained the Management representation about the compliance of laws, rules and regulations and happening of events etc.
5. The compliance of the provisions of Corporate and other applicable laws, rules, regulations, standards is the responsibility of management. My examination was limited to the verification of procedures on test basis.
6. The Secretarial Audit report is neither an assurance as to the future viability of the Company nor of the efficacy or effectiveness with which the management has conducted the affairs of the company.
7. I have conducted online verification & examination of records, as facilitated by the Company, due to Covid 19 and subsequent lockdown situation for the purpose of issuing this Report.

**For M Damodaran & Associates LLP**

**Rajiv Balakrishnan**

Senior Partner

Membership No.: 6326

COP. No.: 20520

ICSI UDIN: F006326C000494022

Date: June 21, 2021

Place: Chennai

## Annexure 5A

### SECRETARIAL COMPLIANCE REPORT OF ASTER DM HEALTHCARE LIMITED FOR THE FINANCIAL YEAR ENDED MARCH 31, 2021

(Pursuant to Regulation 24A of the Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 read with SEBI Circular No. CIR/CFD/CMD1/27/2019 dated February 08, 2019)

I, Rajiv Balakrishnan, Senior Partner of M Damodaran & Associates LLP, Practicing Company Secretaries have conducted the Secretarial Compliance Audit of the applicable The Securities and Exchange Board of India Regulations and the circulars / guidelines issued thereunder for the financial year ended March 31, 2021 for **ASTER DM HEALTHCARE LIMITED** ("the Company"). The audit was conducted in a manner that provided me a reasonable basis for evaluating the statutory compliances and expressing my opinion thereon

I have examined:

- a) the documents and records made available to me and explanation provided by the Company,
- b) the filings/ submissions made by the Company to the stock exchanges,
- c) website of the Company,
- d) any other document(s)/ filing(s), as may be relevant, which has been relied upon to make this certification, for the year ended March 31, 2021 ("Review Period") in respect of compliance with the provisions of:
  - i. The Securities and Exchange Board of India Act, 1992 ("SEBI Act") and the Regulations, circulars, guidelines issued thereunder; and
  - ii. The Securities Contracts (Regulation) Act, 1956 ("SCRA"), rules made thereunder and the Regulations, circulars, guidelines issued thereunder by the Securities and Exchange Board of India ("SEBI");

The specific Regulations prescribed under The Securities and Exchange Board of India Act, 1992 ("SEBI Act") whose provisions and the circulars/guidelines issued thereunder, (wherever applicable), have been examined, include:-

- a) The Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015
- b) The Securities and Exchange Board of India (Issue of Capital and Disclosure Requirements) Regulations, 2018.
- c) The Securities and Exchange Board of India (Substantial Acquisition of Shares and Takeovers) Regulations, 2011.
- d) The Securities and Exchange Board of India (Buyback of Securities) Regulations, 2018 - Not applicable during the review period.
- e) The Securities and Exchange Board of India (Share Based Employee Benefits) Regulations, 2014.
- f) The Securities and Exchange Board of India (Issue and Listing of Debt Securities) Regulations, 2008 - Not applicable during the review period.
- g) The Securities and Exchange Board of India (Issue and Listing of Non-Convertible and Redeemable Preference Shares) Regulations, 2013 - Not applicable during the review period.
- h) The Securities and Exchange Board of India (Prohibition of Insider Trading) Regulations, 2015.
- i) The Securities and Exchange Board of India (Registrars to an Issue and Share Transfer Agents) Regulations, 1993.
- j) The Securities and Exchange Board of India (Depositories and Participants) Regulations, 2018.
- k) The Securities and Exchange Board of India (Delisting of Equity Shares) Regulations, 2009 - Not applicable during the review period.

Based on my examination and verification of the documents and records produced to me and according to the information and explanations provided to me by the Company, I report that, during the Review Period:

- a) The Company has complied with the provisions of the above Regulations and circulars/ guidelines issued thereunder, except in respect of matters specified below:-

Sl no.	Compliance Requirement (Regulations/ circulars / guidelines including specific clause)	Deviations	Observations/ Remarks of the Practicing Company Secretary
		NIL	

The Company has complied with the SEBI circular CIR/CFD/CMD1/114/2019 dated October 18, 2019 in the terms of appointment of the Statutory Auditor appointed during the year.

- b) The Company has maintained proper records under the provisions of the above Regulations and circulars/ guidelines issued thereunder insofar as it appears from my examination of those records.
- c) There were no instances for actions taken against the Company / its promoters/ directors/ material subsidiaries either by the SEBI or by Stock Exchanges- (including under the Standard Operating Procedures issued by the SEBI through various circulars) under the aforesaid Acts/ Regulations and circulars/ guidelines issued thereunder.

d) The Company has taken the following actions to comply with the observations made in previous reports:

Sl no.	Observations of the Practicing Company Secretary in the previous reports	Observations made in the secretarial compliance report for the year ended March 31, 2020	Actions taken by the listed entity, if any	Comments of the Practicing Company Secretary on the actions taken by the listed entity
1.	Disclosure of information under Regulation 30 of The Securities Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015. Alfaone FZ LLC was incorporated in Dubai on October 09, 2019 as a wholly owned subsidiary of Aster DM Healthcare FZC, a step-down subsidiary of the Company, the disclosure of which was made to the stock exchanges on October 31, 2019 without providing explanation for such delayed disclosure.	Para A, Part A of Schedule III to The Securities & Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 prescribes certain events upon occurrence of which, the Company shall not later than twenty-four hours from the occurrence of such event, make disclosure to the stock exchanges without any application of the guidelines for materiality. Further, in case the disclosure is made after twenty-four hours of occurrence of the event, the Company shall, along with such disclosure, provide explanation for delay. The Management has informed us that the lag in reporting was due to the delay in receiving the license from the registration authority.	This subject matter was placed before the Board of Directors and necessary pre cautionary measures were taken to comply with the regulations on time.	This regulation was compiled with for the subsequent period.
2.	<p>The Securities and Exchange Board of India (Prohibition of Insider Trading) Regulations, 2015 and the Company's "Code for Prohibition of Insider Trading in the Securities of Aster DM Healthcare Limited"</p> <p>In compliance with the provisions of The Securities and Exchange Board of India (Prohibition of Insider Trading) Regulations, 2015 and the Company's "Code for Prohibition of Insider Trading in the Securities of Aster DM Healthcare Limited" the Company had restricted its "designated persons" from trading in its securities during the period between July 1, 2019 and August 09, 2019 on account of consideration of its financial results for the Quarter ended on June 30, 2019. On July 09, 2019, one of the Non-Executive Directors of the Company, based on the pre-clearance received from the Company's Compliance Officer, bought 25,000 equity shares of the Company from the market.</p>	Upon being made aware of the transaction and its potential non-compliance, the Compliance Officer reported the same to the management and the Company's Audit Committee who initiated an enquiry into the matter. The Company has since informed The Securities and Exchange Board of India that the said trade was executed by the Director based on the pre-clearance issued inadvertently by the Compliance Officer and that the Director did not possess any unpublished price sensitive information at the time of seeking pre-clearance for the said trade.	This subject matter was placed before the Board of Directors and necessary pre cautionary measures were taken to comply with the regulations on time.	This regulation was complied with for the subsequent period.

For M Damodaran & Associates LLP

**Rajiv Balakrishnan**

Senior Partner

Membership No.: 6326

COP. No.: 20520

ICSI UDIN : F006326C000494044

Date: June 21, 2021

Place: Chennai

## Annexure 5B

### FORM MR 3

### SECRETARIAL AUDIT REPORT

#### FOR THE FINANCIAL YEAR 2020-2021

[Pursuant to section 204(1) of the Companies Act, 2013 and rule No.9 of the Companies (Appointment and Remuneration Personnel) Rules, 2014]

To,  
The Members,  
**MALABAR INSTITUTE OF MEDICAL SCIENCES LTD**  
GOVINDAPURAM P O, CALICUT – 673 016, KERALA

We have conducted the secretarial audit of the compliance of applicable statutory provisions and the adherence to good corporate practices by **MALABAR INSTITUTE OF MEDICAL SCIENCES LTD** (hereinafter called the Company) for the year ended March 31, 2021. The secretarial audit conducted for the year ended March 31, 2021 in a manner that provided us a reasonable basis for evaluating the corporate conducts/ statutory compliances based on the available books, documents and returns provided by the Company and expressing our opinion thereon.

Based on our verification of the available books, papers, minute books, forms and returns filed and other records maintained by the Company and also with the available information provided by the Company, its officers, agents and authorized representatives during the conduct of secretarial audit, We hereby report that in our opinion, the Company has, during the audit period covering the financial year ended on March 31, 2021 has complied with the statutory provisions listed hereunder and also that the Company has proper Board-processes and compliance-mechanism in place to the extent, in the manner and subject to the reporting made hereinafter:

We have examined the available books, papers, minute books, forms and returns filed and other records maintained by the Company for the financial year ended on March 31, 2021 according to the provisions of:

- (i) The Companies Act, 2013 (the Act) and the rules made there under;
- (ii) Other applicable Acts and Rules;
  - (a) Payment of Wages Act, 1936, and rules made thereunder;
  - (b) The Minimum Wages Act, 1948, and rules made thereunder;
  - (c) Employees State Insurance Act, 1948, and rules made thereunder;
  - (d) The Employees Provident fund and Miscellaneous Provisions Act, 1952, and rules made thereunder;
  - (e) The Payment of Bonus Act, 1965, and rules made thereunder;

- (f) Payment Gratuity Act, 1972, and rules made thereunder;
- (g) Contract Labour (Regulation & Abolition) Act, 1970;
- (h) The Water (Prevention & Control of Pollution) Act, 1974, Read with Water (Prevention & Control of Pollution) Rules, 1975;
- (i) The Air (Prevention & Control of Pollution) Act, 1981;
- (j) Hazardous Waste Handling and Management Act, 1989;
- (k) Food Safety and Standard Act, 2006, and rules made thereunder;
- (l) The Trademark Act, 1999;
- (m) The Foreign Trade (Development & Regulation) Act, 1992;
- (n) The Foreign Exchange Management Act, 1999;
- (o) The Sexual Harassment of Woman at Workplace (Prevention, Prohibition and Redressal) Act, 2013;
- (p) Indian Trust Act, 1882;
- (q) Depository Act;
- (iii) The following Act, Rules and Regulations applicable specifically to the Company;
  - (a) Drugs and Cosmetics Act, 1940;
  - (b) Pharmacy Act, 1948;
  - (c) Pre-natal Diagnostic Techniques (Regulation & Prevention of Misuse) Act, 1994;
  - (d) Transplantation of Human Organs Act, 1994;
  - (e) The Indian Medical Council Act, 1956;
  - (f) The Indian Medical Degree Act, 1960;
  - (g) The Indian Nursing Council Act, 1947;
  - (h) The Dentist At, 1948;
  - (i) Atomic Energy Act, 1962;

(iv) The Company being an unlisted public Company, regulations of Securities and Exchange Board of India (SEBI) are not applicable to it. The Company was also not required to enter in to listing agreements with any stock exchange in India.

**We Report That:**

During the period under review the Company has complied with the provisions of the Act, Rules, Regulations and Guidelines mentioned.

We further report that the compliance by the Company of applicable financial laws like Direct and indirect tax laws has not been reviewed in this audit since the same have been subject to review by statutory financial audit carried out by other designated professionals.

**We Further Report That:**

The Board of Directors of the Company is constituted with Executive Directors and Non-Executive Directors. However, the appointments of Independent Directors have been made by the Company by change

in Designation of existing Directors in to Independent Directors. The changes in the composition of the Board of Directors that took place during the period under review were complied with the provisions of the Act.

We further report that there are adequate systems and processes in the Company commensurate with the size and operations of the Company to monitor and ensure compliance with applicable laws, rules, regulations and guidelines.

For **ASHIQUE SAMEER ASSOCIATES**  
Practicing Company Secretaries

**Ashique A.M**

Membership No: FCS 6900

COP No: 7377

ICSI UDIN : F006900C000665041

Date: July 21, 2021

Place: Calicut



## Annexure 6

### CONSERVATION OF ENERGY, TECHNOLOGY ABSORPTION AND FOREIGN EXCHANGE EARNINGS AND OUTGO

The information on conservation of energy, technology absorption and foreign exchange earnings and outgo stipulated under Section 134(3)(m) of the Companies Act, 2013 read with Rule 8 of the Companies (Accounts) Rules, 2014 is given below:

#### A. Conservation of energy

The Company constantly strives towards conservation of energy and energy optimisation by taking several steps to integrate renewable energy into our operations. Aster has mapped its entire energy footprint and has set up a strategy to manage the same. Some of the initiatives taken by the Company are as under:

**Solar and Wind energy:** One of the Company's units Aster CMI Hospital, Bangalore is the first hospital to get Green Power tag. 90% of the power utilisation is from solar and wind energy, thereby saving about 38% of the total power cost. In Aster RV, introduction of Green Power has fetched considerable savings in power cost.

**Water:** Aster CMI has been successful in utilising 100% recycled water for landscaping and other non-critical utilities with a savings of around ₹ 0.50 Lakhs/Month and ₹ 6.0 Lakhs/annum. Aster Medcity uses RO processed Sewage treated water for cooling tower water requirement. This reuse of sewage water saved 32000KL per annum water requirement and reduced the water expense by 15%.

**Heating, ventilation, and air conditioning (HVAC):** Air conditioners are one of the largest consumers of energy in our hospitals. With the availability of new technology for precise controls and pre-cooling through evaporative air-conditioning (for temperature and humidity control), it is possible to reduce chiller consumption for by as much as 40%. Multi-stage evaporative air-conditioning (EAC) is a game-changing technology that can reduce chiller loads, used for temperature and humidity control, by 30-40%. With this implementation Aster will be able to save the power cost by around ₹ 1.5 Lakhs/Month and ₹ 18.0 Lakhs/Annum. This is proposed to be implemented in financial year 2021-22.

**Green Hospital Concept:** Substantial quality interventions have given a new insight and scope for improvements in the Engineering infrastructure of Aster RV Hospital, Bangalore. Rapid technological advancement has paved way for the growth of intelligent infrastructural designing leading to the stronger infrastructure and effective use of Green Energy that in turn involves in providing cost effective Engineering services. To invoke a sense of a continuous process and creating a Green Hospital environment physically and psychologically appropriate "Healing Architecture" is adopted by the hospital. Aster RV Hospital is one such hospital under Aster DM Healthcare that has strived to execute the best Engineering Infrastructure by adopting the "Green Hospital Concept".

Proficient hospital design has led a great business outcome, as patients are looking for quality care in a safe and healthy environment.

#### B. Technology absorption

The leadership believes that ultimate health attainment is when physical, mental, spiritual, social, innovation and sustainable care go hand-in-hand. Technological advancements like AI, IoT, genomics and innovation have made achieving it a possibility. During the financial year 2020-21, the Company took the following steps related to technology absorption.

**Infant Cooling System:** Therapeutic hypothermia has been shown to be of benefit in the management of neonatal hypoxic ischaemic encephalopathy. Servo-controlled management of induced hypothermia in the neonate can be facilitated using the CritiCool Cooling System prior to and during the neonatal transport episode. The CritiCool system thermo-regulates and monitors patient temperature in an effective and precise manner. It is the optimal solution for early initiation of Targeted temperature management (TTM).

**Cerebral function monitoring (CFM):** Simple, automated and secure, the ANT CFM provides actionable neurological information during the early stages of newborn development. It is as easy as plugging in the unit, applying the electrodes and recording through seamless monitoring and automated seizure detection. Also, additional clinical monitoring of suspected seizure activity of preterm infants/Infants with intraventricular haemorrhage (IVH)/Surgical/cardiac infants/ Ventilated/ sedated infants/Neonatal Abstinence Syndrome may be performed using the CFM.

**Neonatal Transport System:** The transport incubator is a neonatal transport incubator. The incubator circulates warmed air at an operator selected, controlled temperature into a transparent chamber containing an infant. The structural integrity and weight of the incubator along with neonatal ventilator makes it suitable for Inter and Intra Hospital and air transport.

**High-frequency oscillatory ventilation (HFOV):** HFOV is a rescue manoeuvre for failed conventional mechanical ventilation. HFOV maintains alveolar inflation at a constant, less variable airway pressure with a sinusoidal flow oscillation to prevent the lung "inflate-deflate" cycle and provides improved oxygenation.

**Nitric Oxide Therapy System:** The Inosys Nitric Oxide (NO) delivery and monitoring system is specifically designed for use with constant flow type (infant) ventilators. Used in conjunction with ventilation to treat infant respiratory diseases such as Persistent Pulmonary Hypertension (PPHN). The Inosys

maintains a set constant flow into the patient ventilator circuit, to ensure a constant therapeutic dose of Nitric Oxide. Built-in safety monitoring systems ensure that the prescribed dose is constantly monitored and maintained

**Picture Archiving and Communication System (PACS):** Towards the journey of establishing 'Center of Excellence' in Medical Imaging and consolidation of radiology resources across the Aster group hospitals, an enterprise, cloud-based, secure (HIPPA compliant, FDA approved) PACS system is deployed. This platform would help load balance between entities, enhance seamless exchange of specialist expertise and enhance coverage amongst the group entities thereby increasing access to quality services, enhanced efficiency and cost optimisation. The Group has also invested in central archiving of images, which would serve as backup for any disaster recovery (DRP) and ensure Business continuity (BCP). The archive can also be leveraged for academics, imaging analytics and research purpose to enhance patient care.

**Robotic Surgery:** At Aster, the benefits of Robotic Surgery are

available for a host of ailments and complex cases in a range of specialities. Robotic Surgery are offered in the fields of oncology (cancer treatment), Urology, which focuses on the urinary tract system and male reproductive system, Gynaecology, Gastrointestinal Surgery, Kidney Transplant, Cardiothoracic (heart and lung related), Bariatric Surgery.

Aster CMI in Bengaluru joins two other hospitals in the Aster Group to offer cutting edge procedures using da Vinci Surgical Robots. The Centre for Minimal Access Robotic Surgery (MARS) is founded to offer patients removal of affected cancerous tissue while retaining healthy tissue, lesser incision, faster recovery and shorter hospital stay. The belief in cutting edge technology has led Aster to introduce robots in the highly sterilised surgical theatres of its hospitals in South India. At the core of a Robotic Surgery is an experienced surgeon who is well trained to deploy the power of three- dimensional (3-D) vision as well as optimal precision offered by a surgical robot. While the robots do not perform any surgeries, they offer greater precision than handheld tools, particularly in hard-to-access parts of the body, to the surgeon.

**a. Imported Technology (imported during last three years)**

Details of technology imported	Year of import	Whether technology has been fully absorbed	If not fully absorbed, areas where absorption has not taken place and reasons
Positron Emission Tomography CT	2018 -19	Yes	NA
Brachytherapy Applicator-Elekta	2018 -19	Yes	NA
Patients Immobilisation System-Orfit	2018 -19	Yes	NA
Stroboscope with Laryngoscope	2019 -20	Yes	NA
Intra-Operative MRI	2019 -20	Yes	NA
Anaesthesia Machine-GE	2019 -20	Yes	NA
Surgical Instruments-Medicon	2019 -20	Yes	NA
Karl Storz-Laproscope system and Instruments	2019 -20	Yes	NA
Physiological Patient Monitoring Systems	2020-21	Yes	NA
Anaesthesia Machine	2020-21	Yes	NA
High-frequency Oscillatory Ventilation	2020-21	Yes	NA
Medical Furniture	2020-21	Yes	NA
OT Tables & Lights	2020-21	Yes	NA
Steam Sterilizer	2020-21	Yes	NA
Syringe & Infusion Pumps	2020-21	Yes	NA
Intensive care Ventilators	2020-21	Yes	NA

**b. Expenditure on Research and Development: Nil**

**C. Foreign Exchange Earnings and Outgo**

Particulars	(in ₹ crores)	
	2020-21	2019-20
Earnings	13.48	126.86
Expenditure	13.34	54.29
Net Foreign Exchange earnings	0.14	72.56
NFE/earnings (%)	1%	57%

For and on behalf of the Board of Directors

Date : June 22, 2021  
Place : Dubai

**Dr. Azad Moopen**  
Chairman and Managing Director  
DIN: 00159403

## Annexure 7

# CORPORATE GOVERNANCE REPORT

### 1. Company's philosophy on corporate governance

Your Company's philosophy on Corporate Governance is based on a holistic approach not only towards its own growth but also towards maximisation of benefits to the shareholders, employees, customers, Government and also the general public at large. Transparency and accountability are the fundamental principles of sound Corporate Governance, which ensures that the organisation is managed and monitored in a responsible manner for creating and sharing stakeholder's value.

Your Company is committed to good Corporate Governance and its adherence to best practices at all times and its philosophy is based on five basic elements namely, the Board's accountability, value creation, strategic-guidance, transparency and equitable treatment to all stakeholders. The Company has adopted a Code of Conduct for its Directors and Senior Management. The Code for prevention of Insider Trading which strengthens the Company's corporate governance philosophy and through the timely disclosure of various material events through the Exchanges as well as the Company's website, ensures that the Company strictly adheres to the values of Corporate Governance.

Your Company is not only in compliance with the requirements stipulated under SEBI (Listing Obligations & Disclosure Requirements) Regulations, 2015 ("Listing Regulations") with regard to corporate governance but is also committed to sound corporate governance principles and practice and constantly strives to adopt emerging best corporate governance practices being followed worldwide.

A report on compliance with corporate governance principles as prescribed under the Listing Regulations is given below.

### 2. Board of Directors

#### a. Board Procedure

A detailed agenda and notes thereon are sent to each Director at least seven days in advance of Board and Committee Meetings. All material information is incorporated in the agenda for facilitating meaningful and focused discussions at the meeting. The Board reviews strategy and business plans, annual operating plans and capital expenditure budgets, investments, compliance reports, as well as steps taken by the Company to rectify instances of non-

compliances, if any. The Board also reviews minutes of meeting of various Committees of the Board and subsidiary companies, the significant transactions and arrangements entered into by the subsidiary companies, adoption of financial results, transaction pertaining to purchase or disposal of properties, major accounting provisions and write-offs, details of any joint ventures or collaboration agreement, etc.

The Company Secretary records minutes of the proceedings of each Board and Committee meetings. Draft minutes are circulated to Board /Committee members within fifteen days from the meeting for their comments. Directors communicate their comments (if any) in writing on the draft minutes within seven days from the date of circulation. The Minutes are entered in the Minute Books within thirty days from the conclusion of the meeting and signed by the Chairperson at the subsequent meeting.

The guidelines for Board and Committee meetings facilitate an effective post meeting follow-up, review and reporting process for decisions taken by the Board and Committees thereof. Important decisions taken at Board/Committee meetings are promptly communicated to the concerned departments/divisions. Action taken Report on decisions/minutes of the previous meeting(s) is placed at the succeeding meeting of the Board/Committee for noting.

#### b. Composition and category of Directors, attendance of Directors at meetings and disclosure of relationship between directors inter-se

Your Board consists of an optimal combination of Executive, Non-Executive and Independent Directors, representing a judicious mix of in-depth knowledge and experience. The composition of the Board of your Company is in conformity with Regulation 17 of the Listing Regulations and Section 149 of Companies Act, 2013 ("the Act").

As on March 31, 2021, the Board of Directors has 12 Members viz. 10 Non-Executive Directors including 6 Independent Directors, 1 Managing Director and 1 Deputy Managing Director. The profiles of Directors are available on the website of the Company at [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors).

Dr. Azad Moopen is related to Ms. Alisha Moopen (Daughter) and Mr. Anoop Moopen (Daughter's Husband). Apart from this, no other Director on our Board is related to each other.

The names and categories of the Directors on the Board, their attendance at Board Meetings held during the year and at the last Annual General Meeting (AGM) are given below.

Name of the Director	DIN	Designation	Category	Number of Board meetings entitled to attend during the financial year 2020-21	Number of Board meetings attended during the financial year 2020-21	Attendance at the 12 <sup>th</sup> AGM held on August 14, 2020
Dr. Azad Moopen	00159403	Chairman and Managing Director	Promoter, Executive	6	6	Yes
Ms. Alisha Moopen	02432525	Deputy Managing Director	Executive	6	5	Yes
Mr. T J Wilson	02135108	Director	Non-Executive	6	6	Yes
Mr. Anoop Moopen	02301362	Director	Non-Executive	6	6	Yes
Mr. Shamsudheen Bin Mohideen	02007279	Director	Non-Executive	6	6	Yes
Mammu Haji						
Mr. Daniel Robert Mintz	00960928	Director	Non-Executive	6	5	No
Mr. Suresh Muthukrishna Kumar	00494479	Director	Non-Executive, Independent	6	6	Yes
Prof. Biju Varkkey	01298281	Director	Non-Executive, Independent	6	6	Yes
Dr. Layla Mohamed Hassan Ali Almarzoogi	08401425	Director	Non-Executive, Independent	6	5	Yes
Mr. Chenayappillil John George	00003132	Director	Non-Executive, Independent	6	5	No
Mr. James Mathew	07572909	Director	Non-Executive, Independent	5	5	Yes
Mr. Sridar Arvamudhan Iyengar	00278512	Director	Non-Executive, Independent	5	5	Yes

**Note:**

1. Mr. Ravi Prasad and Mr. Daniel James Snyder retired from the Board of Directors of the Company with effect from April 20, 2020.
2. Mr. Chenayappillil John George was appointed as Non-Executive Independent Director of the Company with effect from April 11, 2020
3. Mr. James Mathew was appointed as Non-Executive Independent Director of the Company with effect from June 23, 2020
4. Mr. Sridar Arvamudhan Iyengar was appointed as Non-Executive Independent Director of the Company with effect from July 19, 2020

**Number of other Board of Directors or Committees in which Director is a member/chairperson:**

The number of Directorships and Committee Chairmanships/Memberships held by the Directors in other companies as on March 31, 2021 are given herein below. Other directorships do not include directorships in foreign companies. For the purpose of determination of limit of the Board Committees, chairpersonship and membership of the Audit Committee and Stakeholders' Relationship Committee has been considered as per Regulation 26(1)(b) of Listing Regulations.

Name of the Director	Number of directorships in other companies*	Number of committee positions held in public companies*		Name of the other listed companies	Category of directorship in listed companies
	Director	Chairman	Member		
Dr. Azad Moopen	5	Nil	Nil		
Ms. Alisha Moopen	1	Nil	Nil		
Mr. T J Wilson	7	Nil	Nil		
Mr. Anoop Moopen	2	Nil	Nil		
Mr. Shamsudheen Bin Mohideen	1	Nil	Nil		
Mammu Haji					
Mr. Daniel Robert Mintz	Nil	Nil	Nil		
Mr. Suresh Muthukrishna Kumar	4	1	2	ICICI Lombard General Insurance Company Limited	Non-Executive Independent Director
Prof. Biju Varkkey	2	Nil	2	Husys Consulting Limited	Non-Executive Independent Director
Dr. Layla Mohamed Hassan Ali Almarzoogi	Nil	Nil	Nil		
Mr. Chenayappillil John George	5	Nil	3	Geojit Financial Services Limited	Managing Director and CEO
				V Guard Industries Limited	Non-Executive Independent Director
Mr. James Mathew	Nil	Nil	Nil		
Mr. Sridar Arvamudhan Iyengar	3	3	3	Mahindra Holidays & Resorts India Limited	Non-Executive Independent Director
				Dr. Reddy's Laboratories Ltd	Non-Executive Independent Director

\*Details is as on March 31, 2021 and excludes the directorship and committee positions held in Aster DM Healthcare Limited

**c. Number of Board Meetings held:**

Six Board Meetings were held during the year and the gap between two meetings did not exceed one hundred and twenty days as provided under the Act, Listing Regulations and Circulars issued by MCA and SEBI from time to time. The dates on which the said meetings were held are as follows:

Sl no.	Date of meeting	Number of days from previous meeting	Requirement of quorum met
1	June 23, 2020	*133	Yes
2	August 12, 2020	50	Yes
3	November 10, 2020	90	Yes
4	February 09, 2021	91	Yes
5	March 03, 2021	22	Yes
6	March 25, 2021	22	Yes

\*MCA vide its general circular no.11/2020 dated March 24, 2020 and SEBI vide its circular no. SEBI/HO/CFD/CMD1/CIR/P/2020/38 dated March 19, 2020 had provided relaxation for the gap between two consecutive meetings of the Board and had extended it to 180 days, instead of 120 for convening the Board Meetings till September 30, 2020.

**d. Details of equity shares of the Company held by the Directors as on March 31, 2021 are given below:**

Sl no.	Name of the Director	Category	Number of equity shares
1.	Dr. Azad Moopen	Promoter, Executive	17,33,536
2.	Ms. Alisha Moopen	Executive	2,15,842
3.	Mr. T J Wilson	Non-Executive	27,08,590
4.	Mr. Anoop Moopen	Non-Executive	12,76,114
5.	Mr. Shamsudheen Bin Mohideen Mammu Haji	Non-Executive	56,61,732
<b>Total</b>			<b>1,15,95,814</b>

**e. Familiarization Programmes for Board Members:**

Current Executive Directors and Senior Management provide an overview of operations and familiarise the new Directors on matters related to the vision and values of the Company.

Your Company also has a practice of sharing a handbook with the Directors at the time of induction containing informative documents like Annual Report, Memorandum & Articles of Association, Organization Structure, Composition of Board and Committees, Duties and terms of reference of the Committees of the Board, Code of Ethics & Business Conduct, Code for prevention of Insider Trading, Directors & Officers Insurance policy, contact details of the Senior Management, etc.

Your Company regularly conducts various familiarisation programmes for the Independent Directors as a part of the quarterly Board and Committee meetings. Various business cluster heads make presentations to the Board periodically pertaining to the Company's performance and future strategy for their respective cluster. Your Board also convenes strategy meetings from time to time to review long term growth/plans of the Company. The Board is regularly apprised on all regulatory and policy changes relevant to the business by the Senior Management and the Auditors of the Company.

The details of the familiarisation programmes imparted to the Independent Directors are also available on the website of the Company at [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors).

**f. Core skills/ expertise/ competencies of the Board of Directors**

The skill/competencies for the members of the Board as identified by the Board of Directors of the Company that is required in the context of Healthcare Business are as follows:

Areas of Core Skills/Expertise/Competence			
1	Healthcare		Understanding the complexities of the healthcare sector.
2	Finance, Accountancy & Audit		In-depth knowledge in the field of accounts and ability to read, understand and analyse the financial statements, financial controls, risk management and other business projections.
3	Law		Experience in understanding the dynamics of the legal and regulatory aspect at a global level.
4	Technology		Providing support and guidance in relation to information technology up gradation of the organisation as a whole.
5	Risk Management		Experience in mitigation of risk by actively getting involved in the risk management of the organisation.
6	Strategy & Marketing		Exposure in managing the sales and marketing needs of the sector adequately.
7	Board and Governance		Experience in implementing good corporate governance practices, reviewing compliance and governance practices for a sustainable growth of the company and protecting stakeholders' interest.
8	Global business		Experience in driving business success in markets around the world, with an understanding of diverse business environments, economic conditions, cultures, and regulatory frameworks, and a broad perspective on global market opportunities.
9	Leadership		Extended leadership experience for a significant enterprise, resulting in a practical understanding of organizations, processes, strategic planning, and risk management. Demonstrated strengths in developing talent, planning succession, and driving change and long-term growth.



The details of the Board members are available in the following pages.



### Dr. Azad Moopen

Chairman and Managing Director

Age	68
Date of appointment	December 01, 2019
Term ending date	April 14, 2023
Shareholding	17,33,536

#### Areas of expertise



Profile available at: [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors)

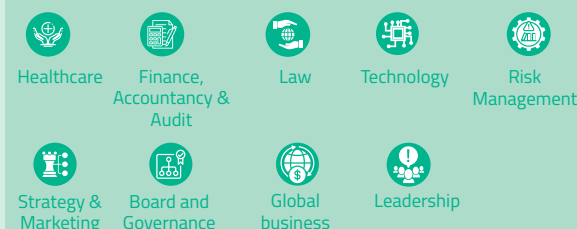


### Ms. Alisha Moopen

Deputy Managing Director

Age	40
Date of appointment	August 07, 2019
Term ending date	August 06, 2024
Shareholding	2,15,842

#### Areas of expertise



Profile available at: [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors)



### Mr. T J Wilson

Non-Executive Director

Age	60
Date of appointment	April 20, 2009
Term ending date	NA
Shareholding	27,08,590

#### Areas of expertise



Profile available at: [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors)



### Mr. Anoop Moopen

Non-Executive Director

Age	44
Date of appointment	April 20, 2009
Term ending date	NA
Shareholding	12,76,114

#### Areas of expertise



Profile available at: [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors)



**Mr. Shamsudheen Bin Mohideen Mammu Haji**

*Non-Executive Director*

<b>Age</b>	<b>58</b>
<b>Date of appointment</b>	<b>September 16, 2015</b>
<b>Term ending date</b>	<b>NA</b>
<b>Shareholding</b>	<b>56,61,732</b>

**Areas of expertise**



Profile available at: [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors)

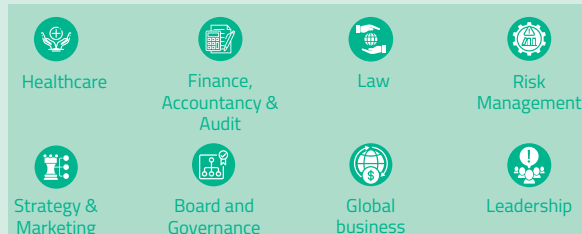


**Mr. Daniel Robert Mintz**

*Non-Executive Director*

<b>Age</b>	<b>59</b>
<b>Date of appointment</b>	<b>January 18, 2012</b>
<b>Term ending date</b>	<b>NA</b>
<b>Shareholding</b>	<b>Nil</b>

**Areas of expertise**



Profile available at: [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors)

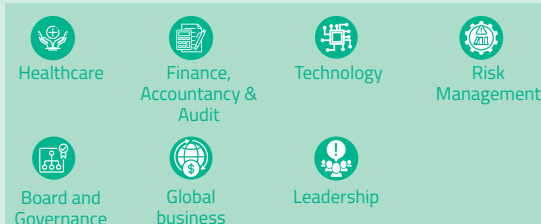


**Mr. Suresh Muthukrishna Kumar**

*Non-Executive Independent Director*

<b>Age</b>	<b>71</b>
<b>Date of appointment</b>	<b>September 16, 2020*</b>
<b>Term ending date</b>	<b>September 15, 2021</b>
<b>Shareholding</b>	<b>Nil</b>

**Areas of expertise**



Profile available at: [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors)

\*Re-appointed for a second term of one year

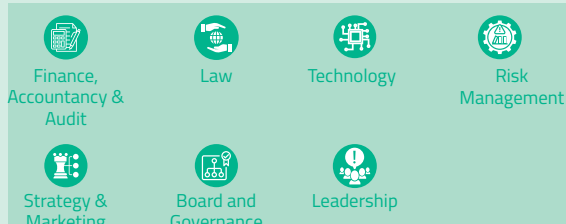


**Prof. Biju Varkkey**

*Non-Executive Independent Director*

<b>Age</b>	<b>55</b>
<b>Date of appointment</b>	<b>November 12, 2018</b>
<b>Term ending date</b>	<b>November 11, 2021</b>
<b>Shareholding</b>	<b>Nil</b>

**Areas of expertise**



Profile available at: [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors)

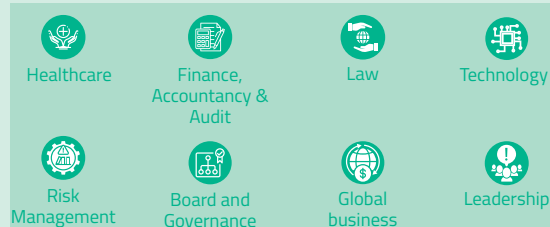


### Dr. Layla Mohamed Hassan Ali Almarzooqi

*Non-Executive Independent Director*

<b>Age</b>	<b>47</b>
<b>Date of appointment</b>	<b>March 28, 2019</b>
<b>Term ending date</b>	<b>March 27, 2022</b>
<b>Shareholding</b>	<b>Nil</b>

#### Areas of expertise



Profile available at: [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors)



### Mr. Chenayappillil John George

*Non-Executive Independent Director*

<b>Age</b>	<b>62</b>
<b>Date of appointment</b>	<b>April 11, 2020</b>
<b>Term ending date</b>	<b>April 10, 2023</b>
<b>Shareholding</b>	<b>Nil</b>

#### Areas of expertise



Profile available at: [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors)



### Mr. James Mathew

*Non-Executive Independent Director*

<b>Age</b>	<b>55</b>
<b>Date of appointment</b>	<b>June 23, 2020</b>
<b>Term ending date</b>	<b>June 22, 2023</b>
<b>Shareholding</b>	<b>Nil</b>

#### Areas of expertise



Profile available at: [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors)

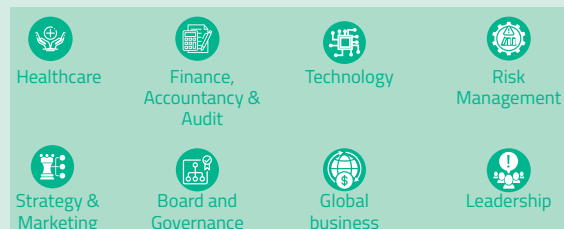


### Mr. Sridar Arvamudhan Iyengar

*Non-Executive Independent Director*

<b>Age</b>	<b>73</b>
<b>Date of appointment</b>	<b>July 19, 2020</b>
<b>Term ending date</b>	<b>July 18, 2023</b>
<b>Shareholding</b>	<b>Nil</b>

#### Areas of expertise



Profile available at: [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors)

**g. Declaration by Independent Directors**

Your Company has received necessary declaration from each Independent Director under Section 149(7) of the Act and under Regulation 25(8) of Listing Regulations, that he/she meets the criteria of independence laid down in Section 149(6) of the Act and Regulation 16(1)(b) of the Listing Regulations.

In the opinion of the Board of Directors the Independent Directors fulfils the conditions specified in the Act and Listing Regulations and are Independent of the Management.

**h. Reason for resignation of the Independent Directors**

No Directors resigned during the period under review.

**i. Board member evaluation**

The Nomination and Remuneration Committee at their meeting held on November 09, 2020 had formulated the criteria for conducting the performance evaluation of the individual Directors, Committees of Board, Board as a whole, Chairman and the Management. The evaluation was conducted by an external specialists by way of an online questionnaire method which consisted of questions with qualitative and quantitative parameters. Further, the Independent Directors and the members of Nomination and Remuneration Committee had their meeting on May 06, 2021 and June 21, 2021 respectively to discuss the outcome of evaluation.

The criteria based on which the performance evaluation of the Independent Directors was carried out are:

- Engagement level and participation at the Board/ Committee meetings;
- Commitment, including guidance provided to senior management outside of Board/ Committee meetings;
- Effective deployment of knowledge of the industry, experience and expertise;
- Integrity and maintaining of confidentiality;
- Independence of behaviour and judgment;
- Impact and influence; and
- Adherence to the code of conduct for Independent Directors.

**j. Meeting of independent directors**

During the year, a meeting of the Independent Directors was held on April 02, 2020 to discuss the Board evaluation results for the financial year 2019-20. The Independent Directors also met on February 04, 2021 to discuss various matters and on May 06, 2021 to discuss the Board evaluation results for the financial year 2020-21.

**3. Committees of the Board**

Board has constituted Eight committees comprising the statutory committees as required under the Listing Regulations and the Act and Non-statutory Committees. Details of various committees, its terms of reference, composition and details of meetings held during financial year 2020-21 are as follows:

## STATUTORY COMMITTEES

### a. Audit Committee



**Mr. Suresh Muthukrishna Kumar**  
Chairman

The Audit Committee has been constituted in terms of Section 177 of the Act, read with Regulation 18 of the Listing Regulations. The scope and function of the Audit Committee is in accordance with Section 177 of the Act, read with Regulation 18 and Part C of Schedule II of the Listing Regulations. Brief description of terms of reference of Audit Committee are as follows:

1. Overseeing the Company's financial reporting process to ensure transparency, sufficiency, fairness and credibility of financial statements etc;
2. Reviewing the quarterly, half yearly and annual financial statements and report of auditor before submission to the Board;
3. Reviewing of management discussion and analysis of financial condition and results of operation;
4. Reviewing and approving the related party transactions;
5. Reviewing the effectiveness of Internal Audit function and Internal control system;
6. Discussing with internal auditors any significant findings and follow up there on;
7. Reviewing the actions taken by management to implement the recommendations of internal audit;
8. Reviewing and assessing the annual Internal Audit plan to ensure it is aligned to the key risks of the business;
9. Recommendation for appointment, remuneration and terms of appointment of auditors;
10. Reviewing and monitoring the auditor's independence and performance, and effectiveness of audit process;
11. Monitoring, reviewing, assessing the policies and procedures relating to the proper functioning of the system for prevention of insider trading;

12. Reviewing and approving the inter- corporate loans and investments, including that made by the unlisted material subsidiaries;
13. Approving the budget and business plan;
14. Reviewing the functioning of the Whistle Blower mechanism.

The composition of the Audit Committee as on March 31, 2021 is as under:

Sl no.	Name of the Member	Category	Designation
1.	Mr. Suresh Muthukrishna Kumar	Non-Executive Independent	Chairman
2.	Dr. Layla Mohamed Hassan Ali Almarzoogi	Non-Executive Independent	Member
3.	Mr. Chenayappillil John George	Non-Executive Independent	Member
4.	Mr. James Mathew	Non-Executive Independent	Member
5.	Ms. Alisha Moopen	Executive	Member
6.	Mr. T J Wilson	Non-Executive	Member

#### Notes:

1. Mr. Ravi Prasad ceased to be a Member of the Committee with effect from April 20, 2020.
2. Prof. Biju Varkkey and Mr. Chenayappillil John George were appointed as a Member of the Committee with effect from April 20, 2020.
3. Mr. James Mathew was appointed as a Member of the Committee with effect from August 12, 2020.
4. Prof. Biju Varkkey was a Member of the Committee between April 20, 2020 to November 10, 2020.

The Committee met six times during the financial year 2020-21. The said meetings were held on June 22, 2020; August 11, 2020; September 18, 2020; November 09, 2020; February 08, 2021 and March 03, 2021. The necessary quorum was present for all the meetings.



## b. Nomination and Remuneration Committee



**Prof. Biju Varkkey**  
Chairman

The Nomination and Remuneration Committee has been constituted in terms of Section 178 of the Act, read with Regulation 19 of the Listing Regulations. The scope and function of the Nomination and Remuneration Committee is in accordance with Section 178 of the Act, read with Regulation 19 and Part D of Schedule II of the Listing Regulations. Brief description of terms of reference of Nomination and Remuneration Committee are as follows:

1. Formulating the criteria for determining qualifications, positive attributes and independence of a director and recommend to the Board a policy, relating to the remuneration of the directors, key managerial personnel and other employees;
2. Formulating the criteria for evaluation of performance of Independent Directors and the Board;
3. Devising a policy on Board diversity;
4. Identifying persons who are qualified to become directors and who may be appointed in senior management in accordance with the criteria laid down and recommend to the Board their appointment and removal;
5. Deciding to extend or continue the term of appointment of the independent director on the basis of the report of performance evaluation of independent directors;
6. Reviewing and approving for the Managing Director, other Executive Directors on the Board of Directors and Key Managerial Personnel;

7. Determining the succession plan for the Board and the senior management.
8. Overseeing and administering ESOP plan of the Company;

The composition of the Nomination and Remuneration Committee as on March 31, 2021 is as under:

Sl no.	Name of the Member	Category	Designation
1.	Prof. Biju Varkkey	Non-Executive Independent	Chairman
2.	Mr. Sridar Arvamudhan Iyengar	Non-Executive Independent	Member
3.	Mr. Daniel Robert Mintz	Non-Executive	Member
4.	Dr. Azad Moopen	Promoter, Executive	Member

*Notes:*

1. Mr. Ravi Prasad and Mr. Daniel James Snyder ceased to be a Member of the Committee with effect from April 20, 2020.
2. Mr. Sridar Arvamudhan Iyengar was appointed as a Member of the Committee with effect from August 12, 2020.
3. Mr. Chenayappillil John George was a Member of the Committee between April 20, 2020 to August 12, 2020.

The Committee met six times during the financial year 2020-21. The said meetings were held on April 02, 2020; June 22, 2020; August 11, 2020; September 14, 2020; November 09, 2020; February 08, 2021. The necessary quorum was present for all the meetings.

### c. Stakeholders Relationship Committee



**Mr. Suresh Muthukrishna Kumar**  
Chairman

The Stakeholders Relationship Committee has been constituted in terms of Section 178 of the Act read with Regulation 20 of the Listing Regulations. The scope and function of the Committee is in accordance with Section 178 of the Act read with Regulation 20 and Part D of Schedule II of the Listing Regulations. Brief description of terms of reference of Stakeholders' Relationship Committee are as follows:

1. Reviewing various aspects of interest of the security holders;
2. Resolving the grievances of the security holders of the company including complaints related to transfer/transmission of shares, non-receipt of annual reports, non-receipt of declared dividends, issue of new/duplicate certificates, general meetings etc;
3. Reviewing measures taken for effective exercise of voting rights by shareholders;
4. Reviewing adherence to the service standards adopted by the Company in respect of various services being rendered by the Registrar & Share Transfer Agent;
5. Reviewing various measures and initiatives taken by the Company for reducing the quantum of unclaimed dividends and ensuring timely receipt of dividend warrants/annual reports/statutory notices by the shareholders of the company;

The composition of the Stakeholders' Relationship Committee as on March 31, 2021 is as under:

Sl no.	Name of the Member	Category	Designation
1.	Mr. Suresh Muthukrishna Kumar	Non-Executive Independent	Chairman
2.	Mr. James Mathew	Non-Executive Independent	Member
3.	Mr. Anoop Moopen	Non-Executive	Member
4.	Mr. T. J. Wilson	Non-Executive	Member

#### Notes:

1. Mr. Daniel James Snyder ceased to be a Member of the Committee with effect from April 20, 2020.
2. Mr. James Mathew was appointed as a Member of the Committee with effect from August 12, 2020.

The Stakeholders' Relationship Committee met two times during the financial year 2020-21. The said meetings were held on June 23, 2020 and August 11, 2020. The necessary quorum was present for all the meetings.

The details with regard to Stakeholders' grievances as on March 31, 2021 are as under:

Sl no.	Particulars	Related Details
1.	Name of the Non-executive Director heading the Committee	Mr. Suresh Muthukrishna Kumar (Non-Executive Independent Director)
2.	Name and Designation of Compliance Officer	Ms. Puja Aggarwal Company Secretary and Compliance Officer
3.	Number of shareholders complaints received as on March 31, 2021	5
4.	Number of complaints not solved to the satisfaction of shareholders as on March 31, 2021	0
5.	Number of pending complaints as on March 31, 2021	0

#### d. Risk Management Committee



**Ms. Alisha Moopen**  
Chairperson

The Risk Management Committee has been constituted in terms of Regulation 21 of the Listing Regulations. Brief description of terms of reference of Risk Management Committee are as follows:

1. Reviewing the risk identification and management process developed by management to confirm it is consistent with the Company's strategy and business plan;
2. Reviewing the risk management plan including the plan on cyber security;
3. Reviewing Management's assessment of risk at least annually;
4. Reviewing of significant business, political, financial and control risks or exposure to such risk;
5. Overseeing and monitoring Management's documentation of the material risks that the Company faces and Company's policy for Risk assessment and risk management;
6. Assessing the steps implemented by management to manage and mitigate identifiable risk, including the use of hedging and insurance;
7. Advising the Board in relation to its determination of overall risk appetite, tolerance and strategy, taking account Aster DM's values purpose, as well as the current and prospective regulatory, macroeconomic, technological, environmental and social developments and trends that may be relevant for the company's risk policies;
8. Undertaking horizon-scanning of the risk landscape, including material risks, reputational impacts and undertake deep-dive reviews into significant risks at the request of the Board or where, in the Committee's view, further scrutiny is required.

The composition of the Risk Management Committee as on March 31, 2021 is as under:

Sl no.	Name of the Member	Category	Designation
1.	Ms. Alisha Moopen	Executive	Chairperson
2.	Mr. T. J. Wilson	Non-Executive	Member
3.	Mr. Daniel Robert Mintz	Non-Executive	Member
4.	Prof. Biju Varkkey	Non-Executive Independent	Member
5.	Mr. James Mathew	Non-Executive Independent	Member
6.	Mr. Sridar Arvamudhan Iyengar	Non-Executive Independent	Member

*Notes:*

1. Mr. Ravi Prasad ceased to be a Member of the Committee with effect from April 20, 2020.
2. Ms. Alisha Moopen has been appointed as the Chairperson of the Committee with effect from April 20, 2020.
3. Mr. James Mathew and Mr. Sridar Arvamudhan Iyengar were appointed as a Member of the Committee with effect from August 12, 2020.

The Risk Management Committee met once during the financial year 2020-21 on February 08, 2021 and the necessary quorum was present for the meeting.

#### e. Corporate Social Responsibility Committee



**Dr. Azad Moopen**  
Chairman

The Corporate Social Responsibility Committee was constituted under the provisions of Section 135 of the Act and the rules and guidelines framed thereunder. The scope and functions of the Committee is framed as per the said provisions. Brief description of terms of reference of the Corporate Social Responsibility Committee are as follows:

1. Formulating a corporate social responsibility policy of the Company;
2. Identifying the corporate social responsibility activities;
3. Approving the budget for carrying out corporate social responsibility activities;
4. Monitoring the expenditure and activities relating to corporate social responsibility and recommendation of the same to the Board for approval;
5. Instituting a transparent monitoring mechanism for implementation of the corporate social responsibility projects or programmes or activities undertaken by the company.

The composition of the Corporate Social Responsibility Committee as on March 31, 2021 is as under:

Sl no.	Name of the Member	Category	Designation
1.	Dr. Azad Moopen	Promoter, Executive	Chairman
2.	Mr. Shamsudheen Bin Mohideen Mamu Haji	Non-Executive	Member
3.	Mr. Anoop Moopen	Non-Executive	Member
4.	Prof. Biju Varkkey	Non-Executive Independent	Member
5.	Dr. Layla Mohamed Hassan Ali Almarzooqi	Non-Executive Independent	Member
6.	Mr. Sridar Arvamudhan Iyengar	Non-Executive Independent	Member

*Note:*

*Mr. Sridar Arvamudhan Iyengar was appointed as a Member of the Committee with effect from August 12, 2020.*

The Committee met two times during the financial year 2020-21. The said meetings were held on June 22, 2020 and November 05, 2020. The necessary quorum was present for all the meetings.

## NON-STATUTORY COMMITTEES



**Dr. Azad Moopen**  
Chairman

### f. Investment Committee

The Board of Directors have constituted Investment Committee in terms of provision of the Act to monitor and review the investments and investment plan and perform such other functions as the Board may deem fit. Brief description of terms of reference of Investment Committee are as follows:

1. Overseeing and reviewing the investment strategy and investment policy of the Company;
2. Identifying, reviewing, analysing and prioritizing various investment proposals and recommending to the Board of Directors;
3. Reviewing the performance of investments and reporting the performance and any material deviations if any, to the Board of Directors;
4. Reviewing and recommending to the Board of Directors corporate acquisitions, business initiatives requiring a significant capital allocation and disposals of business segments or subsidiaries, and joint ventures;
5. Ensuring that the proposed investment proposals comply with relevant regulations.

The composition of the Investment Committee as on March 31, 2021 is as under:

Sl no.	Name of the Member	Category	Designation
1.	Dr. Azad Moopen	Promoter, Executive	Chairman
2.	Mr. Suresh Muthukrishna Kumar	Non-Executive Independent	Member
3.	Mr. James Mathew	Non-Executive Independent	Member
4.	Mr. Sreenath Reddy	Group Chief Financial Officer	Member

Note:

Mr. James Mathew was appointed as a Member of the Committee with effect from August 12, 2020

The Investment Committee met once during the financial year 2020-21 on November 09, 2020 and the necessary quorum was present for the meeting.

### g. Medical Excellence Committee

The Board of Directors have constituted Medical Excellence Committee to monitor and review the quality of medical services provided and perform such other functions as the Board may deem fit. Brief description of terms of reference of Medical Excellence Committee are as follows:

1. Overseeing Culture of safety and adherence to ethical guidelines in clinical practice and research;
2. Reviewing trends of key performance related to patient safety and quality;
3. Overseeing the clinical risk management strategies and preparedness in case of any eventuality;
4. Approving Quality & patient safety budget including infection control;
5. Reviewing the road map of accreditations of the various units across the group;

The composition of the Medical Excellence Committee as on March 31, 2021 is as under:

Sl no.	Name of the Member	Category	Designation
1.	Dr. Azad Moopen	Promoter, Executive	Chairman
2.	Ms. Alisha Moopen	Executive	Member
3.	Dr. Layla Mohamed Hassan Ali Almarzooqi	Non-Executive Independent	Member

The Medical Excellence Committee met once during the financial year 2020-21 on January 06, 2021 and the necessary quorum was present for the meeting.



## h. Digital Transformation Committee



**Dr. Azad Moopen**  
*Chairman*

The Board of Directors have constituted Digital Transformation Committee to monitor, evaluate, and approve actions related to technology maturity, fitment, malleability to the current technology landscape, risk, cybersecurity, prioritization of major digital projects and to assist the management team by providing industry expertise to the digital transformation strategy and initiatives. Brief description of terms of reference of Digital Transformation Committee are as follows:

1. Monitoring, evaluating and prioritising the Digital Projects
2. Providing strategic advice and guidance to the Board on Initiatives currently in place;
3. Recommending investments and allocation of available funds to identified projects;
4. Establishing Task Forces/Sub committees if required to focus on a particular project or business process.

The composition of the Digital Transformation Committee as on March 31, 2021 is as under:

Sl no.	Name of the Member	Category	Designation
1.	Dr. Azad Moopen	Promoter, Executive	Chairman
2.	Ms. Alisha Moopen	Executive	Member
3.	Prof. Biju Varkkey	Non-Executive Independent	Member
4.	Mr. Sridar Arvamudhan Iyengar	Non-Executive Independent	Member

The Digital Transformation Committee met once during the financial year 2020-21 on February 03, 2021 and the necessary quorum was present for the meeting.

**Note on Buyback Committee:** The Board of Directors of the Company in order to execute buyback procedure, constituted the Buyback Committee. During the financial year 2019-20, the committee executed buyback procedures as required under the provision of the Act and SEBI (Buy-Back of Securities) Regulations, 2018 and amendments thereto. The Company had completed buyback of 57,14,285 equity shares and shares were extinguished on March 18, 2020. The Board of Directors at their meeting held on November 10, 2020 dissolved the Buyback Committee constituted for the Buyback.

#### 4. Attendance Details of Committee Meetings Attended

Attendance									
Sl no.	Name of the Director	Audit Committee	Nomination and Remuneration Committee	Stakeholders Relationship Committee	Corporate Social Responsibility Committee	Risk Management Committee	Investment Committee	Medical Excellence Committee	Digital Transformation Committee
Total number of meetings held in the financial year		6	6	2	2	1	1	1	1
1	Dr. Azad Moopen		6		2		1	1	1
2	Ms. Alisha Moopen	5				1		1	1
3	Mr. T J Wilson	6		2		1			
4	Mr. Anoop Moopen			2	2				
5	Mr. Shamsudheen Bin Mohideen Mammu Haji				1				
6	Mr. Daniel Robert Mintz		0			0			
7	Mr. Ravi Prasad		1						
8	Mr. Daniel James Snyder		1						
9	Mr. Suresh Muthukrishna Kumar	6		2			1		
10	Prof. Biju Varkkey	4	6		2	1			1
11	Dr. Layla Mohamed Hassan Ali Almarzooqi	6			2			1	
12	Mr. Chenayappillil John George	6	2						
13	Mr. James Mathew	4				1	1		
14	Mr. Sridar Arvamudhan Iyengar		3		1	1			1

#### 5. Remuneration of Directors

##### a. Remuneration Policy

The Company's remuneration policy is aimed at attracting, motivating and retaining quality talent by creating a high-performance culture. In each country where the Company operates, the remuneration structure is tailored to the regulations, practices and benchmarks prevalent in the Healthcare industry of that geography.

During the financial year under review your Company paid sitting fees of ₹ 1,00,000 per sitting to each Non-Executive Independent Director for attending the meetings of Board/ Committees of the Board. The payment to said Directors are within the limits prescribed under the provisions of the Act and Listing Regulations. The Company also reimburses any out of pocket expenses incurred by the Directors for attending the meetings of the Company. In the inadequacy of profit on a standalone basis your Chairman and Managing Director is entitled to a fixed pay of ₹ 5,00,000 per month as stipulated under the Act and which was agreed by the Shareholders through a resolution passed in the Annual General Meeting of the Company held on August 08, 2019. Further Ms. Alisha Moopen, Deputy Managing Director of the Company is not drawing any remuneration from the Company.

##### b. Details of the remuneration paid to the Directors for the year ended March 31, 2021

		(amount in ₹ crores)
Name of the Director	Designation	Sitting fee/ Managerial Remuneration
Executive		
Dr. Azad Moopen*	Chairman and Managing Director	0.60
Ms. Alisha Moopen**	Deputy Managing Director	Nil
Non-Executive		
Mr. T J Wilson***	Non-Executive	Nil
Mr. Anoop Moopen	Non-Executive	Nil
Mr. Daniel Robert Mintz	Non-Executive	Nil
Mr. Shamsudheen Bin Mohideen Mammu Haji	Non-Executive	Nil

(amount in ₹ crores)		
Name of the Director	Designation	Sitting fee/ Managerial Remuneration
<b>Non-Executive Independent</b>		
Mr. Ravi Prasad	Non-Executive Independent	0.01
Mr. Daniel James Snyder	Non-Executive Independent	0.01
Mr. Suresh Muthukrishna Kumar	Non-Executive Independent	0.15
Prof. Biju Varkkey	Non-Executive Independent	0.20
Dr. Layla Mohamed Hassan Ali Almarzooqi	Non-Executive Independent	0.14
Mr. Chenayappillil John George	Non-Executive Independent	0.13
Mr. James Mathew	Non-Executive Independent	0.11
Mr. Sridar Arvamudhan Iyengar****	Non-Executive Independent	Nil

\* Dr. Azad Moopen also received remuneration of AED 6.48 Mn and variable incentive of AED 1.5 Mn during financial year 2020-21 from Dr. Moopen's Healthcare Management Services LLC. He is entitled to gratuity payments and other benefits as per the policies.

\*\* Ms. Alisha Moopen received remuneration of AED 1.69 Mn and variable incentive of AED 0.3 Mn during financial year 2020-21 from Dr. Moopen's Healthcare Management Services LLC. She is entitled to gratuity payments and other benefits as per the policies.

\*\*\* Mr. T J Wilson received remuneration of AED 1.39 Mn and variable incentive of AED 0.11 Mn during financial year 2020-21 from Dr. Moopen's Healthcare Management Services LLC. He is entitled to gratuity payments and other benefits as per the policies.

\*\*\*\* Mr. Sridar Arvamudhan Iyengar had waived off sitting fees for attending all the Board and Committee meetings for financial year ending March 31, 2021.

#### c. Criteria for making payment to Non-Executive Directors

The policy for payment to Non-Executive Independent directors has been made available on the website of the Company at [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors).

#### d. Service Contracts, Notice and Severance Fees

As on March 31, 2021 the Board of Directors has 12 Members viz. 10 Non-Executive Directors, including 6 Independent Directors, 1 Managing Director and 1 Deputy Managing Director. The Executive Directors are employees of the Company and are subject to service conditions as per the Company's Policy. There is no separate provision for payment of severance fees to any of the Directors.

#### e. Stock option details

During the year under review there were no stock options granted to any Directors of the Company.

#### f. Pecuniary relationship or transactions of the Non-Executive Directors

During the year under review there were no pecuniary transactions with the Non-Executive Directors of the Company.

### 6. General Body Meetings

#### a. Annual General Meeting ("AGM")

Details of AGMs held during the last 3 years are as under:

Financial Year	Date	Time	Venue
2017-18	August 16, 2018	10:00 AM-11:30 AM	Registered office at IX/475L, Aster Medcity, Kuttisahib Road, Near Kothad Bridge, South Chittoor P.O, Cheranalloor, Kochi 682027, Kerala, India
2018-19	August 08, 2019	10:00 AM-11:30 AM	
2019-20	August 14, 2020	11.00 AM-11.55 AM	Video Conferencing ('VC')/ Other Audio-Visual Means ('OAVM')

#### b. Extraordinary General Meeting ("EGM")

No Extraordinary General Meeting of the Company was called and convened during the financial year 2020-21.

**c. Details of Special Resolutions passed during the last 3 AGMs are as under**

Financial Year	Date	Special Resolution passed
2017-18	August 16, 2018	Nil
2018-19	August 08, 2019	Re-appointment of Dr. Azad Moopen (DIN:00159403) as Managing Director of the Company for a period of five years
2019-20	August 14, 2020	Appointment of Mr. Sridar Arvamudhan Iyengar (DIN:00278512) as Non-Executive Independent Director of the Company for term of three consecutive years

**d. Details of Special Resolution passed through postal ballot**

The Company has not passed any resolutions through postal ballot during financial year 2020-21.

**e. There is no Special Resolution proposed to be conducted through postal ballot**

**f. Procedure for postal ballot**

In compliance with Sections 108 and 110 and other applicable provisions of the Companies Act, 2013, read with the related rules, the Company provides electronic voting (e-voting) facility to all its Members. The Company engages the services of National Securities Depository Limited for the purpose of providing e-voting facility to all its Members. The Members have the option to vote either by physical ballot or through e-voting.

The Company dispatches the postal ballot notices and forms along with postage prepaid business reply envelopes to its Members whose names appear on the Register of Members / list of beneficiaries as on a cut-off date. The postal ballot notice is also sent to Members in electronic form to the email addresses registered with their depository participants (in case of electronic shareholding) / the Company's registrar and share transfer agents (in case of physical shareholding). The Company also publishes a notice in the newspaper declaring the details of completion of dispatch and other requirements as mandated under the Act and applicable Rules. Voting rights are reckoned on the paid-up value of the shares registered in the names of the Members as on the cut-off date. Members desiring to exercise their votes by physical postal ballot forms are requested to return the forms, duly completed and signed, to the scrutiniser on or before the close of the voting period. Members desiring to exercise their votes by electronic mode are requested to vote before close of business hours on the last date of e-voting. The scrutiniser submits his report to the Chairman, after the completion of scrutiny, and the consolidated results of the voting by postal ballot are then announced by the Chairman/authorised officer. The results are also displayed on the Company's website, [www.asterdmhealthcare.com](http://www.asterdmhealthcare.com), besides being communicated to the stock exchanges. The last date for the receipt of duly completed postal ballot forms or e-voting shall be the date on which the resolution would be deemed to have been passed, if approved by the requisite majority.

**7. Means of Communication**

- The quarterly, half-yearly and annual results of the Company are published in newspapers like Mangalam (Malayalam), Vijayavani (Kannada) and Financial Express (English). The results are also displayed on the Company's website at [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors).
- Press releases made by the Company from time to time and presentations made to the institutional investors and analysts after the declaration of the quarterly, half-yearly and annual results are disseminated through the exchanges websites and are also displayed on the Company's website at [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors).

**8. General shareholder information**

**a. Annual General Meeting**

Annual General Meeting of the Company shall be held through Video Conferencing (VC)/ other Audio-Visual Means (OAVM) (Instruction and general guidelines for participation through VC/ OAVM has been given in Notice of the AGM).

Date : August 13, 2021

Time : 11.30 AM (IST)

**b. Financial Year**

Financial Year covers the period from April 01, 2020, to March 31, 2021.

**c. Dividend payment date**

Keeping in view the growth strategy of the Company, the Board of Directors have decided to plough back the profits and thus do not recommend any dividend for the financial year under review and hence dividend payment date is not applicable.

**d. Listing on Stock Exchanges**

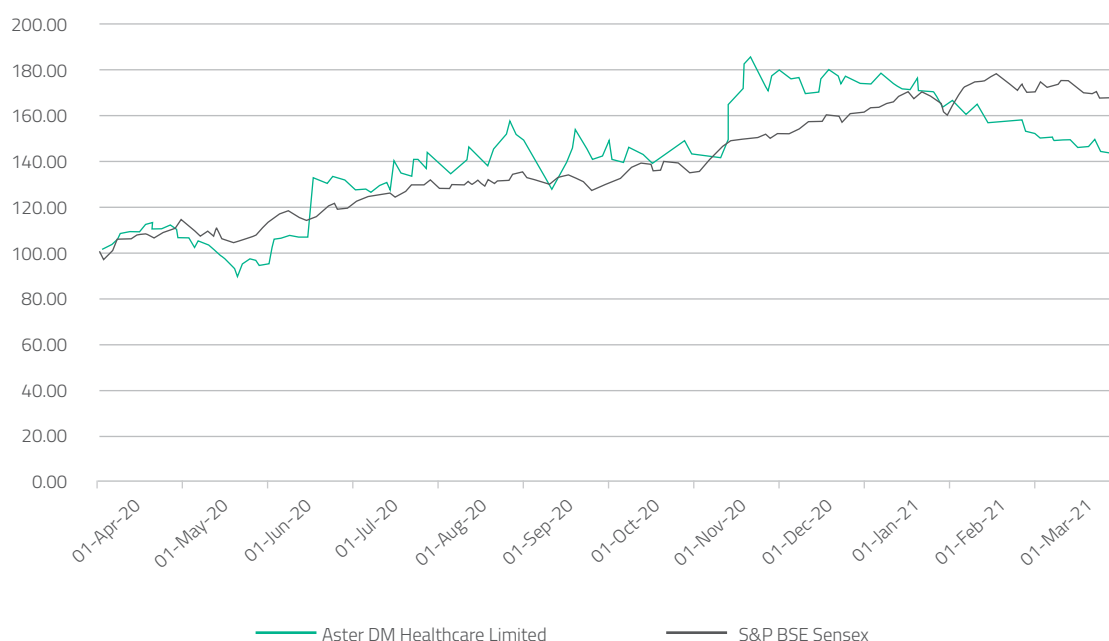
Equity Shares of the Company are listed on following exchanges and the requisite listing fees have been paid in full to the Stock Exchanges.

BSE Limited (BSE)	National Stock Exchange of India Limited (NSE)
Department of Corporate Services, Phiroze Jeejeebhoy Towers, Dalal Street, Mumbai – 400001	Exchange plaza, C-1, Block G, Bandra Kurla Complex, Mumbai – 400051.
Scrip code: 540975	Stock Code: ASTERDM
ISIN: INE914M01019	

**e. Market price data- high, low during each month in the financial year 2020-21**

Month	BSE			NSE		
	High Price	Low Price	No. of Shares	High Price	Low Price	No. of Shares
Apr-20	109.90	92.20	10,37,374	110.00	92.90	51,38,130
May-20	104.50	83.05	1,67,305	104.55	82.80	48,96,144
Jun-20	129.00	89.85	8,13,079	129.50	89.55	1,08,68,249
Jul-20	138.60	119.40	4,92,052	138.70	119.05	1,14,11,378
Aug-20	152.55	125.00	5,95,299	152.40	126.50	68,47,360
Sep-20	147.50	120.00	4,61,442	147.50	118.35	51,95,043
Oct-20	143.90	129.55	2,32,262	144.05	129.10	36,19,998
Nov-20	179.90	132.10	5,13,690	180.00	131.55	94,81,983
Dec-20	174.60	150.00	2,62,118	174.55	156.25	56,80,257
Jan-21	174.45	146.25	2,19,213	174.45	151.75	27,99,156
Feb-21	160.00	141.80	3,98,598	160.20	141.30	69,78,352
Mar-21	147.70	132.55	4,44,612	148.70	132.55	38,16,917

**f. Performance of the share price of the Company in comparison to the Indices: S&P BSE SENSEX**



Base 100 – Aster DM Healthcare Limited share price on April 1, 2020 and S&P BSE Sensex (Sensex) value on April 1, 2020 have been baselined to 100.

**g. Suspension of Trading**

The securities of the Company were not suspended from trading on stock exchanges during the year under review.

**h. Registrar and Share Transfer Agents**

Name: Link Intime India Pvt Ltd

Address: C-101, 1<sup>st</sup> Floor, 247 Park,  
Lal Bahadur Shastri. Marg,  
Vikhroli (West), Mumbai -400 083  
Maharashtra, India

Telephone: +91 2249186200

E-mail: coimbatore@linkintime.co.in

Website: www.linkintime.co.in



**i. Share transfer system**

Trading in equity shares of the Company through recognized stock exchanges is permitted only in dematerialized form. Pursuant to amended in Regulation 40 of Listing Regulations with effect from April 1, 2019, requests for effecting transfer of Securities shall not be processed unless the Securities are held in the dematerialised form with a Depository hence shares shall be transferred only through demat. However, investors are not barred from holding shares in physical form.

**j. Shareholding as on March 31, 2021**

**i. Distribution of shareholdings as on March 31, 2021**

Shares - Range	Number of Shareholders	Percentage of total shareholders	Total Shares for the Range	Percentage of issued capital
1 – 500	75,938	95.82%	63,56,378	1.27%
501 – 1000	1,894	2.39%	13,94,514	0.28%
1001 – 2000	710	0.90%	9,98,058	0.20%
2001 – 3000	203	0.26%	5,07,038	0.10%
3001 – 4000	106	0.13%	3,75,830	0.08%
4001- 5000	51	0.06%	2,37,277	0.05%
5001 – 10000	123	0.16%	8,71,922	0.17%
10000- above	226	0.29%	48,87,72,043	97.85%
<b>Grand Total</b>	<b>79,251</b>	<b>100.00%</b>	<b>49,95,13,060</b>	<b>100.00%</b>

**ii. Category of Equity Shareholders as on March 31, 2021**

Sl no.	Category	Number of shares	% of holding
1	Alternate Investment Funds	45,59,668	0.91%
2	Clearing Members	1,54,141	0.03%
3	Directors	1,13,79,972	2.28%
4	Employee Welfare Trust / ESOP's	24,91,141	0.50%
5	Foreign Company	16,33,99,696	32.71%
6	Foreign Portfolio Investors (Corporate)	3,98,06,384	7.97%
7	Foreign Portfolio Investors (Individual)	834	0.00%
8	Foreign Promoter Company	18,68,53,810	37.41%
9	Foreign Venture Capital	1,29,99,534	2.60%
10	Hindu Undivided Family	4,10,768	0.08%
11	Insurance Companies	54,62,225	1.09%
12	Mutual Funds	3,35,29,800	6.71%
13	Non -Resident Indians (Non Repatriable)	25,59,548	0.51%
14	Non-Resident Indians	1,63,86,708	3.28%
15	Other Bodies Corporate	3,94,148	0.08%
16	Public	1,84,76,230	3.70%
17	Relatives of Director [NRI]	6,38,453	0.13%
18	Trusts	10,000	0.00%
	<b>Total</b>	<b>49,95,13,060</b>	<b>100.00%</b>

**k. Dematerialisation of Shares & Liquidity**

As on March 31, 2021, ₹ 5,59,89,900 Paid-up Equity Share Capital is held in physical form and ₹ 493,91,40,700 Paid-up Equity Share Capital is held in dematerialized form with National Securities Depository Limited and Central Depository Services (India) Limited.

**l. Outstanding GDR's/ ADR's or Warrants or any convertible instruments, conversion date and likely impact on equity**

The Company has not issued any GDR's/ ADR's or warrants or any convertible instruments, hence as on March 31, 2021, the Company does not have any outstanding GDR's / ADR's or Warrants or any convertible instruments.

**m. Demat suspense account**

The Company does not have any equity shares in the suspense account.

**n. Transfer of unclaimed/unpaid amount to the Investor Education and Provident Fund**

The Company does not have any instances of transferring any amount to the Investor Education and Provident Fund.

**o. Commodity price risk or foreign exchange risk and hedging activities**

Refer Note No 36 of the financial Statements for details on commodity price risk, foreign exchange risk and hedging activities.

**p. Unit locations**

Your Company operates various hospitals and clinics in India. It also operates hospitals, clinics and pharmacies through various subsidiaries in GCC Countries. Details of various hospitals are available in the MDA report as well as the on the website of the Company.

**q. Address for correspondence**

Puja Aggarwal  
Company Secretary and Compliance Officer  
Aster DM Healthcare Limited  
#1785, 19<sup>th</sup> Main, Sector 1,  
HSR Layout, Bangalore -560102 India  
Contact : 0484 6699999  
Email : investors@asterdmhealthcare.com  
Website : www.asterdmhealthcare.com

**r. Credit Rating**

The following ratings assigned by the ICRA Limited and reaffirmed the ratings during the year under review:

Type of Facility/ Programme	Ratings assigned on June 14, 2019		Revised Ratings assigned on August 26, 2020	
	Amount (₹ Crores)	Rating	Amount (₹ Crores)	Rating
Bank loan facility (Long term)	138	A-(stable)	236	A-(stable)
Bank loan facility (Short term)	30	A2+	30	A2+

**9. Other Disclosures**

**a. Materially significant related party transactions**

All transactions entered into with related parties during the financial year were in the ordinary course of business and approved by the Audit Committee. During the year under review there were no materially significant transactions entered into between the Company and its promoters, Directors or the Management, or their relatives or Holding Company, Subsidiaries, Associates that may have potential conflict with the interest of the Company at large. The policy for related party transactions, which has been approved by the Board, is uploaded on the website of the Company at [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors). Reference to the related party transactions entered during the year under review is attached as an annexure to the Boards report in form AOC-2 as stipulated under the Act.

**b. Details of non-compliance with respect to Capital Markets and penalties**

There were no instances of non-compliances by the Company and no penalties or strictures were imposed on the Company by the Stock Exchanges or SEBI or any statutory authority, on any matter related to the capital markets during the last three years.

**c. Whistle-Blower policy and vigil mechanism**

The Company believes in conducting its affairs in a transparent manner and adopts highest standards of professionalism and ethical behaviour. Integrity is one of the key values of the Company that it strictly abides by. Keeping that in view, the Company has established a vigil mechanism for Directors and employees to report concerns about unethical behaviour, actual or suspected fraud or violation of the Company's code of conduct or ethics.

The Whistle-Blower Policy had undergone a change with effect from November 10, 2020 which is available on the website of the Company [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors).

The Company, as a policy, condemns any kind of discrimination, harassment, victimisation or any other unfair employment practice being adopted against whistle blowers and provides adequate safeguard measures. It also provides a direct access to the Chairman of the Audit Committee under extraordinary circumstances.

In addition to this, the Company has also engaged an independent agency called 'Integrity Matters' that provides an electronic and digital platform to report any unethical practices or harassment/injustice at the workplace confidentially and, if desired, anonymously by any employees or vendors of the Company or any of its subsidiaries anywhere in the world to ensure fairness and transparency in the process.

**d. Compliance with mandatory requirements and adoption of non-mandatory requirements**

The Company has complied with all mandatory requirements to the extent applicable to the Company. Apart from complying with the mandatory requirements prescribed by the Listing Regulations, your Company has complied with a few non-mandatory requirements such as:

- During the year under review, there is no audit qualification in your Company's Financial Statements. Your Company continues to adopt best practices to ensure regime of unqualified Financial Statements.
- Submission of Internal Auditors report directly to the Audit Committee.

**e. Subsidiary Companies**

All subsidiary companies are managed by their Boards having the rights and obligations to manage such Companies in the best interest of their stakeholders. Pursuant to Regulation 24(1) of Listing regulations at least one Independent Director on the Board of Directors of the listed entity shall be a Director on the Board of Directors of an unlisted material subsidiary.

As per the audited financial statements of financial year 2019-20, the following subsidiaries have been considered as material and the Company has appointed the following Independent Directors on the Board of material subsidiary Companies:

S. No	Name of the Subsidiary	Independent Director
1	Affinity Holdings Private Limited	Dr. Layla Mohamed Hassan Ali Almarzooqi
2	Aster DM Healthcare FZC	Dr. Layla Mohamed Hassan Ali Almarzooqi
3	Medcare Hospital LLC	Mr. Suresh Muthukrishna Kumar

**Note:**

Mr. Ravi Prasad ceased to be Director of Affinity Holdings Private Limited with effect from April 20, 2020 and Dr. Layla Mohamed Hassan Ali Almarzooqi has been appointed with effect from April 27, 2020.

Audit Committee reviews the financial statements of the unlisted subsidiary. The minutes of meetings of the Board of Directors and a statement of all significant transactions and arrangements entered into by the unlisted subsidiary companies are periodically placed before the Board of Directors of the Company for their review.

Pursuant to Regulation 24(4) of Listing Regulations, the following Companies shall be considered as material subsidiaries as per the Audited financial statements of financial year 2019-20:

S. No	Name of the Subsidiary Company
1	Affinity Holdings Private Limited
2	Aster DM Healthcare FZC
3	Medcare Hospital LLC
4	Sanad Al Rahma for Medical Care LLC
5	Malabar Institute of Medical Sciences Ltd
6	D M Healthcare (L L C)
7	Aster Pharmacies Group LLC

The Company has a Policy for determining material subsidiaries which is uploaded on the website of the Company at [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors).

**f. Details of utilization of funds raised through preferential allotment or qualified institutions placement**

During the year under review the Company has not raised any funds through the preferential allotment or Qualified Institutions Placement.

**g. Certificate from a Company Secretary in practice**

A certificate from a Company secretary in practice that none of the Directors on the Board of the Company have been debarred or disqualified from being appointed or continuing as Directors of companies by the Board/Ministry of Corporate Affairs or any such statutory authority is annexed to this report as **Annexure 7A**.

**h. Recommendation of any committee of the board which was not accepted**

The Board had accepted all the recommendations made by its committee during the financial year.

**i. Total fees to Statutory Auditors**

The total fees for all services paid by the Company and its subsidiaries, on a consolidated basis, to the Statutory Auditor and all entities in the network firm/network entity of which the statutory auditor is a part amounts to is as under:

(Amount in ₹ crore)			
Type of Service	India Entities	GCC Entities*	Total
Audit	1.96	3.65	5.61
Tax Audit	0.06	-	0.06
Others	0.02	0.03	0.05
<b>Total</b>	<b>2.04</b>	<b>3.68</b>	<b>5.72</b>

\*All numbers have been converted from foreign currency to INR at the closing rate.

**Note:** The above fees exclude out-of-pocket expenses and taxes.

**j. Disclosure in relation to the Sexual Harassment of Women at workplace (Prevention, Prohibition and Redressal) Act, 2013**

- Number of complaints filed during the financial year -0
- Number of complaints disposed of during the financial year -Not Applicable
- Number of complaints pending as on end of the financial year -Not Applicable

**k. Secretarial Audit Report**

Pursuant to Regulation 24A of the Listing Regulations, every listed entity shall undertake secretarial audit and shall annex with its Annual Report, a Secretarial Audit Report, given by a Company Secretary in Practice. The Company in this regard, has received the Secretarial Audit report from M/s. M Damodaran & Associates LLP, Practising Company Secretaries, [Firm registration number: L2019TN006000] and the said report is annexed to this Annual report.

**l. Code for Prevention of Insider Trading Practices**

During the year under review, the Company adhered to comprehensive Code of Conduct for prevention of Insider Trading for its Promoters, Directors, Key Managerial Personnel

and Connected Persons. The Code aims to ensure monitoring, timely reporting and adequate disclosure of price sensitive information by the Promoters, Directors, Key Managerial Personnel and Connected Persons of Aster DM Healthcare Limited. It also aims to bring transparency and fairness in dealing with the stakeholders and also ensuring the adherence to all applicable laws and regulations. This Code lays down the guidelines, through which it advises on procedures to be followed and disclosures to be made, while dealing with shares of the Company.

During the year under review, the Company revised its Code for Insider Trading and the same was approved and adopted by the Company on November 10, 2020 which has been made available on the website of the Company at [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors).

#### **m. Accounting treatment in preparation of financial statements**

In the preparation of the financial statements, the Company has followed existing Indian Accounting Standards (Ind AS). The significant accounting policies which are consistently applied have been set out in the notes to the financial statements.

#### **n. Other Policies**

The Company has adopted various policies prescribed under the Act and Listing Regulation i.e a Policy on Determination of Materiality for Disclosures, a Policy on Archival and Preservation of Documents, a Dividend Distribution Policy etc which are made available on the website of the Company at [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors).

### **10. Discretionary requirements (Schedule II Part E of the SEBI Listing Regulations)**

During the year under review, there was no audit qualification in the Auditors' Report on the Company's financial statements. The Company continues to adopt best practices to ensure a regime of unqualified financial statements.

Also, Grant Thornton Bharat LLP, the Internal Auditors of the Company, makes presentations directly to the Audit committee on their reports.

The Company has been filing quarterly, half yearly results with stock exchanges within the stipulated timeline and also publishes in widely circulated newspapers and on the website of the Company at [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors).

### **11. Compliance with SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015**

The Company has complied compliance with corporate governance requirements specified in regulation 17 to 27 and clauses (b) to (i) of sub-regulation (2) of regulation 46 and all other mandatory provisions of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 as amended from time to time.

### **12. Compliance with Code of Conduct**

The Code of Conduct ("the Code") for Board members and Senior Management personnel as adopted by the Board, is a comprehensive code applicable to Directors and Senior Management personnel. The Code lays down in detail, the standards of business conduct, ethics and strict governance norms for the Board and Senior Management personnel. A copy of the Code has been made available on the website of the Company at [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors). The Code has been circulated to Directors and Senior management personnel and its compliance is affirmed by them annually. A declaration signed by the Managing Director to this effect is annexed to this report as **Annexure 7B**.

### **13. CFO Certification**

Mr. Sreenath Reddy, Group Chief Financial Officer (CFO) of the Company has furnished to the Board, the requisite Compliance Certificate under Regulation 17(8) of the Listing Regulations for the financial year ended March 31, 2021 and is annexed to this report as **Annexure 7C**.

### **14. Compliance Certificate on Corporate Governance**

Certificate received from M/s. M Damodaran & Associates LLP, Practising Company Secretaries, [Firm registration number: L2019TN006000], confirming compliance with the conditions of Corporate Governance as stipulated under Regulation 34(3) read with Schedule V(E) of the Listing Regulations is annexed to this report as **Annexure 7D**.

**For and on behalf of the Board of Directors**

**Dr. Azad Moopen**

Date : June 22, 2021  
Place : Dubai

Chairman and Managing Director  
DIN: 00159403

## Annexure 7A

### CERTIFICATE OF NON-DISQUALIFICATION OF DIRECTORS

(Pursuant to Regulation 34(3) and Schedule V Para C clause (10)(i) of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015)

To  
The Members,  
**Aster DM Healthcare Limited**  
(CIN: L85110KA2008PLC147259)  
No.1785, Sarjapur Road, Sector - 1,  
HSR Layout, Ward No.174, Agara Extension,  
Bangalore-560102, Karnataka, India.

I, Rajiv Balakrishnan, Senior Partner of M Damodaran & Associates LLP, Practicing Company Secretaries have examined the relevant registers, records, forms, returns and disclosures received from the Directors of ASTER DM HEALTHCARE LIMITED having CIN-L85110KA2008PLC 147259 and having registered office at No.1785, Sarjapur Road, Sector -1, HSR Layout, Ward No. 174, Agara Extension, Bangalore - 560102, Karnataka, India (hereinafter referred to as 'the Company'), produced before me by the Company for the purpose of issuing this Certificate, in accordance with Regulation 34(3) read with Schedule V Para-C Sub clause 10(i) of the Securities Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015.

In my opinion and to the best of my information and according to the verifications (including Directors Identification Number (DIN) status at the portal www.mca.gov.in) as considered necessary and explanations furnished to me by the Company & its officers, I hereby certify that none of the Directors on the Board of the Company as stated below for the Financial Year ending on March 31, 2021 have been debarred or disqualified from being appointed or continuing as Directors of companies by the Securities and Exchange Board of India, Ministry of Corporate Affairs or any such other Statutory Authority.

Sl no.	Name of the Director	DIN	Original Date of appointment
1.	Dr. Mandayapurath Azad Moopen	00159403	18/01/2008
2.	Mr. Suresh Muthukrishna Kumar	00494479	16/09/2015
3.	Mr. Daniel Robert Mintz	00960928	18/01/2012
4.	Prof. Biju Varkkey	01298281	12/11/2018
5.	Mr. Shamsudheen Bin Mohideen Mammu Haji	02007279	16/09/2015
6.	Mr. Wilson Joseph Thadathil	02135108	20/04/2009
7.	Mr. Anoop Moopen	02301362	20/04/2009
8.	Ms. Alisha Moopen	02432525	20/09/2013
9.	Dr. Layla Mohamed Hassan Ali Almarzooqi	08401425	28/03/2019
10.	Mr. Chenayappillil John George	00003132	11/04/2020
11.	Mr. Sridar Arvamudhan Iyengar	00278512	19/07/2020
12.	Mr. James Mathew	07572909	23/06/2020

Ensuring the eligibility for the appointment / continuity of every Director on the Board is the responsibility of the management of the Company. My responsibility is to express an opinion on these based on my verification. This certificate is neither an assurance as to the future viability of the Company nor of the efficiency or effectiveness with which the management has conducted the affairs of the Company.

For **M Damodaran & Associates LLP**

**Rajiv Balakrishnan**

Senior Partner

Membership No.: 6326

COP No.:20520

ICSI UDIN: F006326C000493901

Date : June 21, 2021

Place : Chennai



## Annexure 7B

### DECLARATION ON CODE OF CONDUCT

To  
The Members,  
**Aster DM Healthcare Limited**  
(CIN: L85110KA2008PLC147259)  
No.1785, Sarjapur Road, Sector -1,  
HSR Layout, Ward No.174, Agara Extension,  
Bangalore-560102, Karnataka, India

I, Dr. Azad Moopen, Chairman and Managing Director of the Company, declare that all the Members of the Board of Directors and Senior Managerial Personnel of the Company have affirmed compliance with the Code of Conduct for the financial year 2020-21.

For **Aster DM Healthcare Limited**

Date : June 22, 2021  
Place : Dubai

**Dr. Azad Moopen**  
Chairman and Managing Director  
DIN: 00159403

## Annexure 7C

### CFO CERTIFICATION

As per Regulation 17(8) of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015

To  
The Board of Directors,  
**Aster DM Healthcare Limited**  
(CIN: L85110KA2008PLC147259)  
No.1785, Sarjapur Road, Sector - 1,  
HSR Layout, Ward No.174, Agara Extension,  
Bangalore-560102, Karnataka, India.

Dear Sir/Madam,

I, Sreenath Reddy, Group Chief Financial Officer of the Company certify to the Board that:

- a. I have reviewed Financial Statements and Cash Flow Statements for the year ended March 31, 2021 and that to the best of my knowledge and belief:
  - i. These statements do not contain any materially untrue statement or omit any material fact or contain statements that might be misleading;
  - ii. These statements together present a true and fair view of the Company's affairs and are in compliance with existing Accounting Standards, applicable laws and regulations.
- b. There are, to the best of my knowledge and belief, no transactions entered into by the Company during the financial year under review which are fraudulent, illegal or violation of the Company's Code of Conduct.
- c. I accept responsibility for establishing and maintaining internal controls for financial reporting and that I have evaluated the effectiveness of internal control systems of the Company pertaining to financial reporting and I have disclosed to the Auditors and the Audit Committee, deficiencies in the design or operation of such internal controls, if any, of which I am aware and the steps I have taken or propose to take to rectify these deficiencies.
- d. I have indicated to the Auditors and the Audit Committee:
  - i. Significant changes in internal control over financial reporting during the year;
  - ii. Significant changes in accounting policies during the year and that the same have been disclosed in the notes to the financial statements; and
  - iii. There are no instances of significant fraud of which I have become aware and the involvement therein, if any, of the management or an employee having a significant role in the Company's internal control system over financial reporting.

Date : June 22, 2021  
Place : Dubai

**Sreenath Reddy**  
Group Chief Financial Officer  
PAN: AFFPR3902Q

## Annexure 7D

### COMPLIANCE CERTIFICATE ON CORPORATE GOVERNANCE

To  
The Members,  
**Aster DM Healthcare Limited**  
(CIN: L85110KA2008PLC147259)  
No.1785, Sarjapur Road, Sector -1,  
HSR Layout, Ward No.174, Agara Extension,  
Bangalore-560102, Karnataka, India.

- A.** I, Rajiv Balakrishnan, Senior Partner of M Damodaran & Associates LLP have examined the compliance of conditions of Corporate Governance by **ASTER DM HEALTHCARE LIMITED** (CIN: L85110KA2008PLC147259) ("the Company"), for the financial year ended March 31, 2021 as stipulated in Regulation 17 to 27 and Clause (b) to (i) of Regulation 46(2) and para C and D of Schedule V of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 as amended from time to time ["SEBI (LODR)"].

#### Management Responsibility

- B.** The compliance of conditions of Corporate Governance is the responsibility of the management. This responsibility includes the design, implementation and maintenance of internal control and procedures to ensure the compliance with the conditions of the Corporate Governance stipulated in the SEBI (LODR).

#### Certifier's Responsibility

- C.** My Responsibility and examination was limited to examining the procedures and implementation thereof, adopted by the Company for ensuring the compliance with the conditions of the corporate governance. It is neither an audit nor an expression of opinion on the financial statement of the company.
- D.** I have examined the books of accounts and other relevant records and documents maintained by the Company for the purpose of providing reasonable assurance on the compliance with corporate governance requirements by the company and also obtained all the information and explanations which to the best of my knowledge and belief were necessary for the purposes of certification.

#### Opinion

- E.** In my opinion and to the best of my information and according to the explanations given to us, I certify that the Company has complied with the conditions of Corporate Governance as stipulated in Regulations 17 to 27 and Clause (b) to (i) of Regulation 46(2) and para C and D of Schedule V of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015.
- F.** I, further state that such compliance is neither an assurance as to the future viability of the Company nor of the efficiency or effectiveness with which the management has conducted the affairs of the Company.

For **M Damodaran & Associates LLP**

**Rajiv Balakrishnan**

Senior Partner

Membership No.: 6326

COP. No.:20520

ICSI UDIN: F006326C000494055

Date : June 21, 2021

Place : Chennai

## Annexure 8

# BUSINESS RESPONSIBILITY REPORT

### Introduction

This report conforms to the Business Responsibility Reporting (BRR) requirement of the Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 ("SEBI LODR") and the National Voluntary Guidelines on Social, Environmental and Economic Responsibilities of Business (NVGs) released by the Ministry of Corporate Affairs (MCA). Aster DM has adopted a stakeholder-centric Sustainability Framework, aligned to the principles of Business Responsibility. The Company's robust governance structure and clear line of responsibility and accountability have enabled it to deliver on the strategic plans and stakeholders' expectations. The disclosures made under this report provide transparent and relevant information on the Company's efforts and performance against the nine principles of Business Responsibility. In keeping with the guiding principles of integrated reporting, the Company has provided cross-references to the reported data within the main sections of this Annual Report for all aspects that are material to it and its stakeholders.

### Section A: General Information about the Company

1. Corporate Identity Number	L85110KA2008PLC147259
2. Name of the Company	Aster DM Healthcare Limited
3. Registered Address	No.1785, Sarjapur Road, Sector -1, HSR Layout, Ward No.174, Agara Extension, Bangalore KA 560102
4. Website	www.asterdmhealthcare.com
5. Email id	cs@asterdmhealthcare.com
6. Financial year reported	April 1, 2020 to March 31, 2021
7. Sector(s) that the Company is engaged in (industrial activity code-wise)	Name and description of main products/ services: Healthcare activities NIC Code – 86110
8. List three key products / services that the Company manufactures / provides (as in balance sheet)	Hospitals, Clinics and Pharmacies
9. Total number of locations where business activity is undertaken by the Company	a) The Company through its subsidiaries operates 13 hospitals, 106 clinics, 223 pharmacies in various locations in the Middle East
a. Number of International Locations	b) The Company operates 14 hospitals and 9 clinics in India. The details are available at the below link: <a href="http://www.asterdmhealthcare.com/global-network">http://www.asterdmhealthcare.com/global-network</a>
b. Number of National Locations	International Presence: The Company through its subsidiaries operates in Six GCC states.
10. Markets served by the Company - Local / State / National / International	National Presence The Company and its Group has its hospitals in Kochi, Calicut, Kotakkal, Kannur, Wayanad, Bangalore, Hyderabad, Vijayawada and Kolhapur.

### Section B: Financial Details of the Company

1. Paid up capital	₹ 499,51,30,600 consisting of 49,95,13,060 equity shares of ₹10 each
2. Total turnover	₹ 746.54 crores
3. Total profit/(loss) after taxes	₹ (68.78) crores
4. Total spending on Corporate Social Responsibility (CSR) as percentage of average Net Profit of the Company for last 3 financial years.	The Company has spent ₹ 0.16 crores towards CSR activities during the period under review.
5. List of activities in which expenditure in 4 above has been incurred	Details on Corporate Social Responsibility activities undertaken during the year is provided in Annexure 9 forming part of the Directors' report.

## Section C: Other Details

1. Does the Company have Subsidiaries	Yes, details are as per AOC 1 which given in Annexure 1 to the Directors' Report.
2. Do the subsidiary companies participate in the BR initiatives of the parent Company? If yes, then indicate the number of such subsidiaries	The Company has 76 subsidiaries. The details are provided in Annexure 1 to the Directors Report. The subsidiaries participate in the BR initiatives of the parent company.
3. Do any other entity/ entities (suppliers and distributors, among others) that the Company does business with, who participate in the Company's BR initiatives, along with the percentage of such entities (Less than 30%, 30-60%, more than 60%)	The Company has numerous suppliers, distributors and vendors. The Company does not make it imperative for them to observe the BR initiatives. However, they are encouraged to adopt such practices and follow the concept of being a responsible business.

## Section D: Business Responsibility Information

### 1. Details of Director / Directors responsible for BR

- a. Details of the Director / Directors responsible for implementation of the BR policy / policies

Name	Dr. Azad Moopen
DIN	00159403
Designation	Chairman and Managing Director

- b. Details of the BR head:

Name	Dr. Azad Moopen
DIN	00159403
Designation	Chairman and Managing Director
Telephone No.	0484 6699999
E mail Id	chairman@asterdmhealthcare.com

### 2. Principle-wise BR Policy/policies

Questions	P1	P2	P3	P4	P5	P6	P7	P8	P9
Do you have a policy/ policies for	√	√	√	√	√	√	√	√	√
Has the policy being formulated in consultation with the relevant stakeholders?	√	√	√	√	√	√	√	√	√
Does the policy conform to any national / international standards?	√	√	√	√	√	√	√	√	√
Has the policy been approved by the Board? If yes, has it been signed by MD/ owner/ CEO/ appropriate Board Director?	√	√	√	√	√	√	√	√	√
Does the company have a specified committee of the Board/ Director/ Official to oversee the implementation of the policy?	√	√	√	√	√	√	√	√	√
Indicate the link for the policy to be viewed online?	Note 1	Note 2	Note 3	Note 4	Note 5	Note 6	Note 7	Note 8	Note 9
Has the policy been formally communicated to all relevant internal and external stakeholders?	√	√	√	√	√	√	√	√	√
Does the company have in-house structure to implement the policy/ policies?	√	√	√	√	√	√	√	√	√
Does the Company have a grievance redressal mechanism related to the policy/ policies to address stakeholders' grievances related to the policy/ policies?	√	√	√	√	√	√	√	√	√
Has the company carried out independent audit/ evaluation of the working of this policy by an internal or external agency ?	√	√	√	√	√	√	√	√	√

Note 1: Code of Conduct Policy: [https://www.nseprimeir.com/z\\_Asterdm/files/AsterDM\\_Code\\_of\\_Conduct\\_for\\_Board\\_of\\_Directors\\_and\\_Sr\\_Management.zip](https://www.nseprimeir.com/z_Asterdm/files/AsterDM_Code_of_Conduct_for_Board_of_Directors_and_Sr_Management.zip)  
Business Responsibility Policy: [https://www.nseprimeir.com/z\\_Asterdm/files/AsterDM\\_Draft\\_Business\\_Responsibility\\_Policy.zip](https://www.nseprimeir.com/z_Asterdm/files/AsterDM_Draft_Business_Responsibility_Policy.zip)

Note 2: Code of Conduct Policy: [https://www.nseprimeir.com/z\\_Asterdm/files/AsterDM\\_Code\\_of\\_Conduct\\_for\\_Board\\_of\\_Directors\\_and\\_Sr\\_Management.zip](https://www.nseprimeir.com/z_Asterdm/files/AsterDM_Code_of_Conduct_for_Board_of_Directors_and_Sr_Management.zip)  
Business Responsibility Policy: [https://www.nseprimeir.com/z\\_Asterdm/files/AsterDM\\_Draft\\_Business\\_Responsibility\\_Policy.zip](https://www.nseprimeir.com/z_Asterdm/files/AsterDM_Draft_Business_Responsibility_Policy.zip)

Note 3: Code of Conduct Policy: [https://www.nseprimeir.com/z\\_Asterdm/files/AsterDM\\_Code\\_of\\_Conduct\\_for\\_Board\\_of\\_Directors\\_and\\_Sr\\_Management.zip](https://www.nseprimeir.com/z_Asterdm/files/AsterDM_Code_of_Conduct_for_Board_of_Directors_and_Sr_Management.zip)  
Business Responsibility Policy: [https://www.nseprimeir.com/z\\_Asterdm/files/AsterDM\\_Draft\\_Business\\_Responsibility\\_Policy.zip](https://www.nseprimeir.com/z_Asterdm/files/AsterDM_Draft_Business_Responsibility_Policy.zip) and various Human Resource policies across units.



Note 4: CSR Policy: [https://www.nseprimeir.com/z\\_Asterdm/files/AsterDM\\_CSR\\_Policy.zip](https://www.nseprimeir.com/z_Asterdm/files/AsterDM_CSR_Policy.zip)

Note 5: Code of Conduct Policy: [https://www.nseprimeir.com/z\\_Asterdm/files/AsterDM\\_Code\\_of\\_Conduct\\_for\\_Board\\_of\\_Directors\\_and\\_Sr\\_Management.zip](https://www.nseprimeir.com/z_Asterdm/files/AsterDM_Code_of_Conduct_for_Board_of_Directors_and_Sr_Management.zip)  
Business Responsibility Policy: [https://www.nseprimeir.com/z\\_Asterdm/files/AsterDM\\_Draft\\_Business\\_Responsibility\\_Policy.zip](https://www.nseprimeir.com/z_Asterdm/files/AsterDM_Draft_Business_Responsibility_Policy.zip)

Note 6: Code of Conduct Policy: [https://www.nseprimeir.com/z\\_Asterdm/files/AsterDM\\_Code\\_of\\_Conduct\\_for\\_Board\\_of\\_Directors\\_and\\_Sr\\_Management.zip](https://www.nseprimeir.com/z_Asterdm/files/AsterDM_Code_of_Conduct_for_Board_of_Directors_and_Sr_Management.zip)  
Business Responsibility Policy: [https://www.nseprimeir.com/z\\_Asterdm/files/AsterDM\\_Draft\\_Business\\_Responsibility\\_Policy.zip](https://www.nseprimeir.com/z_Asterdm/files/AsterDM_Draft_Business_Responsibility_Policy.zip)

Note 7: Code of Conduct Policy: [https://www.nseprimeir.com/z\\_Asterdm/files/AsterDM\\_Code\\_of\\_Conduct\\_for\\_Board\\_of\\_Directors\\_and\\_Sr\\_Management.zip](https://www.nseprimeir.com/z_Asterdm/files/AsterDM_Code_of_Conduct_for_Board_of_Directors_and_Sr_Management.zip)  
Business Responsibility Policy: [https://www.nseprimeir.com/z\\_Asterdm/files/AsterDM\\_Draft\\_Business\\_Responsibility\\_Policy.zip](https://www.nseprimeir.com/z_Asterdm/files/AsterDM_Draft_Business_Responsibility_Policy.zip)

Note 8: CSR Policy: : [https://www.nseprimeir.com/z\\_Asterdm/files/AsterDM\\_CSR\\_Policy.zip](https://www.nseprimeir.com/z_Asterdm/files/AsterDM_CSR_Policy.zip)

Note 9: Code of Conduct Policy: [https://www.nseprimeir.com/z\\_Asterdm/files/AsterDM\\_Code\\_of\\_Conduct\\_for\\_Board\\_of\\_Directors\\_and\\_Sr\\_Management.zip](https://www.nseprimeir.com/z_Asterdm/files/AsterDM_Code_of_Conduct_for_Board_of_Directors_and_Sr_Management.zip)  
Business Responsibility Policy: [https://www.nseprimeir.com/z\\_Asterdm/files/AsterDM\\_Draft\\_Business\\_Responsibility\\_Policy.zip](https://www.nseprimeir.com/z_Asterdm/files/AsterDM_Draft_Business_Responsibility_Policy.zip)

(a) If answer to the question at serial number 1 against any principle, is 'No', please explain why - Not Applicable

### 3. Governance related to BR:

- a. Indicate the frequency with which the Board of Directors, Committee of the Board or CEO to assess the BR performance of the Company. Within 3 months, 3-6 months, Annually, More than 1 year?

The Board assesses the BR performance of the Company annually.

- b. Does the Company publish a BR or a Sustainability Report? What is the hyperlink for viewing this report? How frequently is it published?

BR report is being published annually as part of the Company's Annual Report in compliance with the Listing Regulations. In addition to that the Company also publishes the sustainability report.

The hyperlink for viewing the report is - [www.asterdmhealthcare.com/investors](http://www.asterdmhealthcare.com/investors)

### Section E: Principle-wise Performance

#### Principle 1: Businesses should conduct and govern themselves with Ethics, Transparency and Accountability

1. Does the policy relating to ethics, bribery and corruption cover only the company? Yes/ No. Does it extend to the Group/Joint Ventures/ Suppliers/Contractors/NGOs /Others?

The policy is applicable to Aster DM Healthcare Limited and all its subsidiaries.

2. How many stakeholder complaints have been received in the past financial year and what percentage was satisfactorily resolved by the management? If so, provide details thereof, in about 50 words or so.

The details with regard to the Stakeholders complaints are as under:

Complaints	Pending as on March 31, 2020	Received during FY 2020-21	Redressed during FY 2020-21	Pending as on March 31, 2021
Investor Complaints	0	5	5	0
Customer Complaints	13	12	1	24
Vendor Complaints	1	2	2	1
Government/ local authority complaints	1	3	3	1

#### Principle 2: Businesses should provide goods and services that are safe and contribute to sustainability throughout their life cycle

1. List up to 3 of your products or services whose design has incorporated social or environmental concerns, risks and/or opportunities.

**Teleradiology:** The demand for radiology services is increasing exponentially due to imaging becoming an integral part of patient care in recent times. More so the demand has increased during the pandemic, considering the vital role imaging plays in screening, diagnosis and evaluating the prognosis. The acute shortage of radiologists across the globe makes it challenging to deliver quality radiology services. These shortages are being overcome by imaging facilities by using teleradiology services.

Teleradiology is a method of sending radiographic images in digital form from one point to another using internet. Images

are captured by imaging modalities and are transferred through the network to reach radiologist anywhere across the world, who shall study and send report back to the imaging facility. Teleradiology has helped in providing timely interpretations of images to even remotely placed imaging centres at any time. .

**Increased usage of Alternative energy (Solar, Wind):** The Company emphasises on use of sustainable and alternate sources of energy across its hospitals. One of its units Aster CMI Hospital, Bangalore is the first hospital to get Green Power tag. 90% of the power utilisation is from solar and wind energy thereby saving about 38% of the total power cost.

**Aster FreeIN:** On the occasion of Aster DM Healthcare's 34<sup>th</sup> Foundation Day, Aster DM Healthcare announced an Aster Volunteers initiative to provide 10,000 free MRIs and CT Scans to patients who really need the high-end investigations but cannot afford them. The initiative, called Aster FreeIN, tackles

a big challenge faced by many patients, underprivileged or under financial constraints, in accessing much-needed medical investigations which would help them seek proper diagnosis and accurate treatment but are deterred by high costs. This often leads to patients avoiding seeking the needed medical attention or late-stage diagnosis when the disease would have progressed to serious complications.

To ease the booking process, a microsite has been launched across the geographies, which enables them to seek appointments from anywhere. Aster has joined hands with various volunteer organisations and NGOs to ensure the services are extended to right sections of the society. Identification of individual through identity card, a proof of income to establish the need for financial assistance and doctors' advice for an investigation are the simple documentation required to avail these services.

From the time the service was launched nearly 1000 investigation have been done across the group hospitals.

2. For each such product, provide the following details in respect of resource use (energy, water, raw material etc.) per unit of product(optional):
  - a. Reduction during sourcing/production/ distribution achieved since the previous year throughout the value chain?
  - b. Reduction during usage by consumers (energy, water) has been achieved since the previous year?

Teleradiology facility helps in immediate diagnosis in a remote manner without the creation of multiple expensive facilities across locations thereby substantially reducing the consumption of resources. It helps provide timely reporting, provide access to expert radiologist, including sub-specialist opinion from anywhere, it helps ensure 24/7 coverage of experts and optimise radiology human resource cost

Increased use of alternative energy has resulted in considerable reduction in use of traditional sources of energy which has in turn resulted in saving of around 38% of the total power cost.

Aster FreeIN is a service initiated by the Company to address social issues. Hence, 2a and 2b are not relevant for the same.

3. Does the company have procedures in place for sustainable sourcing (including transportation)?

If yes, what percentage of your inputs was sourced sustainably? Also, provide details thereof, in about 50 words or so.

The Company is in the business of providing healthcare service in which the products and services as inputs are regulated by the statutes and hence we procure the products and services from empanelled vendors who comply with the requirements laid down by the statutes and regulatory authorities.

4. Has the company taken any steps to procure goods and services from local & small producers, including communities surrounding their place of work? If yes, what steps have been taken to improve their capacity and capability of local and small vendors?

Over 30% of the Company's supplier base are SMEs The Company is in the business of providing healthcare service in which the products and services as inputs are regulated by the statutes and hence it procures the products and services from empanelled vendors who comply with the requirements laid down by the statutes and regulatory authorities. The Company has also initiated procurement of general items like paper bags and covers from Non-Government Organisations (NGOs)

5. Does the company have a mechanism to recycle products and waste? If yes what is the percentage of recycling of products and waste (separately as <5%, 5-10%, >10%). Also, provide details thereof, in about 50 words or so,

Yes, the Company recycles water and reduces the consumption of energy. Please refer to the Annexure 6 of the Directors' report which provides details of Energy Conservation initiatives of the Company.

### Principle 3: Businesses should promote the wellbeing of all employees

1. Please indicate the Total number of employees: 3695
2. Please indicate the Total number of employees hired on temporary/contractual/casual basis: 1377
3. Please indicate the Number of permanent women employees: 2414
4. Please indicate the number of permanent employees with disabilities: 8
5. Do you have an employee association that is recognised by management? No
6. What percentage of your permanent employees is members of this recognized employee association? Not applicable
7. Please indicate the Number of complaints relating to child labour, forced labour, involuntary labour, sexual harassment in the last financial year and pending, as on the end of the financial year.

Sl no.	Category	No of complaints filed during the financial year	No of complaints pending as on end of the financial year
1	Child labour /forced labour/ involuntary labour	Nil	Nil
2	Sexual harassment	Nil	Nil
3	Discriminatory employment	Nil	Nil

Note: The aforementioned details are provided on a standalone basis

8. What percentage of your employees were given safety & skill up- gradation training in the last year?

Category	Safety	Skill upgradation
Permanent Employees:	66.71%	53.15%
Permanent Women Employees:	69.59%	56.96%
Casual/Temporary/Contractual Employees	82.35%	40.23%
Employees with Disabilities	62.50%	50%

*Note: The aforementioned details are provided on a standalone basis*

**Principle 4: Businesses should respect the interests of, and be responsive towards all stakeholders, especially those who are disadvantaged, vulnerable and marginalized**

1. Has the company mapped its internal and external stakeholders?

Yes, the Company has mapped its internal and external stakeholders. Internal stakeholders are employees including contract-based employees. External stakeholders are Government and regulatory authorities, customers, local community, investors and shareholders, suppliers.

2. Out of the above, has the company identified the disadvantaged, vulnerable & marginalised stakeholders?

The Company engages with vulnerable and marginalised sections of society through its services, as well as community engagement initiatives. The Company also engages with the disadvantaged and marginalised communities to create a positive impact through community development initiatives and providing quality healthcare in rural and underdeveloped areas of the society.

3. Are there any special initiatives taken by the company to engage with the disadvantaged, vulnerable and marginalized stakeholders? If so, provide details thereof, in about 50 words or so.

The Company, through its trusts and foundations set up to manage the CSR activities, carries out various activities which ensures that the under-privileged section of the society is benefited. The Company has in place a programme named Aster Volunteers, where the employees volunteer themselves by coming forward and involving in the activities. Details on these activities are given under the disclosures on CSR activities in the Annual Report.

**Principle 5: Businesses should respect and promote human rights**

1. Does the policy of the company on human rights cover only the company or extend to the Group/Joint Ventures/Suppliers/Contractors/NGOs/Others?

The Company remains committed to respect and protect human rights. The various aspects of the term "Human Rights" viz Freedom of Association, Collective Bargaining, Non-Discrimination, Gender Equality, Avoidance of Child and Forced Labour are covered in the Human Resource Policies/Practices and Code of Conduct. The HR practices extend to all subsidiaries of the Company.

2. How many stakeholder complaints have been received in the past financial year and what percent was satisfactorily resolved by the management?

No complaints relating to human rights have been received in the financial year 2020-21.

**Principle 6: Businesses should respect, protect, and make efforts to restore the environment**

1. Does the policy related to Principle 6 cover only the company or extends to the Group/Joint Ventures/Suppliers/Contractors/NGOs/others?

The Company strives to protect the environment by adopting various eco-friendly measures. The subsidiaries are encouraged to adopt in sustainability initiatives of the Company.

2. Does the company have strategies/ initiatives to address global environmental issues such as climate change, global warming, etc? Y/N. If yes, please give hyperlink for webpage etc.

The Company makes a conscious effort to focus on the environmental issues and advocates sustainable growth of business. Part of the energy requirements for most of our hospitals are met by a renewable source of energy whereby solar panels are installed to generate power. Also, the treated sewage water is recycled and used for horticulture and landscaping at our facilities. Please refer Annexure 6 for details on the initiative taken by the Company to address the environmental issues.

3. Does the company identify and assess potential environmental risks? Y/N

Yes, an Environmental Impact Assessment is carried out at the Project stage at all our facilities to assess the risks.

4. Does the company have any project related to Clean Development Mechanism? If so, provide details thereof, in about 50 words or so. Also, if yes, whether any environmental compliance report is filed?

The Company's facility at Kochi, Aster Medcity is certified as LEED GOLD. Leadership in Energy and Environmental Design (LEED) is a green building certification programme used worldwide. This signifies lowering carbon emissions, conserving resources, reducing operating costs, prioritising sustainable practices, and creating a healthier environment

5. Has the company undertaken any other initiatives on – clean technology, energy efficiency, renewable energy, etc. Y/N. If yes, please give hyperlink for web page etc.

The Company has undertaken initiatives on clean technology, energy, efficiency, renewable energy etc. Energy Efficiency projects like replacing CFL bulbs with LED bulbs, frequent cleaning of chiller filters and installation of aerators in taps to conserve water, have been carried out at our facilities. Part of energy requirements at most of our units are being met by solar power. Landscaping is also carried out and units use treated sewage water. This has been explained in detail in Annexure 6 of the Board Report.

6. Are the Emissions/Waste generated by the company within the permissible limits given by CPCB/SPCB for the financial year being reported?

Yes, it is compliant with the respective State Pollution Control Boards

7. Number of show cause/ legal notices received from CPCB/ SPCB which are pending (i.e. not resolved to satisfaction) as on end of Financial Year.

No show cause notices, or legal notices are open as on March 31, 2021

**Principle 7: Businesses, when engaged in influencing public and regulatory policy, should do so in a responsible manner**

1. Is your company a member of any trade and chamber or association? If Yes, Name only those major ones that your business deals with:

The Company is a member of the following associations

- a. Association of Healthcare Providers – India (AHPI)
  - b. Healthcare Federation of India (NATHEALTH)
  - c. Federation of Indian Chambers of Commerce & Industry (FICCI)
  - d. Confederation of Indian Industry (CII)
  - e. Kerala Private Hospital Association (KPHA)
  - f. Private Hospitals & Nursing Homes Association (PHANA)
  - g. Kerala Management Association (KMA)
2. Have you advocated/lobbied through above associations for the advancement or improvement of public good? Yes/No; if yes specify the broad areas (Governance and Administration, Economic Reforms, Inclusive Development Policies, Energy security, Water, Food Security, Sustainable Business Principles, Others).
- Governance & Administration – Medical Value Travel: Dr. Harish Pillai, CEO- Aster India has been the co-chair since 2015 and the Chair of the committee for the past two years. Aster has been a part of the FICCI MVT committee which has been actively providing stakeholder feedback to the appropriate Government ministries and agencies thereby creating better opportunities for Medical Value Travellers to access the healthcare facilities within India.

Easing of medical visa and FROO requirements, facilitating accreditation of Medical Facilitators, etc. are some of the activities undertaken for the same.

- Economic Reforms – Response to Covid-19 pandemic: Aster has actively participated in the FICCI Health Services Committee, that was also represented by other healthcare providers, to discuss strategic and common realignment within the industry for effectively addressing the challenges brought about by the Covid-19 pandemic.

**Principle 8: Businesses should support inclusive growth and equitable development**

1. Does the company have specified programmes/initiatives/ projects in pursuit of the policy related to Principle on inclusive growth and equitable development? If yes, details there.

The Company has a well-defined CSR policy which is in line with the Companies Act, 2013. The Corporate Social Responsibility activities of the Company are being carried out under the broad umbrella of our registered charitable organisation – Aster DM Foundation. The Foundation is established and endowed as a non-profitable charity and philanthropic organisation by Dr. Azad Moopen as the Managing Trustee. A substantial amount is provided to the needy patients who cannot afford their treatment cost after close monitoring and verification. For the treatment subsidy of paediatric patients, there is a special wing called Aster Sick Kids Foundation, where up to 75% subsidy is given towards the treatment cost of eligible patients below the age of 18.

Also, Aster volunteers is an initiative of the Company where, the volunteers engage with local communities and partners to conduct various CSR activities. They help with the planning, coordination and management of the resources and people. The initiatives through medical and non-medical aid, seek to impact the underserved sections of our society.

2. Are the programmes /projects undertaken through in-house team/own foundation/external NGO/Government structures/ any other organization?

The programmes are undertaken by the in-house team called Aster Volunteers by providing the best medical & non – medical volunteer support to the under-privileged section of the society and through an NGO named Aster DM Foundation. The Company also conducts various philanthropic activities by associating with external NGOs, Government departments and other organisations.

3. Have you done any impact assessment of your initiative?

An impact study of all the CSR activities of the Company is conducted through an internal organisation set-up. During the financial year 2020–21, Aster Volunteers continued to build momentum over the past few years and reached a total strength of more than 36,000 volunteers. In addition, the organisation has been able to touch around 2 million lives through various Aster Volunteers initiatives.

4. What is your company's direct contribution to community development projects- Amount in INR and the details of the projects undertaken?

The Company has initiated free dialysis centres, early disease and cancer detection centres at different parts of the India. It has launched seven Mobile Medical Services at various parts of the country. Health & safety awareness programmes are also conducted in different parts of the State of Kerala. After the flood that hit the state on 2018, the company has contributed ₹ 2.5 crores to the CM's disaster Relief Fund and announced Aster Homes project for the homeless victims of flood which cost ₹ 12.5 crores. In the FY 2020-21, 135 homes were handed over to the beneficiaries, livelihood support programmes are also conducted for the flood victims whose livelihood means were affected by the flood. The details of amount spent during the financial year is provided in Annexure 9 forming part of the Directors' report.

**Principle 9: Businesses should engage with and provide value to their customers and consumers in a responsible manner**

1. What percentage of customer complaints/consumer cases are pending as on the end of financial year?

A few cases were redressed during the year. The other cases have been moved in the district/ state medical consumer forums and are pending for hearing

2. Does the company display product information on the product label, over and above what is mandated as per local laws? Yes/ No/N.A. /Remarks (additional information).

The Company is a healthcare service provider and it follows the highest standards of quality while rendering its services as per

the local laws in the areas it operates in. However, the Company does not have any products on which the label can be affixed.

3. Is there any case filed by any stakeholder against the company regarding unfair trade practices, irresponsible advertising and/ or anti-competitive behaviour during the last five years and pending as on end of financial year. If so, provide details thereof, in about 50 words or so.

There are no cases filed by any stakeholder against the company regarding unfair trade practices, irresponsible advertising and/ or anti-competitive behaviour in the context of Competition Act, 2002.

4. Did your company carry out any consumer survey/ consumer satisfaction trends?

Yes. The Company believes in listening deeply to the voice of the customer. Feedback from the customers is the backbone of the Company's growth over the years. Customer feedback also directs the Company's service strategy. Aster has recently digitised and automated service effort with the launch of an application called Aster Insight. This application collects feedback, allows a response to the feedback in a timely manner and also reflects all this effort onto a real-time Service Dashboard. Feedback is collected after every interaction or service via SMS links. The collection process will broaden to include email notifications and QR codes very soon.

For and on behalf of the Board of Directors

**Dr. Azad Moopen**

Date : June 22, 2021  
Place : Dubai

Chairman and Managing Director  
DIN: 00159403



## Annexure 9

# ANNUAL REPORT ON CSR ACTIVITIES

1. Brief outline on CSR Policy of the Company: One of the core values of the Company is Compassion. We at Aster, believe in serving the society by taking various initiatives contributing to the well-being of the people around. Our CSR policy spells out our key focus areas and our long-term vision towards sustainable development. We have adopted United Nations Sustainable Development Goals and used it as a global framework to develop our sustainability priorities.

Aster DM Healthcare has always been conscious of its duty towards people and society. Aster DM Foundation, a non-profit charitable and philanthropic arm of Aster DM Healthcare, carries out all the Corporate Social Responsibility (CSR) and philanthropic initiatives. The Foundation supports programmes that address underserved and marginalized populations, advance social justice, works towards women and youth empowerment and creating a healthy environment.

Objectives of Aster's CSR Policy:

- To undertake social projects in designated communities, in a focused manner to generate maximum positive impact.
- The Company is committed to all its stakeholders to conduct business in a socially and environmentally sustainable manner that is transparent and ethical.
- Develop and implement community enablement programmes for sustainable socio-economic development.
- The Company is part of a bigger ecosystem of people, values, organizations, nature and environment, and the company understands that it is its social responsibility to give back to the world.

2. Composition of CSR committee as on March 31, 2021 is as under:

S. No	Name of Directors	Designation	Nature of Directorship	Number of meetings of CSR Committee attended during the year out of the two meetings held
1	Dr. Azad Moopen	Chairman and Managing Director	Chairman	2
2	Mr. Shamsudheen Bin Mohideen Mammu Haji	Non-Executive Director	Member	1
3	Mr. Anoop Moopen	Non-Executive Director	Member	2
4	Prof. Biju Varkkey	Non-Executive Independent Director	Member	2
5	Dr. Layla Mohamed Hassan Ali Almarzooqi	Non-Executive Independent Director	Member	2
6	Mr. Sridar Arvamudhan Iyengar	Non-Executive Independent Director	Member	1

3. Provide the web-link where Composition of CSR committee, CSR Policy and CSR projects approved by the board are disclosed on the website of the company: <https://www.asterdmhealthcare.com/investors>
4. Provide the details of Impact assessment of CSR projects carried out in pursuance of sub-rule (3) of rule 8 of the Companies (Corporate Social Responsibility Policy) Rules, 2014, if applicable (attach the report): This is not applicable as the CSR obligation does not exceed the prescribed threshold. However, an impact study of all the CSR activities of the Company is conducted through an internal organisation set-up. The organisation has been able to touch around 2 million lives through various Aster Volunteers initiatives.
5. Details of the amount available for set off in pursuance of sub-rule (3) of rule 7 of the Companies (Corporate Social

responsibility Policy) Rules, 2014 and amount required for set off for the financial year, if any: Not applicable

6. Average net profit of the company as per section 135(5): ₹ 7.28 Crores

7.

(a) Two percent of average net profit of the company as per section 135(5)	₹ 0.15 Crores
(b) Surplus arising out of the CSR projects or programmes or activities of the previous financial years.	Nil
(c) Amount required to be set off for the financial year, if any	Nil
(d) Total CSR obligation for the financial year (7a+7b-7c)	₹ 0.15 Crores

8. (a) CSR amount spent or unspent for the financial year: Not Applicable
- (b) Details of CSR amount spent against ongoing projects for the financial year: Not Applicable
- (c) Details of CSR amount spent against other than ongoing projects for the financial year:

S. No	Name of the Project	Item from the list of activities in schedule VII to the Act	Local area (Yes/No).	Location of the project		Amount spent on the project	Mode of implementation - Direct (Yes/No)	Mode of implementation - through implementing agency	
				State	District			Name	CSR registration number
1	COVID-19 at home Sample Collection	Promoting health care including preventive health care	Yes	Karnataka,	Bangalore Rural	₹ 0.04 Crores	Direct implementation	NA	
2	Mobile medical services	Promoting health care including preventive health care	Yes	Karnataka,	Bangalore Rural	0.12 Crores	Direct implementation	NA	

- (d) Amount spent in Administrative Overheads: Nil
- (e) Amount spent on Impact Assessment, if applicable: Nil
- (f) Total amount spent for the financial year (8b+8c+8d+8e): ₹ 0.16 Crores
- (g) Excess amount for set off, if any

S. No	Particular	Amount (in ₹)
(i)	Two percent of average net profit of the company as per section 135(5)	0.15 Crores
(ii)	Total amount spent for the financial year	0.16 Crores
(iii)	Excess amount spent for the financial year [(ii)-(i)]	0.01 Crores
(iv)	Surplus arising out of the CSR projects or programmes or activities of the previous financial years, if any	-
(v)	Amount available for set off in succeeding financial years [(iii)-(iv)]	0.01 Crores

9. (a) Details of Unspent CSR amount for the preceding three financial years: Not Applicable
- (b) Details of CSR amount spent in the financial year for ongoing projects of the preceding financial year(s): Not Applicable
10. In case of creation or acquisition of capital asset, furnish the details relating to the asset so created or acquired through CSR spent in the financial year: Not Applicable
11. Specify the reason(s), if the company has failed to spend two per cent of the average net profit as per section 135(5): Not Applicable

Date : June 22, 2021  
Place : Dubai

**Dr. Azad Moopen**  
Chairman and Managing Director  
and Chairman, CSR Committee  
DIN: 00159403

# **Standalone Financial Statements**

# Independent Auditors' Report

To the Members of **Aster DM Healthcare Limited**

## Report on the Audit of the Standalone Financial Statements

### Opinion

We have audited the accompanying standalone financial statements of Aster DM Healthcare Limited ("the Company"), which comprise the Balance Sheet as at 31 March 2021, and the Statement of Profit and Loss (including Other Comprehensive Income), the Statement of Cash Flows and the Statement of Changes in Equity for the year then ended, and a summary of significant accounting policies and other explanatory information.

In our opinion and to the best of our information and according to the explanations given to us, the aforesaid standalone financial statements give the information required by the Companies Act, 2013 ("the Act") in the manner so required and give a true and fair view in conformity with the Indian Accounting Standards prescribed under section 133 of the Act read with the Companies (Indian Accounting Standards) Rules, 2015, as amended, ("Ind AS") and other accounting principles generally accepted in India, of the state of affairs of the Company as at 31 March 2021, and its loss, total comprehensive loss, its cash flows and the changes in equity for the year ended on that date.

### Basis for Opinion

We conducted our audit of the standalone financial statements in accordance with the Standards on Auditing specified under section 143(10) of the Act (SAs). Our responsibilities under those Standards are further described in the Auditor's Responsibility for the Audit of

the standalone financial statements section of our report. We are independent of the Company in accordance with the Code of Ethics issued by the Institute of Chartered Accountants of India (ICAI) together with the ethical requirements that are relevant to our audit of the standalone financial statements under the provisions of the Act and the Rules made thereunder, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the ICAI's Code of Ethics. We believe that the audit evidence obtained by us is sufficient and appropriate to provide a basis for our audit opinion on the standalone financial statements.

### Emphasis of Matter

We draw attention to Note 42 of the standalone financial statements, which describes the effects of the continuing uncertainties arising from the outbreak of COVID-19 pandemic and the consequential impact on the standalone financial statements of the Company for the year ended 31 March 2021. Our opinion is not modified in respect of this matter.

### Key Audit Matters

Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the standalone financial statements of the current period. These matters were addressed in the context of our audit of the standalone financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. We have determined the matter described below to be the key audit matter to be communicated in our report.

### Key Audit Matter

#### Evaluation of Impairment Assessment of Investment in Subsidiaries

As at 31 March 2021, the Company had Rs. 2,150.65 crores of investments in subsidiaries. The management tests such investments for impairment annually or more frequently, if there is a trigger for assessing impairment.

The Company's evaluation of impairment of its investments in subsidiaries involves a comparison of its expected recoverable values against its carrying values. The recoverable amount of the investment is based on Value in Use (VIU) calculations determined based on a discounted cash flow model. Determination of VIU involves significant estimates, assumptions and judgements as regards reasonableness of assumptions involved in developing projections of financial performance and discount rates to be considered, including possible impacts of the pandemic.

Given the above complexities, the determination of recoverable amount is subjective as it involves specific assumptions applicable

### Auditor's Response

#### Principal audit procedures performed:

We tested the design, implementation and operating effectiveness of internal controls over the Company's impairment evaluation by testing on a sample basis:

- The forecasting process including controls related to the development of the revenue growth rates and EBITDA margins
- The impairment review specifically the assumptions used to develop the terminal growth rate, the discount rates and the mathematical accuracy of the workings and basis for final conclusion.

We received the managements evaluation of the impairment assessment for sample investments and evaluated reasonableness of management's assumptions related to revenue growth rates, EBITDA margins and discount rates by considering (i) the current and past performance of each of the investments, (ii) the consistency of internal assumptions with external market information and

# Independent Auditors' Report (Contd..)

## Key Audit Matters (Contd..)

Key Audit Matter	Auditor's Response
to each investment which includes revenue growth rates, Earning Before Interest, Tax, Depreciation and Amortisation (EBITDA) margins, terminal growth rates and discount rates applied to estimated future cash flows.	(iii) whether these assumptions were consistent with evidence obtained in other areas of the audit and also (iv) subjected the various assumptions to certain sensitivity to key inputs and (v) testing the integrity and mathematical accuracy of the impairment models.
Refer note 3.4 for policy on "Impairment of financial assets"- Investments, note 2D on "Critical accounting estimates and assumptions" related to impairment reviews and note 6 "Investments" for disclosures related to impairment review of investments in the standalone financial statements.	We involved our internal fair value specialists to assist in the evaluation of the appropriateness of the Company's model for calculating value in use for each of the investments and reasonableness of certain significant assumptions, such as terminal growth rate and discount rate.
	We reviewed the investments disclosed in the financial statements in accordance with the Companies Act, 2013.

## Information Other than the Financial Statements and Auditor's Report Thereon

- The Company's Board of Directors is responsible for the other information. The other information comprises the information included in the Management Discussion and Analysis, Corporate Governance report, Directors' report and Business Responsibility Report, but does not include the consolidated financial statements, standalone financial statements and our auditor's report thereon.
- Our opinion on the standalone financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.
- In connection with our audit of the standalone financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the standalone financial statements or our knowledge obtained during the course of our audit or otherwise appears to be materially misstated.
- If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

## Management's Responsibility for the Standalone Financial Statements

The Company's Board of Directors is responsible for the matters stated in section 134(5) of the Act with respect to the preparation of these standalone financial statements that give a true and fair view of the financial position, financial performance including other comprehensive income, cash flows and changes in equity of the Company in accordance with the Ind AS and other accounting principles generally accepted in India. This responsibility also includes maintenance of adequate accounting records in accordance with the

provisions of the Act for safeguarding the assets of the Company and for preventing and detecting frauds and other irregularities; selection and application of appropriate accounting policies; making judgments and estimates that are reasonable and prudent; and design, implementation and maintenance of adequate internal financial controls, that were operating effectively for ensuring the accuracy and completeness of the accounting records, relevant to the preparation and presentation of the standalone financial statement that give a true and fair view and are free from material misstatement, whether due to fraud or error.

In preparing the standalone financial statements, management is responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

Those Board of Directors are also responsible for overseeing the Company's financial reporting process.

## Auditor's Responsibility for the Audit of the Standalone Financial Statements

Our objectives are to obtain reasonable assurance about whether the standalone financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these standalone financial statements.

As part of an audit in accordance with SAs, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:



## Independent Auditors' Report (Contd..)

### Auditor's Responsibility for the Audit of Standalone Financial Statements (Contd..)

- Identify and assess the risks of material misstatement of the standalone financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal financial control relevant to the audit in order to design audit procedures that are appropriate in the circumstances. Under section 143(3)(i) of the Act, we are also responsible for expressing our opinion on whether the Company has adequate internal financial controls system in place and the operating effectiveness of such controls.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the standalone financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the standalone financial statements, including the disclosures, and whether the standalone financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

Materiality is the magnitude of misstatements in the standalone financial statements that, individually or in aggregate, makes it probable that the economic decisions of a reasonably knowledgeable user of the standalone financial statements may be influenced. We consider quantitative materiality and qualitative factors in (i) planning the scope of our audit work and in evaluating the results of our work; and (ii) to evaluate the effect of any identified misstatements in the standalone financial statements.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

From the matters communicated with those charged with governance, we determine those matters that were of most significance in the audit of the standalone financial statements of the current period and are therefore the key audit matters. We describe these matters in our auditor's report unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, we determine that a matter should not be communicated in our report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.

### Other Matter

The financial information of the Company for the year ended 31 March 2020 prepared in accordance with Ind AS included in the standalone financial statements, representing the comparative and opening balances in these financial statements, were audited by the predecessor auditor. The audit report of the predecessor auditor dated 23 June 2020, on such financial information, expressed an unmodified opinion.

### Report on Other Legal and Regulatory Requirements

1. As required by section 143(3) of the Act, based on our audit we report that:
  - (a) We have sought and obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit.
  - (b) In our opinion, proper books of account as required by law have been kept by the Company.
  - (c) The Balance Sheet, the Statement of Profit and Loss including Other Comprehensive Income, the Statement of Cash Flows and Statement of Changes in Equity dealt with by this Report are in agreement with the relevant books of account.
  - (d) In our opinion, the aforesaid standalone financial statements comply with the Ind AS specified under section 133 of the Act.
  - (e) On the basis of the written representations received from the directors as on 31 March 2021 taken on record by the Board of Directors, none of the directors is disqualified as on 31 March 2021 from being appointed as a director in terms of section 164(2) of the Act.
  - (f) With respect to the adequacy of the internal financial controls over financial reporting of the Company and

# Independent Auditors' Report (Contd..)

## Report on Other Legal and Regulatory Requirements (Contd..)

the operating effectiveness of such controls, refer to our separate Report in "Annexure A". Our report expresses an unmodified opinion on the adequacy and operating effectiveness of the Company's internal financial controls over financial reporting.

- (g) With respect to the other matters to be included in the Auditor's Report in accordance with the requirements of section 197(16) of the Act, as amended, in our opinion and to the best of our information and according to the explanations given to us, the remuneration paid by the Company to its directors during the year is in accordance with the provisions of section 197 of the Act.
- (h) With respect to the other matters to be included in the Auditor's Report in accordance with Rule 11 of the Companies (Audit and Auditors) Rules, 2014, as amended in our opinion and to the best of our information and according to the explanations given to us:
  - (i) The Company has disclosed the impact of pending litigations on its financial position in its standalone financial statements;

(ii) The Company did not have any long-term contracts including derivative contracts for which there were any material foreseeable losses; and

(iii) There were no amounts which were required to be transferred to the Investor Education and Protection Fund by the Company.

- 2. As required by the Companies (Auditor's Report) Order, 2016 ("the Order") issued by the Central Government in terms of section 143(11) of the Act, we give in "Annexure B" a statement on the matters specified in paragraphs 3 and 4 of the Order.

For **Deloitte Haskins & Sells**

Chartered Accountants  
(Firm's Registration No. 0080725)

**Jaideep S. Trasi**

(Partner)

(Membership No. 211095)

(UDIN: 21211095AAAABW6440)

Place: Bengaluru

Date: 22 June 2021

## Annexure “A” to the Independent Auditor’s Report

(Referred to in paragraph 1(f) under ‘Report on Other Legal and Regulatory Requirements’ section of our report of even date)

### Report on the Internal Financial Controls Over Financial Reporting under Clause (i) of Sub-section 3 of section 143 of the Companies Act, 2013 (“the Act”)

We have audited the internal financial controls over financial reporting of Aster DM Healthcare Limited (“the Company”) as of 31 March 2021 in conjunction with our audit of the standalone Ind AS financial statements of the Company for the year ended on that date.

#### Management’s Responsibility for Internal Financial Controls

The Company’s management is responsible for establishing and maintaining internal financial controls based on the internal control over financial reporting criteria established by the Company considering the essential components of internal control stated in the Guidance Note on Audit of Internal Financial Controls Over Financial Reporting issued by the Institute of Chartered Accountants of India. These responsibilities include the design, implementation and maintenance of adequate internal financial controls that were operating effectively for ensuring the orderly and efficient conduct of its business, including adherence to the Company’s policies, the safeguarding of its assets, the prevention and detection of frauds and errors, the accuracy and completeness of the accounting records, and the timely preparation of reliable financial information, as required under the Companies Act, 2013.

#### Auditor’s Responsibility

Our responsibility is to express an opinion on the Company’s internal financial controls over financial reporting of the Company based on our audit. We conducted our audit in accordance with the Guidance Note on Audit of Internal Financial Controls Over Financial Reporting (the “Guidance Note”) issued by the Institute of Chartered Accountants of India and the Standards on Auditing prescribed under section 143(10) of the Companies Act, 2013, to the extent applicable to an audit of internal financial controls. Those Standards and the Guidance Note require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether adequate internal financial controls over financial reporting was established and maintained and if such controls operated effectively in all material respects.

Our audit involves performing procedures to obtain audit evidence about the adequacy of the internal financial controls system over financial reporting and their operating effectiveness. Our audit of internal financial controls over financial reporting included obtaining an understanding of internal financial controls over financial reporting, assessing the risk that a material weakness exists, and testing and evaluating the design and operating effectiveness of internal control based on the assessed risk. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on the Company’s internal financial controls system over financial reporting.

### Meaning of Internal Financial Controls Over Financial Reporting

A Company’s internal financial control over financial reporting is a process designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles. A Company’s internal financial control over financial reporting includes those policies and procedures that (1) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the Company; (2) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with generally accepted accounting principles, and that receipts and expenditures of the Company are being made only in accordance with authorisations of management and directors of the Company; and (3) provide reasonable assurance regarding prevention or timely detection of unauthorised acquisition, use, or disposition of the Company’s assets that could have a material effect on the financial statements.

### Inherent Limitations of Internal Financial Controls Over Financial Reporting

Because of the inherent limitations of internal financial controls over financial reporting, including the possibility of collusion or improper management override of controls, material misstatements due to error or fraud may occur and not be detected. Also, projections of any evaluation of the internal financial controls over financial reporting to future periods are subject to the risk that the internal financial control over financial reporting may become inadequate because of changes in conditions, or that the degree of compliance with the policies or procedures may deteriorate.

### Opinion

In our opinion, to the best of our information and according to the explanations given to us, the Company has, in all material respects, an adequate internal financial controls system over financial reporting and such internal financial controls over financial reporting were operating effectively as at 31 March 2021, based on the criteria for internal financial control over financial reporting established by the Company considering the essential components of internal control stated in the Guidance Note on Audit of Internal Financial Controls Over Financial Reporting issued by the Institute of Chartered Accountants of India.

For **Deloitte Haskins & Sells**  
Chartered Accountants  
(Firm’s Registration No. 008072S)

**Jaideep S. Trasi**  
(Partner)  
(Membership No. 211095)  
(UDIN: 21211095AAAABW6440)

Place: Bengaluru  
Date: 22 June 2021

## Annexure “B” to the Independent Auditor’s Report

(Referred to in paragraph 2 under ‘Report on Other Legal and Regulatory Requirements’ section of our report of even date)

- (i) (a) The Company has maintained proper records showing full particulars, including quantitative details and situation of fixed assets.
- (b) The Company has a program of verification of fixed assets to cover all the items in a phased manner over a period of 2 years which, in our opinion, is reasonable having regard to the size of the Company and the nature of its assets. Pursuant to the program, certain fixed assets were physically verified by the management during the year. According to the information and explanations given to us, no material discrepancies were noticed on such verification.
- (c) With respect to immovable properties of land and buildings that are freehold, according to the information and explanations given to us and the records examined by us and based on the examination of the registered sale deed provided to us, we report that, the title deeds of such immovable properties are held in the name of the Company as at the balance sheet date.
- (ii) As explained to us, the inventories were physically verified during the year by the management at reasonable intervals and no material discrepancies were noticed on physical verification.
- (iii) According to the information and explanations given to us, the Company has granted unsecured loans to companies, Limited Liability Partnerships covered in the register maintained under section 189 of the Companies Act, 2013, in respect of which:
  - (a) The terms and conditions of the grant of such loans are, in our opinion, prima facie, not prejudicial to the Company’s interest;
  - (b) The schedule of repayment of principal and payment of interest has been stipulated and repayments or receipts of principal amounts and interest, as applicable, have been regular as per stipulations; and
  - (c) There is no overdue amount remaining outstanding as at the balance sheet date.

- (iv) In our opinion and according to the information and explanations given to us, the Company has complied with the provisions of sections 185 and 186 of the Companies Act, 2013 in respect of grant of loans, making investments and providing guarantees and securities, as applicable.
- (v) According to the information and explanations given to us, the Company has not accepted any deposit during the year and does not have any unclaimed deposits as at 31 March 2021 and therefore the provisions of clause (v) of the Order is not applicable.
- (vi) The maintenance of cost records has been specified by the Central Government under section 148(1) of the Companies Act, 2013 in respect of healthcare services rendered. We have broadly reviewed the cost records maintained by the Company pursuant to the Companies (Cost Records and Audit) Rules, 2014, as amended prescribed by the Central Government under sub-section (1) of section 148 of the Companies Act, 2013, and are of the opinion that, prima facie, the prescribed cost records have been made and maintained. We have, however, not made a detailed examination of the cost records with a view to determine whether they are accurate or complete.
- (vii) According to the information and explanations given to us, in respect of statutory dues:
  - (a) The Company has generally been regular in depositing undisputed statutory dues, including Provident Fund, Employees’ State Insurance, Income-tax, Sales Tax, Service Tax, Customs Duty, Excise Duty, Value Added Tax, Goods and Services Tax, cess and other material statutory dues applicable to it to the appropriate authorities.
  - (b) There were no undisputed amounts payable in respect of Provident Fund, Employees’ State Insurance, Income-tax, Sales Tax, Service Tax, Customs Duty, Excise Duty, Value Added Tax, Goods and Services Tax, cess and other material statutory dues in arrears as at 31 March 2021 for a period of more than six months from the date they became payable.
  - (c) Details of dues of Income-tax which have not been deposited as on 31 March 2021 on account of disputes are given below:

Name of Statute	Nature of Dues	Forum where Dispute is Pending	Period to which the Amount Relates (financial year)	Amount involved (INR crores)	Amount remaining unpaid (INR crores)
Income Tax Act, 1961	Income tax	Commissioner of Income Tax Appeals	2011-12	0.18	0.14
Income Tax Act, 1961	Income tax	Commissioner of Income Tax Appeals	2013-14	17.22	14.63
Income Tax Act, 1961	Income tax	Commissioner of Income Tax Appeals	2014-15	2.86	2.29

## Annexure “B” to the Independent Auditors’ Report (Contd..)

- (viii) In our opinion and according to the information and explanations given to us, the Company has not defaulted in the repayment of loans or borrowings to banks. The Company did not have any loans or borrowings from financial institutions and government. The Company has not issued any debentures.
- (ix) In our opinion and according to the information and explanations given to us, money raised by way of initial public offer and the term loans have been applied by the Company during the year for the purposes for which they were raised, other than temporary deployment pending application of proceeds.
- (x) To the best of our knowledge and according to the information and explanations given to us, no fraud by the Company and no material fraud on the Company by its officers or employees has been noticed or reported during the year.
- (xi) In our opinion and according to the information and explanations given to us, the Company has paid / provided managerial remuneration in accordance with the requisite approvals mandated by the provisions of section 197 read with Schedule V to the Companies Act, 2013.
- (xii) The Company is not a Nidhi Company and hence reporting under clause (xii) of the Order is not applicable.
- (xiii) In our opinion and according to the information and explanations given to us, the Company is in compliance with section 177 and 188 of the Companies Act, 2013, where applicable, for all transactions with the related parties and the details of related party transactions have been disclosed in the financial statements etc. as required by the applicable accounting standards.
- (xiv) During the year, the Company has not made any preferential allotment or private placement of shares or fully or partly convertible debentures and hence reporting under clause (xiv) of the Order is not applicable to the Company.
- (xv) In our opinion and according to the information and explanations given to us, during the year, the Company has not entered into any non-cash transactions with its directors or directors of its holding, subsidiary or associate company or persons connected with them and hence provisions of section 192 of the Companies Act, 2013 are not applicable.
- (xvi) The Company is not required to be registered under section 45-IA of the Reserve Bank of India Act, 1934.

For **Deloitte Haskins & Sells**  
Chartered Accountants  
(Firm's Registration No. 008072S)

**Jaideep S. Trasi**  
(Partner)  
(Membership No. 211095)  
(UDIN: 21211095AAAABW6440)

Place: Bengaluru  
Date: 22 June 2021



# Standalone Balance Sheet

as at 31 March 2021

(All amounts in Indian rupee crores)

Particulars	Note	As at 31 March 2021	As at 31 March 2020
<b>Assets</b>			
<b>Non-current assets</b>			
Property, plant and equipment	4	813.56	848.26
Right-of-Use Asset	38	192.08	164.32
Capital work-in-progress		9.31	20.15
Other Intangible assets	5	3.26	3.25
Intangible assets under development	5	1.59	-
Financial assets			
Investments	6	2,150.65	2,150.42
Loans	13	138.49	119.86
Other financial assets	7	4.36	1.84
Income tax assets (net)	30	64.27	54.80
Deferred tax assets	30	-	0.74
Other non-current assets	8	12.80	16.27
<b>Total non-current assets</b>		<b>3,390.37</b>	<b>3,379.91</b>
<b>Current assets</b>			
Inventories	9	19.53	23.75
Financial assets			
Trade receivables	10	42.92	44.78
Cash and cash equivalents	11	6.79	15.55
Other bank balances	12	10.80	17.84
Loans	13	44.94	11.11
Other financial assets	7	56.63	44.29
Other current assets	8	16.64	15.77
<b>Total current assets</b>		<b>198.25</b>	<b>173.09</b>
<b>Total assets</b>		<b>3,588.62</b>	<b>3,553.00</b>
<b>Equity and liabilities</b>			
<b>Equity</b>			
Equity share capital	14	497.04	496.80
Other equity		2,367.07	2,433.80
<b>Equity attributable to owners of company</b>		<b>2,864.11</b>	<b>2,930.60</b>
<b>Liabilities</b>			
<b>Non-current liabilities</b>			
Financial liabilities			
Borrowings	15	115.08	42.71
Lease liabilities	38	237.41	199.21
Provisions	17	6.72	5.44
Deferred tax liabilities (net)	30	16.35	16.35
Other non-current liabilities	18	21.14	23.11
<b>Total non-current liabilities</b>		<b>396.70</b>	<b>286.82</b>
<b>Current liabilities</b>			
Financial liabilities			
Borrowings	15	38.71	97.50
Lease liabilities	38	11.84	4.61
Trade payables	19		
- Total outstanding dues of micro and small enterprises		0.94	1.08
- Total outstanding dues of creditors other than micro and small enterprises		136.37	115.20
Other financial liabilities	16	128.17	101.36
Other current liabilities	18	10.79	14.35
Provisions	17	0.99	1.48
<b>Total current liabilities</b>		<b>327.81</b>	<b>335.58</b>
<b>Total equity and liabilities</b>		<b>3,588.62</b>	<b>3,553.00</b>
<b>Significant accounting policies</b>	3		

The accompanying notes form an integral part of these standalone financial statements Note 1 to 46

As per our report of even date attached

for **Deloitte Haskins and Sells**  
Chartered Accountants  
Firm registration number: 0080725

**Jaideep S. Trasi**  
Partner  
Membership No.: 211095  
Bengaluru  
22 June 2021

for and on behalf of the Board of Directors of  
**Aster DM Healthcare Limited**  
CIN : L85110KA2008PLC147259

**Dr. Azad Moopen**  
Chairman and Managing Director  
DIN 00159403  
Dubai  
22 June 2021

**Sreenath Reddy**  
Chief Financial Officer  
Dubai  
22 June 2021

**T J Wilson**  
Director  
DIN 02135108  
Dubai  
22 June 2021

**Puja Aggarwal**  
Company Secretary  
Membership no. : ACS49310  
Bengaluru  
22 June 2021

# Standalone Statement of Profit and Loss for the year ended 31 March 2021

(All amounts in Indian rupee crores)

Particulars	Note	Year ended 31 March 2021	Year ended 31 March 2020
<b>Income</b>			
Revenue from operations	20	746.54	760.42
Other income	21	21.63	114.51
<b>Total income</b>		<b>768.17</b>	<b>874.93</b>
<b>Expenses</b>			
Purchases of medicines and consumables	22	181.66	184.95
Changes in inventories	23	4.22	(8.31)
Professional fees to consultant doctors	24	177.18	190.31
Laboratory outsourcing charges	25	28.54	8.18
Employee benefits expense	26	143.78	130.42
Finance costs	27	36.50	33.20
Depreciation and amortisation expenses	28	95.00	89.32
Other expenses	29	169.33	182.25
<b>Total expenses</b>		<b>836.21</b>	<b>810.32</b>
<b>Profit / (Loss) before tax</b>		<b>(68.04)</b>	<b>64.61</b>
Tax expense			
Current tax	30	-	2.28
Current tax for earlier years		-	1.59
Deferred tax	30	0.74	0.13
<b>Total Tax expense</b>		<b>0.74</b>	<b>4.00</b>
<b>Profit / (Loss) for the year</b>		<b>(68.78)</b>	<b>60.61</b>
<b>Other comprehensive income</b>			
Items that will not be reclassified subsequently to profit or loss			
Remeasurement of net defined benefit liability		0.01	(0.38)
Income tax relating to items that will not be reclassified to profit or loss		-	0.13
<b>Total comprehensive income / (Loss) for the year</b>		<b>(68.77)</b>	<b>60.36</b>
<b>Earnings per share (equity share of face value of INR 10 each)</b>	32		
Basic		(1.38)	1.21
Diluted		(1.38)	1.21
<b>Significant accounting policies</b>	3		

The accompanying notes form an integral part of these standalone financial statements Note 1 to 46

As per our report of even date attached

for **Deloitte Haskins and Sells**  
Chartered Accountants  
Firm registration number: 0080725

**Jaideep S. Trasi**  
Partner  
Membership No.: 211095  
Bengaluru  
22 June 2021

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Dubai  
22 June 2021

**Puja Aggarwal**  
Company Secretary  
Membership no. : ACS49310  
Bengaluru  
22 June 2021

# Standalone Statement of Cash Flows for the year ended 31 March 2021

(All amounts in Indian rupee crores)

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
<b>Cash flows from operating activities</b>		
<b>Profit / (Loss) before exceptional items and tax</b>	(68.04)	64.61
<i>Adjustments for</i>		
Depreciation and amortisation expenses	95.00	89.32
Finance costs	36.50	33.20
Gain / (Loss) on fair valuation of put option	14.55	(10.61)
Dividend on non-current investments	-	(91.11)
Interest income under the effective interest method	(14.73)	(5.73)
Interest income	(0.93)	(0.31)
Allowances for credit losses on financial assets	0.55	5.64
Unrealised foreign exchange loss/ (gain)	-	0.38
Equity settled share based payment expense	0.59	0.62
Gain on disposal of property, plant and equipment (net)	-	(0.02)
Loss on disposal of property, plant and equipment (net)	0.36	-
Gain on sale of investment (net)	-	*
<b>Operating cash flows before movements in working capital</b>	<b>63.85</b>	<b>85.99</b>
<b>Movements in Working capital</b>		
(Increase)/decrease in trade receivables	1.31	(15.20)
(Increase)/decrease in inventories	4.22	(8.31)
(Increase)/decrease in other financial assets and other assets	(46.49)	(0.58)
Increase/(decrease) in trade payables	21.03	56.59
Increase/(decrease) in provisions	0.79	23.01
Increase/(decrease) in other liabilities	6.42	(22.08)
<b>Cash generated from / (used in) operating activities</b>	<b>51.13</b>	<b>119.42</b>
Taxes paid, net of refund received	(9.47)	(21.42)
<b>Net cash generated from / (used in) operating activities (A)</b>	<b>41.66</b>	<b>98.00</b>
<b>Cash flows from investing activities</b>		
Proceeds from sale of investments	-	0.01
Movement in other bank balances and restricted deposits	6.52	78.41
Investments in subsidiaries	(0.23)	(18.38)
Interest received	1.52	3.84
Dividend received	-	91.11
Acquisition of intangible assets	(1.67)	(2.73)
Acquisition of property, plant and equipment	(44.50)	(112.63)
Proceeds on disposal of property, plant and equipment	0.29	0.12
<b>Net cash (used in)/ generated from investing activities (B)</b>	<b>(38.07)</b>	<b>39.75</b>
<b>Cash flows from financing activities</b>		
Proceeds from issue of equity shares	0.79	1.04
Buyback of equity shares	-	(120.00)
Expenses for buyback of equity shares	(0.97)	(1.56)
Payment of lease liabilities	(18.39)	(13.13)
Finance cost	(16.50)	(13.04)
Long term secured loans availed	86.00	30.00
Long term secured loans repaid	(4.49)	(0.91)
Current borrowings (repaid)/availed, net	(58.79)	(8.10)
<b>Net cash (used in) financing activities (C)</b>	<b>(12.35)</b>	<b>(125.70)</b>
<b>Net (decrease) / increase in cash and cash equivalents (A+B+C)</b>	<b>(8.76)</b>	<b>12.05</b>
Effect of exchange rate differences on translation of foreign currency cash and cash equivalents	-	0.01
<b>Cash and cash equivalents at the beginning of the year</b>	<b>15.55</b>	<b>3.49</b>
<b>Cash and cash equivalents at the end of the year</b>	<b>6.79</b>	<b>15.55</b>

## Standalone Statement of Cash Flows (Contd.) for the year ended 31 March 2021

(All amounts in Indian rupee crores)

### Changes in liabilities arising from financing activities for the year ended 31 March 2021

	As at 1 April 2020	Cash inflows	Cash outflows	Non cash changes Fair value/ other changes	Foreign exchange	As at 31 March 2021
Non-current borrowings (including current maturities)	47.67	86.00	(4.49)	-	-	129.18
Current borrowings	97.50	-	(58.79)	-	-	38.71
Lease liabilities	203.82	-	18.39	63.82	-	249.25
<b>Total</b>	<b>348.99</b>	<b>86.00</b>	<b>81.67</b>	<b>63.82</b>	<b>-</b>	<b>417.14</b>

### Changes in liabilities arising from financing activities for the year ended 31 March 2020

	As at 1 April 2019	Cash inflows	Cash outflows	Non cash changes Fair value/ other changes	Foreign exchange	As at 31 March 2020
Non-current borrowings (including current maturities)	18.58	30.00	(0.91)	-	-	47.67
Current borrowings	105.22	-	(8.10)	-	0.38	97.50
Lease liabilities	-	-	(13.13)	216.95	-	203.82
<b>Total</b>	<b>123.80</b>	<b>30.00</b>	<b>(22.14)</b>	<b>216.95</b>	<b>0.38</b>	<b>348.99</b>

\*Amount is below the rounding off norms adopted by the Company.

(Refer to note 11 - Cash and cash equivalents)

The accompanying notes form an integral part of these standalone financial statements Note 1 to 46

As per our report of even date attached

for **Deloitte Haskins and Sells**

Chartered Accountants

Firm registration number: 008072S

**Jaideep S. Trasi**

Partner

Membership No.: 211095

Bengaluru

22 June 2021

for and on behalf of the Board of Directors of

**Aster DM Healthcare Limited**

CIN : L85110KA2008PLC147259

**Dr. Azad Moopen**

Chairman and Managing Director

DIN 00159403

Dubai

22 June 2021

**Sreenath Reddy**

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22 June 2021

**T J Wilson**

Director

DIN 02135108

Dubai

22 June 2021

**Puja Aggarwal**

Company Secretary

Membership no. : ACS49310

Bengaluru

22 June 2021

# Standalone Statement of Changes in Equity

for the year ended 31 March 2021

(All amounts in Indian rupee crores)

## A Equity share capital

Particulars	Note	Equity shares (in crores)	Amount
<b>Balance as at 1 April 2019</b>		<b>50.22</b>	<b>502.23</b>
Changes in equity share capital during 2019-20	14	(0.54)	(5.43)
<b>As at 31 March 2020</b>		<b>49.68</b>	<b>496.80</b>
Changes in equity share capital during 2020-21	14	0.02	0.24
<b>As at 31 March 2021</b>		<b>49.70</b>	<b>497.04</b>

## B Other equity

Particulars	Other components of equity	Reserves and surplus				Items of other comprehensive income	Total other equity attributable to equity holders of the Company
		Securities premium	Capital Redemption reserve	General reserve	Share options outstanding account	Remeasurement of net defined benefit liability/ (asset), net of tax	
<b>Balance as at 1 April 2019</b>	<b>374.38</b>	<b>2,313.83</b>	<b>-</b>	<b>7.04</b>	<b>13.78</b>	<b>(230.98)</b>	<b>2,478.05</b>
<b>Total comprehensive income for the year ended</b>							
<b>31 March 2020</b>							
Profit for the year	-	-	-	-	-	-	60.61
Other comprehensive income / (loss) for the year, net of tax	-	-	-	-	-	(0.25)	(0.25)
<b>Total comprehensive income / (loss)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(0.25)</b>	<b>60.36</b>
<b>Transferred to Retained earnings</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(0.25)</b>	<b>0.25</b>	<b>-</b>
<b>Transactions with owners, recorded directly in equity</b>							
Equity settled share based payment expense	-	-	-	-	1.19	-	1.19
Allotment of Equity shares by ESOP Trust	-	1.53	-	-	-	-	1.53
Adjustment on initial application of Ind AS 116, net of tax	-	-	-	-	-	-	9.30
Buyback of equity shares, net of tax (Refer note 14)	-	(120.00)	5.71	-	-	-	(114.29)
Buyback expenses	-	-	-	-	-	(1.56)	(1.56)
Issue of equity shares	-	3.43	-	-	(4.21)	-	(0.78)
<b>Total contributions by and distributions to owners</b>	<b>-</b>	<b>(115.04)</b>	<b>5.71</b>	<b>-</b>	<b>(3.02)</b>	<b>0.25</b>	<b>(104.61)</b>
<b>Balance as at 31 March 2020</b>	<b>374.38</b>	<b>2,198.79</b>	<b>5.71</b>	<b>7.04</b>	<b>10.76</b>	<b>-</b>	<b>2,433.80</b>



# Standalone Statement of Changes in Equity (Contd..)

for the year ended 31 March 2021

(All amounts in Indian rupee crores)

## B Other equity (continued)

Particulars	Other components of equity	Reserves and surplus				Items of other comprehensive income	Total other equity attributable to equity holders of the Company
		Securities premium	Capital Redemption reserve	General reserve	Share options outstanding account	Remeasurement of net defined benefit liability/ (asset), net of tax	
<b>Balance as at 1 April 2020</b>	<b>374.38</b>	<b>2198.79</b>	<b>5.71</b>	<b>7.04</b>	<b>10.76</b>	<b>(162.88)</b>	<b>2,433.80</b>
<b>Total comprehensive income for the year ended 31 March 2021</b>		-					
(Loss) for the year	-	-	-	-	-	(68.78)	(68.78)
Other comprehensive income / (loss) for the year, net of tax	-	-	-	-	-	0.01	0.01
<b>Total comprehensive income / (loss)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(68.78)</b>	<b>(68.77)</b>
Transferred to Retained earnings	-	-	-	-	-	0.01	-
<b>Transactions with owners, recorded directly in equity</b>							
Equity settled share based payment expense	-	-	-	-	2.46	-	2.46
Allotment of Equity shares by ESOP Trust	-	1.26	-	-	-	-	1.26
Buyback expenses	-	-	-	-	-	(0.97)	(0.97)
Issue of equity shares	-	-	-	-	(0.71)	-	(0.71)
<b>Total contributions by and distributions to owners</b>	<b>-</b>	<b>1.26</b>	<b>-</b>	<b>-</b>	<b>1.75</b>	<b>(0.96)</b>	<b>2.04</b>
<b>Balance as at 31 March 2021</b>	<b>374.38</b>	<b>2200.05</b>	<b>5.71</b>	<b>7.04</b>	<b>12.51</b>	<b>(232.62)</b>	<b>2,367.07</b>

The description of the nature and purpose of each reserve within equity is as follows:

**Other components of equity** represent the equity component of compulsorily convertible preference shares. Refer note 14.

**Securities premium** is used to record the premium received on issue of shares. It is utilised in accordance with the provisions of the Companies Act, 2013.

**Capital Redemption Reserve** is created out of the Securities Premium/General Reserve, a sum equal to nominal value of the share capital extinguished on buy back of fully paid up own equity shares of the Company. The amount credited to such account may be applied in paying up unissued shares of the Company to be issued to members of the Company as fully paid bonus shares.

## Standalone Statement of Changes in Equity (Contd..) for the year ended 31 March 2021

(All amounts in Indian rupee crores)

**Share options outstanding:** The Company has established share based payment for eligible employees of the Company and its subsidiaries. Also refer note 40 for further details on these plans.

**General reserve** is used from time to time to transfer profits from retained earnings for appropriate purposes.

The accompanying notes form an integral part of these standalone financial statements Note 1 to 46

As per our report of even date attached

for **Deloitte Haskins and Sells**

Chartered Accountants

Firm registration number: 0080725

**Jaideep S. Trasi**

Partner

Membership No.: 211095

Bengaluru

22 June 2021

for and on behalf of the Board of Directors of

**Aster DM Healthcare Limited**

CIN : L85110KA2008PLC147259

**Dr. Azad Moopen**

Chairman and Managing Director

DIN 00159403

Dubai

22 June 2021

**Sreenath Reddy**

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22 June 2021

**T J Wilson**

Director

DIN 02135108

Dubai

22 June 2021

**Puja Aggarwal**

Company Secretary

Membership no. : ACS49310

Bengaluru

22 June 2021

# Notes to the Standalone Financial Statements

(All amounts in Indian rupee crores)

## 1. Company overview

Aster DM Healthcare Limited ("the Company") primarily carries on the business of rendering healthcare and allied services in India. The Company was converted into a public limited company with effect from 1 January 2015 and had its primary listing done on 26 February 2018, on the Bombay Stock Exchange Limited and National Stock Exchange Limited. The registered office of the Company was moved from Kochi, Kerala, India to Bangalore, Karnataka, India with effect from 10 May 2021.

The Company is primarily involved in the operations of healthcare facilities, retail pharmacies, and providing consultancy in areas relating to healthcare. The Company has subsidiaries in United Arab Emirates ('UAE'), Kingdom of Saudi Arabia (KSA), Oman, Qatar, Jordan, Bahrain and India.

## 2. Basis of preparation

### A. Statement of compliance

These standalone financial statements have been prepared in accordance with the Indian Accounting Standards ("Ind AS") as per the Companies (Indian Accounting Standards) Rules, 2015, as amended, and the relevant amended rules prescribed under Section 133 of the Companies Act, 2013, read with relevant rules issued thereunder.

The standalone financial statements were authorised for issue by the Company's Board of Directors on 22 June 2021.

Details of the Company's accounting policies are included in Note 3.

### B. Functional and presentation currency

These standalone financial statements are presented in Indian Rupees (INR), which is also the Company's functional currency. All amounts are presented in Indian Rupees in crores, unless otherwise stated.

### C. Basis of measurement

The standalone financial statements have been prepared on the historical cost basis except for the following items:

Items	Measurement basis
Certain financial assets and liabilities (including derivatives instruments)	Fair value
Liabilities for equity-settled share-based payment arrangements	Fair value
Net defined benefit liability	Fair value of plan asset less present value of defined benefit obligations

### D. Use of estimates and judgements

In preparing these standalone financial statements, management has made judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income, and expenses. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed by the management on an ongoing basis. Revisions to accounting estimates are recognised prospectively.

### Judgements, Assumptions and estimation uncertainties

Information about judgements, assumptions and estimation uncertainties that have a significant risk of resulting in a material adjustment in the year ended 31 March 2021 is included in the following notes:

- Note 4 and 5 - Measurement of useful life and residual value of property, plant and equipment and intangible assets;
- Note 6 - Impairment of investment in subsidiaries and associates
- Note 37 - Measurement of defined benefit obligations: key actuarial assumptions;
- Note 30 - Recognition of deferred tax asset: availability of future taxable profit against which tax losses carried forward can be used;
- Note 31 - Recognition and measurement of provisions and contingencies: key assumptions about the likelihood and magnitude of an outflow of resources;
- Note 36 - Impairment of financial assets;
- Note 38 - Leases
- Note 40 - Employee share-based payment expenses

### Estimation uncertainties relating to COVID-19

In March 2020, the World Health Organisation declared COVID-19 to be a pandemic. This pandemic resulted in disruption to regular business operations due to lockdown, disruptions in transportation, travel bans, quarantines, social distancing and other emergency measures imposed by the government. The Company adopted measures to curb the spread of infection in order to protect the health of its employees and ensure business continuity with minimal disruption and has considered available internal and external information upto the date of approval of the financial statements by the Board of Directors. The Company has used the principles of prudence in applying judgements, estimates and assumptions including sensitivity analysis and the Company has evaluated impact of the pandemic in assessing the recoverability of property plant and equipment (including Capital work in progress), investments, intangibles,

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 2. Basis of preparation (continued)

inventories, receivables and other assets based on its review of current indicators of future economic conditions. Based on current estimates, including the availability of financing facilities for maintaining liquidity, the Company expects to fully recover the carrying amount of these assets. Further, the Company has taken various measures to reduce its fixed cost - for example, salary reductions, optimization of administrative, sales and marketing costs, deferment of capex along with judicious resource allocation and requesting for the waiver of minimum guarantee fee and revenue share for hospital premises taken on lease. The eventual outcome of impact of the global health pandemic may be different from that which has been estimated as on the date of approval of these financial statements. The Company will continue to monitor any material changes to future economic conditions and the consequent impact on its business, if any, and any significant impact of these changes would be recognized in the financial statements as and when these material changes to economic conditions arise.

### a. Measurement of fair values

A number of the Company's accounting policies and disclosures require the measurement of fair values, for both financial and non-financial assets and liabilities. The Company has an established control framework with respect to the measurement of fair values. Significant valuation issues are reported to the Company's audit committee.

Fair values are categorised into different levels in a fair value hierarchy based on the inputs used in the valuation techniques as follows:

- Level 1: quoted prices (unadjusted) in active markets for identical assets or liabilities.
- Level 2: inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly (i.e., as prices) or indirectly (i.e., derived from prices).
- Level 3: inputs for the asset or liability that are not based on observable market data (unobservable inputs).

When measuring the fair value of an asset or a liability, the Company uses observable market data as far as possible. If the inputs used to measure the fair value of an asset or a liability fall into different levels of the fair value hierarchy, then the fair value measurement is categorised in its entirety in the same level of the fair value hierarchy as the lowest level input that is significant to the entire measurement.

The Company recognises transfers between levels of the fair value hierarchy at the end of the reporting period during which the change has occurred.

Further information about the assumptions made in measuring fair values is included in the following notes:

- Share-based payment arrangements
- Financial instruments
- Fair value of property, plant and equipment and intangible assets

### b. Recent Accounting Pronouncements

#### Amendments

Ministry of Corporate Affairs ("MCA") notifies new standard or amendments to the existing standards. There is no such notification which would have been applicable from 1 April 2021.

On 24 March 2021, the Ministry of Corporate Affairs (MCA) through a notification, amended Schedule III of the Companies Act, 2013. The amendments revise Division I, II and III of Schedule III and are applicable from April 1, 2021. The Company is evaluating the effect of the amendments on its financial statements.

## 3. Significant accounting policies

### 3.1 Property, plant and equipment

#### i. Recognition and measurement

Items of property, plant and equipment are measured at cost, which includes capitalised borrowing costs, less accumulated depreciation and accumulated impairment losses, if any.

Cost of an item of property, plant and equipment comprises its purchase price, including import duties and non-refundable purchase taxes, after deducting trade discounts and rebates, any directly attributable cost of bringing the item to its working condition for its intended use and estimated costs of dismantling and removing the item and restoring the site on which it is located.

The cost of a self-constructed item of property, plant and equipment comprises the cost of materials and direct labour, any other costs directly attributable to bringing the item to working condition for its intended use, and estimated costs of dismantling and removing the item and restoring the site on which it is located.

If significant parts of an item of property, plant and equipment have different useful lives, then they are accounted for as separate items (major components) of property, plant and equipment.

Any gain or loss on disposal of an item of property, plant and equipment is recognised in the standalone statement of profit and loss.

## Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

### 3. Significant accounting policies (continued)

Advances paid towards the acquisition of property, plant and equipment, outstanding at each balance sheet date are shown under other non-current assets. The cost of property, plant and equipment not ready for its intended use at each balance sheet date are disclosed as capital work-in-progress.

#### ii. Subsequent expenditure and derecognition

Subsequent expenditure is capitalised only if it is probable that the future economic benefits associated with the expenditure will flow to the Company.

An item of property, plant and equipment is derecognised upon disposal or when no future economic benefits are expected to arise from the continued use of the asset. The gain or loss arising on the disposal or retirement of an asset is determined as the difference between the net disposal proceeds and the carrying amount of the asset and is recognised in standalone statement of profit and loss.

#### iii. Depreciation

Depreciation on property, plant and equipment are provided on the straight-line method over the useful lives of the assets estimated by the Management. Depreciation for assets purchased / sold during a period is proportionately charged. Leasehold improvements are amortized over the lease term or useful lives of assets, whichever is lower. The estimated useful lives of items of property, plant and equipment for the current and comparative periods are as follows:

Class of assets	Useful life
Buildings	60
Plant and equipment	15
Medical equipment*	10-13
Motor vehicles *	5
Computer equipment	3
Servers and networks	6
Furniture and fixtures *	5-10
Electrical equipment	10

\*For the above-mentioned classes of assets, the Company believes that the useful lives as given above best represent the useful lives of these assets based on internal assessment and supported by technical advice, where necessary, which is different from the useful lives as prescribed under Part C of Schedule II of the Companies Act, 2013.

Depreciation method, useful lives and residual values are reviewed at each financial year-end and adjusted if appropriate.

### 3.2 Intangible assets

#### Intangible assets – acquired separately

Intangible assets with finite useful lives that are acquired separately are carried at cost less accumulated amortisation

and accumulated impairment losses. Intangible assets are amortised over their respective individual estimated useful lives on a straight-line basis, commencing from the date the asset is available to the Company for its use and is included in depreciation and amortisation expenses in standalone statement of profit and loss. The estimated useful life and amortisation method are reviewed at the end of each reporting period, with the effect of any changes in estimate being accounted for on a prospective basis.

The estimated useful lives are as follows:

Class of assets	Years
Software	3
Trademarks	3

The estimated useful life of an identifiable intangible asset is based on a number of factors including the effects of obsolescence, demand, competition and other economic factors (such as the stability of the industry and known technological advances) and the level of maintenance expenditures required to obtain the expected future cash flows from the asset.

An intangible asset is derecognised on disposal, or when no future economic benefits are expected from use or disposal. Gains or losses arising from derecognition of an intangible asset, measured as the difference between the net disposal proceeds and the carrying amount of the asset, are recognised in standalone statement of profit and loss when the asset is derecognised.

#### Internally-generated intangible assets – research and development expenditure

Expenditure on research activities is recognised as an expense in the period in which it is incurred.

An internally-generated intangible asset arising from development (or from the development phase of an internal project) is recognised if, and only if, all of the following conditions have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use or sale;
- the intention to complete the intangible asset and use or sell it;
- the ability to use or sell the intangible asset;
- how the intangible asset will generate probable future economic benefits;
- the availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset; and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.



# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 3. Significant accounting policies (continued)

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the intangible asset first meets the recognition criteria listed above. Where no internally-generated intangible asset can be recognised, development expenditure is recognised in standalone statement of profit and loss in the period in which it is incurred.

Subsequent to initial recognition, internally-generated intangible assets are reported at cost less accumulated amortisation and accumulated impairment losses, on the same basis as intangible assets that are acquired separately.

Subsequent expenditure is capitalised only when it increases the future economic benefits embodied in the specific asset to which it relates. All other expenditure is recognised in standalone statement of profit and loss as incurred.

An intangible asset is derecognised on disposal, or when no future economic benefits are expected from use or disposal. Gains or losses arising from derecognition of an intangible asset, measured as the difference between the net disposal proceeds and the carrying amount of the asset, are recognised in standalone statement of profit and loss when the asset is derecognised.

### 3.3 Inventories

Inventories are measured at the lower of cost and net realisable value. The cost of inventories comprises purchase price, and other cost incurred in bringing the inventories to their present location and condition. The Company uses the weighted average method to determine the cost of inventory consisting of medicines and medical consumables.

Net realisable value is the estimated selling price in the ordinary course of business less the estimated costs of completion and the estimated costs necessary to make the sale. The comparison of cost and net realisable values is made on an item-by-item basis.

### 3.4 Impairment

#### i. Impairment of financial assets

The Company recognises loss allowances for expected credit losses (ECL) on financial assets measured at amortised cost.

At each reporting date, the Company assesses whether financial assets carried at amortised cost are credit impaired. A financial asset is 'credit impaired' when one or more events that have a detrimental impact on the estimated future cash flows of the financial asset have occurred.

The Company always measures the loss allowance for trade receivables at an amount equal to lifetime ECL. The expected credit losses on trade receivables are estimated

using a provision matrix by reference to past default experience of the debtors and an analysis of the debtors' current financial position, adjusted for factors that are specific to the debtors, general economic conditions of the industry in which the debtors operate, and an assessment of both the current as well as the forecast direction of conditions at the reporting date.

In all cases, the maximum period considered when estimating expected credit losses is the maximum contractual period over which the Company is exposed to credit risk.

#### Measurement of expected credit losses

Expected credit losses are a probability weighted estimate of credit losses. Credit losses are measured as the present value of all cash shortfalls (i.e., the difference between the cash flows due to the Company in accordance with the contract and the cash flows that the Company expects to receive).

#### Presentation of allowance for expected credit losses in the standalone balance sheet:

Loss allowances for financial assets measured at amortised cost are deducted from the gross carrying amount of the assets.

#### Write-off:

The gross carrying amount of a financial asset is written off (either partially or in full) to the extent that there is no realistic prospect of recovery. This is generally the case when the Company determines that the debtor does not have assets or sources of income that could generate sufficient cash flows to repay the amounts subject to the write off.

#### ii. Impairment of non- financial assets

The Company's non-financial assets, other than inventories and deferred tax assets, are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, then the asset's recoverable amount is estimated to determine the extent of impairment loss, if any.

For impairment testing, assets that do not generate independent cash inflows are grouped together into cash-generating units (CGUs). Each CGU represents the smallest group of assets that generates cash inflows that are largely independent of the cash inflows of other assets or CGUs.

The recoverable amount of a CGU (or an individual asset) is the higher of its value in use and its fair value less costs to sell. Value in use is based on the estimated future cash flows, discounted to their present value using a pre-tax

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 3. Significant accounting policies (continued)

discount rate that reflects current market assessments of the time value of money and the risks specific to the CGU (or the asset).

Intangible assets and property, plant and equipment are evaluated for recoverability whenever events or changes in circumstances indicate that their carrying amounts may not be recoverable. For the purpose of impairment testing, the recoverable amount i.e., the higher of the fair value less cost to sell and the value-in-use is determined on an individual asset basis unless the asset does not generate cash flows that are largely independent of those from other assets. In such cases, the recoverable amount is determined for the CGU to which the asset belongs.

If such assets are considered to be impaired, the impairment to be recognized in the standalone statement of profit and loss is measured by the amount by which the carrying value of the assets exceeds the estimated recoverable amount of the asset.

An impairment loss is reversed in the standalone statement of profit and loss if there has been a change in the estimates used to determine the recoverable amount. The carrying amount of the asset is increased to its revised recoverable amount, provided that this amount does not exceed the carrying amount that would have been determined (net of any accumulated amortization or depreciation) had no impairment loss been recognized for the asset in prior years.

### 3.5 Employee benefits

#### Short-term employee benefits

Employee benefits payable wholly within twelve months of receiving employee services are classified as short-term employee benefits. These benefits include salaries and wages, bonus and ex-gratia. Short-term employee benefit obligations are measured on an undiscounted basis and are expensed as the related service is provided. A liability is recognised for the amount expected to be paid e.g., under short-term cash bonus, if the Company has a present legal or constructive obligation to pay this amount as a result of past service provided by the employee and the amount of obligation can be estimated reliably.

#### Post-employment benefits

##### Defined contribution plans

A defined contribution plan is a post-employment benefit plan under which an entity pays fixed contributions and will have no legal or constructive obligation to pay further amounts. The Company makes specified monthly contributions towards Government administered provident fund scheme. Obligations for contributions to defined contribution plans are recognised as an employee benefit expense in standalone statement of

profit and loss in the periods during which the related services are rendered by employees.

##### Defined Benefit plans

Under a defined benefit plan, it is the Company's obligation to provide agreed benefits to the employees.

The calculation of defined benefit obligation is performed annually by a qualified actuary using the projected unit credit method.

Re-measurements of the net defined benefit liability, which comprise actuarial gains and losses are recognised in other comprehensive income (OCI) in the period in which they occur. Remeasurements of the net defined benefit liability (asset) recognised in other comprehensive income shall not be reclassified to standalone statement of profit and loss in a subsequent period. However, the Company transfers those amounts recognised in other comprehensive income within equity. The Company determines the net interest expense on the net defined benefit liability for the period by applying the discount rate used to measure the defined benefit obligation at the beginning of the annual period to the then-net defined benefit liability, taking into account any changes in the net defined benefit liability during the period as a result of contributions and benefit payments. Net interest expense and other expenses related to defined benefit plans are recognised in standalone statement of profit and loss.

##### Other long term employee benefits

The Company's net obligation in respect of long-term employee benefits other than post-employment benefits is the amount of future benefit that employees have earned in return for their service in the current and prior periods; that benefit is discounted to determine its present value, and the fair value of any related assets is deducted. The obligation is measured on the basis of an annual independent actuarial valuation using the projected unit credit method. Remeasurement gains or losses are recognised in other comprehensive income in the period in which they arise.

##### Compensated absences

With effect from 31 March 2020, the Company does not have any long-term employee benefits under compensated absences due to change in policy for compensated absences.

##### Share- based payment transactions

The grant date fair value of equity settled share-based payment awards granted to employees is recognised as an employee expense, with a corresponding increase in equity, over the period that the employees unconditionally become entitled to the awards. The amount recognised as expense is based on the estimate of the number of awards for which the related service and non-market vesting conditions are expected to be met, such that the amount ultimately recognised as an expense is based

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 3. Significant accounting policies (continued)

on the number of awards that do meet the related service and non-market vesting conditions at the vesting date. For share-based payment awards with non-vesting conditions, the grant date fair value of the share-based payment is measured to reflect such conditions and there is no true-up for differences between expected and actual outcomes.

### 3.6 Provisions (other than employee benefits)

A provision is recognised if, as a result of a past event, the Company has a present legal or constructive obligation that can be estimated reliably, and it is probable that an outflow of economic benefits will be required to settle the obligation. The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at the reporting date, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows (when the effect of the time value of money is material).

A contract is considered to be onerous when the expected economic benefits to be derived by the Company from the contract are lower than the unavoidable cost of meeting its obligations under the contract. The provision for an onerous contract is measured at the present value of the lower of the expected cost of terminating the contract and the expected net cost of continuing with the contract. Before such a provision is made, the Company recognises any impairment loss on the assets associated with that contract.

### 3.7 Revenue

#### Revenue from contract with customers

The Company generates revenue from rendering of medical and healthcare services, sale of medicines and other related activities. Ind AS 115, Revenue from Contracts with Customers, establishes a comprehensive framework for determining whether, how much and when revenue is recognised. Under Ind AS 115, revenue is recognised when a customer obtains control of the goods or services.

#### Disaggregation of revenue

The Company disaggregates revenue from hospital services (medical and healthcare services), sale of medicines and other operating income. The Company believes that this disaggregation best depicts how the nature, amount, timing and uncertainty of Company's revenues and cash flows are affected by industry, market and other economic factors.

#### Contract balances

The Company classifies the right to consideration in exchange for sale of services where invoice is raised as trade receivables, where invoice has not been raised as unbilled revenue and advance consideration as advance from customers.

#### Performance obligations and revenue recognition policies

Revenue is measured based on the consideration specified in a contract with a customer. The Company recognises revenue when it transfers control over a good or service to a customer. The following details provide information about the nature and timing of the satisfaction of performance obligations in contracts with customers, including significant payment terms, and the related revenue recognition policies.

#### a) Medical and healthcare services

The Company's revenue from medical and healthcare services comprises of income from hospital services.

Revenue from hospital services to patients is recognised as revenue when the related services are rendered unless significant future uncertainties exist. Revenue is also recognised in relation to the services rendered to the patients who are undergoing treatment/ observation on the balance sheet date to the extent of the services rendered. Revenue is recognised net of discounts and concessions given to the patients.

Unbilled receivable represents value to the extent of medical and healthcare services are rendered to the patients who are undergoing treatment/observation on the balance sheet date and is not billed as at the balance sheet date.

#### b) Sale of medicines

Revenue from sale of medical consumables and medicines within the hospital premises is recognised when the control in the goods are transferred to the customer and no significant uncertainty exists regarding the amount of the consideration that will be derived from the sale of the goods and regarding its collection. The amount of revenue recognised is net of sales returns, taxes and duties, wherever applicable.

#### c) Other operating income

The Company's revenue from other operating income comprises primarily of canteen sales (sales of food and beverages), revenue from courses conducted at the hospital, income from revenue sharing agreements.

Revenue from services rendered is based on the agreements/ arrangements with the customers as the service is performed. Income from sale of food and beverages is recognised at a point in time when control is transferred.

### 3.8 Foreign currency transactions

Transactions in foreign currencies are translated into the functional currency of the Company at the exchange rates at the dates of the transactions or an average rate if the average rate approximates the actual rate at the date of the transaction.

Monetary assets and liabilities denominated in foreign currencies are translated into the functional currency at the exchange rate at the reporting date. Non-monetary assets and

## Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

### 3. Significant accounting policies (continued)

liabilities that are measured at fair value in a foreign currency are translated into the functional currency at the exchange rate when the fair value was determined. Non-monetary assets and liabilities that are measured based on historical cost in a foreign currency are translated at the exchange rate at the date of the transaction. Exchange differences are recognised in standalone statement of profit and loss.

#### 3.9 Leases

##### Determining whether an arrangement contains a lease

At inception of an arrangement, it is determined whether the arrangement is or contains a lease. At inception or on reassessment of the arrangement that contains a lease, the payments and other consideration required by such an arrangement are separated into those for the lease and those for other elements on the basis of their relative fair values.

##### i. Company as a lessee

The Company accounts for each lease component within the contract as a lease separately from non-lease components of the contract and allocates the consideration in the contract to each lease component on the basis of the relative stand-alone price of the lease component and the aggregate stand-alone price of the non-lease components.

The Company recognises right-of-use asset representing its right to use the underlying asset for the lease term at the lease commencement date. The cost of the right-of-use asset measured at inception shall comprise of the amount of the initial measurement of the lease liability adjusted for any lease payments made at or before the commencement date less any lease incentives received, plus any initial direct costs incurred and an estimate of costs to be incurred by the lessee in dismantling and removing the underlying asset or restoring the underlying asset or site on which it is located. The right-of-use assets is subsequently measured at cost less any accumulated depreciation, accumulated impairment losses, if any and adjusted for any remeasurement of the lease liability. The right-of-use assets is depreciated using the straight-line method from the commencement date over the shorter of lease term or useful life of right-of-use asset. The estimated useful lives of right-of-use assets are determined on the same basis as those of property, plant and equipment. Right-of-use assets are tested for impairment whenever there is any indication that their carrying amounts may not be recoverable. Impairment loss, if any, is recognised in the standalone statement of profit and loss.

The Company measures the lease liability at the present value of the lease payments that are not paid at the commencement date of the lease. The lease payments are discounted using the interest rate implicit in the lease,

if that rate can be readily determined. If that rate cannot be readily determined, the Company uses incremental borrowing rate. The lease payments shall include fixed payments, variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date, residual value guarantees, exercise price of a purchase option where the Company is reasonably certain to exercise that option and payments of penalties for terminating the lease, if the lease term reflects the lessee exercising an option to terminate the lease. The lease liability is subsequently remeasured by increasing the carrying amount to reflect interest on the lease liability, reducing the carrying amount to reflect the lease payments made and remeasuring the carrying amount to reflect any reassessment or lease modifications or to reflect revised in-substance fixed lease payments. The Company recognises the amount of the re-measurement of lease liability due to modification as an adjustment to the right-of-use asset and standalone statement of profit and loss depending upon the nature of modification. Where the carrying amount of the right-of-use asset is reduced to zero and there is a further reduction in the measurement of the lease liability, the Company recognises any remaining amount of the re-measurement in standalone statement of profit and loss.

The Company has elected not to apply the requirements of Ind AS 116, Leases, to short-term leases of all assets that have a lease term of 12 months or less. The lease payments associated with these leases are recognized as an expense on a straight-line basis over the lease term.

Variable rents that do not depend on an index or rate are not included in the measurement of the lease liability and the right-of-use asset. The related payments are recognised as an expense in the period in which the event or condition that triggers those payments occurs and are included in the line "Other expenses" in the standalone statement of profit and loss.

##### ii. Company as a lessor

At the inception of the lease the Company classifies each of its leases as either an operating lease or a finance lease. Whenever the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee, the contract is classified as a finance lease. All other leases are classified as operating leases. The Company recognises lease payments received under operating leases as income on a straight-line basis over the lease term. In case of a finance lease, finance income is recognised over the lease term based on a pattern reflecting a constant periodic rate of return on the lessor's net investment in the lease.

Amounts due from lessees under finance leases are recognised as receivables at the amount of the Company's net investment in the leases. When the Company is an

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 3. Significant accounting policies (continued)

intermediate lessor, it accounts for its interests in the head lease and the sub-lease separately. It assesses the lease classification of a sub-lease with reference to the right-of-use asset arising from the head lease, not with reference to the underlying asset. If a head lease is a short-term lease to which the Company applies the exemption described above, then it classifies the sub-lease as an operating lease.

If an arrangement contains lease and non-lease components, the Company applies Ind AS 115 Revenue from contracts with customers to allocate the consideration in the contract.

### iii. Impact of COVID-19

The Company does not foresee any large-scale contraction in demand which could result in significant down-sizing of its employee base rendering the physical infrastructure redundant. The leases that the Company has entered with lessors are long term in nature and changes in terms of those leases expected due to the COVID-19 are not expected to have impact in the financial statements for the year ended 31 March 2021.

The Company has adopted the amendments to Ind AS 116 for the first time in the current year. The amendments provide practical relief to lessees in accounting for rent concessions occurring as a direct consequence of COVID-19, by introducing a practical expedient to Ind AS 116. The practical expedient permits a lessee to elect not to assess whether a COVID-19-related rent concession is a lease modification. A lessee that makes this election shall account for any change in lease payments resulting from the COVID-19-related rent concession the same way it would account for the change applying Ind AS 116 if the change were not a lease modification.

The practical expedient applies only to rent concessions occurring as a direct consequence of COVID-19 and only if all of the following conditions are met:

- (a) The change in lease payments results in revised consideration for the lease that is substantially the same as, or less than, the consideration for the lease immediately preceding the change;
- (b) Any reduction in lease payments affects only payments originally due on or before 30 June 2021 (a rent concession meets this condition if it results in reduced lease payments on or before 30 June 2021 and increased lease payments that extend beyond 30 June 2021); and
- (c) There is no substantive change to other terms and conditions of the lease.

The Company has applied the practical expedient retrospectively to all eligible rent concessions and has not restated prior period figures.

### 3.10 Recognition of dividend income, interest income or interest expense

Dividend income is recognised in standalone statement of profit and loss on the date on which the right to receive payment is established.

Interest on deployment of surplus funds is recognized using the time proportionate method, based on the transactional interest rates.

Interest income or expense is recognised using the effective interest method.

The 'effective interest rate' is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial instrument to the gross carrying amount of the financial asset or the amortised cost of the financial liability.

In calculating interest income and expense, the effective interest rate is applied to the gross carrying amount of the asset (when the asset is not credit-impaired) or to the amortised cost of the liability.

### 3.11 Income tax

Income tax comprises current and deferred tax. It is recognised in standalone statement of profit and loss except to the extent that it relates to an item recognised directly in equity or in other comprehensive income.

#### i. Current tax

Current tax comprises the expected tax payable or receivable on the taxable income or loss for the year and any adjustment to the tax payable or receivable in respect of previous years. The amount of current tax reflects the best estimate of the tax amount expected to be paid or received after considering the uncertainty, if any, related to income taxes. It is measured using tax rates (and tax laws) enacted or substantively enacted by the reporting date.

Current tax assets and current tax liabilities are offset only if there is a legally enforceable right to set off the recognised amounts, and it is intended to realise the asset and settle the liability on a net basis or simultaneously.

A provision is recognised for those matters for which the tax determination is uncertain but it is considered probable that there will be a future outflow of funds to a tax authority. The provisions are measured at the best estimate of the amount expected to become payable. The assessment is based on the judgement of tax professionals within the Company supported by previous experience in respect of such activities and in certain cases based on specialist independent tax advice.



# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 3. Significant accounting policies (continued)

### ii. Deferred tax

Deferred tax is recognised in respect of temporary differences between the carrying amounts of assets and liabilities for financial reporting purposes and the corresponding tax bases used for taxation purposes. Deferred tax is also recognised in respect of carried forward tax losses and tax credits. Deferred tax assets are recognised to the extent that it is probable that future taxable profits will be available against which they can be utilised. The existence of unused tax losses is strong evidence that future taxable profit may not be available. Therefore, in case of a history of recent losses, the Company recognises a deferred tax asset only to the extent that it has sufficient taxable temporary differences or there is convincing other evidence that sufficient taxable profit will be available against which such deferred tax asset can be realised. Deferred tax assets – unrecognised or recognised, are reviewed at each reporting date and are recognised/reduced to the extent that it is probable/ no longer probable respectively that the related tax benefit will be realised.

Deferred tax is measured at the tax rates that are expected to apply to the period when the asset is realised or the liability is settled, based on the laws that have been enacted or substantively enacted by the reporting date. The measurement of deferred tax reflects the tax consequences that would follow from the manner in which the Company expects, at the reporting date, to recover or settle the carrying amount of its assets and liabilities.

Deferred tax assets and liabilities are offset if there is a legally enforceable right to offset current tax liabilities and assets, and they relate to income taxes levied by the same tax authority on the same taxable entity, or on different tax entities, but they intend to settle current tax liabilities and assets on a net basis or their tax assets and liabilities will be realised simultaneously.

### 3.12 Borrowing cost

Borrowing costs are interest and other costs (including exchange differences relating to foreign currency borrowings to the extent that they are regarded as an adjustment to interest costs) incurred in connection with the borrowing of funds. Borrowing costs directly attributable to acquisition or construction of an asset which necessarily take a substantial period of time to get ready for their intended use are capitalised as part of the cost of that asset until such time as the asset is substantially ready for their intended use or sale. Other borrowing costs are recognised as an expense in the period in which they are incurred.

### 3.13 Financial instruments

#### i. Recognition and initial measurement

Trade receivables and debt securities issued are initially recognised when they are originated. All other financial

assets and financial liabilities are initially recognised when the Company becomes a party to the contractual provisions of the instrument.

A financial asset or financial liability is initially measured at fair value, except for trade receivables that do not have a significant financing component which are measured at transaction price. Transaction costs that are directly attributable to the acquisition or issue of financial assets and financial liabilities (other than financial assets and financial liabilities at fair value through profit or loss – FVTPL) are added to or deducted from the fair value of the financial assets or financial liabilities, as appropriate, on initial recognition. Transaction costs directly attributable to the acquisition of financial assets or financial liabilities at fair value through profit or loss are recognised immediately in standalone statement of profit and loss.

#### ii. Classification and subsequent measurement

##### Financial assets

On initial recognition, a financial asset is classified as either at amortised cost, FVTPL or fair value through other comprehensive income (FVOCI).

Financial assets are not reclassified subsequent to their initial recognition, except if and in the period the Company changes its business model for managing financial assets.

A financial asset is measured at amortised cost if it meets both of the following conditions:

- the asset is held within a business model whose objective is to hold assets to collect contractual cash flows; and
- the contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

On initial recognition of an equity investment that is not held for trading, the Company may irrevocably elect to present subsequent changes in the investment's fair value in OCI (designated as FVOCI – equity investment). This election is made on an investment-by-investment basis.

All financial assets not classified as measured at amortised cost or FVOCI as described above are measured at FVTPL. This includes all derivative financial assets. On initial recognition, the Company may irrevocably designate a financial asset that otherwise meets the requirements to be measured at amortised cost or at FVOCI as at FVTPL if doing so eliminates or significantly reduces an accounting mismatch that would otherwise arise.

##### Financial assets: Business model assessment

The Company makes an assessment of the objective of the business model in which a financial asset is held

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 3. Significant accounting policies (continued)

at investment level because this best reflects the way the business is managed and information is provided to management. The information considered includes:

- the stated policies and objectives for each of such investments and the operation of those policies in practice. These include whether management's strategy focuses on earning contractual interest income, maintaining a particular interest rate profile, matching the duration of the financial assets to the duration of any related liabilities or expected cash outflows or realising cash flows through the sale of the assets;
- the risks that affect the performance of the business model (and the financial assets held within that business model) and how those risks are managed;
- the frequency, volume and timing of sales of financial assets in prior periods, the reasons for such sales and expectations about future sales activity.

Transfers of financial assets to third parties in transactions that do not qualify for derecognition are not considered sales for this purpose, consistent with the Company's continuing recognition of the assets.

Financial assets that are held for trading or are managed and whose performance is evaluated on a fair value basis are measured at FVTPL.

### Financial assets: Assessment whether contractual cash flows are solely payments of principal and interest

For the purposes of this assessment, 'principal' is defined as the fair value of the financial asset on initial recognition. 'Interest' is defined as consideration for the time value of money and for the credit risk associated with the principal amount outstanding during a particular period of time and for other basic lending risks and costs (e.g., liquidity risk and administrative costs), as well as a profit margin.

In assessing whether the contractual cash flows are solely payments of principal and interest, the Company considers the contractual terms of the instrument. This includes assessing whether the financial asset contains a contractual term that could change the timing or amount of contractual cash flows such that it would not meet this condition. In making this assessment, the Company considers:

- contingent events that would change the amount or timing of cash flows;
- terms that may adjust the contractual coupon rate, including variable interest rate features;
- prepayment and extension features; and

- terms that limit the Company's claim to cash flows from specified assets (e.g., non-recourse features).

### Financial assets: Subsequent measurement and gains and losses

Items	Measurement basis
Financial assets at FVTPL	These assets are subsequently measured at fair value. Net gains and losses, including any interest or dividend income, are recognised in standalone statement of profit and loss.
Financial assets at amortised cost	These assets are subsequently measured at amortised cost using the effective interest method. The amortised cost is reduced by impairment losses. Interest income, foreign exchange gains and losses and impairment are recognised in standalone statement profit and loss. Any gain or loss on derecognition is recognised in standalone statement of profit and loss.
Equity investments at FVOCI	These assets are subsequently measured at fair value. Dividends are recognised as income in standalone statement profit and loss unless the dividend clearly represents a recovery of part of the cost of the investment. Other net gains and losses are recognised in OCI and are not reclassified to standalone statement of profit and loss.

### Financial liabilities: Classification, subsequent measurement and gains and losses

Financial liabilities are classified as measured at amortised cost or FVTPL. A financial liability is classified as FVTPL if it is classified as held for trading, or it is a derivative or it is designated as such on initial recognition. Financial liabilities at FVTPL are measured at fair value and net gains and losses, including any interest expense, are recognised in standalone statement of profit and loss.

Other financial liabilities are subsequently measured at amortised cost using the effective interest method. Interest expense and foreign exchange gains and losses

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 3. Significant accounting policies (continued)

are recognised in standalone statement of profit and loss. Any gain or loss on derecognition is also recognised in standalone statement of profit and loss.

### iii. Derecognition

#### Financial assets

The Company derecognises a financial asset when the contractual rights to the cash flows from the financial asset expire, or it transfers the rights to receive the contractual cash flows in a transaction in which substantially all of the risks and rewards of ownership of the financial asset are transferred or in which the Company neither transfers nor retains substantially all of the risks and rewards of ownership and does not retain control of the financial asset.

If the Company enters into transactions whereby it transfers assets recognised on its standalone balance sheet, but retains either all or substantially all of the risks and rewards of the transferred assets, the transferred assets are not derecognised.

#### Financial liabilities

The Company derecognises a financial liability when its contractual obligations are discharged or cancelled, or expire. The Company also derecognises a financial liability when its terms are modified and the cash flows under the modified terms are substantially different. In this case, a new financial liability based on the modified terms is recognised at fair value. The difference between the carrying amount of the financial liability extinguished and the new financial liability with modified terms is recognised in standalone statement of profit and loss.

### iv. Offsetting

Financial assets and financial liabilities are offset and the net amount presented in the standalone balance sheet when, and only when, the Company currently has a legally enforceable right to set off the amounts and it intends either to settle them on a net basis or to realise the asset and settle the liability simultaneously.

### v. Derivative financial instruments

The Company holds derivative financial instruments to hedge its foreign currency and interest rate risk exposures. Derivatives are initially measured at fair value. Subsequent to initial recognition, derivatives are measured at fair value, and changes therein are recognised in standalone statement of profit and loss.

## 3.14 Earnings / (loss) per share

The basic earnings / (loss) per share ('EPS') is computed by dividing the net profit / (loss) after tax for the year attributable

to equity shareholders by the weighted average number of equity shares outstanding during the year.

Diluted earnings per share is computed by dividing the profit/(loss) after tax (including the post tax effect of extraordinary items, if any) as adjusted for dividend, interest and other charges to expense or income (net of any attributable taxes) relating to the dilutive potential equity shares, by the weighted average number of equity shares considered for deriving basic earnings per share and the weighted average number of equity shares which could have been issued on the conversion of all dilutive potential equity shares.

Dilutive potential equity shares are deemed converted as of the beginning of the period unless issued at a later date. In computing dilutive earnings per share, only potential equity shares that are dilutive, i.e., which reduces earnings per share or increases loss per share are included. The dilutive potential equity shares are adjusted for the proceeds receivable had the shares been actually issued at fair value (i.e. average market value of the outstanding shares). Dilutive potential equity shares are determined independently for each period presented. The number of equity shares and potentially dilutive equity shares are adjusted for share splits/reverse share splits and bonus shares, as appropriate.

## 3.15 Cash-flow statement

Cash flows are reported using the indirect method, whereby profit before tax is adjusted for the effects of transactions of a non-cash nature and any deferrals or accruals of past or future cash receipts or payments. The cash flows from regular revenue generating, investing and financing activities of the Company are segregated.

## 3.16 Government Grants

Government grants are recognised where there is reasonable assurance that the grant will be received and all attached conditions will be complied with. Where the Company receives grants relating to assets, including non-monetary grants, the asset and the related grants are accounted at fair value and recognised in the standalone statement of profit and loss over the expected useful life of the asset.

## 3.17 Cash and cash equivalents

Cash and cash equivalents comprise cash at bank and on hand and short-term deposits with an original maturity of three months or less which are subject to insignificant risk of changes in value.

## 3.18 Operating segments

The Company publishes the financial statement along with the consolidated financial statements. In accordance with Ind AS 108, Operating Segments, the Company has disclosed the segment information in the consolidated financial statements.

## 3.19 Operating cycle

The operating cycle is the time between the acquisition of assets for processing and their realisation in cash and cash equivalents. The Company has identified twelve months as its operating cycle.

## Notes to the Standalone Financial Statements (Contd.)

(All amounts in Indian rupee crores)

### 4 Property, plant and equipment

Particulars	Freehold land	Buildings *	Leasehold improvements	Furniture and fixtures	Electrical equipment	Plant and equipment	Computer equipment	Medical equipment	Servers and networks	Motor vehicles	Total
<b>Gross carrying value</b>											
Balance at 1 April 2019	108.93	257.08	86.33	52.22	31.95	60.43	11.14	378.63	8.67	3.65	999.03
Additions	0.93	7.42	10.13	4.19	0.53	7.38	3.34	136.57	0.22	0.63	171.34
Disposals	-	-	-	-	0.14	-	-	0.06	-	0.13	0.33
On adoption of Ind AS 116	-	-	-	-	-	-	-	(0.88)	-	-	(0.88)
Reclassification	-	-	-	-	-	0.33	(0.08)	-	(0.25)	-	-
<b>Balance at 31 March 2020</b>	<b>109.86</b>	<b>264.50</b>	<b>96.46</b>	<b>56.41</b>	<b>32.34</b>	<b>68.14</b>	<b>14.40</b>	<b>514.26</b>	<b>8.64</b>	<b>4.15</b>	<b>1,169.16</b>
Balance at 1 April 2020	109.86	264.50	96.46	56.41	32.34	68.14	14.40	514.26	8.64	4.15	1,169.16
Additions	0.14	0.48	23.88	1.12	0.04	3.59	2.52	12.02	0.20	-	43.99
Disposals	-	0.12	0.84	0.11	0.02	0.07	0.26	0.34	-	-	1.76
<b>Balance at 31 March 2021</b>	<b>110.00</b>	<b>264.86</b>	<b>119.50</b>	<b>57.42</b>	<b>32.36</b>	<b>71.66</b>	<b>16.66</b>	<b>525.94</b>	<b>8.84</b>	<b>4.15</b>	<b>1,211.39</b>
<b>Accumulated Depreciation</b>											
Balance at 1 April 2019	-	13.30	30.35	29.83	18.53	27.98	8.99	110.00	6.14	2.44	247.56
Depreciation for the year	-	3.58	14.45	5.52	2.25	3.19	1.91	40.52	1.43	0.73	73.58
Eliminated on disposals	-	-	-	-	0.10	-	-	0.01	-	0.12	0.23
On adoption of Ind AS 116	-	-	-	-	-	-	-	(0.01)	-	-	(0.01)
Reclassification	-	-	-	-	-	0.26	(0.08)	-	(0.18)	-	-
Balance at 31 March 2020	-	16.88	44.80	35.35	20.68	31.43	10.82	150.50	7.39	3.05	320.90
<b>Balance at 1 April 2020</b>	<b>-</b>	<b>16.88</b>	<b>44.80</b>	<b>35.35</b>	<b>20.68</b>	<b>31.43</b>	<b>10.82</b>	<b>150.50</b>	<b>7.39</b>	<b>3.05</b>	<b>320.90</b>
Depreciation for the year	-	4.14	14.86	4.74	2.25	3.90	1.75	45.17	0.77	0.47	78.05
Eliminated on disposals	-	0.01	0.57	0.09	0.01	0.05	0.21	0.18	-	-	1.12
<b>Balance at 31 March 2021</b>	<b>-</b>	<b>21.01</b>	<b>59.09</b>	<b>40.00</b>	<b>22.92</b>	<b>35.28</b>	<b>12.36</b>	<b>195.49</b>	<b>8.16</b>	<b>3.52</b>	<b>397.83</b>
<b>Carrying amounts (net)</b>											
<b>At 31 March 2021</b>	<b>110.00</b>	<b>243.85</b>	<b>60.41</b>	<b>17.42</b>	<b>9.44</b>	<b>36.38</b>	<b>4.30</b>	<b>330.45</b>	<b>0.68</b>	<b>0.63</b>	<b>813.56</b>
<b>At 31 March 2020</b>	<b>109.86</b>	<b>247.62</b>	<b>51.66</b>	<b>21.06</b>	<b>11.66</b>	<b>36.71</b>	<b>3.58</b>	<b>363.76</b>	<b>1.25</b>	<b>1.10</b>	<b>848.26</b>

\* The Company has entered into joint development agreement on 1 April 2014, with its subsidiary, DM Medcity Hospitals (India) Private Limited ('DM Medcity'), for construction and development of its Medcity hospital project (Phase I and Phase II). Under the agreement the Company is required to make certain payments / deposits to the subsidiary based on which the Company has been given the right to enter into and construct part of the Phase I of the project on lands owned by DM Medcity. The agreement also states that DM Medcity is required to make certain payments / deposits to the Company based on which DM Medcity has been given the right to enter into and construct part of the Phase II of the project on lands owned by the Company. The agreement envisages that Phase I of the project will be owned by the Company and Phase II of the project will be owned by DM Medcity.

- For details of property, plant and equipment pledged, refer note 15
- The borrowing cost to the extent of ₹0.05 Cr has been recognised in the carrying amount of an item of property, plant and equipment in the year ended 31 March 2021 (31 March 2020: Nil)

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 5 Other Intangible assets & Intangible assets under development

Particulars	Computer software	Trade Marks	Intangible assets under development	Total
<b>Gross carrying value</b>				
Balance at 1 April 2019	11.82	0.11	-	11.93
Additions	2.73	-	-	2.73
Disposals	-	-	-	-
<b>Balance at 31 March 2020</b>	<b>14.55</b>	<b>0.11</b>	<b>-</b>	<b>14.66</b>
Balance at 1 April 2020	14.55	0.11	-	14.66
Additions	1.67	-	1.59	3.26
Disposals	-	-	-	-
<b>Balance at 31 March 2021</b>	<b>16.22</b>	<b>0.11</b>	<b>1.59</b>	<b>17.92</b>
<b>Accumulated amortisation</b>				
Balance at 1 April 2019	10.04	0.10	-	10.14
Amortisation for the year	1.27	-	-	1.27
Eliminated on disposals	-	-	-	-
<b>Balance at 31 March 2020</b>	<b>11.31</b>	<b>0.10</b>	<b>-</b>	<b>11.41</b>
Balance at 1 April 2020	11.31	0.10	-	11.41
Amortisation for the year	1.65	0.01	-	1.66
Eliminated on disposals	-	-	-	-
<b>Balance at 31 March 2021</b>	<b>12.96</b>	<b>0.11</b>	<b>-</b>	<b>13.07</b>
<b>At 31 March 2021</b>	<b>3.26</b>	<b>-</b>	<b>1.59</b>	<b>4.85</b>
<b>At 31 March 2020</b>	<b>3.24</b>	<b>0.01</b>	<b>-</b>	<b>3.25</b>

## 6 Investments

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Non-current investments, unquoted</b>		
<i>Investments in equity instruments of subsidiaries (at cost)</i>		
Aster DM Healthcare (Trivandrum) Private Limited, India**	33.97	33.97
8,009,999 (31 March 2020: 8,009,999) equity shares of INR 10 each		
DM Medcity Hospitals (India) Private Limited, India**	5.29	5.29
9,999 (31 March 2020: 9,999) equity shares of INR 10 each		
Prerana Hospital Limited, India	42.94	42.94
3,600,991 (31 March 2020: 3,600,991) equity shares of INR 10 each		
Ambady Infrastructure Private Limited, India**	20.84	20.84
1,501,000 (31 March 2020: 1,501,000) equity shares of INR 100 each		
Affinity Holdings Private Limited, Mauritius	*	*
1,000 (31 March 2020 : 1,000) equity shares of USD 1 each		
Sri Sainatha Multispeciality Hospitals Private Limited, India	0.01	0.01
1,000 (31 March 2020 : 1,000) Class A Equity shares of INR 10 each		
Sri Sainatha Multispeciality Hospitals Private Limited, India	58.23	58.23
5,423,062 (31 March 2020 : 5,423,062) Class B Equity shares of INR 10 each		
Malabar Institute Of Medical Sciences Ltd, India	259.64	259.64
74,078,010 (31 March 2020 : 74,078,010) equity shares of INR 10 each		
Dr. Ramesh Cardiac and Multispeciality Hospital Private Limited, India	272.68	272.68
5,500,771 (31 March 2020 : 5,500,771) equity shares of INR 10 each		
<i>Investments in preference shares of subsidiaries (at cost)</i>		
Affinity Holdings Private Limited, Mauritius	1,455.82	1,455.82
219,324,675 (31 March 2020 : 219,324,675) non-cumulative redeemable preference shares of USD 1 each		
<i>Investments in equity instruments of associates (at cost)</i>		
Alfaone Medicals Private Limited	0.23	-
228,572 (31 March 2020 : Nil) equity shares of INR 10 each		



# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 6 Investments (continued)

Particulars	As at 31 March 2021	As at 31 March 2020
<i>Capital contribution in subsidiaries (at cost)</i>		
Aster Clinical Lab LLP	1.00	1.00
	<b>2,150.65</b>	<b>2,150.42</b>
**The investment amount includes the following deemed capital contribution on account of interest-free/ lower than market interest loan provided to subsidiaries		
Aster DM Healthcare (Trivandrum) Private Limited, India	25.96	25.96
DM Medcity Hospitals (India) Private Limited, India	5.28	5.28
Ambady Infrastructure Private Limited, India	1.67	1.67
	<b>32.91</b>	<b>32.91</b>
Aggregate carrying amount of unquoted investments	2,150.65	2,150.42

\*Amount is below the rounding off norms adopted by the Company.

## 7 Other financial assets

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Non-current</b>		
Fixed deposits *	2.36	1.84
Advance against investment**	2.00	-
	<b>4.36</b>	<b>1.84</b>

\*The above deposits are maintained against guarantees issued by Banks and are restricted for periods exceeding 12 months as at the Balance Sheet date.

\*\*During the year ended 31 March 2021, the Company has entered into share purchase agreement for acquiring 15.98% equity shareholding in Alfaone Medicals Private Limited, an entity in the consumer healthcare and wellness business.

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
<b>Current</b>		
<i>Unsecured, considered good</i>		
Unbilled receivables	4.21	8.98
Dues from related parties (Refer Note 34)	51.75	34.05
Interest accrued on fixed deposits with banks	0.67	1.26
<i>Unsecured, considered doubtful</i>		
Other advances	-	0.55
Less : Loss allowance	-	(0.55)
	<b>56.63</b>	<b>44.29</b>
	<b>60.99</b>	<b>46.13</b>

## 8 Other assets

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Non-current</b>		
Prepaid rent*	9.81	14.68
Prepaid expenses	0.06	0.36
Advances for capital goods	2.93	1.23
	<b>12.80</b>	<b>16.27</b>

## Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

### 8 Other assets (continued)

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Current</b>		
Prepaid expenses	5.29	2.76
Prepaid rent*	1.85	2.24
Balance with statutory / government authorities	0.16	0.16
Advance for supply of goods and services	4.14	5.87
Insurance claim receivable	5.20	4.69
Other loans and advances	-	0.05
	<b>16.64</b>	<b>15.77</b>
	<b>29.44</b>	<b>32.04</b>

\*Includes prepaid rent recognised on rent deposits given to related parties

### 9 Inventories

Particulars	As at 31 March 2021	As at 31 March 2020
<i>(Valued at lower of cost and net realisable value)</i>		
Medicines and medical consumables	18.88	21.84
Stores and spares	0.65	1.91
	<b>19.53</b>	<b>23.75</b>

For details of inventories pledged, refer note 15

### 10 Trade receivables

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Current</b>		
Considered good - unsecured	51.60	52.91
Less: loss allowance	(8.68)	(8.13)
<b>Net trade receivables</b>	<b>42.92</b>	<b>44.78</b>
Of the above, trade receivables from related parties are as below:		
Total trade receivables from related parties	0.39	0.39
Loss allowance	-	-
<b>Net trade receivables</b>	<b>0.39</b>	<b>0.39</b>

For details of trade receivables pledged, refer note 15

The Company's exposure to credit and currency risks and loss allowances related to trade receivables are disclosed in note 36.

Particulars	Gross receivables	% of Provisions
Due date to 1 year	35.79	7%-15%
1-2 years	7.13	41%-51%
More than 2 years	8.68	50%-100%

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 11 Cash and cash equivalents

Particulars	As at 31 March 2021	As at 31 March 2020
Balance with banks	6.11	14.84
Cash on hand	0.68	0.71
	<b>6.79</b>	<b>15.55</b>

## 12 Other bank balances

Particulars	As at 31 March 2021	As at 31 March 2020
Balance in banks for margin money*	10.39	14.09
In deposit accounts (with original maturity of more than 3 months but less than 12 months)	0.41	3.75
	<b>10.80</b>	<b>17.84</b>

\*includes unutilised amount of ₹0.00 as on 31 March 2021 (₹1.51 Cr as on 31 March 2020) from initial public offer

## 13 Loans

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Non-current</b>		
<i>Unsecured, considered good</i>		
Rent and other deposits*	48.77	40.43
Dues from related parties (Refer Note 34)	89.72	79.43
	<b>138.49</b>	<b>119.86</b>
<b>Current</b>		
<i>Unsecured, considered good</i>		
Dues from related parties (Refer Note 34)	44.94	11.11
<i>Credit impaired</i>		
Dues from related parties (Refer Note 34)	13.48	13.48
Less : Loss allowance	(13.48)	(13.48)
	<b>44.94</b>	<b>11.11</b>
	<b>183.43</b>	<b>130.97</b>

\*Includes deposits given to related parties. Refer Note 34.

## 14 Share capital

Particulars	As at 31 March 2021		As at 31 March 2020	
	Number of shares (in crores)	Amount	Number of shares (in crores)	Amount
<b>Authorised</b>				
Equity shares of INR 10 each	55.00	550.00	55.00	550.00
Compulsory convertible preference shares (CCPS) of INR 10 each	6.62	66.20	6.62	66.20
	<b>61.62</b>	<b>616.20</b>	<b>61.62</b>	<b>616.20</b>
<b>Issued, subscribed and fully paid-up</b>				
Equity shares of INR 10 each	49.95	499.51	49.95	499.51
Less: Equity shares of INR 10 each fully paid up issued to ESOP trust but not yet allotted to employees	(0.25)	(2.47)	(0.27)	(2.71)
	<b>49.70</b>	<b>497.04</b>	<b>49.68</b>	<b>496.80</b>

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 14 Share capital (continued)

The Company does not have any compulsory convertible preference shares (CCPS) as on 31 March 2021.

Particulars	As at 31 March 2021		As at 31 March 2020	
	Number of shares (in crores)	Amount	Number of shares (in crores)	Amount
<b>Reconciliation of shares outstanding at the beginning and at the end of the reporting period</b>				
<i>Equity shares of INR 10 each fully paid-up</i>				
At the beginning of the year	49.95	499.51	50.52	505.22
Buyback of Shares (Refer note (b) below)	-	-	(0.57)	(5.71)
<b>At the end of the year</b>	<b>49.95</b>	<b>499.51</b>	<b>49.95</b>	<b>499.51</b>

### (a) Rights, preferences and restrictions attached to equity shares

The Company has a single class of equity shares. All equity shares rank equally with regard to dividends and share in the Company's residual assets. The equity shares are entitled to receive dividend as declared from time to time and subject to dividend payable to preference shareholder. The voting rights of an equity shareholder on a poll (not on show of hands) is in proportion to the shareholders' share of the paid-up equity capital of the Company. Voting rights cannot be exercised in respect of shares on which any call or other sums presently payable have not been paid.

Failure to pay any amount called up on shares may lead to forfeiture of the shares.

On winding up of the Company, the holders of equity shares will be entitled to receive the residual assets of the Company, remaining after distribution of all preferential amounts in proportion to the number of equity shares held.

- (b) The Board of Directors of the Company at its meeting held on 9 January 2020, approved a proposal to buyback up to 57,14,285 fully paid-up equity shares of the Company for an aggregate amount not exceeding INR 120 crore being 1.13% of the total paid up equity share capital, at INR 210 per equity share. The letter of offer was issued to all eligible shareholders as on 10 February 2020. The period for tendering of shares for buyback was from 20 February 2020 to 5 March 2020. The bids were settled and payment was made to shareholders on 13 March 2020. The shares bought back were extinguished by the Company on 18 March 2020 and the stock exchanges were intimated on completion of extinguishment on 24 March 2020. An amount corresponding to face value of the shares bought back was transferred to Capital Redemption Reserve and expenses for the buy back amounting to INR 1.56 crore were adjusted against retained earnings.

### (c) Employee stock options

Terms attached to stock options granted to employees are described in note 40 regarding employee share based payments.

### (d) Details of shareholders holding more than 5% shares of the Company

Particulars	As at 31 March 2021		As at 31 March 2020	
	Number of shares (in crores)	Amount	Number of shares (in crores)	%
<i>Equity shares of INR 10 each fully paid -up held by</i>				
Union Investments Private Limited, Mauritius	18.69	37.41%	18.69	37.41%
Olympus Capital Asia Investments Limited, Mauritius	11.51	23.03%	11.51	23.03%
Rimco (Mauritius) Limited	5.06	10.13%	5.06	10.13%

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 14 Share capital (continued)

### (e) Shares reserved for issue under options and contracts

Particulars	As at 31 March 2021		As at 31 March 2020	
	Number of shares (in crores)	Amount	Number of shares (in crores)	Amount
Under Employee Stock Option Scheme, 2013: 1,42,972 (31 March 2020: 2,25,756) equity shares of INR 10 each, at an exercise price of INR 50 per share (See note 40)	0.01	0.71	0.02	1.13
Under Employee Stock Option Scheme, 2013: 5,30,030 (31 March 2020: 7,16,680) equity shares of INR 10 each, at an exercise price of INR 10 per share (See note 40)	0.05	0.53	0.07	0.72
Under Employee Stock Option Scheme, 2013: 74,011 (31 March 2020: 1,25,300) equity shares of INR 10 each, at an exercise price of INR 116 per share (See note 40)	0.01	0.86	0.01	1.45
Under Employee Stock Option Scheme, 2013: 6,01,865 (31 March 2020: 7,38,900) equity shares of INR 10 each, at an exercise price of INR 89 per share (See note 40)	0.06	5.36	0.07	6.58
Under Employee Stock Option Scheme, 2013: 10,800 (31 March 2020: 10,800) equity shares of INR 10 each, at an exercise price of INR 107 per share (See note 40)	0.00	0.12	*	0.12
Under Employee Stock Option Scheme, 2013: 10,800 (31 March 2020: 10,800) equity shares of INR 10 each, at an exercise price of INR 123 per share (See note 40)	-	-	*	0.13
Under Employee Stock Option Scheme, 2013: 30,000 (31 March 2020: Nil) equity shares of INR 10 each, at an exercise price of INR 91.85 per share (See note 40)	0.00	0.28	-	-
Under Employee Stock Option Scheme, 2013: 15,000 (31 March 2020: Nil) equity shares of INR 10 each, at an exercise price of INR 115 per share (See note 40)	0.00	0.14	-	-

\* Amount is below the rounding off norms adopted by the Company.

### (f) Details of bonus shares issued during the past 5 years

The Company has not issued bonus shares during the period of five years immediately preceding the balance sheet date.

### (g) Details of shares issued for consideration other than for cash during the past 5 years

- During the year 2015-16, 0.49 crore equity shares have been allotted as consideration for swap of shares with the shareholders of Malabar Institute of Medical Science Ltd.
- During the year 2015-16, 0.70 crore equity shares have been allotted as per the scheme of amalgamation with Indogulf Hospitals India Private Limited.



# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 14 Share capital (continued)

### (h) Details of buyback of shares during the past 5 years

The Company bought back 57,14,285 equity shares for an aggregate amount of INR 120 crore at INR 210 per equity share. The equity shares bought back were extinguished on 18 March 2020.

## 15 Borrowings

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Non-current</b>		
<b>Secured - at amortised cost</b>		
Term loans from bank	115.08	42.71
Current maturities of long term borrowings	14.10	4.96
	<b>129.18</b>	<b>47.67</b>
Less: Amount included under 'other financial liabilities' (refer note 16)	(14.10)	(4.96)
	<b>115.08</b>	<b>42.71</b>
<b>Current</b>		
<b>Unsecured - at amortised cost</b>		
Cash credit and overdraft facilities from banks	1.67	56.29
<b>Secured - at amortised cost</b>		
Short term loan from Bank	-	5.66
Cash credit and overdraft facilities from banks	37.04	35.55
	<b>38.71</b>	<b>97.50</b>

Information about the Company's exposure to interest rate and liquidity risks are included in note 36.

### A Secured bank loans

Note 1: The term loans from bank (including current portion) includes Indian rupee term loan taken from Federal Bank, which carries interest at 8.35% to 9.25% p.a (linked to 1 year MCLR). These loans are originally repayable in 96 instalments (87 instalments remaining as at 31 March 2021). The term loans is secured by:

- Hypothecation of all movable fixed assets relating to Aster Medcity Hospital, Kochi (comprising plant and machinery, furniture fixture, vehicles and other movable assets), present and future.
- Equitable mortgage of 8.50 acres of landed property of the Company and 8.81 acres of landed property of DM Medcity Hospitals India Private Limited, a wholly owned subsidiary of the Company;
- First charge on entire cashflows of the Aster Medcity Hospital, Kochi
- Assignment of contractor guarantees, liquidated damages, letter of credit, guarantee or performance bonds that may be provided by any counter party under project agreement or contract and insurance policies in favour of the borrower, related to Aster Medcity, Kochi.

Note 2: The term loans from bank (including current portion) includes Indian rupee term loan taken from Federal Bank, which carries interest at 8.35% to 9.25% (linked to 1 year MCLR). These loans are originally repayable in 60 instalments (52 instalments remaining as at 31 March 2021). The term loans is secured by:

- Exclusive first charge by way of hypothecation on all movable fixed assets of the Company relating to Aster Medcity Hospital Kochi including plant & machinery, furniture, fixture, vehicles and other movable assets, both present and future.
- Exclusive first charge by way of equitable mortgage on 13.43 acres of commercial landed property at Kochi owned by DM Medcity Hospital India Private Limited and 13.82 acres of commercial landed property at Kochi owned by Aster DM Healthcare Limited. (Collateral).
- First charge on current assets of the Company.
- Assignment of insurance policies in favour of the borrower, related to Aster Medcity Kochi.

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 15 Borrowings (continued)

Note 3: The term loans from bank (including current portion) includes Indian rupee term loan taken from HDFC Bank, which carries interest at 8.55% (linked to 1 year MCLR). These loans are originally repayable in 20 instalments (19 instalments remaining as at 31 March 2021). The loans is secured by:

- a) First pari passu charge by way of hypothecation on all movable fixed assets of the Company relating to Aster Medcity Hospital Kochi ; Aster CMI, Bangalore and RV Hospital, Bangalore including plant & machinery, furniture, fixture, vehicles and other movable assets, both present and future.
- b) Exclusive first charge by way of equitable mortgage on 11.68 acres in Cheranellor belonging to Ambady Infrastructures Pvt Ltd, a wholly owned subsidiary of Aster DM Healthcare Limited Kochi.(Collateral).
- c) First charge on current assets, operating cashflows, receivables, commissions, revenues of whatsoever nature and wherever arising, present and future of the Aster DM Healthcare Limited.
- d) Fixed Deposit- DSRA for 1 quarter for the Term Loan of ₹ 350 Mn for ₹30 Mn.

Note 4: The term loans from bank (including current portion) includes Indian rupee term loan taken from Axis Bank, which carries interest at 8.00% (linked to 1 year MCLR). These loans are originally repayable in 60 instalments (00 instalments remaining as at 31 March 2021). The loans is secured by:

- a) Exclusive first charge on all movable fixed assets of the project.
- b) Extension of first charge by way of equitable mortgage on 13.43 acres of commercial landed property at Kochi owned by DM Medcity Hospital India Private Limited and 13.82 acres of commercial landed property at Kochi owned by Aster DM Healthcare Limited with hospital building. (Currently charged to Federal Bank)
- c) Minimum collateral coverage of 100% to be maintained during the currency of the facility

Note 5: The term loans from bank (including current portion) includes Indian rupee term loan taken from Federal Bank, which carries interest at 8.35% (linked to 1 year MCLR). These loans are originally repayable in 48 instalments (48 instalments remaining as at 31 March 2021). The loans is secured by:

- a) Exclusive first charge by way of hypothecation on all movable fixed assets of the Company created out of the said loan
- b) Exclusive first charge by way of equitable mortgage on 13.43 acres of commercial landed property at Kochi owned by DM Medcity Hospital India Private Limited and 13.82 acres of commercial landed property at Kochi owned by Aster DM Healthcare Limited.
- c) Second charge on current assets of the Company.
- d) Hypothecation of machinery entire unencumbered movable fixed assets of the hospital

Note 6: There are no continuing defaults in the repayment of the principal loan and interest amounts.

## B Secured overdraft/cash credit facilities from bank

Note 1: Cash credit facility from Federal bank availed and carries and interest of 8.35% to 9.05% per annum. The facility is secured by way of Exclusive first charge on the current assets of the Company (present and future).

Note 2: Short term loan from a Bank represents buyers credit facility availed from Federal Bank and secured by 10% cash margin and additional charge on current assets and movable fixed assets with interest of 1.5%-3.22%. The loan amount were closed in FY 2020-21.

## C Unsecured overdraft facilities from bank

Overdraft facility from Yes Bank availed and carries interest at 9.20% - 11.20% (linked to 1 month MCLR)

- D For the year ended 31 March 2021, due to outbreak of Covid- 19 pandemic, RBI vide circular DOR.No.BP.BC.47/21.04.048/2019-20 dated 27 March 2020 has directed banks and financial institutions to provide moratorium of 3 months to borrowers on all payments falling due between 1 March 2020 and 31 May 2020 and vide circular RBI/2019-20/244 DOR.No.BP.BC.71/ 21.04.048/ 2019-20 for all payments falling due between 1 June 2020 and 31 August 2020 to all eligible borrowers classified as standard. Accordingly, the Company has availed moratorium with respect to the principal and interest.

## Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

### 16 Other financial liabilities

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Current</b>		
Current maturities of long-term borrowings*	14.10	4.96
Interest accrued but not due on borrowings*	0.24	1.01
Dues to related party (Refer note 34)	15.80	2.27
Derivatives-put option	91.20	76.65
Dues to creditors for capital goods	6.83	16.47
	<b>128.17</b>	<b>101.36</b>

\*The details of interest rates, repayment and other terms are disclosed in note 15

The Company's exposure to currency and liquidity risk related to the above financial liabilities is disclosed in note 36

### 17 Provisions

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Non-current</b>		
<i>Provision for employee benefits</i>		
Net defined benefit liability - Gratuity (refer note 37)	6.71	5.44
Compensated absences	0.01	-
	<b>6.72</b>	<b>5.44</b>
<b>Current</b>		
<i>Provision for employee benefits</i>		
Net defined benefit liability - Gratuity (refer note 37)	0.98	0.55
Compensated absences	0.01	0.93
	<b>0.99</b>	<b>1.48</b>
	<b>7.71</b>	<b>6.92</b>

### 18 Other liabilities

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Non-current</b>		
Deferred government grant*	21.14	23.11
	<b>21.14</b>	<b>23.11</b>
<b>Current</b>		
Advances from patients	-	6.21
Unearned Income	2.42	1.94
Statutory dues payables	5.57	4.43
Deferred government grant*	2.80	1.77
	<b>10.79</b>	<b>14.35</b>
	<b>31.93</b>	<b>37.46</b>

\*Represents government grant under Export Promotion Capital Goods (EPCG) accounted at fair value as per Ind AS 20 - Accounting for Government Grants and Disclosure of Government Assistance.

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 19 Trade payables

Particulars	As at 31 March 2021	As at 31 March 2020
Total outstanding dues of micro and small enterprises	0.94	1.08
Total outstanding dues of creditors other than micro and small enterprises	136.37	115.20
	<b>137.31</b>	<b>116.28</b>

All trade payables are 'current'. The average credit period taken is 30-60 days.

The Company's exposure to currency and liquidity risks related to trade payables is disclosed in note 36.

Disclosures as required under the Micro, Small and Medium Enterprises Development Act, 2006 ("the Act") based on the information available with the Company are given below:

Particulars	As at 31 March 2021	As at 31 March 2020
The principal amount remaining unpaid to any supplier at the end of the year	0.81	1.01
The interest due on the principal remaining outstanding as at the end of the year	0.13	0.07
The amount of interest paid under the Act, along with the amounts of the payment made beyond the appointed day during the year	-	-
The amount of interest due and payable for the period of delay in making payment (which have been paid but beyond the appointed day during the year) but without adding the interest specified under the Act	-	-
The amount of interest accrued and remaining unpaid at the end of the year	0.13	0.07
The amount of further interest remaining due and payable even in the succeeding years, until such date when the interest dues as above are actually paid to the small enterprise, for the purpose of disallowance as a deductible expenditure under the Act	-	-

## 20 Revenue from operations

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Revenue from hospital and medical services	712.28	703.96
Revenue from consultancy services	1.43	1.05
Revenue from pharmacy	12.06	33.21
Revenue from canteen	4.72	5.16
Other operating income	16.05	17.04
	<b>746.54</b>	<b>760.42</b>

The Company's revenue from other operating income comprises primarily of canteen sales (sales of food and beverages), revenue from courses conducted at the hospital, income from revenue sharing agreements.

Refer notes below

### (i) Category of Customers

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Cash	448.12	489.45
Credit	298.42	270.97
	<b>746.54</b>	<b>760.42</b>

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 20 Revenue from operations (continued)

### (ii) Nature of treatment

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
In- patient	572.14	544.15
Out- patient	140.14	159.81
	<b>712.28</b>	<b>703.96</b>

## 21 Other income

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
<b>Interest income under the effective interest method on:</b>		
Lease deposits	2.57	2.71
Fixed deposits with banks	0.93	3.02
Loan to related parties	12.16	0.31
Dividend on non-current investments	-	91.11
Gain on fair valuation of put option	-	10.61
Gain on sale of investments (net)	-	*
Net gain on account of foreign exchange fluctuations	-	0.89
Gain on disposal of property, plant and equipment (net)	-	0.02
Other non-operating income	5.97	5.84
	<b>21.63</b>	<b>114.51</b>

\*Amount is below the rounding off norms adopted by the Company.

## 22 Purchases of medicines and consumables

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Medicines and consumables	181.66	184.95
	<b>181.66</b>	<b>184.95</b>

## 23 Changes in inventories

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Opening stock	23.75	15.44
Closing stock	(19.53)	(23.75)
	<b>4.22</b>	<b>(8.31)</b>

## 24 Professional fees to consultant doctors

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Professional fees to consultant doctors*	177.18	190.31
	<b>177.18</b>	<b>190.31</b>

\*Amount includes ₹ 0.04 crore paid to a doctor performing medical services relating to CSR initiatives



# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 25 Lab Outsourcing Charges

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Lab outsourcing charges	28.54	8.18
	<b>28.54</b>	<b>8.18</b>

## 26 Employee benefits expense

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Salaries and allowances**	131.27	116.41
Contribution to provident and other funds (refer note 37)	7.10	7.08
Staff welfare expense	3.47	4.23
Expenses related to post employment defined benefit plans(refer note 37)	2.25	2.08
Expenses related to compensated absences	(0.90)	-
Equity settled share based payment expense*(refer note 40)	0.59	0.62
	<b>143.78</b>	<b>130.42</b>

\*Net of amounts cross-charged to subsidiaries

\*\* Amount includes ₹ 0.05 crore paid to employees performing medical services relating to CSR initiatives

## 27 Finance cost

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Interest on bank borrowings	15.34	13.61
Less : Amounts included in the cost of qualifying assets	(0.05)	-
	<b>15.29</b>	<b>13.61</b>
Interest on lease liabilities (refer note 38)	20.76	19.15
Other borrowing costs	0.45	0.44
	<b>36.50</b>	<b>33.20</b>

## 28 Depreciation and amortisation

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Depreciation on property, plant and equipment (refer Note 4)	78.05	73.58
Depreciation on right-of-use assets (refer Note 38)	15.29	14.47
Amortisation on intangible assets (refer Note 5)	1.66	1.27
	<b>95.00</b>	<b>89.32</b>

## 29 Other expenses

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Food and beverage	9.55	11.77
Power, water and fuel	18.78	19.95
Housekeeping, security and others	37.16	36.34
Legal, professional and other consultancy	7.48	9.16
Auditors remuneration (refer Note 33)	1.65	1.48
Rent (refer Note 38)	6.06	5.84

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 29 Other expenses (continued)

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Hospital operational and management fees (refer Note 38)	9.72	14.93
Loss on fair valuation of put option(net)	14.55	-
Repairs and maintenance - plant and equipment	22.10	21.55
Repairs and maintenance - building	0.08	-
Advertising and promotional	11.72	18.55
Rates and taxes	1.71	1.87
Allowances for credit losses on financial assets	0.55	5.64
Travelling and conveyance	1.61	5.10
Loss on sale of fixed asset (net)	0.36	-
Water charges	2.18	2.50
Corporate social responsibility*	0.07	2.00
Insurance	3.02	2.28
Communication	1.71	1.87
Office expenses	9.73	7.66
Donation & charity**	1.46	2.98
Loss on account of flood	-	1.40
Miscellaneous expenses	8.08	9.38
	<b>169.33</b>	<b>182.25</b>
**Amount contributed to political party	1.00	-
<b>*Details of corporate social responsibility</b>		
- Gross amount required to be spent during the year	0.15	-
- Amount spent during the year on:		
Construction/acquisition of an asset	-	-
On purposes other than above	0.16	2.00
	<b>0.16</b>	<b>2.00</b>

₹ 0.12 crore relates to Aster Mobile Medical Service for creating health awareness and providing basic medical treatment.

## 30 Income taxes

### (a) Income tax assets/(liability)

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Income tax payments, including taxes withheld	64.27	54.80
Less: Provision made towards tax liabilities	-	-
<b>Net income tax assets/(liability) at the end</b>	<b>64.27</b>	<b>54.80</b>

### (b) Amount recognised in statement of profit and loss

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Current tax	-	2.28
Current tax for earlier years	-	1.59
Deferred tax (including MAT credit entitlement)	0.74	0.13
<b>Tax expense for the year</b>	<b>0.74</b>	<b>4.00</b>

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 30 Income taxes

### (c) Amount recognised in other comprehensive income

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Current tax	-	-
Current tax for earlier years	-	-
Deferred tax (including MAT credit entitlement)	(0.00)	0.13
<b>Tax expense for the year</b>	<b>(0.00)</b>	<b>0.13</b>

### (d) Reconciliation of effective tax rate

The standard rate of corporation tax applied to reported profit is 31.20 per cent (2019-20: 34.94 per cent). The Company has not opted for concessional tax rate regime effective from financial year 2019-20.

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
<b>Profit before tax</b>	<b>(68.04)</b>	<b>64.61</b>
Statutory income tax rate	31.20%	34.94%
<b>Tax expenses /(asset)</b>	<b>(21.23)</b>	<b>22.58</b>
Income chargeable at special rates	-	(30.01)
Non-deductible expenses/ permanent differences	(0.88)	2.18
Additional deduction on investment allowance	(2.10)	(50.25)
Other temporary differences	17.21	16.34
Un-recognised deferred tax assets	7.74	41.57
<b>Income tax expense</b>	<b>0.74</b>	<b>2.41</b>

### (e) Recognised deferred tax assets and liabilities

#### (i) Deferred tax assets and liabilities are attributable to the following:

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Deferred tax asset</b>		
MAT credit entitlement receivable	-	0.74
Unabsorbed business loss including from specified business	189.48	180.50
<b>Total deferred tax asset</b>	<b>189.48</b>	<b>181.24</b>
<b>Deferred tax liability</b>		
On account of fair valuation of land *	(16.35)	(16.35)
Excess of depreciation on property, plant and equipment under Income Tax Act, 1961 over depreciation under Companies Act.	(189.48)	(180.50)
<b>Total deferred tax liability</b>	<b>(205.83)</b>	<b>(196.85)</b>
<b>Deferred tax liability (net)</b>	<b>(16.35)</b>	<b>(15.61)</b>

\*The deferred tax liability arising on the fair valuation recognised based on tax rates applicable to the long-term capital gains.

The Company offsets deferred tax assets and liabilities if and only if it has a legally enforceable right to set off current tax assets and current tax liabilities related to income taxes levied by the same taxation authority and the Company intends to settle its current tax assets and liabilities on a net basis. The Company has recognised deferred tax assets arising out of tax losses (unabsorbed depreciation) to the extent of net deferred tax liability on account of taxable temporary differences.

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 30 Income taxes

### (e) Recognised deferred tax assets and liabilities (Contd..)

#### (ii) Movement in temporary differences

Particulars	Balances as at 1 April 2019	Recognised in Profit and loss during 2019-20	Recognise in OCI during 2019-20	Balances as at 31 March 2020	Recognised in Profit and loss during 2020-21	Recognise in OCI during 2020-21	Balances as at 31 March 2021
Unabsorbed business loss including from specified business	113.55	66.95	-	180.50	8.98	-	189.48
Excess of depreciation on property, plant and equipment under Income Tax Act, 1961 over depreciation under Companies Act.	(113.55)	(66.95)	-	(180.50)	(8.98)	-	(189.48)
MAT credit entitlement receivable	0.74	-	-	0.74	(0.74)	-	-
On account of fair valuation of land *	(16.35)	-	-	(16.35)	-	-	(16.35)
Provision for employee benefits	-	(0.13)	0.13	-	-	-	-
<b>Net deferred tax (liabilities) / assets</b>	<b>(15.61)</b>	<b>(0.13)</b>	<b>0.13</b>	<b>(15.61)</b>	<b>(0.74)</b>	<b>-</b>	<b>(16.35)</b>

\*The deferred tax liability arising on the fair valuation recognised based on tax rates applicable to the long-term capital gains.

#### (iii) Unrecognised deferred tax assets

Deferred tax assets have not been recognised in respect of the following items, because it is not probable that future taxable profit will be available against which the Company can use the benefits there from:

Particulars	As at 31 March 2021		As at 31 March 2020	
	Gross amount	Unrecognised tax effect	Gross amount	Unrecognised tax effect
<i>Deferred tax asset</i>				
Tax losses (business loss)	579.87	180.92	652.22	227.91
Tax losses (Long term capital loss)	41.78	8.61	41.77	9.73
Tax losses (unabsorbed depreciation)	107.99	33.69	107.14	37.44
<b>Total deferred tax asset</b>	<b>729.64</b>	<b>223.22</b>	<b>801.13</b>	<b>275.08</b>

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 30 Income taxes (continued)

### (iv) Tax losses carried forward

Particulars	As at 31 March 2021	Expiry date	As at 31 March 2020	Expiry date
Brought forward losses	219.04	Various dates from 2021 to 2027	186.08	Various dates from 2021 to 2026
Brought forward losses from specified business	1,009.94	Infinite period	1,024.44	Infinite period
Brought forward losses	107.99	Infinite period	107.14	Infinite period
<b>Total tax losses carried forward</b>	<b>1,336.97</b>		<b>1,317.66</b>	

Deferred tax assets have not been recognized in respect of the above items, because it is not probable that future taxable profit will be available against which the Company can use the benefits. The above is arrived basis the balances as on date. The deductible temporary difference do not expire under the current tax legislation.

## 31 Contingent liabilities and commitments

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Contingent liabilities</b>		
Claims against the Company not acknowledged as debts		
– Income tax related matters (Note 1)	20.26	20.26
Export commitments under EPCG scheme (Note 2)	17.86	28.81
Corporate guarantees to various subsidiaries	264.50	189.03
Letter of credit	4.42	-
Additional salary payable under minimum wages act for retrospective periods (Note 3)	6.84	6.84
Bank guarantees	2.34	2.07
<b>Commitments</b>		
Estimated amount of contracts remaining to be executed on capital account (net of advances) and not provided for.	7.65	2.99

Note 1 : The Company has received income tax assessment orders for AY 2014-15 & 2015-16 wherein the assessing officer has disallowed Foreign Tax Credit claimed amounting to INR 20.08 crore as per provisions of Section 90/90A of Income Tax Act 1961 and the disallowance under section 14A. The Company has also received income tax demand order of INR 0.18 crore for AY 2012-13 where in assessing officer denied legal and professional fee and business promotion expenses. The management believes that the position taken by it on the matter is tenable and hence, no adjustment has been made on the financial statements. The Company has filed an appeal against the demand received.

Note 2 : The Company has obtained duty free / concessional duty licenses for import of capital goods by undertaking export obligations under the EPCG scheme. As at 31 March 2021, export obligations remaining to be fulfilled amounts to INR 17.86 Cr (31 March 2020: INR 28.81 Cr). In the event that export obligations are not fulfilled, the Company would be liable to pay the levies. The Company's bankers have provided bank guarantees aggregating INR 24.55 Cr (31 March 2020: INR 24.55 Cr) to the customs authorities in this regard.

Note 3 : On 23 April 2018, The Government of Kerala issued an order revising the minimum wages of medical and nursing staff. The order mentions that the changes would be effective retrospectively from 1 October 2017. Since the legislation was issued in April 2018, management has started paying the revised salary with effect from 1 April 2018. The Company filed an appeal against the retrospective application of this order with the High Court of Kerala which has issued an interim stay order on 26 July 2018. The Writ Petition WP (c) No. 25109/2018 challenging the retrospective effect of minimum wage order passed by the Government of Kerala is pending before the Hon'ble High Court of Kerala in hearing list. Based on the stay order and legal advise, management believes that their position will be upheld and therefore has not provided for the incremental cost for the period October 2017 to March 2018.



# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 31 Contingent liabilities and commitments (continued)

**Note 4 :** On 28th February 2019, the Hon'ble Supreme Court of India has delivered a judgment clarifying the principles that need to be applied in determining the components of salaries and wages on which Provident Fund (PF) contributions need to be made by establishments. Basis this judgment, the Company has re-computed its liability towards PF from the month of March 2019 and has paid PF as per Supreme Court judgement. In respect of the earlier periods/years, the Company has been legally advised that there are numerous interpretative challenges on the application of the judgment retrospectively. Based on such legal advice, the management believes that it is impracticable at this stage to reliably measure the provision required, if any, and accordingly, no provision has been made towards the same. Necessary adjustments, if any, will be made to the books as more clarity emerges on this subject.

**Note 5 :** The Company has reviewed all its pending litigations and proceedings and has adequately provided for where provisions are required and disclosed as contingent liability where applicable, in its financial statements. The Company does not expect the outcome of these proceedings to have a materially adverse effect on its financial position. The Company does not expect any reimbursement in respect of the above contingent liabilities.

**Note 6 :** The Company has given bank guarantee in respect of certain contingent liabilities listed above.

**Note 7 :** The Company does not have any long-term commitments or material non-cancellable contractual commitments/contracts, including derivative contracts for which there were any material foreseeable losses.

## 32 Earnings per share

### A. Basic earnings / (loss) per share

The calculation of profit/(loss) attributable to equity share holders and weighted average number of equity shares outstanding for the purpose of basic earnings / (loss) per share calculations are as follows:

#### i) Net profit/(loss) attributable to equity share holders (basic)

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Net profit / (loss) for the year, attributable to the equity share holders	(68.78)	60.61

#### ii) Weighted average number of equity shares (basic)

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Opening balance (Refer note 14)	50.21	50.22
Effect of share options exercised	0.01	0.01
Buy back of shares	-	(0.02)
Weighted average number of equity shares of INR 10 each for the year	50.22	50.21
Earnings / (loss) per share, basic	(1.37)	1.21

### B. Diluted earnings/(loss) per share

The calculation of profit/ (loss) attributable to equity share holders and weighted average number of equity shares outstanding, after adjustment for the effects of all dilutive potential equity shares is as follows:

#### i) Net profit/(loss) attributable to equity share holders diluted

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Net profit / (loss) for the year, attributable to the equity share holders	(68.78)	60.61

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 32 Earnings per share (continued)

### B. Diluted earnings/(loss) per share (continued)

#### ii) Weighted average number of equity shares (diluted)

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Weighted average number of equity shares of INR 10 each for the year (basic)	50.22	50.21
Effect of exercise of share options	0.08	0.08
Weighted average number of equity shares of INR 10 each for the year (diluted)	50.30	50.29
Earnings / (loss) per share, diluted	(1.37)	1.21

## 33 Payment to auditors (included under legal and professional charges, net of goods and GST)

Particulars	Year ended 31 March 2021		Year ended 31 March 2020
	Deloitte Haskins & Sells	BSR and Associates	
Audit	0.68	0.27	0.78
Limited reviews	0.45	0.18	0.51
Other services	-	0.02	0.08
Reimbursement of expenses	-	0.05	0.11
	<b>1.13</b>	<b>0.52</b>	<b>1.48</b>

## 34 A Related parties (as per Ind AS)

### Related Party relationships

Names of related parties and description of relationship with the Company:

#### i) Enterprises where control / significant influence exists

(a) Enterprises exercising significant influence	Union Investments Private Limited, Mauritius	
(b) Subsidiaries and step down subsidiaries		
1 Aster DM Healthcare (Trivandrum) Private Limited	39	Al Rafa Investments Limited
2 DM Medcity Hospitals India Private Limited (india)	40	Harley Street Dental LLC
3 Prerana Hospital Limited	41	Al Rafa Holdings Limited
4 Ambady Infrastructure Private Limited	42	Harley Street LLC
5 Affinity Holdings Private Limited	43	Harley Street Pharmacy LLC
6 Sri Sainatha Multispeciality Hospitals Private Limited	44	Harley Street Medical Centre LLC
7 Malabar Institute of Medical Sciences Ltd	45	Al Raffah Hospital LLC **
8 Dr. Ramesh Cardiac and Multispeciality Hospital Private Limited	46	Dr. Moopen's Healthcare Management Services WLL
9 Aster Ramesh Duhita LLP	47	Welcare Polyclinic W.L.L
10 Sanghamitra Hospitals Private Limited	48	Dr. Moopens Aster Hospital WLL
11 Komali Fertility Centre LLP (earlier Ramesh Fertility Centre LLP)	49	Sanad Al Rahma for Medical Care LLC
12 Ezhimala Infrastructure LLP	50	Aster Kuwait Pharmaceuticals and Medical Equipment Company W.L.L.**
13 EMED Human Resources India Private Limited	51	Orange Pharmacies LLC
14 Aster Clinical Lab LLP	52	Aster DM Healthcare WLL (earlier Aster DM Healthcare SPC)

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 34 A Related parties (as per Ind AS) (continued)

### Related Party relationships (continued)

#### I) Enterprises where control / significant influence exists (continued)

15	Mindriot Research and Innovation Foundation (11 March 2021)	53	Aster DM Healthcare INC **
16	Warseps Healthcare LLP	54	Al Raffah Pharmacies Group LLC
17	Aster DM Healthcare FZC	55	Aster DCC Pharmacy LLC
18	Aster Day Surgery Centre LLC	56	Noor Al Shefa Clinic LLC
19	Dar Al Shifa Medical Centre LLC	57	Zahrath Al Shefa Medical Center LLC
20	D M Healthcare (L L C)	58	Zahrath Al Shefa Pharmacy LLC
21	DM Pharmacies LLC	59	Samary Pharmacy LLC
22	Dr. Moopens Healthcare Management Services LLC	60	Alfa Investments Limited#
23	Eurohealth Systems FZ LLC	61	Active Holdings Limited.
24	Med Shop Drugs Store LLC	62	E-Care International Medical Billing Services Co. LLC
25	Medcare Hospital LLC	63	Aster Primary Care LLC
26	Medshop Garden Pharmacy LLC	64	Metro Medical Center L.L.C
27	Modern Dar Al Shifa Pharmacy LLC	65	Metro Meds Pharmacy L.L.C
28	Rafa Pharmacy LLC	66	Aster Hospital Sonapur L.L.C
29	Aster Pharmacies Group LLC	67	Oman Al Khair Hospital L.L.C.
30	Alfa Drug Store LLC	68	Radiant Healthcare L.L.C
31	Aster Al Shafar Pharmacies Group LLC	69	Grand Optics LLC
32	New Aster Pharmacy DMCC	70	Premium Healthcare Limited
33	Symphony Healthcare Management Services LLC	71	Wahat Al Aman Home Health Care LLC
34	Al Shafar Pharmacy LLC, AUH **	72	Alfaone FZ LLC
35	Aster Grace Nursing and Physiotherapy LLC	73	Aster Pharmacy LLC, AUH
36	Aster Medical Centre LLC**	74	Aster Carribbean Holdings Limited (15 December 2020)
37	Aster Opticals LLC	75	Aster Cayman Hospital Limited (15 December 2020)
38	Alfa One Drug store LLC ( 01 June 2020)	76	Al Rafa Medical Centre LLC

Below represents subsidiaries which were merged during the current year.

1	Asma Pharmacy LLC, Shindagha Pharmacy LLC and Union Pharmacy LLC have been converted as branches of Aster Pharmacies Group LLC with effect from October 1, 2020	3	Zabeel Pharmacy LLC has been converted as branch of Aster Al Shafar Pharmacies Group LLC with effect from October 1, 2020
2	Al Raffah Medical Centre LLC has been merged with Al Raffah Hospital LLC with effect from July 1, 2020		

\*\*Represents companies that are in the process of being wound up

#Although the percentage of voting rights as a result of legal holding by the Group is Nil, the Group has the power to appoint/replace all members of the Board of Directors. Consequently Group has control over the entity.

#### (c) Associates

	MIMS Infrastructure and Properties Private Limited, India
	Aries Holdings FZC, UAE
	Aries Investments LLC
	Al Mutamaizah Medcare Healthcare Investment Co.LLC
	AAQ Healthcare Investments LLC
	Alfaone Medicals Private Limited (Feb 01,2021)
	Alfaone Retail Pharmacies Private Limited( Feb 01,2021)

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 34 A Related parties (as per Ind AS) (continued)

### Related Party relationships (continued)

#### II) Other related parties with whom the group had transactions during the year (continued)

(a) Entities under common control/ Entities over which the Company has significant influence (Others)	DM Education and Research Foundation
	Aster DM Foundation
	Wayanad Infrastructure Private Limited
(b) Key managerial personnel and their relatives (KMP)	Dr. Azad Moopen ( Chairman and Managing Director)
	Alisha Moopen (Deputy Managing Director)
	Sreenath Reddy (Chief Financial Officer)
	Puja Aggarwal (Company Secretary)
	Daniel James Snyder (Independent Director) (till 20 April 2020)
	Prof. Biju Varkkey (Independent Director)
	Dr. Layla Mohamed Hassan Ali Almarzooqi (Independent Director)
	Ravi Prasad (Independent Director) (till 20 April 2020)
	James Mathew (Independent Director)
	Chenayappillil John George (Independent Director)
	Sridar Arvamudhan Iyengar (Independent Director)
	Suresh Muthukrishna Kumar (Independent Director)
	T J Wilson (Director)
	Anoop Moopen (Director)
	Daniel Robert Mintz (Director)
	Shamsudheen Bin Mohideen Mammu Haji (Director)

#### a) Related party transactions

Names to be consistent	Related party transactions	
	Year ended 31 March 2021	Year ended 31 March 2020
<b>Short term loans and advance repayment received</b>		
Aster DM Healthcare (Trivandrum) Private Limited	0.25	0.07
Aster Clinical Lab LLP	7.00	0.78
DM Medcity Hospitals (India) Private Limited	0.72	2.80
EMED Human Resources India Private Limited	0.00	0.47
<b>Short-term loans and advances given</b>		
Ambady Infrastructure Private Limited	0.22	0.17
DM Medcity Hospitals (India) Private Limited	0.77	2.17
Alfaone Medicals Private Limited	0.40	-
Aster Clinical Lab LLP	38.73	11.58
Aster DM Healthcare (Trivandrum) Private Limited	0.03	0.02
<b>Expenses incurred on behalf of subsidiaries / associates</b>		
DM Medcity Hospitals (India) Private Limited	0.90	1.06
Ambady Infrastructure Private Limited	0.02	0.02
Aster DM Healthcare FZC	0.98	0.13
Aster Clinical Lab LLP	0.58	0.60

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 34 A Related parties (as per Ind AS) (continued)

### Related Party relationships (continued)

#### a) Related party transactions (continued)

Names to be consistent	Related party transactions	
	Year ended 31 March 2021	Year ended 31 March 2020
Aster DM Healthcare (Trivandrum) Private Limited	0.11	0.31
EMED Human Resources India Private Limited	0.20	0.30
Dr. Moopens Healthcare Management Services LLC	3.68	2.31
Al Raffah Hospital LLC	0.06	0.08
DM Education and Research Foundation	0.03	0.01
Dr. Ramesh Cardiac and Multispeciality Hospital Private Limited	0.20	0.00
Sri Sainatha Multispeciality Hospitals Private Limited	0.36	0.12
Prerana Hospital Limited	0.68	0.10
Malabar Institute of Medical Sciences Ltd	4.05	0.62
<b>Repayment from subsidiaries</b>		
Malabar Institute of Medical Sciences Ltd	1.49	0.08
Ambady Infrastructure Private Limited	0.00	-
DM Medcity Hospitals (India) Private Limited	0.00	0.01
Dr. Moopens Healthcare Management Services LLC	0.39	0.65
Aster DM Healthcare FZC	0.11	-
EMED Human Resources India Private Limited	0.06	-
Prerana Hospital Limited	0.02	0.01
Sri Sainatha Multispeciality Hospitals Private Limited	0.63	*
Aster Clinical Lab LLP	0.24	*
Dr. Ramesh Cardiac and Multispeciality Hospital Private Limited	0.00	0.05
<b>Repayment to subsidiaries</b>		
Malabar Institute of Medical Sciences Ltd	-	0.13
Aster Clinical Lab LLP	4.78	-
Aster DM Healthcare (Trivandrum) Private Limited	0.00	-
Ambady Infrastructure Private Limited	0.00	-
DM Medcity Hospitals (India) Private Limited	0.01	0.07
DM Education and Research Foundation	4.04	5.77
EMED Human Resources India Private Limited	0.02	0.13
<b>Expenses incurred by subsidiaries / associates on behalf of company</b>		
Dr. Moopens Healthcare Management Services LLC	0.01	-
Aster DM Healthcare FZC	1.66	-
Prerana Hospital Limited	-	*
DM Medcity Hospitals (India) Private Limited	-	0.07
Malabar Institute of Medical Sciences Ltd	-	0.01
<b>Collection by subsidiaries on behalf of company</b>		
Dr. Moopens Healthcare Management Services LLC	3.09	2.02
Aster DM Healthcare FZC	0.82	-
DM Education and Research Foundation	6.24	-
<b>Collection by company on behalf of subsidiaries</b>		
Malabar Institute of Medical Sciences Ltd	-	0.13



# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 34 A Related parties (as per Ind AS) (continued)

### Related Party relationships (continued)

#### a) Related party transactions (continued)

Names to be consistent	Related party transactions	
	Year ended 31 March 2021	Year ended 31 March 2020
<b>Investments / capital contribution</b>		
Alfaone Medicals Private Limited	0.23	-
Malabar Institute of Medical Sciences Ltd	-	3.68
Sri Sainatha Multispeciality Hospitals Private Limited	-	16.07
Aster Clinical Lab LLP	-	1.00
Prerana Hospital Limited	-	1.29
<b>Sale of Medical consumables</b>		
Malabar Institute of Medical Sciences Ltd	0.03	0.08
Aster Clinical Lab LLP	3.51	-
<b>Sale of Fixed Asset</b>		
DM Medcity Hospitals (India) Private Limited	0.22	-
<b>Other Income</b>		
Dr. Moopens Healthcare Management Services LLC	-	0.45
DM Medcity Hospitals (India) Private Limited	0.00	*
Prerana Hospital Limited	0.01	0.04
Sri Sainatha Multispeciality Hospitals Private Limited	0.01	0.03
Aster Clinical Lab LLP	0.06	-
Dr. Ramesh Cardiac and Multispeciality Hospital Private Limited	0.00	*
Malabar Institute of Medical Sciences Ltd	0.04	0.26
<b>Sale of investments</b>		
EMED Human Resources India Private Limited	-	0.01
<b>Income from consultancy services</b>		
DM Education and Research Foundation	1.45	1.23
<b>Dividend received</b>		
Affinity Holdings Private Limited	-	91.11
<b>Managerial remuneration</b>		
Short term employee benefits	1.60	1.66
<b>Donation given</b>		
Aster DM Foundation	-	2.00
<b>Lease rental for land and Equipments</b>		
DM Medcity Hospitals (India) Private Limited	1.00	1.00
DM Education and Research Foundation	0.74	0.74
<b>Lease rental for medical equipment</b>		
Aster DM Healthcare (Trivandrum) Private Limited	0.06	0.05
<b>Guarantee commission expense</b>		
Ambady Infrastructure Private Limited	0.09	-
DM Medcity Hospitals (India) Private Limited	0.27	0.13
<b>Guarantee commission received</b>		
Prerana Hospital Limited	0.26	0.26
Sri Sainatha Multispeciality Hospitals Private Limited	0.00	-
Aster Clinical Lab LLP	0.04	-
Malabar Institute of Medical Sciences Ltd	0.78	0.73

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 34 A Related parties (as per Ind AS) (continued)

### Related Party relationships (continued)

#### a) Related party transactions (continued)

Names to be consistent	Related party transactions	
	Year ended 31 March 2021	Year ended 31 March 2020
<b>Interest on loan from related parties</b>		
EMED Human Resources India Private Limited	0.00	0.02
Ambady Infrastructure Private Limited	0.01	-
Alfaone Medicals Private Limited	0.01	-
Aster Clinical Lab LLP	2.26	0.29
<b>Other expenses</b>		
Malabar Institute of Medical Sciences Ltd	0.36	-
EMED Human Resources India Private Limited	0.02	0.08
Wayanad Infrastructure Private Limited	0.00	0.01
Aster Clinical Lab LLP	22.86	-
Dr. Moopens Healthcare Management Services LLC	0.01	-
DM Education and Research Foundation	6.75	4.79
Al Raffah Hospital LLC	-	0.12
Malabar Institute of Medical Sciences Ltd	-	*
<b>Interest income under Ind AS 109</b>		
Ambady Infrastructure Private Limited	0.50	-
Aster DM Healthcare (Trivandrum) Private Limited	7.79	-
DM Medcity Hospitals (India) Private Limited	1.59	-
<b>Interest income under the effective interest method on lease deposit</b>		
DM Education and Research Foundation	0.70	0.66
DM Medcity Hospitals (India) Private Limited	0.89	0.82
<b>Buyback of shares</b>		
Union Investments Private Limited	-	38.90
Anoop Moopen	-	0.21
Dr. Azad Moopen	-	0.36
Ziham Moopen	-	0.04
Alisha Moopen	-	0.02
Zeba Azad Moopen	-	0.02
T J Wilson	-	0.56
Shamsudheen Bin Mohideen Mammu Haji	-	1.18
<b>Employee stock option expense recharged</b>		
Aster DM Healthcare FZC	1.88	0.57

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 34 A Related parties (as per Ind AS) (continued)

### Related Party relationships (continued)

#### b) Balance receivable / (payable) as at the year end (continued)

Nature of transactions	As at 31 March 2021	As at 31 March 2020
<b>Financial assets - Other financial assets (current) - Dues from related parties</b>		
Prerana Hospital Limited	1.36	0.43
Aster DM Healthcare FZC	25.05	23.14
Aster Pharmacies Group LLC	0.39	0.39
Sri Sainatha Multispeciality Hospitals Private Limited	0.08	0.34
Dr. Ramesh Cardiac and Multispeciality Hospital Private Limited	0.24	0.04
Aster DM Healthcare (Trivandrum) Private Limited	0.10	0.26
Ambady Infrastructure Private Limited	0.19	0.02
Aster Clinical Lab LLP	-	0.60
DM Medcity Hospitals (India) Private Limited	1.75	0.89
EMED Human Resources India Private Limited	0.45	0.30
DM Education and Research Foundation	7.57	2.57
Dr. Moopens Healthcare Management Services LLC	8.71	2.33
Malabar Institute of Medical Sciences Ltd	5.86	2.74
<b>Financial assets - loans (Non current) - Dues from related parties</b>		
Aster DM Healthcare (Trivandrum) Private Limited**	81.08	73.29
Ambady Infrastructure Private Limited	5.21	4.71
DM Medcity Hospitals (India) Private Limited	16.50	14.91
Alfaone Medicals Private Limited	0.41	-
<b>Financial assets - loans (current) - Dues from related parties</b>		
Aster Clinical Lab LLP	44.92	11.09
EMED Human Resources India Private Limited	0.02	0.02
<b>Other financial liabilities (current) - Dues to related party</b>		
Union Investments Private Limited	(1.04)	(1.04)
<b>Other financial liabilities (current) - Dues to subsidiaries</b>		
Al Raffah Hospital LLC	(1.17)	(1.23)
Aster Clinical Lab LLP	(13.37)	-
<b>Other financial liabilities (current) - Dues to creditors for expenses</b>		
Wayanad Infrastructure Private Limited	(0.05)	(0.09)
EMED Human Resources India Private Limited	-	*
<b>Trade receivables</b>		
Prerana Hospital Limited	0.35	0.35
Dr. Moopen's Healthcare Management Services W.L.L, Qatar	0.04	0.04
<b>Other non current assets - Deferred lease expenses</b>		
DM Education and Research Foundation	2.89	3.63
DM Medcity Hospitals (India) Private Limited	5.73	6.68
<b>Other current assets - Deferred lease expenses</b>		
DM Education and Research Foundation	0.74	0.74
DM Medcity Hospitals (India) Private Limited	0.95	0.95
<b>Financial assets Loans - (non current) Rent and other deposits</b>		
DM Education and Research Foundation	10.75	10.05

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 34 A Related parties (as per Ind AS) (continued)

### Related Party relationships (continued)

#### b) Balance receivable / (payable) as at the year end (continued)

Nature of transactions	As at 31 March 2021	As at 31 March 2020
DM Medcity Hospitals (India) Private Limited	11.11	10.22
<b>Managerial remuneration payable</b>		
Short term employee benefits	0.05	0.08
<b>Guarantee given</b>		
Prerana Hospital Limited	72.50	47.19
Malabar Institute of Medical Sciences Ltd	174.00	139.84
Aster Clinical Lab LLP	16.00	-
<b>Guarantee received</b>		
Ambady Infrastructure Private Limited	35.00	-
DM Medcity Hospitals (India) Private Limited	75.00	47.67

\*Amount is below the rounding off norms adopted by the Company.

\*\*The amount disclosed is before loss allowance

## 34 B Investments, loans, guarantees and security

### (a) The company has made investment in the following companies:

Particulars	As at 31 March 2020	Allotment/ Purchases during the year	Sold During the year	Impairment/ Write off	As at 31 March 2021
<b>Investment in equity instruments</b>					
Sri Sainatha Multispeciality Hospitals Private Limited	54.57	-	-	-	54.57
Prerana Hospital Limited	42.94	-	-	-	42.94
Aster DM Healthcare (Trivandrum) Private Limited	8.01	-	-	-	8.01
DM Medcity Hospitals (India) Private Limited	0.01	-	-	-	0.01
Ambady Infrastructure Pvt Ltd	19.17	-	-	-	19.17
Affinity Holdings Private Limited	0.01	-	-	-	0.01
Malabar Institute of Medical Sciences Ltd	259.64	-	-	-	259.64
Dr.Ramesh Cardiac and Multispeciality Hospital Private Limited	186.55	-	-	-	186.55
Aster Clinical Labs LLP	1.00	-	-	-	1.00
Alfaone Medicals Private Limited	-	0.23	-	-	0.23
	<b>571.90</b>	<b>0.23</b>	<b>-</b>	<b>-</b>	<b>572.13</b>
<b>Investment in preference shares</b>					
Affinity Holdings Private Limited, Mauritius	1,455.82	-	-	-	1,455.82
	<b>1,455.82</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,455.82</b>
<b>Total Investments</b>	<b>2,027.72</b>	<b>0.23</b>	<b>-</b>	<b>-</b>	<b>2,027.95</b>

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 34 B Investments, loans, guarantees and security (continued)

### (b) The company has given unsecured loans to the following entities:

Particulars	As at 31 March 2020	Movement	As at 31 March 2021	Purpose of loans
<b>Subsidiaries</b>				
Aster DM Healthcare (Trivandrum) Private Limited	73.29	7.79	81.08	Financial Assistance
DM Medcity Hospitals (India) Private Limited	14.91	1.59	16.50	Financial Assistance
Ambady Infrastructure Private Limited	4.71	0.50	5.21	Financial Assistance
EMED HR (India) Private Limited	0.02	0.00	0.02	Financial Assistance
Aster Clinical Labs LLP	11.09	33.83	44.92	Financial Assistance
Alfaone Medicals Private Limited	-	0.41	0.41	Financial Assistance
	<b>104.02</b>	<b>44.12</b>	<b>148.14</b>	

### (c) The company has given guarantees to the following entities:

Entity	As at 31 March 2020	Movement	As at 31 March 2021	Purpose of loans
Sri Sainatha Multispeciality Hospitals Private Limited	2.00	-	2.00	Corporate guarantee given to Federal Bank to give Cash Credit Facility to Sri Sainatha Multispeciality Hospitals Private Limited
Prerana Hospital Limited	-	6.07	6.07	Corporate guarantee given to HDFC Bank to give working capital loan to Prerana Hospital Limited
Prerana Hospital Limited	-	66.43	66.43	Corporate guarantee given to HDFC Bank to give term loan to Prerana Hospital Limited
Prerana Hospital Limited	47.19	(47.19)	-	Corporate guarantee given to YES Bank to give working capital loan to Prerana Hospital Limited
Malabar Institute of Medical Sciences Ltd	112.85	32.15	145.00	Corporate guarantee given to HDFC Bank to give term loan to Malabar Institute of Medical Sciences Ltd
Malabar Institute of Medical Sciences Ltd	26.99	(26.99)	-	Corporate guarantee given to ICICI Bank to give working capital to Malabar Institute of Medical Sciences Ltd
Malabar Institute of Medical Sciences Ltd	-	29.00	29.00	Corporate guarantee given to Axis Bank to give working capital to Malabar Institute of Medical Sciences Ltd
Aster Clinical Labs LLP	-	1.00	1.00	Corporate guarantee given to Federal Bank to give Cash Credit Facility to Aster Clinical Labs LLP
Aster Clinical Labs LLP	-	15.00	15.00	Corporate guarantee given to Federal Bank to give term loan to Aster Clinical Labs LLP
	<b>189.03</b>	<b>75.47</b>	<b>264.50</b>	

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 35 Segment reporting

In accordance with Ind AS 108, Operating Segments, segment information has been provided in the consolidated financial statements of the Company and therefore no separate disclosure on segment information is given in the standalone financial statements.

## 36 Financial Instruments - Fair values and risk management

### A Accounting classifications and fair values

The following table shows the carrying amounts and fair values of financial assets and financial liabilities, including their levels in the fair value hierarchy.

31 March 2021

Particulars	Note	Carrying amount				Fair value			
		Financial assets at amortised cost	Mandatorily at FVTPL	Other financial liabilities at amortised cost	Total Carrying value	Level 1	Level 2	Level 3	Total
<b>Assets</b>									
<b>Financial assets not measured at fair value</b>									
Investments	6	2,150.65	-	-	2,150.65	-	-	-	-
Loans	13	183.43	-	-	183.43	-	-	-	-
Other financial assets	7	60.99	-	-	60.99	-	-	-	-
Trade receivables	10	42.92	-	-	42.92	-	-	-	-
Cash and Cash equivalents	11	6.79	-	-	6.79	-	-	-	-
Other bank balances	12	10.80	-	-	10.80	-	-	-	-
<b>Total</b>		<b>2,455.58</b>	<b>-</b>	<b>-</b>	<b>2,455.58</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Liabilities</b>									
<b>Financial liabilities not measured at fair value</b>									
Borrowings (including current maturities)	15	-	-	139.69	139.69	-	-	-	-
Lease liabilities	38	-	-	249.25	249.25	-	-	-	-
Trade payables	19	-	-	137.31	137.31	-	-	-	-
Other financial liabilities (excluding current maturities of long term borrowings)	16	-	91.20	22.87	114.07	-	-	91.20	91.20
<b>Total</b>		<b>-</b>	<b>91.20</b>	<b>549.12</b>	<b>640.32</b>	<b>-</b>	<b>-</b>	<b>91.20</b>	<b>91.20</b>

31 March 2020

Particulars	Note	Carrying amount				Fair value			
		Financial assets at amortised cost	Mandatorily at FVTPL	Other financial liabilities at amortised cost	Total Carrying value	Level 1	Level 2	Level 3	Total
<b>Assets</b>									
<b>Financial assets not measured at fair value</b>									
Investments	6	2,150.42	-	-	2,150.42	-	-	-	-
Loans	13	130.97	-	-	130.97	-	-	-	-



# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 36 Financial Instruments - Fair values and risk management (continued)

### A Accounting classifications and fair values (continued)

31 March 2020

Particulars	Note	Carrying amount				Fair value			
		Financial assets at amortised cost	Mandatorily at FVTPL	Other financial liabilities at amortised cost	Total Carrying value	Level 1	Level 2	Level 3	Total
Other financial assets	7	46.13	-	-	46.13	-	-	-	-
Trade receivables	10	44.78	-	-	44.78	-	-	-	-
Cash and Cash equivalents	11	15.55	-	-	15.55	-	-	-	-
Other bank balances	12	17.84	-	-	17.84	-	-	-	-
<b>Total</b>		<b>2,405.69</b>	<b>-</b>	<b>-</b>	<b>2,405.69</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Liabilities</b>									
<b>Financial liabilities not measured at fair value</b>									
Borrowings (including current maturities)	15	-	-	135.25	135.25	-	-	-	-
Lease liabilities	38	-	-	203.82	203.82	-	-	-	-
Trade payables	19	-	-	116.28	116.28	-	-	-	-
Other financial liabilities (excluding current maturities of long term borrowings)	16	-	76.65	96.40	173.05	-	-	76.65	76.65
<b>Total</b>		<b>-</b>	<b>76.65</b>	<b>551.75</b>	<b>628.40</b>	<b>-</b>	<b>-</b>	<b>76.65</b>	<b>76.65</b>

### B Measurement of fair values

The following methods and assumptions were used to estimate the fair values:

The fair value of the derivative put option is determined using Monte Carlo simulation. The significant unobservable inputs used in the fair value measurement are risk free rate, volatility and management projected EBITDA growth rates.

#### Level 3 fair values

The significant unobservable inputs used in the fair value measurement of the level 3 fair values together with a quantitative sensitivity analysis as at 31 March 2021 and 31 March 2020 are as shown below:

#### Reconciliation of Level 3 fair values

The following table shows a reconciliation from the opening balances to the closing balances for Level 3 fair values of derivative put option.

Particulars	Amount
<b>Balance as at 31 March 2019</b>	83.60
Net change in fair value (unrealised)	(10.61)
Addition during the year	3.66
<b>Balance as at 31 March 2020</b>	<b>76.65</b>
Net change in fair value (unrealised)	14.55
Addition during the year	-
<b>Balance as at 31 March 2021</b>	<b>91.20</b>

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 36 Financial Instruments - Fair values and risk management (continued)

### B Measurement of fair values (continued)

#### Sensitivity analysis

For the fair values of put option, reasonably possible changes at the reporting date to one of the significant unobservable inputs, holding other inputs constant, would have the following effects.

As at 31 March 2021	Profit or loss	
	Increase	Decrease
Volatility (1% movement)	(0.6) to 0.12	(0.12) to 0.7
EBITDA growth rates (1% movement)	2.18 to 68.6	(67.2) to (2.02)
Risk free rate (1% movement)	(69.1) to (1.52)	1.6 to 71.8

As at 31 March 2020	Profit or loss	
	Increase	Decrease
Volatility (1% movement)	(2.91) to (0.05)	0.17 to 5.83
EBITDA growth rates (1% movement)	0.19 to 2.93	(2.64) to (0.15)
Risk free rate (1% movement)	(7.75) to (0.20)	0.26 to 8.99

### C Financial risk management

The Company's activities expose it to a variety of financial risks: credit risk, market risk and liquidity risk.

#### i) Risk management framework

The Company's board of directors has overall responsibility for the establishment and oversight of the risk management framework. The Company's audit and risk management committee oversees how management monitors compliance with the risk management policies and procedures, and reviews the adequacy of the risk management framework in relation to the risks faced by the Company. The committee is assisted in its oversight role by internal audit. Internal audit undertakes both regular and ad-hoc reviews of risk management controls and procedures, the results of which are reported to the audit and risk management committee.

#### ii) Credit risk

Credit risk is the risk that the counterparty will not meet its obligation under a financial instrument or customer contract, leading to financial loss. The credit risk arises principally from its operating activities (primarily trade receivables) and from its investing activities, including deposits with banks and financial institutions and other financial instruments.

Credit risk is controlled by analysing credit limits and creditworthiness of customers on a continuous basis to whom credit has been granted after obtaining necessary approvals for credit. The collection from the trade receivables are monitored on a continuous basis by the receivables team.

The Company always measures the loss allowance for trade receivables at an amount equal to lifetime ECL. The expected credit losses on trade receivables are estimated using a provision matrix by reference to past default experience of the debtors and an analysis of the debtors' current financial position, adjusted for factors that are specific to the debtors, general economic conditions of the industry in which the debtors operate, and an assessment of both the current as well as the forecast direction of conditions at the reporting date. The maximum exposure to the credit risk at the reporting date is primarily from trade receivables amounting to 42.92 crore (31 March 2020: 44.78 crore) and unbilled receivables amounting to 4.21 crore (31 March 2020: 8.98 crore).

The movement in lifetime ECL in respect of trade and other receivables during the year was as follows:

Particulars	As at 31 March 2021	As at 31 March 2020
Balance at the beginning	8.13	2.49
Impairment loss recognised	0.55	5.64
<b>Balance at the end</b>	<b>8.68</b>	<b>8.13</b>

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 36 Financial Instruments - Fair values and risk management (continued)

### C Financial risk management (continued)

#### ii) Credit risk (continued)

No single customer accounted for more than 10% of the revenue as of 31 March 2021 and 31 March 2020. There is no significant concentration of credit risk.

Credit risk on cash and cash equivalent and other bank balances is limited as the Company generally transacts with banks and financial institutions with high credit ratings assigned by international and domestic credit rating agencies.

#### iii) Liquidity risk

Liquidity risk is the risk that the Company will encounter difficulty in meeting the obligations associated with its financial liabilities that are settled by delivering cash or another financial asset. Ultimate responsibility for liquidity risk management rests with the board of directors, which has established an appropriate liquidity risk management framework for management of the Company's short, medium and long-term funding and liquidity management requirements. The Company's approach to managing liquidity is to ensure, as far as possible, that it will always have sufficient liquidity to meet its liabilities when due, under both normal and stressed conditions, without incurring unacceptable losses or risking damage to the Company's reputation.

The table below provides details regarding the undiscounted contractual maturities of significant financial liabilities as of 31 March 2021:

Particulars	Less than 1 year	More than 1 year	Total
Trade payables	137.31	-	137.31
Current borrowings	38.71	-	38.71
Non current borrowings (including current maturities)	14.10	115.08	129.18
Lease liabilities	11.84	237.41	249.25
Other financial liabilities (excluding current maturities)	114.07	-	114.07
<b>Total</b>	<b>316.03</b>	<b>352.49</b>	<b>668.52</b>

The Company is using the cash inflows from the financial assets and the available bank facilities to manage the liquidity. The table below provides the cash inflows from significant financial assets as of 31 March 2021:

Particulars	Less than 1 year	More than 1 year	Total
Cash and Cash equivalents	6.79	-	6.79
Other bank balances	10.80	-	10.80
Investments	-	2,150.65	2,150.65
Trade receivables	42.92	-	42.92
Loans	44.94	138.49	183.43
Other financial assets	56.63	4.36	60.99
<b>Total</b>	<b>162.08</b>	<b>2,293.50</b>	<b>2,455.58</b>

The table below provides details regarding the undiscounted contractual maturities of significant financial liabilities as of 31 March 2020:

Particulars	Less than 1 year	More than 1 year	Total
Trade payables	116.28	-	116.28
Current borrowings	97.50	-	97.50
Non current borrowings (including current maturities)	4.96	42.71	47.67
Lease liabilities	4.61	199.21	203.82
Other financial liabilities (excluding current maturities)	96.40	-	96.40
<b>Total</b>	<b>319.75</b>	<b>241.92</b>	<b>561.67</b>

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 36 Financial Instruments - Fair values and risk management (continued)

### C Financial risk management (continued)

#### iii) Liquidity risk (continued)

The Company is using the cash inflows from the financial assets and the available bank facilities to manage the liquidity. The table below provides the cash inflows from significant financial assets as of 31 March 2020:

Particulars	Less than 1 year	More than 1 year	Total
Cash and Cash equivalents	15.55	-	15.55
Other bank balances	17.84	-	17.84
Investments	-	2,150.42	2,150.42
Trade receivables	44.78	-	44.78
Loans	11.11	119.86	130.97
Other financial assets	44.29	1.84	46.13
<b>Total</b>	<b>133.57</b>	<b>2,272.12</b>	<b>2,405.69</b>

Financial assets of INR 2455.58 Crore (including restricted deposits of INR2.36 Crore) as at 31 March 2021 carried at amortised cost is in the form of cash and cash equivalents, deposits, etc. where the Company has assessed the counterparty credit risk. Trade receivables of INR42.92 Crore as at 31 March, 2021 carried at amortised cost and is valued considering provision for allowance using expected credit loss method (if any). In addition to the historical pattern of credit loss, we have considered the likelihood of increased credit risk and consequential default considering emerging situations due to COVID-19. This assessment is not based on any mathematical model but an assessment considering the impact immediately seen in the demand outlook and the financial strength of the customers in respect of whom amounts are receivable. The Company has specifically evaluated the potential impact with respect to Healthcare service sector. The Company closely monitors its customers who are being impacted. Also a substantial portion of the financial asset is related to investments in subsidiary companies (INR 2150.65 Crore) and loans and advances to subsidiary companies (INR 183.89 Crore, net of provision of INR 13.48 Crore) wherein Management has considered the impact of COVID -19 on the projections while doing its assessment for impairment testing.

#### iv) Market risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices, such as foreign exchange rates, interest rates and equity prices.

#### Foreign currency risk

The Company undertakes transactions denominated in foreign currencies; consequently, exposures to exchange rate fluctuations arise. The Company is mainly exposed to AED, EUR, OMR and US dollar.

The carrying amounts of the Company's foreign currency denominated monetary assets and monetary liabilities at the reporting date are as follows:

As at 31 March 2021	AED	EUR	OMR	USD
Other current financial liabilities	-	-	1.17	-
Other financial assets	-	-	-	-
Cash and cash equivalents	0.07	-	-	0.01
<b>Net assets/(liabilities)</b>	<b>0.07</b>	<b>-</b>	<b>(1.17)</b>	<b>0.01</b>

As at 31 March 2020	AED	EUR	OMR	USD
Other current financial liabilities	-	1.63	1.23	4.03
Other financial assets	-	-	-	-
Cash and cash equivalents	0.07	-	-	0.08
<b>Net assets/(liabilities)</b>	<b>0.07</b>	<b>(1.63)</b>	<b>(1.23)</b>	<b>(3.95)</b>

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 36 Financial Instruments - Fair values and risk management (continued)

### C Financial risk management (continued)

#### iv) Market risk (continued)

##### Sensitivity analysis

The sensitivity of profit or loss to changes in exchange rates arises mainly from foreign currency denominated financial instruments. One per cent is the sensitivity rate used when reporting foreign currency risk internally to key management personnel and represents management's assessment of the reasonably possible change in foreign exchange rates. The sensitivity analysis includes only outstanding foreign currency denominated monetary items and adjusts their translation at the year-end for a one per cent change in foreign currency rates. A positive number below indicates an increase in profit and other equity where currency units strengthens one per cent against the relevant currency. For a one per cent weakening of currency units against the relevant currency, there would be a comparable impact on the profit and other equity, and the balances below would be negative.

Particulars	Impact on profit or (loss)		Impact on equity, net of tax	
	As at 31 March 2021	As at 31 March 2020	As at 31 March 2021	As at 31 March 2020
<b>AED Sensitivity</b>				
INR/ AED - Increase by 1%	*	*	*	*
INR/ AED - Decrease by 1%	*	*	*	*
<b>EUR Sensitivity</b>				
INR/ EUR - Increase by 1%	-	(0.02)	-	(0.02)
INR/ EUR - Decrease by 1%	-	0.02	-	0.02
<b>OMR Sensitivity</b>				
INR/ OMR - Increase by 1%	(0.01)	(0.01)	(0.01)	(0.01)
INR/ OMR - Decrease by 1%	0.01	0.01	0.01	0.01
<b>USD Sensitivity</b>				
INR/ USD - Increase by 1%	0.00	(0.04)	0.00	(0.04)
INR/ USD - Decrease by 1%	(0.00)	0.04	(0.00)	0.04

##### Interest rate risk

The Company is exposed to interest rate risk because the Company borrows funds at both fixed and floating interest rates. The Company's significant interest rate risk arises from long-term borrowings with variable interest rates, which expose the Company to cash flow interest rate risk. The interest rate on the Company's financial instruments is based on market rates. The Company monitors the movement in interest rates on an ongoing basis. The risk is managed by the Company by maintaining an appropriate mix between fixed and floating rate borrowings,

The exposure of the Company's borrowing to interest rate changes at the end of the reporting period are as follows:

Financial liabilities (bank borrowings)	As at 31 March 2021	As at 31 March 2020
Variable rate long term borrowings including current maturities	129.18	47.67

##### Sensitivity

Particulars	Impact on profit or (loss)		Impact on equity, net of tax	
	As at 31 March 2021	As at 31 March 2020	As at 31 March 2021	As at 31 March 2020
<b>Sensitivity</b>				
1% increase in MCLR rate	(1.29)	(0.48)	(1.29)	(0.48)
1% decrease in MCLR rate	1.29	0.48	1.29	0.48

The analysis is prepared assuming the amount of liability outstanding at the reporting date was outstanding for the whole year. A one per cent increase or decrease is used when reporting interest rate risk internally to key management personnel and represents management's assessment of the reasonably possible change in interest rates. The Company's sensitivity to interest rates has increased in the current year due to the additional variable rate long term borrowings taken during the year.

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 37 Employee benefits

- A** The Company has a defined benefit gratuity plan as per the Payment of Gratuity Act, 1972 ('Gratuity Act'). Under the Gratuity Act, employee who has completed five years of service is entitled to specific benefit. The gratuity benefit provides for a lump sum payment to vested employees at retirement, death while in employment or on termination of employment of an amount equivalent to 15 / 30 days' salary payable for each completed year of service.

Based on an actuarial valuation, the following table sets out the status of the gratuity plan and the amounts recognised in the Company's financial statements as at balance sheet date:

Particulars	As at 31 March 2021	As at 31 March 2020
Defined benefit obligation liability	7.69	5.99
Plan assets	-	-
<b>Net defined benefit liability</b>	<b>7.69</b>	<b>5.99</b>

## B Reconciliation of present value of defined benefit obligation

Particulars	As at 31 March 2021	As at 31 March 2020
Balance at beginning of the year	5.99	3.60
Benefit paid	(0.40)	(0.18)
Current service cost	1.93	1.64
Past service cost	-	0.30
Interest cost	0.35	0.25
Actuarial gain/(loss) recognised in other comprehensive income		
- changes in demographic assumptions	-	-
- changes in financial assumptions	-	0.39
- experience adjustments	(0.01)	(0.01)
Transfers In/(out)	(0.17)	-
<b>Balance at the end of the year</b>	<b>7.69</b>	<b>5.99</b>
<b>Net defined benefit (liability)</b>	<b>7.69</b>	<b>5.99</b>

## C (i) Expenses recognised in the statement of profit & Loss Account

Particulars	As at 31 March 2021	As at 31 March 2020
Current service cost	1.93	1.64
Past service cost	-	0.30
Interest cost	0.35	0.25
<b>Gratuity cost</b>	<b>2.28</b>	<b>2.19</b>

## (ii) Remeasurements recognised in other comprehensive income

Particulars	As at 31 March 2021	As at 31 March 2020
Actuarial gain/(loss) on defined benefit obligation	(0.01)	0.38
	<b>(0.01)</b>	<b>0.38</b>



# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 37 Employee benefits (continued)

### D Actuarial valuation

The present value of the defined benefit obligation, and the related current service cost and past service cost, were measured using the projected unit credit method. The defined benefit plan typically exposes the Company to actuarial risks such as: interest rate risk, longevity risk and salary risk.

Interest rate risk	A decrease in the bond interest rate will increase the plan liability
Longevity risk	The present value of the defined benefit plan liability is calculated by reference to the best estimate of the mortality of plan participants both during and after their employment. An increase in the life expectancy of the plan participants will increase the plan's liability.
Salary risk	The present value of the defined benefit plan liability is calculated by reference to the future salaries of plan participants. As such, an increase in the salary of the plan participants will increase the plan's liability.

#### (i) Assumptions used to determine benefit obligations:

Principal actuarial assumptions at the reporting date (expressed as weighted average)

Particulars	31 March 2021	31 March 2020
Discount rate	6.10%	6.10%
Future salary growth	6.00%	6.00%
Attrition rate	Below 35 years : 35% p.a. 35 yrs. & above : 6% p.a.	Below 35 years : 35% p.a. 35 yrs. & above : 6% p.a.
Mortality rate	IALM 2012-14 (Ult.)	IALM 2012-14 (Ult.)

The weighted-average assumptions used to determine net periodic benefit cost for the year ended 31 March 2021 and year ended 31 March 2020 as set out below

Particulars	31 March 2021	31 March 2020
Weighted average duration of defined benefit obligation	6	5

Assumptions regarding future mortality experience are set in accordance with the published statistics by the Life Insurance Corporation of India.

The Company assesses these assumptions with its projected long-term plans of growth and prevalent industry standards. The discount rate is based on the government securities yield.

Gratuity is applicable only to employees drawing a salary in Indian rupees and there are no other foreign defined benefit gratuity plans.

#### (ii) Sensitivity analysis

Significant actuarial assumptions for the determination of the defined benefit obligation are discount rate, expected salary increase and withdrawal rate. Reasonably possible changes at the reporting date to one of the actuarial assumptions, holding all other assumptions constant, would have affected the defined benefit obligation by the amounts shown below

Particulars	As at 31 March 2021		As at 31 March 2020	
	Increase	Decrease	Increase	Decrease
Discount rate (1% movement)	(0.57)	0.64	(0.45)	0.51
Future salary growth (1% movement)	0.64	0.57	0.51	(0.45)
Withdrawal rate (1% movement)	(0.07)	0.07	(0.07)	0.07

## Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

### 37 Employee benefits (continued)

#### D Actuarial valuation (continued)

##### (ii) Sensitivity analysis (continued)

The sensitivity analysis presented above may not be representative of the actual change in the defined benefit obligation as it is unlikely that the changes in assumptions would occur in isolation of one another as some of the assumptions may be correlated. In presenting the above sensitivity analysis, the present value of the defined benefit obligation has been calculated using the projected unit credit method at the end of the reporting period, which is the same as that applied in calculating the defined benefit obligation liability recognised in the balance sheet. There was no change in the methods and assumptions used in preparing the sensitivity analysis from prior years.

#### E Defined contribution plan

Particulars	For the year ended 31 March 2021	For the year ended 31 March 2020
Contribution to provident fund	6.50	6.40
Employee State Insurance	0.56	0.63
<b>Components recognised in the statement of profit and loss</b>	<b>7.06</b>	<b>7.03</b>

### 38 Leases

The Company has taken hospital premises on lease from various parties from where healthcare and management services are rendered. The leases typically run for a period of 1 year - 24 years. Lease payments are renegotiated nearing the expiry to reflect market rentals.

#### (i) Lease liabilities

Following are the changes in the lease liabilities for the year ended 31 March 2021 and 31 March 2020:

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Opening balance	203.82	112.90
Finance lease (under non current borrowings including current maturities) transferred to lease liabilities	-	0.90
Additions	43.05	84.00
Finance cost accrued during the period (refer note 27)	20.77	19.15
Payment of lease liabilities	(18.39)	(13.13)
<b>Closing balance</b>	<b>249.25</b>	<b>203.82</b>
Non-current lease liabilities	237.41	199.21
Current lease liabilities	11.84	4.61

#### (ii) Maturity analysis – contractual undiscounted cash flows

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Less than one year	21.23	17.38
One to five years	107.95	87.52
More than five years	440.15	353.14
<b>Total undiscounted lease liabilities at 31 March 2021</b>	<b>569.33</b>	<b>458.04</b>

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 38 Leases (continued)

### (iii) Right-of-use assets

Right-of-use assets are presented on the balance sheet.

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
<b>Gross carrying value</b>		
Opening balance	178.79	66.20
Deferred leases expenses (under current and non current assets) transferred to right of use assets	-	27.72
Finance lease asset (under property, plant and equipment) transferred to right of use assets	-	0.87
Addition to right-of-use assets	43.05	84.00
<b>Total gross carrying value</b>	<b>221.84</b>	<b>178.79</b>
<b>Accumulated Depreciation</b>		
Opening balance	14.47	-
Depreciation for the year (refer note 28)	13.45	12.89
Amortisation of deferred lease expenses (refer note 28)	1.52	1.50
Depreciation on finance lease asset (refer note 28)	0.32	0.08
<b>Total accumulated Depreciation</b>	<b>29.76</b>	<b>14.47</b>
<b>Net Balance</b>	<b>192.08</b>	<b>164.32</b>

### (iv) Amounts recognised in statement of profit or loss

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Lease rental expenses for lease where Ind AS 116 is not applicable	15.78	20.77
Interest on lease liabilities	20.77	19.15
Depreciation on right-of-use assets	15.29	14.47

### (v) Amounts recognised in statement of cash flows

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Total cash out flow for leases	18.39	13.13

The Company has benefited from a 5 month waiver of lease payments on buildings in India. The waiver of lease payments of ₹ 7.06 crore has been accounted for as a negative variable lease payment in standalone statement profit and loss. The Company has derecognised the part of the lease liability that has been extinguished by the forgiveness of lease payments, consistent with the requirements of Ind AS 109:3.3.1.

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 39 Capital management

The Company's policy is to maintain a stable capital base so as to maintain investor, creditor and market confidence and to sustain future development of the business. Management monitors capital on the basis of return on capital employed as well as the debt to total equity ratio.

For the purpose of debt to total equity ratio, debt considered is long-term and short-term borrowings. Total equity comprise of issued share capital and all other equity reserves.

The capital structure as of 31 March 2021 and 31 March 2020 was as follows:

Particulars	As at 31 March 2021	As at 31 March 2020
Total equity attributable to the equity shareholders of the Company	2,864.11	2,930.60
<b>As a percentage of total capital</b>	94%	95%
Long-term borrowings including current maturities	129.18	47.67
Short-term borrowings	38.71	97.50
<b>Total borrowings</b>	<b>167.89</b>	<b>145.17</b>
As a percentage of total capital	6%	5%
<b>Total capital (Equity and Borrowings)</b>	<b>3,032.00</b>	<b>3,075.77</b>

## 40 Share based payments

### A Description of share-based payment arrangements- Share option plans (equity-settled)

The Company has issued stock options under the DM Healthcare Employees Stock Option Plan 2013 ("DM Healthcare ESOP 2013" or "2013 Plan") during the financial year ended 31 March 2013. The 2013 Plan covers all non-promoter directors and employees of the Company and its subsidiaries (collectively referred to as "eligible employees"). Under this plan, holders of vested options are entitled to purchase shares at the exercise price approved by the Nomination and Remuneration Committee (agreed at 25% discount at previous day closing traded share price). The Nomination and Remuneration Committee granted the options on the basis of performance, criticality and potential of the employees as identified by the management. Each employee share option converts into one equity share of the Company on exercise. No amounts are paid or payable by the recipient on receipt of the option. The options carry neither rights to dividends nor voting rights. Options may be exercised at any time from the date of vesting to the date of their expiry. If the options remain unexercised at the end of the contractual life of the option, the options expire. Options are forfeited if the employee leaves the Company before the options vest.

The Company has granted different categories of options on 2 March 2013, 1 April 2014, 1 April 2015, 22 November 2016, 7 June 2017, 1 March 2018, 30 April 2018, 12 February 2019, 28 May 2019, 29 August 2019, 11 November 2019, 10 February 2020, 22 June 2020, 8 February 2021 on different terms viz; incentive options, milestone options, performance options and loyalty options.

The Company has computed the fair value of the options for the purpose of accounting of employee compensation cost/ expense over the vesting period of the options.

Option Type	Grant date	Number of instruments	Exercise price	Vesting conditions	Contractual life of options
Incentive option	2 March 2013	3,44,280	50	At the end of 1 year based on performance	5 years from the date of grant*
Incentive option	1 April 2014	3,44,280	50		
Incentive option	1 April 2015	3,60,526	50		
Incentive option	22 November 2016	4,10,385	50	50% at the end of first year and 25% each at the end of second & third year based on performance.	
Incentive option	7 June 2017	1,48,000	175	25% at the end of each financial year over a period of 4 years based on performance.	

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 40 Share based payments (continued)

### A Description of share-based payment arrangements- Share option plans (equity-settled) (continued)

Option Type	Grant date	Number of instruments	Exercise price	Vesting conditions	Contractual life of options
Milestone option	2 March 2013	7,15,986	50	25% at the end of each financial year over a period of 4 years based on performance.	
Milestone option	1 April 2014	2,54,537	50		
Milestone option	1 April 2015	27,493	50		
Milestone option	22 November 2016	1,38,000	50	50% at the end of first year and 25% each at the end of second & third year each based on performance.	
Milestone option	7 June 2017	1,11,000	175	25% at the end of each financial year over a period of 4 years based on performance.	
Performance option	1 March 2018	4,82,200	142		
Performance option	1 March 2018	1,83,829	50		
Performance option	12 February 2019	1,26,400	116		
Performance option	12 February 2019	1,72,200	116	50% at the end of each financial year over a period of 2 years based on performance.	5 years from the date of grant*
Performance option	28 May 2019	1,17,600	102	25% at the end of each financial year over a period of 4 years based on performance.	
Performance option	29 August 2019	5,15,400	89		
Performance option	29 August 2019	2,62,500	89	3 annual tranches of 33%, 33% and 34% respectively each based on the performance.	
Performance option	11 November 2019	10,800	107	25% at the end of each financial year over a period of 4 years based on performance.	
Performance option	10 February 2020	10,800	123		
Performance option	22 June 2020	30,000	91.85		
Performance option	8 February 2021	15,000	115		
Loyalty option	2 March 2013	4,20,000	10	100% vesting at the end of 1 year from date of grant.	
Loyalty option	1 April 2014	9,000	10		
Loyalty option	1 April 2015	15,000	10		
Loyalty option	22 November 2016	1,76,000	10	80% vesting on completion of 6 years' service and 20% vesting on completion of 9 years' service subject to minimum vesting period of 1 year from date of grant.	
Loyalty option	7 June 2017	2,85,000	10		
Loyalty option	1 March 2018	1,46,800	10	75% vesting on completion of 6 years' service and 25% vesting on completion of 9 years' service subject to minimum vesting period of 1 year from date of grant.	5 years from the date of vesting
Loyalty option	30 April 2018	71,000	10	At the end of 1 year from the date of grant.	
Loyalty option	12 February 2019	31,600	10	75% vesting on completion of 6 years' service and 25% vesting on completion of 9 years' service subject to minimum vesting period of 1 year from date of grant.	
Loyalty option	12 February 2019	37,700	10	At the end of 1 year from the date of grant.	

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 40 Share based payments (continued)

### A Description of share-based payment arrangements- Share option plans (equity-settled) (continued)

Option Type	Grant date	Number of instruments	Exercise price	Vesting conditions	Contractual life of options
Loyalty option	28 May 2019	29,400	10	2 tranches upon completion of 6 years and 9 years of service	
Loyalty option	29 August 2019	5,18,600	10	37.5% vesting on completion	5 years from the date of vesting
Loyalty option	11 November 2019	7,200	10	of 3 years and 6 years each	
Loyalty option	10 February 2020	7,200	10	respectively and 25% on	
Loyalty option	22 June 2020	30,000	10	completion of 9 years.	

### B Measurement of fair value

The Company has computed the fair value of the options for the purpose of accounting of employee compensation cost/ expense over the vesting period of the options. The fair value of the option is calculated using the Black-Scholes Option Pricing model. The fair value of the options and the inputs used in the measurement of the grant-date fair values of the equity-settled share based payment plans are as follows:

Option Type	Incentive option				
Date of grant	7 June 2017	22 November 2016	1 April 2015	1 April 2014	2 March 2013
Fair value at grant date	₹ 87.20	₹ 173.09	₹ 216.86	₹ 77.07	₹ 40.90
Share price at grant date	₹ 233.00	₹ 216.71	₹ 259.65	₹ 132.56	₹ 170.00
Exercise Price	₹ 175.00	₹ 50.00	₹ 50.00	₹ 50.00	₹ 50.00
Expected volatility	0.001%	0.001%	0.001%	0.001%	Nil
Expected life	2.75 years	2.25 years	2 years	2 years	1.96 years
Expected dividends	Nil	Nil	Nil	Nil	Nil
Risk-free interest rate	6.64%	6.08%	7.79%	8.89%	7.95%

Option Type	Milestone option				
Date of grant	7 June 2017	22 November 2016	1 April 2015	1 April 2014	2 March 2013
Fair value at grant date	₹ 87.20	₹ 173.31	₹ 219.21	₹ 78.50	₹ 48.68
Share price at grant date	₹ 232.75	₹ 216.71	₹ 259.65	₹ 132.56	₹ 170.00
Exercise Price	₹ 175.00	₹ 50.00	₹ 50.00	₹ 50.00	₹ 50.00
Expected volatility	0.001%	0.001%	0.001%	0.001%	Nil
Expected life	2.75 years	2.23 years	2.75 years	2.80 years	2.80 years
Expected dividends	Nil	Nil	Nil	Nil	Nil
Risk-free interest rate	6.64%	6.08%	7.79%	8.89%	7.95%

Option Type	Performance options					
Date of grant	29 August 2019	28 May 2019	12 February 2019	12 February 2019	1 March 2018	1 March 2018
Fair value at grant date	₹ 49.68	₹ 60.76	₹ 71.55	₹ 65.16	₹ 133.44	₹ 61.55
Share price at grant date	₹ 117.55	₹ 137.75	₹ 157.85	₹ 157.85	₹ 173.10	₹ 173.10
Exercise Price	₹ 89.00	₹ 102.00	₹ 116.00	₹ 116.00	₹ 50.00	₹ 142.00
Expected volatility	36.250%	32.21%	39.950%	39.950%	16.380%	16.380%
Expected life	2.67 years	3 years	2.75 years	2 years	2.50 years	2.50 years
Expected dividends	Nil	Nil	Nil	Nil	Nil	Nil
Risk-free interest rate	6.54%	7.10%	6.78%	6.78%	7.76%	7.76%



# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 40 Share based payments (continued)

### B Measurement of fair value (continued)

Option Type	Performance options			
Date of grant	29 August 2019	11 November 2019	22 June 2020	8 February 2021
Fair value at grant date	₹ 51.60	₹ 64.66	₹ 119.80	₹ 151.75
Share price at grant date	₹ 117.55	₹ 144.75	₹ 121.95	₹ 157.23
Exercise Price	₹ 89.00	₹ 107.00	₹ 91.85	₹ 115.00
Expected volatility	36.250%	35.660%	41.030%	41.230%
Expected life	3 years	3 years	2.50 years	2.50 years
Expected dividends	Nil	Nil	Nil	Nil
Risk- free interest rate	6.54%	6.53%	5.88%	6.04%

Option Type	Loyalty option					
Date of grant	1 March 2018	7 June 2017	22 November 2016	1 April 2015	1 April 2014	2 March 2013
Fair value at grant date	₹ 165.47	₹ 226.89	₹ 208.88	₹ 251.09	₹ 124.19	₹ 161.42
Share price at grant date	₹ 173.10	₹ 233.00	₹ 216.71	₹ 259.65	₹ 132.56	₹ 170.00
Exercise Price	₹ 10.00	₹ 10.00	₹ 10.00	₹ 10.00	₹ 10.00	₹ 10.00
Expected volatility	16.380%	0.001%	0.001%	0.001%	0.001%	Nil
Expected life	4.50 years	2.61 years	3.14 years	2 years	2 years	2 years
Expected dividends	Nil	Nil	Nil	Nil	Nil	Nil
Risk- free interest rate	6.64%	6.64%	6.08%	7.79%	8.89%	7.95%

Option Type	Loyalty option					
Date of grant	30 April 2018	12 February 2019	12 February 2019	28 May 2019	29 August 2019	11 November 2019
Fair value at grant date	₹ 162.48	₹ 129.61	₹ 149.41	₹ 131.79	₹ 109.68	₹ 137.84
Share price at grant date	₹ 170.95	₹ 157.85	₹ 157.85	₹ 137.75	₹ 117.55	₹ 144.75
Exercise Price	₹ 10.00	₹ 10.00	₹ 10.00	₹ 10.00	₹ 10.00	₹ 10.00
Expected volatility	48.990%	39.950%	39.950%	32.210%	36.250%	35.660%
Expected life	2.50 years	2.50 years	2.50 years	7.26 years	3.09 years	5.84 years
Expected dividends	Nil	Nil	Nil	Nil	Nil	Nil
Risk- free interest rate	6.63%	6.78%	6.78%	7.10%	6.54%	6.53%

Option Type	Loyalty option			
Date of grant	10 February 2020	10 February 2020	22 June 2020	8 February 2021
Fair value at grant date	₹ 157.10	₹ 157.10	₹ 119.80	₹ 151.75
Share price at grant date	₹ 164.10	₹ 164.10	₹ 121.95	₹ 157.23
Exercise Price	₹ 10.00	₹ 10.00	₹ 10.00	₹ 10.00
Expected volatility	34.640%	34.640%	41.030%	41.230%
Expected life	5.73 years	5.73 years	2.50 years	3.64 years
Expected dividends	Nil	Nil	Nil	Nil
Risk- free interest rate	6.42%	6.42%	5.88%	6.04%

Expected volatility has been based on an evaluation of the historical volatility of the Company's share price, particularly over the historical period commensurate with the expected term. The expected term of the instruments has been based on historical experience and general option holder behaviour.

# Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 40 Share based payments (continued)

### C Reconciliation of outstanding share options

The number and weighted-average exercise prices of share options under the share option plans are as follows:

Particulars	31 March 2021	31 March 2020
Outstanding as on 1 April	0.18	0.17
Granted during the year	0.01	0.15
Lapsed / forfeited during the year	(0.03)	(0.09)
Exercised during the year	(0.02)	(0.03)
Expired during the year	(0.00)	(0.01)
Options outstanding at the end of the year	0.14	0.18
Options exercisable at the end of the year	0.04	0.02
Weighted average share price at the date of exercise for share options exercised during the period (in INR)	57.12	55.37
Weighted average share price at the date of exercise for share options granted during the period (in INR)	63.84	60.38

The options outstanding at 31 March 2021 have an exercise price in the range of INR 10 to INR 123 (31 March 2020: INR 10 to INR 123) and a weighted average remaining contractual life of 5.43years (31 March 2020: 4.95 years).

### D Expense recognised in statement of profit and loss

For details on the employee benefits expense, see Note 26.

**41** The Company has established a comprehensive system of maintenance of information and documents as required by the transfer pricing legislation under sections 92-92F of the Income Tax Act, 1961. Since the law requires existence of such information and documentation to be contemporaneous in nature, the Company is in the process of updating the documentation for the international transactions entered into with associated enterprises during the financial period and expects such records to be in existence latest by the date of filing its income tax return as required by the law. The management is of the opinion that its international transactions are at arm's length so that the aforesaid legislation will not have any impact on the financial statements, particularly on the amount of tax expense and that of provision for taxation.

**42** In March 2020, the World Health Organisation declared COVID-19 to be a pandemic. This pandemic resulted in disruption to regular business operations due to lockdown, disruptions in transportation, travel bans, quarantines, social distancing and other emergency measures imposed by the government. The Company adopted measures to curb the spread of infection in order to protect the health of its employees and ensure business continuity with minimal disruption and has considered available internal and external information up to the date of approval of the financial statements by the Board of Directors. The Company has used the principles of prudence in applying judgements, estimates and assumptions including sensitivity analysis and the Company has evaluated impact of the pandemic in assessing the recoverability of property plant and equipment (including Capital work in progress), investments, intangibles, inventories, receivables and other assets based on its review of current indicators of future economic conditions. Based on current estimates, including the availability of financing facilities for maintaining liquidity, the Company expects to fully recover the carrying amount of these assets. Further, the Company has taken various measures to reduce its fixed cost - for example, salary reductions, optimization of administrative, sales and marketing costs, deferment of capex along with judicious resource allocation and requesting for the waiver of minimum guarantee fee and revenue share for hospital premises taken on lease. The eventual outcome of impact of the global health pandemic may be different from that which has been estimated as on the date of approval of these financial statements. The Company will continue to monitor any material changes to future economic conditions and the consequent impact on its business, if any, and any significant impact of these changes would be recognized in the financial statements as and when these material changes to economic conditions arise.

## Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

**43** During the year ended 31 March 2018, the Company had completed the initial public offer (IPO), pursuant to which 51,586,145 equity shares having face value of INR 10 each were allotted/ allocated, at an issue price of INR 190 , consisting of fresh issue of 38,157,894 equity shares and an offer for sale of 13,428,251 equity shares by selling shareholders. The equity shares of the Company were listed on National Stock Exchange of India Limited (NSE) via Symbol ASTERDM and BSE Limited (BSE) via Scrip Code 540975 on 26 February 2018.

The gross proceeds of fresh issue of equity shares from IPO amounts to INR 725 crore. The Company's share of fresh issue related expenses of INR 44.32 crore has been adjusted against securities premium. Details of utilisation of IPO proceeds are as follows:

Particulars	Objects of issue as per prospectus	Utilised up to 30 June 2020	Unutilised amount as at 31 March 2021
Repayment/ prepayment of debt	564.16	564.16	-
Purchase of medical equipment	110.31	110.31	-
Fresh issue related expenses	44.32	44.32	-
General corporate purposes*	6.21	6.21	-
<b>Total</b>	<b>725.00</b>	<b>725.00</b>	<b>-</b>

\*The excess utilised has been adjusted against fresh issue related expenses.

**44** The Indian Parliament has approved the Code on Social Security, 2020 and Code on Wages, 2019 ['Codes'] relating to employee benefits during employment and post-employment benefits in September 2020 and the same has received Presidential Assent. The Codes have been published in the Gazette of India. However, the date on which the Codes will come into effect has not yet been notified. The Company will need to assess the impact of the above. The impact will be recorded in the first period after the Codes become effective.

**45** During the year ended 31 March 2021, the Company has made the following reclassifications. Comparative numbers have been reclassified accordingly.

**(a)** The Company has adjusted the value of shares held by the ESOP Trust but not yet allotted to employees of INR 2.72 crores as at 31 March, 2020 with the value of the issued, subscribed and paid up capital as at that date, which was previously included under other equity. Accordingly the previously reported financial results for the year ended 31 March, 2020 have been restated as follows:

Particulars	As at 31 March 2020	
	(as previously stated)	(as restated)
Equity Share capital	499.52	496.80
Other Equity	2,431.08	2,433.80
<b>Total shareholders' equity</b>	<b>2,930.60</b>	<b>2,930.60</b>

The above reclassification does not impact the total value of shareholders' equity

## Notes to the Standalone Financial Statements (Contd..)

(All amounts in Indian rupee crores)

### 45 (continued)

- (b) During the year ended 31 March 2021, the Company has reclassified certain other consumables from purchase of medicines and consumables to other expenses and has disclosed laboratory outsourcing charges as a separate item of expenditure previously included in other expenses. Comparative numbers have been reclassified accordingly.

Particulars	As at 31 March 2020	
	(as previously stated)	(as restated)
Purchase of medicines and consumables	194.57	184.95
Other Expenses	180.81	182.25
Laboratory Outsourcing Charges	-	8.18
<b>Total expenses</b>	<b>375.38</b>	<b>375.38</b>

- 46 The financial statements of the Company for the year ended 31 March 2020, were audited by B S R & Associates LLP, Chartered Accountants.

for and on behalf of the Board of Directors of

**Aster DM Healthcare Limited**

CIN : L85110KA2008PLC147259

**Dr. Azad Moopen**

Chairman and Managing Director

DIN 00159403

Dubai

22 June 2021

**Sreenath Reddy**

Chief Financial Officer

Dubai

22 June 2021

**T J Wilson**

Director

DIN 02135108

Dubai

22 June 2021

**Puja Aggarwal**

Company Secretary

Membership no. : ACS49310

Bengaluru

22 June 2021

# **Consolidated Financial Statements**

# Independent Auditors' Report

To the Members of **Aster DM Healthcare Limited**

## Report on the Audit of the Consolidated Financial Statements

### Opinion

We have audited the accompanying consolidated financial statements of Aster DM Healthcare Limited (the Parent) and its subsidiaries, (the Parent and its subsidiaries together referred to as "the Group") which includes the Group's share of profit in its associates, which comprise the Consolidated Balance Sheet as at 31 March 2021, and the Consolidated Statement of Profit and Loss including Other Comprehensive Income, the Consolidated Statement of Cash Flows and the Consolidated Statement of Changes in Equity for the year then ended, and a summary of significant accounting policies and other explanatory information.

In our opinion and to the best of our information and according to the explanations given to us and based on the consideration of reports of the other auditors on separate financial statements of the subsidiaries referred to in the Other Matters section below, the aforesaid consolidated financial statements give the information required by the Companies Act, 2013 ("the Act") in the manner so required and give a true and fair view in conformity with the Indian Accounting Standards prescribed under section 133 of the Act read with the Companies (Indian Accounting Standards) Rules, 2015, as amended ('Ind AS') and other accounting principles generally accepted in India, of the consolidated state of affairs of the Group as at 31 March 2021, and their consolidated profit, their consolidated total comprehensive income, their consolidated cash flows and their consolidated changes in equity for the year ended on that date.

### Basis for Opinion

We conducted our audit of the consolidated financial statements in accordance with the Standards on Auditing specified under section

143 (10) of the Act (SAs). Our responsibilities under those Standards are further described in the Auditor's Responsibility for the Audit of the consolidated financial statements section of our report. We are independent of the Group and its associates in accordance with the Code of Ethics issued by the Institute of Chartered Accountants of India (ICAI) together with the ethical requirements that are relevant to our audit of the consolidated financial statements under the provisions of the Act and the Rules made thereunder, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the ICAI's Code of Ethics. We believe that the audit evidence obtained by us and the audit evidence obtained by the other auditors in terms of their reports referred to in the sub-paragraph (a) of the Other Matters section below, is sufficient and appropriate to provide a basis for our audit opinion on the consolidated financial statements.

### Emphasis of Matter

We draw attention to Note 46 of the consolidated financial statements, which describes the effects of the continuing uncertainties arising from the outbreak of COVID-19 pandemic and the consequential impact on the consolidated financial statements of the Company for the year ended 31 March 2021. Our opinion is not modified in respect of this matter.

### Key Audit Matters

Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the consolidated financial statements of the current period. These matters were addressed in the context of our audit of the consolidated financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. We have determined the matters described below to be the key audit matters to be communicated in our report.

Key Audit Matter	Auditor's Response
<b>1. Evaluation of Impairment Assessment of Goodwill</b> <p>As at 31 March 2021, the Group had Rs. 1,052.24 crores of Goodwill allocated across the Group's various cash generating units. The management tests such goodwill for impairment annually or more frequently, if there is a trigger for assessing impairment.</p> <p>The Group's evaluation of impairment of its goodwill arising from its business combinations involves a comparison of its expected recoverable values against its carrying values. The recoverable amount of the Cash Generating Unit (CGU) to which the goodwill is allocable is based on Value in Use (VIU) calculations determined based on a discounted cash flow model. Determination of VIU involves significant estimates and judgements related to future revenue forecasts and margins, terminal growth rates and discount rates to be considered, including possible impacts of the pandemic.</p>	<b>Principal Audit procedures:</b> <p>We tested the design, implementation and operating effectiveness of internal controls over the Group's impairment evaluation by testing on a sample basis:</p> <ul style="list-style-type: none"> <li>The forecasting process including controls related to the development of the revenue growth rates and EBITDA margins.</li> <li>The goodwill impairment review specifically the assumptions used to develop the terminal growth rate, discount rates and the mathematical accuracy of the workings and basis for final conclusion.</li> </ul> <p>We received the managements evaluation of the impairment assessment for sample CGU's and evaluated reasonableness of management's assumptions related to revenue growth rates, EBITDA margins and discount rates by considering (i) the current and past performance of each of the cash generating units, (ii) the consistency of internal assumptions with external market information and (iii) whether these assumptions were consistent</p>



# Independent Auditors' Report (Contd..)

## Key Audit Matters (Contd..)

Key Audit Matter	Auditor's Response
<p>Given the above complexities, the determination of recoverable amount is subjective as it involves specific assumptions applicable to each CGU which includes revenue growth rates, Earning Before Interest, Tax, Depreciation and Amortisation (EBITDA) margins, terminal growth rates and discount rates applied to estimated future cash flows.</p> <p>Refer note 3.6 for policy on "Impairment of non-financial assets"– Goodwill, note 2D on "Critical accounting estimates and assumptions" related to impairment reviews and note 5 "Intangible assets" for disclosures related to Impairment review of goodwill in the consolidated financial statements.</p>	<p>with evidence obtained in other areas of the audit and also (iv) subjected the various assumptions to certain sensitivity to key inputs and (v) testing the integrity and mathematical accuracy of the impairment models.</p> <p>We involved our internal fair value specialists to assist in the evaluation of the appropriateness of the Group's model for calculating value in use for each of the cash generating units and reasonableness of certain significant assumptions, such as the terminal growth rate and discount rates.</p> <p>We reviewed the impairment disclosures to ensure consistency against the requirements of Ind AS 36 – Impairment of Assets.</p>
<p><b>2. Estimates of Variable considerations under Ind AS 115</b></p> <p>The Group's significant revenues arise from patients covered under insurance. The Group determines the transaction price after adjusting the estimates for variable considerations, in accordance with Ind AS 115-Revenue from contracts with customers.</p> <p>In calculating the variable considerations, the Group considers the nature and coverage through insurance and other parties, the history of adjustments and rejections, and the probability of rejections, discounts, rebates, price concessions, or other similar items.</p> <p>Management exercises judgement in determination of estimates of variable considerations which impacts the transaction price at which the revenue is to be recognised.</p> <p>Refer Note 3.9 to the consolidated financial statements.</p>	<p><b>Principal Audit procedures:</b></p> <p>Our procedures, including those carried out by other auditors, included the following:</p> <ul style="list-style-type: none"> <li>▪ Evaluation of the design and implementation of controls over the compilation of the information with regard to the trend of rejections, settlement discounts, and future expected trends considered in determining the estimates of variable considerations.</li> <li>▪ We received the calculations considered by the Group's management with regard to the estimates of variable considerations and performed substantive procedures for samples as below: <ul style="list-style-type: none"> <li>– The accuracy of the source data such as revenue, rejection amount, reasons for rejections with the insurance / third party administrator (TPA) settlement reports and settlement amount used in determining the estimate of variable considerations.</li> <li>– Recomputed and compared the amount of variable consideration adjusted to the transaction price, based on total claims submitted vs. rejections received to date, and reconciled any material differences.</li> </ul> </li> </ul>

## Information Other than the Financial Statements and Auditor's Report Thereon

- The Parent's Board of Directors is responsible for the other information. The other information comprises the information included in the Management Discussion and Analysis, Corporate Governance report, Directors' report and Business Responsibility Report, but does not include the consolidated financial statements, standalone financial statements and our auditor's report thereon.
- Our opinion on the consolidated financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.
- In connection with our audit of the consolidated financial statements, our responsibility is to read the other information, compare with the financial statements of the subsidiaries audited by the other auditors, to the extent it relates to these

entities and, in doing so, place reliance on the work of the other auditors and consider whether the other information is materially inconsistent with the consolidated financial statements or our knowledge obtained during the course of our audit or otherwise appears to be materially misstated. Other information so far as it relates to the subsidiaries, is traced from their financial statements audited by the other auditors.

- If based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

## Management's Responsibility for the Consolidated Financial Statements

The Parent's Board of Directors is responsible for the matters stated in section 134(5) of the Act with respect to the preparation

## Independent Auditors' Report (Contd..)

### Management's Responsibility for the Consolidated Financial Statements (Contd..)

of these consolidated financial statements that give a true and fair view of the consolidated financial position, consolidated financial performance including other comprehensive income, consolidated cash flows and consolidated changes in equity of the Group including its associates in accordance with the Ind AS and other accounting principles generally accepted in India. The respective Board of Directors of the companies included in the Group and of its associates are responsible for maintenance of adequate accounting records in accordance with the provisions of the Act for safeguarding the assets of the Group and its associates and for preventing and detecting frauds and other irregularities; selection and application of appropriate accounting policies; making judgments and estimates that are reasonable and prudent; and design, implementation and maintenance of adequate internal financial controls, that were operating effectively for ensuring the accuracy and completeness of the accounting records, relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error, which have been used for the purpose of preparation of the consolidated financial statements by the Directors of the Parent, as aforesaid.

In preparing the consolidated financial statements, the respective Board of Directors of the companies included in the Group and of its associates are responsible for assessing the ability of the respective entities to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the respective Board of Directors either intends to liquidate their respective entities or to cease operations, or has no realistic alternative but to do so.

### Auditor's Responsibility for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with SAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these consolidated financial statements.

As part of an audit in accordance with SAs, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a

material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal financial control relevant to the audit in order to design audit procedures that are appropriate in the circumstances. Under section 143(3)(i) of the Act, we are also responsible for expressing our opinion on whether the Parent has adequate internal financial controls system in place and the operating effectiveness of such controls.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of the Group and its associates to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the consolidated financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Group and its associates to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the Group and its associates to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the audit of the financial statements of such entities included in the consolidated financial statements of which we are the independent auditors. For the other entities included in the consolidated financial statements, which have been audited by the other auditors, such other auditors remain responsible for the direction, supervision and performance of the audits carried out by them. We remain solely responsible for our audit opinion.

Materiality is the magnitude of misstatements in the consolidated financial statements that, individually or in aggregate, makes it probable that the economic decisions of a reasonably knowledgeable user of the consolidated financial statements may be influenced. We consider quantitative materiality and qualitative factors in (i) planning the scope of our audit work and in evaluating the results of our work; and (ii) to evaluate the effect of any identified misstatements in the consolidated financial statements.

# Independent Auditors' Report (Contd..)

## Auditor's Responsibility for the Audit of the Consolidated Financial Statements (Contd..)

We communicate with those charged with governance of the Parent and such other entities included in the consolidated financial statements of which we are the independent auditors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

From the matters communicated with those charged with governance, we determine those matters that were of most significance in the audit of the consolidated financial statements of the current period and are therefore the key audit matters. We describe these matters in our auditor's report unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, we determine that a matter should not be communicated in our report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.

## Other Matters

- (a) We did not audit the financial statements of 57 subsidiaries, whose financial statements reflect total assets of Rs. 9,195.96 crores as at 31 March 2021, total revenues of Rs. 6,962.45 crores and net cash inflows amounting to Rs. 88.81 crores for the year ended on that date, as considered in the consolidated financial statements. These financial statements have been audited by other auditors whose reports have been furnished to us by the management and our opinion on the consolidated financial statements, in so far as it relates to the amounts and disclosures included in respect of these subsidiaries, and our report in terms of subsection (3) of section 143 of the Act, in so far as it relates to the aforesaid subsidiaries is based solely on the reports of the other auditors.
- (b) We did not audit the financial statements of 14 subsidiaries, whose financial statements reflect total assets of Rs. 2,465.49 crores as at 31 March 2021, total revenues of Rs. 120.16 crores and net cash inflows amounting to Rs. 5.51 crores for the year ended on that date, as considered in the consolidated financial statements. The consolidated financial statements also include the Group's share of net profit of Rs. 3.52 crores for the year ended 31 March 2021, as considered in the consolidated financial statements, in respect of 7 associates, whose financial statements have not been audited by us. These financial statements are unaudited and have been furnished to us by the management and our opinion on the consolidated financial statements, in so far as it relates to the amounts and disclosures included in respect of these subsidiaries

and associates, is based solely on such unaudited financial statements. In our opinion and according to the information and explanations given to us by the management, these financial statements are not material to the Group.

Our opinion on the consolidated financial statements above and our report on Other Legal and Regulatory Requirements below, is not modified in respect of the above matters with respect to our reliance on the work done and the reports of the other auditors and the financial statements certified by the management.

- (c) The financial information of the Group and its associates for the year ended 31 March 2020 prepared in accordance with Ind AS included in the consolidated financial statements, representing the comparative and opening balances in these financial statements, were audited by the predecessor auditor. The audit report of the predecessor auditor dated 23 June 2020, on such financial information, expressed an unmodified opinion.

## Report on Other Legal and Regulatory Requirements

As required by section 143(3) of the Act, based on our audit and on the consideration of the reports of the other auditors on the separate financial statements of the subsidiaries referred to in the Other Matters section above we report, to the extent applicable that:

- (a) We have sought and obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit of the aforesaid consolidated financial statements.
- (b) In our opinion, proper books of account as required by law relating to preparation of the aforesaid consolidated financial statements have been kept, so far as it appears from our examination of those books and the reports of the other auditors.
- (c) The Consolidated Balance Sheet, the Consolidated Statement of Profit and Loss including Other Comprehensive Income, the Consolidated Statement of Cash Flows and the Consolidated Statement of Changes in Equity dealt with by this Report are in agreement with the relevant books of account maintained for the purpose of preparation of the consolidated financial statements.
- (d) In our opinion, the aforesaid consolidated financial statements comply with the Ind AS specified under section 133 of the Act.
- (e) On the basis of the written representations received from the directors of the Parent as on 31 March 2021 taken on record by the Board of Directors of the Company and the reports of the statutory auditors of its subsidiary companies incorporated in India, none of the directors of the Group companies incorporated in India is disqualified as on 31 March 2021 from being appointed as a director in terms of section 164 (2) of the Act.

## Independent Auditors' Report (Contd..)

### Report on Other Legal and Regulatory Requirements (Contd..)

- (f) With respect to the adequacy of the internal financial controls over financial reporting and the operating effectiveness of such controls, refer to our separate Report in "Annexure A" which is based on the auditors' reports of the Parent and subsidiary companies incorporated in India. Our report expresses an unmodified opinion on the adequacy and operating effectiveness of internal financial controls over financial reporting of those companies.
- (g) With respect to the other matters to be included in the Auditor's Report in accordance with the requirements of section 197(16) of the Act, as amended, in our opinion and to the best of our information and according to the explanations given to us, the remuneration paid by the Parent Company to its directors during the year is in accordance with the provisions of section 197 of the Act.
- (h) With respect to the other matters to be included in the Auditor's Report in accordance with Rule 11 of the Companies (Audit and Auditors) Rules, 2014, as amended in our opinion and to the best of our information and according to the explanations given to us:
- (i) The consolidated financial statements disclose the impact of pending litigations on the consolidated financial position of the Group and its associates;
  - (ii) The Group and its associates did not have any material foreseeable losses on long-term contracts including derivative contracts; and
  - (iii) There were no amounts which were required to be transferred to the Investor Education and Protection Fund by the Parent, and its subsidiary companies and associate companies incorporated in India.

**For Deloitte Haskins & Sells**

Chartered Accountants  
(Firm's Registration No. 008072S)

**Jaideep S. Trasi**

Partner  
(Membership No. 211095)  
(UDIN: 21211095AAAABY5552)

Bengaluru  
22 June 2021

# Annexure - A to the Independent Auditors' Report

(Referred to in paragraph 1(f) under 'Report on Other Legal and Regulatory Requirements' section of our report of even date)

## Report on the Internal Financial Controls Over Financial Reporting under Clause (i) of Sub-section 3 of section 143 of the Companies Act, 2013 ("the Act")

In conjunction with our audit of the consolidated Ind AS financial statements of the Company as of and for the year ended 31 March 2021, we have audited the internal financial controls over financial reporting of Aster DM Healthcare Limited (hereinafter referred to as "Parent") and its subsidiary companies, which are companies incorporated in India, as of that date.

### Management's Responsibility for Internal Financial Controls

The respective Board of Directors of the Parent and its subsidiary companies, which are companies incorporated in India, are responsible for establishing and maintaining internal financial controls based on the internal control over financial reporting criteria established by the respective companies considering the essential components of internal control stated in the Guidance Note on Audit of Internal Financial Controls Over Financial Reporting issued by the Institute of Chartered Accountants of India (ICAI). These responsibilities include the design, implementation and maintenance of adequate internal financial controls that were operating effectively for ensuring the orderly and efficient conduct of its business, including adherence to the respective Company's policies, the safeguarding of its assets, the prevention and detection of frauds and errors, the accuracy and completeness of the accounting records, and the timely preparation of reliable financial information, as required under the Companies Act, 2013.

### Auditor's Responsibility

Our responsibility is to express an opinion on the internal financial controls over financial reporting of the Parent and its subsidiary companies, which are companies incorporated in India, based on our audit. We conducted our audit in accordance with the Guidance Note on Audit of Internal Financial Controls Over Financial Reporting (the "Guidance Note") issued by the Institute of Chartered Accountants of India and the Standards on Auditing, prescribed under section 143(10) of the Companies Act, 2013, to the extent applicable to an audit of internal financial controls. Those Standards and the Guidance Note require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether adequate internal financial controls over financial reporting was established and maintained and if such controls operated effectively in all material respects.

Our audit involves performing procedures to obtain audit evidence about the adequacy of the internal financial controls system over

financial reporting and their operating effectiveness. Our audit of internal financial controls over financial reporting included obtaining an understanding of internal financial controls over financial reporting, assessing the risk that a material weakness exists, and testing and evaluating the design and operating effectiveness of internal control based on the assessed risk. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error.

We believe that the audit evidence we have obtained and the audit evidence obtained by the other auditors of the subsidiary companies, which are companies incorporated in India, in terms of their reports referred to in the Other Matters paragraph below, is sufficient and appropriate to provide a basis for our audit opinion on the internal financial controls system over financial reporting of the Parent and its subsidiary companies, which are companies incorporated in India.

### Meaning of Internal Financial Controls Over Financial Reporting

A Company's internal financial control over financial reporting is a process designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles. A Company's internal financial control over financial reporting includes those policies and procedures that (1) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the Company; (2) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with generally accepted accounting principles, and that receipts and expenditures of the Company are being made only in accordance with authorisations of management and directors of the Company; and (3) provide reasonable assurance regarding prevention or timely detection of unauthorised acquisition, use, or disposition of the Company's assets that could have a material effect on the financial statements.

### Inherent Limitations of Internal Financial Controls Over Financial Reporting

Because of the inherent limitations of internal financial controls over financial reporting, including the possibility of collusion or improper management override of controls, material misstatements due to error or fraud may occur and not be detected. Also, projections of any evaluation of the internal financial controls over financial reporting to future periods are subject to the risk that the internal financial control over financial reporting may become inadequate because of changes in conditions, or that the degree of compliance with the policies or procedures may deteriorate.

## Annexure - A to the Independent Auditors' Report(Contd..)

### Opinion

In our opinion to the best of our information and according to the explanations given to us and based on the consideration of the reports of the other auditors referred to in the Other Matters paragraph below, the Parent and its subsidiary companies, which are companies incorporated in India, have, in all material respects, an adequate internal financial controls system over financial reporting and such internal financial controls over financial reporting were operating effectively as at 31 March 2021, based on the criteria for internal financial control over financial reporting established by the respective companies considering the essential components of internal control stated in the Guidance Note on Audit of Internal Financial Controls Over Financial Reporting issued by the Institute of Chartered Accountants of India.

controls over financial reporting insofar as it relates to 5 subsidiary companies, which are companies incorporated in India, is based solely on the corresponding reports of the auditors of such companies incorporated in India.

Our opinion is not modified in respect of the above matters.

**For Deloitte Haskins & Sells**

Chartered Accountants  
(Firm's Registration No. 008072S)

**Jaideep S. Trasi**

Partner  
(Membership No. 211095)  
(UDIN: 21211095AAAABY5552)

### Other Matters

Our aforesaid report under section 143(3)(i) of the Act on the adequacy and operating effectiveness of the internal financial

Bengaluru  
22 June 2021



# Consolidated Balance Sheet

as at 31 March 2021

(All amounts in Indian rupee crores)

Particulars	Note	As at 31 March 2021	As at 31 March 2020
<b>Assets</b>			
<b>Non-current assets</b>			
Property, plant and equipment	4	3,279.27	3,525.96
Right-of-use asset	41	2,167.44	2,312.29
Capital work-in-progress		933.86	735.97
Goodwill	5	1,052.24	1,068.74
Other intangible assets	5	249.98	216.60
<b>Financial assets</b>			
Equity accounted investees	40	38.73	22.75
Other Investments	6	-	-
Loans	7	54.75	46.79
Other financial assets	8	101.11	204.45
Deferred tax assets (net)	29	23.44	32.52
Income tax assets (net)	30	78.41	97.47
Other non-current assets	9	35.22	78.63
<b>Total non-current assets</b>		<b>8,014.45</b>	<b>8,342.17</b>
<b>Current assets</b>			
Inventories	10	848.99	960.95
<b>Financial assets</b>			
Investments	6	24.13	11.60
Trade receivables	11	2,019.00	2,366.44
Cash and cash equivalents	12	258.09	150.80
Other bank balances	13	23.27	26.32
Loans	7	67.68	29.72
Other financial assets	8	36.48	53.23
Other current assets	9	351.37	496.61
<b>Total current assets</b>		<b>3,629.01</b>	<b>4,095.67</b>
<b>Total assets</b>		<b>11,643.46</b>	<b>12,437.84</b>
<b>Equity and liabilities</b>			
<b>Equity</b>			
Equity share capital	14	497.04	496.80
Other equity		2,875.42	2,775.34
<b>Equity attributable to owners of Company</b>		<b>3,372.46</b>	<b>3,272.14</b>
Non-controlling interest		461.66	446.37
<b>Total equity</b>		<b>3,834.12</b>	<b>3,718.51</b>
<b>Liabilities</b>			
<b>Non-current liabilities</b>			
<b>Financial liabilities</b>			
Borrowings	15	1,754.80	1,892.24
Lease liabilities	41	2,274.91	2,449.37
Other financial liabilities	16	42.55	143.34
Provisions	17	358.63	327.25
Deferred tax liabilities (net)	29	152.59	155.17
Other non-current liabilities	18	30.24	29.88
<b>Total non-current liabilities</b>		<b>4,613.72</b>	<b>4,997.25</b>
<b>Current liabilities</b>			
<b>Financial liabilities</b>			
Borrowings	15	159.40	587.16
Lease liabilities	41	219.67	182.89
Trade payables	19	-	-
- Total outstanding dues of micro and small enterprises		5.20	4.90
- Total outstanding dues of creditors other than micro and small enterprises		2,022.14	2,105.45
Other financial liabilities	16	640.79	628.05
Provisions	17	85.44	75.99
Current tax liabilities (net)	30	4.62	13.30
Other current liabilities	18	58.36	124.34
<b>Total current liabilities</b>		<b>3,195.62</b>	<b>3,722.08</b>
<b>Total equity and liabilities</b>		<b>11,643.46</b>	<b>12,437.84</b>
Significant accounting policies	3		

The accompanying notes form an integral part of these consolidated financial statements Note 1 to 49

As per our report of even date attached

for **Deloitte Haskins and Sells**  
Chartered Accountants  
Firm registration number: 0080725

**Jaideep S. Trasi**  
Partner  
Membership No.: 211095  
Bengaluru  
22 June 2021

for and on behalf of the Board of Directors of  
**Aster DM Healthcare Limited**  
CIN : L85110KA2008PLC147259

**Dr. Azad Moopen**  
Chairman and Managing Director  
DIN 00159403  
Dubai  
22 June 2021

**Sreenath Reddy**  
Chief Financial Officer  
Dubai  
22 June 2021

**T J Wilson**  
Director  
DIN 02135108  
Dubai  
22 June 2021

**Puja Aggarwal**  
Company Secretary  
Membership no. : ACS49310  
Bengaluru  
22 June 2021

# Consolidated Statement of Profit and Loss

(All amounts in Indian rupee crores)

for the year ended 31 March 2021

Particulars	Note	Year ended 31 March 2021	Year ended 31 March 2020
<b>Income</b>			
Revenue from operations	20	8,608.43	8,651.88
Other income	21	49.97	37.87
<b>Total Income</b>		<b>8,658.40</b>	<b>8,689.75</b>
<b>Expenses</b>			
Purchases of medicines and consumables	22	2,436.95	2,768.05
Changes in inventories	23	111.96	(228.79)
Professional fees to consultant doctors		643.42	688.83
Laboratory outsourcing charges		275.90	33.64
Employee benefits expense	24	2,755.36	2,903.93
Finance costs	25	293.66	359.67
Depreciation and amortisation expenses	26	617.57	585.94
Other expenses	27	1,322.05	1,228.61
<b>Total expenses</b>		<b>8,456.87</b>	<b>8,339.88</b>
<b>Profit before exceptional items, share of profit / (loss) of equity accounted investees and tax</b>		<b>201.53</b>	<b>349.87</b>
<b>Exceptional items</b>			
Exceptional items	28	-	(19.64)
<b>Profit before share of profit / (loss) of equity accounted investees and tax</b>		<b>201.53</b>	<b>330.23</b>
Share of profit / (loss) of equity accounted investees	40	3.52	(0.19)
<b>Profit before tax</b>		<b>205.05</b>	<b>330.04</b>
<b>Tax expense</b>			
Current tax	30	21.66	26.48
Income tax for earlier years		-	1.59
Deferred tax	29	5.56	(12.69)
<b>Total Tax expense</b>		<b>27.22</b>	<b>15.38</b>
<b>Profit for the year</b>		<b>177.83</b>	<b>314.66</b>
<b>Other comprehensive income</b>			
<i>Items that will not be reclassified subsequently to profit or loss</i>			
Remeasurement of net defined benefit liability		(13.10)	6.48
Income tax on items that will not be reclassified subsequently to profit or loss		0.04	(0.19)
<i>Items that will be reclassified subsequently to profit or loss</i>			
Exchange difference in translating financial statements of foreign operations		(36.65)	138.32
<b>Other comprehensive (loss)/ income for the year, net of income tax</b>		<b>(49.71)</b>	<b>144.61</b>
<b>Total comprehensive income for the year</b>		<b>128.12</b>	<b>459.27</b>
<b>Profit attributable to</b>			
Shareholders of the Company		147.74	276.61
Non-controlling interests		30.09	38.05
<b>Profit for the year</b>		<b>177.83</b>	<b>314.66</b>
<b>Other comprehensive (loss)/ income attributable to</b>			
Shareholders of the Company		(43.79)	128.81
Non-controlling interests		(5.92)	15.80
<b>Other comprehensive (loss)/ income for the year</b>		<b>(49.71)</b>	<b>144.61</b>
<b>Total comprehensive income attributable to</b>			
Shareholders of the Company		103.95	405.42
Non-controlling interests		24.17	53.85
<b>Total comprehensive income for the year</b>		<b>128.12</b>	<b>459.27</b>
<b>Earnings per share</b> (equity share of face value of ₹10 each)	33		
Basic earnings per share (INR)		2.97	5.51
Diluted earnings per share (INR)		2.97	5.50
<b>Significant accounting policies</b>	3		

The accompanying notes form an integral part of these consolidated financial statements Note 1 to 49  
As per our report of even date attached

for **Deloitte Haskins and Sells**  
Chartered Accountants  
Firm registration number: 0080725

**Jaideep S. Trasi**  
Partner  
Membership No.: 211095  
Bengaluru  
22 June 2021

for and on behalf of the Board of Directors of  
**Aster DM Healthcare Limited**  
CIN : L85110KA2008PLC147259

**Dr. Azad Moopen**  
Chairman and Managing Director  
DIN 00159403  
Dubai  
22 June 2021

**Sreenath Reddy**  
Chief Financial Officer  
Dubai  
22 June 2021

**T J Wilson**  
Director  
DIN 02135108  
Dubai  
22 June 2021

**Puja Aggarwal**  
Company Secretary  
Membership no. : ACS49310  
Bengaluru  
22 June 2021

# Consolidated Statement of Cash Flows for the year ended 31 March 2021

(All amounts in Indian rupee crores)

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
<b>Cash flows from operating activities</b>		
<b>Profit before tax</b>	205.05	330.04
<i>Adjustments for</i>		
Depreciation and amortisation expenses	617.57	585.94
Share of (profit)/ loss of associates	(3.52)	0.19
Exceptional items	-	19.64
Gain on disposal of property, plant and equipment (net)	4.44	(0.18)
Allowance for credit losses on financial assets	269.20	176.62
Dividend income	-	(0.70)
Equity settled share based payment expense	2.49	1.19
Gain on sale of investment (net)	(0.31)	(0.10)
Finance costs	293.66	359.67
Interest income	(4.20)	(6.09)
<b>Operating cash flows before movements in working capital</b>	<b>1,384.38</b>	<b>1,466.22</b>
<b>Movements in working capital</b>		
(Increase)/ decrease in inventories	94.57	(148.66)
(Increase)/ decrease in trade receivable	35.95	(326.55)
(Increase)/ decrease in other financial assets, loans and other assets	138.96	(80.30)
Increase/ (decrease) in liabilities and provisions	(73.69)	378.22
<b>Cash generated from operating activities</b>	<b>1,580.17</b>	<b>1,288.93</b>
Taxes paid, net of refund received	(11.05)	(65.68)
<b>Net cash generated from operating activities (A)</b>	<b>1,569.12</b>	<b>1,223.25</b>
<b>Cash flows from investing activities</b>		
Acquisition of property, plant and equipment and capital work-in-progress	(404.26)	(523.87)
Acquisition of other intangible assets	(19.39)	(6.94)
Proceeds from disposal of property, plant and equipment	37.21	22.50
Interest received	2.95	4.05
Movement in other bank balances and non current bank deposits	-	78.74
Investments in liquid mutual fund units	(12.53)	(9.17)
Investment/ repayment of advance in shares of associates and others	65.41	(0.08)
Dividend received	0.31	0.70
Acquisition of subsidiary, net of cash and cash equivalents acquired	-	(233.21)
<b>Net cash (used) in investing activities (B)</b>	<b>(330.30)</b>	<b>(667.28)</b>
<b>Cash flows from financing activities</b>		
Proceeds from issue of equity shares	0.79	1.04
Payment towards buyback of shares	-	(120.00)
Expenses for buyback of equity shares	(0.97)	(1.56)
Non-current borrowings availed	190.41	345.96
Non-current borrowings repaid	(555.46)	(182.94)
Current borrowings movement, (net)	(253.21)	(90.67)
Acquisition of non-controlling interest	-	(127.16)
Lease payments	(324.79)	(289.73)
Dividend paid to non-controlling interest by subsidiaries, including tax	(9.44)	(9.66)
Finance cost	(163.46)	(200.08)
<b>Net cash (used in) financing activities (C)</b>	<b>(1,116.13)</b>	<b>(674.80)</b>
<b>Net increase/ (decrease) in cash and cash equivalents (A+B+C)</b>	<b>122.69</b>	<b>(118.83)</b>
Cash and cash equivalents at the beginning of the year*	114.65	224.57
Effect of exchange rate changes on cash and cash equivalents	(2.79)	8.91
<b>Cash and cash equivalents at the end of the year*</b>	<b>234.55</b>	<b>114.65</b>
(refer note 12- Cash and cash equivalents)		

\*Cash and cash equivalents includes bank overdrafts that are repayable on demand and form an integral part of Group's cash management.

## Consolidated Statement of Cash Flows (Contd.) for the year ended 31 March 2021

(All amounts in Indian rupee crores)

### Changes in financial liabilities arising from financing activities for the year ended 31 March 2021

Particulars	As at 31 March 2020	Cash inflows	Cash outflows	Non cash changes			As at 31 March 2021
				Addition/ conversion	Foreign exchange movement	Fair Value/ other changes	
Non-current borrowings (including current maturities)	2,385.26	190.41	(555.46)	168.96	(39.50)	-	2,149.67
Current borrowings	587.16	-	(253.21)	(168.96)	(5.59)	-	159.40
Lease liabilities	2,632.26	-	(324.79)	97.97	(45.94)	135.08	2,494.58
<b>Total</b>	<b>5,604.68</b>	<b>190.41</b>	<b>(1,133.46)</b>	<b>97.97</b>	<b>(91.03)</b>	<b>135.08</b>	<b>4,803.65</b>

### Changes in financial liabilities arising from financing activities for the year ended 31 March 2020

	As at 31 March 2019	Cash inflows	Cash outflows	Non cash changes			As at 31 March 2020
				Addition	Foreign exchange movement	Fair Value/ other changes	
Non-current borrowings (including current maturities)	2,030.55	345.96	(182.94)	41.64	150.05	-	2,385.26
Current borrowings	641.85	-	(90.67)	-	35.98	-	587.16
Lease liabilities	-	-	(289.73)	2,670.12	127.08	124.79	2,632.26
<b>Total</b>	<b>2,672.40</b>	<b>345.96</b>	<b>(563.34)</b>	<b>2,711.76</b>	<b>313.11</b>	<b>124.79</b>	<b>5,604.68</b>

Significant accounting policies

3

The accompanying notes form an integral part of the consolidated financial statements (Note 1 to 49)

As per our report of even date attached

for **Deloitte Haskins and Sells**  
Chartered Accountants  
Firm registration number: 008072S

for and on behalf of the Board of Directors of  
**Aster DM Healthcare Limited**  
CIN : L85110KA2008PLC147259

**Jaideep S. Trasi**  
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Dubai  
22 June 2021  
**Puja Aggarwal**  
Company Secretary  
Membership no. : ACS49310  
Bengaluru  
22 June 2021

# Consolidated Statement of Changes in Equity for the year ended 31 March 2021

(All amounts in Indian rupee crores)

## A Equity share capital

Particulars	Note	Equity shares (in crores)	Amount
<b>Balance as at 1 April 2019</b>		<b>49.95</b>	<b>499.51</b>
Changes in equity share capital during 2019-20	14	(0.27)	(2.71)
<b>Balance as at 31 March 2020</b>		<b>49.68</b>	<b>496.80</b>
Changes in equity share capital during 2020-21	14	0.02	0.24
<b>Balance as at 31 March 2021</b>		<b>49.70</b>	<b>497.04</b>

## B Other equity

Particulars	Other components of equity	Securities premium	Capital reserve	General reserve	Reserves and surplus	Other reserves	Retained earnings	Items of other comprehensive income	Exchange difference in translating financial statements of foreign operations	Remeasurement of net defined benefit plan	Total attributable to owners of the Company	Attributable to non-controlling interest (NCI)	Total
<b>Balance as at 1 April 2019</b>	<b>374.38</b>	<b>2,313.84</b>	<b>102.37</b>	<b>7.04</b>	<b>-</b>	<b>56.15</b>	<b>(254.29)</b>	<b>112.05</b>	<b>-</b>	<b>-</b>	<b>2,711.54</b>	<b>466.06</b>	<b>3,177.60</b>
<b>Total comprehensive income for the year ended 31 March 2020</b>													
Profit for the year	-	-	-	-	-	-	276.61	-	-	-	276.61	38.05	314.66
Other comprehensive income for the year, net of tax	-	-	3.24	-	-	-	-	119.66	-	5.91	128.81	15.80	144.61
<b>Total comprehensive income</b>	<b>374.38</b>	<b>2,313.84</b>	<b>105.61</b>	<b>7.04</b>	<b>-</b>	<b>56.15</b>	<b>22.32</b>	<b>231.71</b>	<b>-</b>	<b>5.91</b>	<b>3,116.96</b>	<b>519.91</b>	<b>3,636.87</b>
<b>Transferred to retained earnings</b>	-	-	-	-	-	-	5.91	-	-	(5.91)	-	-	-
<b>Transactions with owners, recorded directly in equity</b>													
Allotment of equity shares by ESOP trust	-	1.53	-	-	-	-	-	-	-	-	1.53	-	1.53
Transfer during the year	-	-	-	-	-	31.73	(31.73)	-	-	-	-	-	-
Adjustment on initial application of Ind AS 116, net of tax	-	-	-	-	-	-	(153.40)	-	-	-	(153.40)	(27.06)	(180.46)
Equity settled share based payment expense	-	-	-	-	-	1.19	-	-	-	-	1.19	-	1.19
Issue of equity shares	-	3.43	-	-	-	(4.21)	-	-	-	-	(0.78)	-	(0.78)
Buyback expenses	-	-	-	-	-	-	(1.56)	-	-	-	(1.56)	-	(1.56)
Buy back of equity shares, net of tax (refer Note 14)	-	(120.00)	-	-	5.71	-	-	-	-	-	(114.29)	-	(114.29)
<b>Changes in ownership interests without loss of control</b>													
Acquisition of NCI (refer Note 39)	-	-	-	-	-	-	(74.31)	-	-	-	(74.31)	(52.85)	(127.16)
Acquisition of subsidiaries (refer Note 39)	-	-	-	-	-	(0.00)	-	-	-	-	-	8.90	8.90
Transactions with non-controlling interests	-	-	-	-	-	-	-	-	-	-	-	7.13	7.13
Dividend paid to non-controlling interest	-	-	-	-	-	-	-	-	-	-	-	(9.66)	(9.66)
<b>Total contributions by and distributions to owners</b>	<b>-</b>	<b>(115.04)</b>	<b>-</b>	<b>-</b>	<b>5.71</b>	<b>28.71</b>	<b>(255.09)</b>	<b>-</b>	<b>-</b>	<b>(5.91)</b>	<b>(341.62)</b>	<b>(73.54)</b>	<b>(415.16)</b>
<b>Balance as at 31 March 2020</b>	<b>374.38</b>	<b>2,198.80</b>	<b>105.61</b>	<b>7.04</b>	<b>5.71</b>	<b>84.86</b>	<b>(232.77)</b>	<b>231.71</b>	<b>-</b>	<b>-</b>	<b>2,775.34</b>	<b>446.37</b>	<b>3,221.71</b>

# Consolidated Statement of Changes in Equity (Contd.)

for the year ended 31 March 2021

(All amounts in Indian rupee crores)

## B Other equity (continued)

Particulars	Other components of equity	Reserves and surplus			Retained earnings	Items of other comprehensive income		Total attributable to owners of the Company	Attributable to non-controlling interest (NCI)	Total
		Securities premium	Capital reserve	General reserve	Capital Redemption Reserve					
<b>Balance as at 1 April 2020</b>	<b>374.38</b>	<b>2,198.80</b>	<b>105.61</b>	<b>7.04</b>	<b>5.71</b>	<b>231.71</b>	<b>-</b>	<b>2,775.34</b>	<b>446.37</b>	<b>3,221.71</b>
<b>Total comprehensive income for the year ended 31 March 2021</b>										
Profit for the year	-	-	-	-	-	-	-	147.74	30.09	177.83
Other comprehensive (loss) for the year, net of tax	-	-	(0.82)	-	-	(35.83)	(13.06)	(49.71)	(5.92)	(55.63)
<b>Total comprehensive income / (loss)</b>	<b>374.38</b>	<b>2,198.80</b>	<b>104.79</b>	<b>7.04</b>	<b>5.71</b>	<b>195.88</b>	<b>(13.06)</b>	<b>2,873.37</b>	<b>470.54</b>	<b>3,343.91</b>
<b>Transferred to retained earnings</b>	-	-	-	-	-	-	13.06	-	-	-
<b>Transactions with owners, recorded directly in equity</b>										
Allotment of equity shares by ESOP trust	-	1.26	-	-	-	-	-	1.26	-	1.26
Equity settled share based payment expense	-	-	-	-	-	-	-	2.47	-	2.47
Issue of equity shares	-	-	-	-	-	-	-	(0.71)	-	(0.71)
Buyback expenses	-	-	-	-	-	-	-	(0.97)	-	(0.97)
<b>Changes in ownership interests without loss of control</b>										
Transactions with non-controlling interests	-	-	-	-	-	-	-	-	0.56	0.56
Dividend paid to non-controlling interest	-	-	-	-	-	-	-	-	(9.44)	(9.44)
<b>Total contributions by and distributions to owners</b>	<b>-</b>	<b>1.26</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>13.06</b>	<b>2.05</b>	<b>(8.88)</b>	<b>(6.83)</b>
<b>Balance as at 31 March 2021</b>	<b>374.38</b>	<b>2,200.06</b>	<b>104.79</b>	<b>7.04</b>	<b>5.71</b>	<b>195.88</b>	<b>-</b>	<b>2,875.42</b>	<b>461.66</b>	<b>3,337.08</b>

The description of the nature and purpose of each reserve within equity is as follows:

### Other components of equity

Other components of equity represent the equity component of compulsorily convertible preference shares. Refer note 14.

### Securities premium

Securities premium is used to record the premium received on issue of shares. It is utilised in accordance with the provisions of the Companies Act, 2013.

### Capital Redemption Reserve

Capital Redemption Reserve is created out of the Securities Premium/General Reserve, a sum equal to nominal value of the share capital extinguished on buy back of fully paid up own equity shares of the Company. The amount credited to such account may be applied in paying up unissued shares of the Company to be issued to members of the Company as fully paid bonus shares.

### Capital reserve

This reserve represents the difference between the value of net asset transferred to the Group in the course of business combinations and the consideration paid for such business combinations.



## Consolidated Statement of Changes in Equity (Contd..) for the year ended 31 March 2021

(All amounts in Indian rupee crores)

### General reserve

General reserve is used from time to time to transfer profits from retained earnings for appropriate purposes.

### Exchange difference in translating financial statements of foreign operations

The exchange differences arising from the translation of financial statements of foreign operations from their functional currencies to Indian Rupee are recognised in other comprehensive income and is presented within equity as Exchange difference in translating financial statements of foreign operations.

### Other reserves include :

#### Share options outstanding account

The Company has established share based payment for eligible employees of the Company and its subsidiaries. Also refer note 42 for further details on these plans.

#### Statutory reserve

The statutory reserve represents the statutory reserves of the LLC / WLL companies in the Group created according to Article 255 of the UAE Commercial Companies Law, Qatar Commercial Companies Law No. 5 of 2002, Article (176) of Kingdom of Saudi Arabia Companies System, The Bahrain Commercial Companies Law 2001 and Article 154 of the Sultanate of Oman's Commercial Law of 1974.

The accompanying notes form an integral part of these consolidated financial statements Note

1 to 49

As per our report of even date attached

#### for Deloitte Haskins and Sells

Chartered Accountants

Firm registration number: 0080725

#### Jaideep S. Trasi

Partner

Membership No.: 211095

Bengaluru

22 June 2021

for and on behalf of the Board of Directors of

#### Aster DM Healthcare Limited

CIN : L85110KA2008PLC147259

#### Dr. Azad Moopen

Chairman and Managing Director

DIN 00159403

Dubai

22 June 2021

#### Sreenath Reddy

Chief Financial Officer

Dubai

22 June 2021

#### T J Wilson

Director

DIN 02135108

Dubai

22 June 2021

#### Puja Aggarwal

Company Secretary

Membership no. : ACS49310

Bengaluru

22 June 2021

# Notes to the Consolidated Financial Statements

(All amounts in Indian rupee crores)

## 1. Company overview

Aster DM Healthcare Limited ("the Company") primarily carries on the business of rendering healthcare and allied services in India. The Company was converted into a public limited company with effect from 1 January 2015 and had its primary listing done on 26 February 2018, on the Bombay Stock Exchange Limited and National Stock Exchange Limited. The registered office of the Company was moved from Kochi, Kerala, India to Bangalore, Karnataka, India with effect from 10 May 2021.

These consolidated financial statements of the Company as at and for the year ended 31 March 2021 comprise the financial statements of the Company and its subsidiaries (collectively referred to as "Group") and the Group's interest in Associates. The Group is primarily involved in the operations of healthcare facilities, retail pharmacies, and providing consultancy in areas relating to healthcare. The Group has operations in United Arab Emirates ('UAE'), Kingdom of Saudi Arabia (KSA), Oman, Qatar, Jordan, Bahrain and India.

## 2. Basis of preparation

### A. Statement of compliance

These consolidated financial statements have been prepared in accordance with Indian Accounting Standards (Ind AS) as per the Companies (Indian Accounting Standards) Rules, 2015, notified under Section 133 of Companies Act, 2013, (the 'Act'), read with relevant rules issued thereunder.

The consolidated financial statements were authorised for issue by the Company's Board of Directors on 22 June 2021.

Details of the Group's accounting policies are included in note 3.

### B. Functional and presentation currency

These consolidated financial statements are presented in Indian Rupees (INR), which is also the Company's functional currency, and have been rounded off to nearest crores, unless otherwise indicated.

### C. Basis of measurement

The consolidated financial statements have been prepared on the historical cost basis except for the following items:

Items	Measurement basis
Certain financial assets and liabilities (including derivatives instruments)	Fair value
Contingent consideration in business combination	Fair value
Liabilities for equity-settled share-based payment arrangements	Fair value
Net defined benefit liability	Fair value of plan asset less present value of defined benefit obligations

### D. Use of estimates and judgements

In preparing these consolidated financial statements, management has made judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed by the management on an ongoing basis. Revisions to accounting estimates are recognised prospectively.

### Judgements, assumptions and estimation uncertainties

Information about judgements, assumptions and estimation uncertainties that have a significant risk of resulting in a material adjustment in the year ended 31 March 2021 is included in the following notes:

- Note 4 and 5 - Measurement of useful life and residual value of property, plant and equipment and intangible assets;
- Note 5 - Impairment of non-financial assets; including goodwill;
- Note 6 - Valuation of investments
- Note 29 - Recognition of deferred tax asset: availability of future taxable profit against which tax losses carried forward can be used;
- Note 32 - Measurement of defined benefit obligations: key actuarial assumptions;
- Note 34 - Recognition and measurement of provisions and contingencies: key assumptions about the likelihood and magnitude of an outflow of resources;
- Note 36 - Impairment of financial assets;
- Note 39 - Acquisition of subsidiary: fair value of consideration transferred (including contingent consideration)
- Note 40 - Equity accounted investees: whether the Group has significant influence over an investee and
- Note 41 - Leases
- Note 42 - Employee share-based payment expenses

### Estimation uncertainties relating to COVID-19

In March 2020, the World Health Organisation declared COVID-19 to be a pandemic. This pandemic resulted in disruption to regular business operations due to lockdown, disruptions in transportation, travel bans, quarantines, social distancing and other emergency measures imposed by the government. The Group adopted measures to curb the spread of infection in order to protect the health of its employees and

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 2. Basis of preparation (continued)

ensure business continuity with minimal disruption and has considered available internal and external information upto the date of approval of the financial results by the Board of Directors. The Group has used the principles of prudence in applying judgements, estimates and assumptions including sensitivity analysis and has evaluated impact of the pandemic in assessing the recoverability of property plant and equipment (including Capital work in progress), investments, intangibles, inventories, receivables and other assets based on its review of current indicators of future economic conditions. Based on current estimates, including the availability of financing facilities for maintaining liquidity, the Group expects to fully recover the carrying amount of these assets. Further, the Group has taken various measures to reduce its fixed cost - for example, salary reductions, optimization of administrative, sales and marketing costs, deferment of capex along with judicious resource allocation and requesting for the waiver of minimum guarantee fee and revenue share for hospital premises taken on lease. The eventual outcome of impact of the global health pandemic may be different from that which has been estimated as on the date of approval of these financial results. The Group will continue to monitor any material changes to future economic conditions and the consequent impact on its business, if any, and any significant impact of these changes would be recognized in the financial results as and when these material changes to economic conditions arise.

## E. Measurement of fair values

A number of the Group's accounting policies and disclosures require the measurement of fair values, for both financial and non-financial assets and liabilities. The Group has an established control framework with respect to the measurement of fair values. Significant valuation issues are reported to the Group's audit committee.

Fair values are categorised into different levels in a fair value hierarchy based on the inputs used in the valuation techniques as follows.

- Level 1: quoted prices (unadjusted) in active markets for identical assets or liabilities.
- Level 2: inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices).
- Level 3: inputs for the asset or liability that are not based on observable market data (unobservable inputs).

When measuring the fair value of an asset or a liability, the Group uses observable market data as far as possible. If the inputs used to measure the fair value of an asset or a liability fall into different levels of the fair value hierarchy, then the fair value measurement is categorised in its entirety in the same level of the fair value hierarchy as the lowest level input that is significant to the entire measurement.

The Group recognises transfers between levels of the fair value hierarchy at the end of the reporting period during which the change has occurred.

Further information about the assumptions made in measuring fair values is included in the following notes:

- Share-based payment arrangements
- Financial instruments
- Acquisition of subsidiaries
- Fair value of property, plant and equipment and intangible assets

## F. Recent accounting pronouncements

### i. Amendments

Ministry of Corporate Affairs ("MCA") notifies new standard or amendments to the existing standards. There is no such notification which would have been applicable from 1 April 2021.

On 24 March 2021, the Ministry of Corporate Affairs (MCA) through a notification, amended Schedule III of the Companies Act, 2013. The amendments revise Division I, II and III of Schedule III and are applicable from April 1, 2021. The Group is evaluating the effect of the amendments on its financial statements.

## 3. Significant accounting policies

### 3.1 Basis of consolidation

#### i. Business Combination:

*Business combinations (other than common control business combinations) on or after 1 April 2015*

As part of transition to Ind AS, the Group has elected to apply the relevant Ind AS, viz. Ind AS 103, Business Combinations, to only those business combinations that occurred after 1 April 2015. In accordance with Ind AS 103, the Group accounts for these business combinations using the acquisition method when control is transferred to the Group (see Note 3.1 (ii)). The consideration transferred for the business combination is generally measured at fair value as at the date the control is acquired (acquisition date), as are the net identifiable assets acquired. Any goodwill that arises is tested annually for impairment. Any gain on bargain purchase is recognised in OCI and accumulated in equity as capital reserve if there exist clear evidence of the underlying reason for classifying the business combination as resulting in bargain purchase; otherwise the gain is recognised directly in equity as capital reserve. Transaction cost are expensed as incurred, except to the extent related to debt or equity securities.

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 3. Significant accounting policies (continued)

The consideration transferred does not include amounts related to the settlement of pre-existing relationships with the acquiree. Such amounts are generally recognised in the statement of profit and loss.

Any contingent consideration is measured at fair value at the date of acquisition. If an obligation to pay contingent consideration that meets the definition of a financial instrument is classified as equity, then it is not remeasured subsequently and settlement is accounted for within equity. Other contingent consideration is remeasured at fair value at each reporting date and changes in the fair value of the contingent consideration are recognised in the statement of profit and loss.

If business combination is achieved in stages, any previous held equity interest in the acquire is re-measured to its acquisition date fair value and any resulting gain or loss is recognised in the statement of profit or loss or OCI, as appropriate.

*Business combination prior to 1 April 2015.*

In respect of such business combinations, goodwill represents the amount recognised under the Group's previous accounting framework under Indian GAAP.

### ii. Subsidiaries:

Subsidiaries are entities controlled by the Group. The Group controls an entity when it is exposed to, or has right to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The financial statements of subsidiaries are included in the consolidated financial statements from the date on which control commences until the date on which control ceases.

### iii. Non-controlling interests (NCI)

NCI are measured at their proportionate share of the acquiree's net identifiable assets at the date of acquisition.

Changes in the Group's equity interest in a subsidiary that do not result in a loss of control are accounted for as equity transactions.

### iv. Loss of control:

When the Group loses control over a subsidiary, it derecognises the assets and liabilities of the subsidiary, and any related NCI and other component of equity. Any interest retained in the former subsidiary is measured at fair value at the date the control is lost. Any resulting gain or loss is recognised in the statement of profit and loss.

### v. Equity accounted investees:

The Group's interest in equity accounted investees comprise interest in associates.

An associate is an entity in which the Group has significant influence, but not control or joint control, over the financial and operating policies.

Interest in associates are accounted for using the equity method. They are initially recognised at cost which includes transaction costs. Subsequent to initial recognition, the consolidated financial statements include the Group's share of profit or loss and OCI of equity accounted investment.

### vi. Transactions eliminated on consolidation:

Intra group balances and transactions, and any unrealised income and expenses arising from intra group transactions are eliminated. Unrealised gain arising from transaction with equity accounted investees are eliminated against the investment to the extent the Group's interest in the investee. Unrealised losses are eliminated in the same way as unrealised gains, but only to the extent that there is no evidence of impairment.

The subsidiaries and associates consolidated under the Group comprise the entities listed in Note 38.

## 3.2 Foreign currency

### i. Foreign currency transactions:

Transactions in foreign currencies are translated into the functional currency of the Group companies at the exchange rates at the dates of the transactions or an average rate if the average rate approximates the actual rate at the date of the transaction.

Monetary assets and liabilities denominated in foreign currencies are translated into the functional currency at the exchange rate at the reporting date. Non-monetary assets and liabilities that are measured at fair value in a foreign currency are translated into the functional currency at the exchange rate when the fair value was determined. Non-monetary assets and liabilities that are measured based on historical cost in a foreign currency are translated at the exchange rate at the date of the transaction. Exchange differences are recognised in statement of profit and loss.

### ii. Foreign operations:

The assets and liabilities of foreign operations (subsidiaries and associates), including goodwill and fair value adjustments arising on acquisition, are translated into at the exchange rates at the reporting date. The income and expenses of foreign operations are translated into at the exchange rates at the dates of the transactions.

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 3. Significant accounting policies (continued)

In accordance with Ind AS 101, the Group has elected to deem foreign currency translation differences that arose prior to the date of transition to Ind AS, i.e. 1 April 2015, in respect of all foreign operations to be nil at the date of transition. From 1 April 2015 onwards, such exchange differences are recognised in OCI and accumulated in equity (as exchange difference on translating the financial statements of foreign operations), except to the extent that the exchange differences are allocated to NCI.

When a foreign operation is disposed off in its entirety or partially such that control or significant influence is lost, the cumulative amount in the translation reserve related to that foreign operation is reclassified to the statement of profit and loss as part of the gain or loss on disposal. If the Group disposes off part of its interest in a subsidiary but retains control, then the relevant proportion of the cumulative amount is reattributed to NCI. When the Group disposes off only part of an associate while retaining significant influence, the relevant proportion of the cumulative amount is reclassified to the statement of profit and loss.

### 3.3 Property, plant and equipment

#### i. Recognition and measurement

Items of property, plant and equipment are measured at cost, which includes capitalised borrowing costs, less accumulated depreciation and accumulated impairment losses, if any

Cost of an item of property, plant and equipment comprises its purchase price, including import duties and non-refundable purchase taxes, after deducting trade discounts and rebates, any directly attributable cost of bringing the item to its working condition for its intended use and estimated costs of dismantling and removing the item and restoring the site on which it is located.

The cost of a self-constructed item of property, plant and equipment comprises the cost of materials and direct labour, any other costs directly attributable to bringing the item to working condition for its intended use, and estimated costs of dismantling and removing the item and restoring the site on which it is located.

If significant parts of an item of property, plant and equipment have different useful lives, then they are accounted for as separate items (major components) of property, plant and equipment.

Any gain or loss on disposal of an item of property, plant and equipment is recognised in the consolidated statement of profit and loss.

Advances paid towards the acquisition of property, plant and equipment, outstanding at each balance sheet date are shown under other non-current assets. The cost of property, plant and equipment not ready for its intended use at each balance sheet date are disclosed as capital work-in-progress.

#### ii. Subsequent expenditure and derecognition

Subsequent expenditure is capitalised only if it is probable that the future economic benefits associated with the expenditure will flow to the Group.

An item of property, plant and equipment is derecognised upon disposal or when no future economic benefits are expected to arise from the continued use of the asset. The gain or loss arising on the disposal or retirement of an asset is determined as the difference between the net disposal proceeds and the carrying amount of the asset and is recognised in consolidated statement of profit and loss.

#### iii. Depreciation

Depreciation on property, plant and equipment are provided on the straight-line method over the useful lives of the assets estimated by the Management. Depreciation for assets purchased / sold during a period is proportionately charged. Leasehold improvements are amortized over the lease term or useful lives of assets, whichever is lower. Freehold land is not depreciated.

The estimated useful lives of items of property, plant and equipment for the current and comparative periods are as follows:

Class of assets	Useful life
Buildings	3 to 60
Plant and machinery*	5 to 15
Medical equipment*	8 to 13
Motor vehicles *	5 to 8
Computer equipment	3 to 6
Furniture and fixtures*	5 to 10

\*For the above mentioned classes of assets, the Group believes that the useful lives as given above best represent the useful lives of these assets based on internal assessment and supported by technical advice,

where necessary, which is different from the useful lives as prescribed under Part C of Schedule II of the Companies Act, 2013.

Depreciation method, useful lives and residual values are reviewed at each financial year end and adjusted if appropriate.

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 3. Significant accounting policies (continued)

### 3.4 Goodwill and Intangible assets

#### Goodwill:

For measurement of goodwill that arise on business combination [see note 3.1(i)] subsequent measurement is at cost less any accumulated impairment loss.

#### Intangible assets other than goodwill acquired separately:

Intangible assets with finite useful lives that are acquired separately are carried at cost less accumulated amortisation and accumulated impairment losses. Intangible assets are amortised over their respective individual estimated useful lives on a straight-line basis, commencing from the date the asset is available for its use and is included in depreciation and amortisation expenses in consolidated statement of profit and loss. The estimated useful life and amortisation method are reviewed at the end of each reporting period, with the effect of any changes in estimate being accounted for on a prospective basis.

The estimated useful lives of intangible assets other than goodwill acquired separately are as follows:

Class of assets	Years
Software	3 to 6
Trademarks and trade name	5 – 10
Payor/ customer relationship	10

The estimated useful life of an identifiable intangible asset is based on a number of factors including the effects of obsolescence, demand, competition and other economic factors (such as the stability of the industry and known technological advances) and the level of maintenance expenditures required to obtain the expected future cash flows from the asset.

An intangible asset is derecognised on disposal, or when no future economic benefits are expected from use or disposal. Gains or losses arising from derecognition of an intangible asset, measured as the difference between the net disposal proceeds and the carrying amount of the asset, are recognised in standalone statement of profit and loss when the asset is derecognised.

#### Internally-generated intangible assets – research and development expenditure

Expenditure on research activities is recognised as an expense in the period in which it is incurred.

An internally generated intangible asset arising from development (or from the development phase of an internal project) is recognised if, and only if, all of the following conditions have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use or sale;
- the intention to complete the intangible asset and use or sell it;
- the ability to use or sell the intangible asset;
- how the intangible asset will generate probable future economic benefits;
- the availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset; and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

The amount initially recognised for internally generated intangible assets is the sum of the expenditure incurred from the date when the intangible asset first meets the recognition criteria listed above. Where no internally generated intangible asset can be recognised, development expenditure is recognised in standalone statement of profit and loss in the period in which it is incurred.

Subsequent to initial recognition, internally generated intangible assets are reported at cost less accumulated amortisation and accumulated impairment losses, on the same basis as intangible assets that are acquired separately.

Subsequent expenditure is capitalised only when it increases the future economic benefits embodied in the specific asset to which it relates. All other expenditure is recognised in standalone statement of profit and loss as incurred.

An intangible asset is derecognised on disposal, or when no future economic benefits are expected from use or disposal. Gains or losses arising from derecognition of an intangible asset, measured as the difference between the net disposal proceeds and the carrying amount of the asset, are recognised in standalone statement of profit and loss when the asset is derecognised.

### 3.5 Inventories

Inventories are measured at the lower of cost and net realisable value. The cost of inventories comprises purchase price and other cost incurred in bringing the inventories to their present location and condition. The Group uses the weighted average method to determine the cost of inventory consisting of medicines and medical consumables.

Net realisable value is the estimated selling price in the ordinary course of business less the estimated costs of completion and the estimated costs necessary to make the sale. The comparison of cost and net realisable values is made on an item-by-item basis.



# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 3. Significant accounting policies (continued)

### 3.6 Impairment

#### i. Impairment of financial assets

The Group recognises loss allowances for expected credit losses (ECL) on financial assets measured at amortised cost.

At each reporting date, the Group assesses whether financial assets carried at amortised cost are credit impaired. A financial asset is 'credit impaired' when one or more events that have a detrimental impact on the estimated future cash flows of the financial asset have occurred.

The Group always measures the loss allowance for trade receivables at an amount equal to lifetime ECL. The expected credit losses on trade receivables are estimated using a provision matrix by reference to past default experience of the debtors and an analysis of the debtors' current financial position, adjusted for factors that are specific to the debtors, general economic conditions of the industry in which the debtors operate, and an assessment of both the current as well as the forecast direction of conditions at the reporting date.

In all cases, the maximum period considered when estimating expected credit losses is the maximum contractual period over which the Group is exposed to credit risk.

When determining whether the credit risk of a financial asset has increased significantly since initial recognition and when estimating expected credit losses, the Group considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis, based on the Group's historical experience and informed credit assessment and including forward-looking information.

#### Measurement of expected credit losses:

Expected credit losses are a probability-weighted estimate of credit losses. Credit losses are measured as the present value of all cash shortfalls (i.e. the difference between the cash flows due to the Group in accordance with the contract and the cash flows that the Group expects to receive).

#### Presentation of allowance for expected credit losses in the consolidated balance sheet:

Loss allowances for financial assets measured at amortised cost are deducted from the gross carrying amount of the assets.

#### Write-off:

The gross carrying amount of a financial asset is written off (either partially or in full) to the extent that there is no realistic prospect of recovery. This is generally the case when the Group determines that the debtor does not have assets or sources of income that could generate sufficient cash flows to repay the amounts subject to the write off.

#### iii. Impairment of non- financial assets

The Group's non-financial assets, other than inventories and deferred tax assets, are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, then the asset's recoverable amount is estimated to determine the extent of impairment loss, if any. Goodwill is tested annually for impairment.

For impairment testing, assets that do not generate independent cash inflows are grouped together into cash-generating units (CGUs). Each CGU represents the smallest group of assets that generates cash inflows that are largely independent of the cash inflows of other assets or CGUs.

Goodwill arising from a business combination is allocated to CGUs or groups of CGUs that are expected to benefit from the synergies of the combination.

The recoverable amount of a CGU (or an individual asset) is the higher of its value in use and its fair value less costs to sell. Value in use is based on the estimated future cash flows, discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the CGU (or the asset).

Intangible assets and property, plant and equipment are evaluated for recoverability whenever events or changes in circumstances indicate that their carrying amounts may not be recoverable. For the purpose of impairment testing, the recoverable amount i.e. the higher of the fair value less cost to sell and the value-in-use is determined on an individual asset basis unless the asset does not generate cash flows that are largely independent of those from other assets. In such cases, the recoverable amount is determined for the CGU to which the asset belongs.

If such assets are considered to be impaired, the impairment to be recognized in the consolidated statement of profit and loss is measured by the amount by which the carrying value of the assets exceeds the estimated recoverable amount of the asset.

An impairment loss is reversed in the consolidated statement of profit and loss if there has been a change in the estimates used to determine the recoverable

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 3. Significant accounting policies (continued)

amount. The carrying amount of the asset is increased to its revised recoverable amount, provided that this amount does not exceed the carrying amount that would have been determined (net of any accumulated amortization or depreciation) had no impairment loss been recognized for the asset in prior years.

### 3.7 Employee benefits

#### Short-term employee benefits

Employee benefits payable wholly within twelve months of receiving employee services are classified as short-term employee benefits. These benefits include salaries and wages, bonus and ex-gratia. Short-term employee benefit obligations are measured on an undiscounted basis and are expensed as the related service is provided. A liability is recognised for the amount expected to be paid e.g., under short-term cash bonus, if the Group has a present legal or constructive obligation to pay this amount as a result of past service provided by the employee and the amount of obligation can be estimated reliably.

#### Post-employment benefits

##### Defined contribution plans

A defined contribution plan is a post-employment benefit plan under which an entity pays fixed contributions and will have no legal or constructive obligation to pay further amounts. The Group makes specified monthly contributions towards Government administered provident fund scheme. Obligations for contributions to defined contribution plans are recognised as an employee benefit expense in consolidated statement of profit and loss in the periods during which the related services are rendered by employees.

##### Defined benefit plans

Under a defined benefit plan, it is the Group's obligation to provide agreed benefits to the employees.

The calculation of defined benefit obligation is performed annually by a qualified actuary using the projected unit credit method.

Re-measurements of the net defined benefit liability, which comprise actuarial gains and losses and returns on plan assets (excluding interest) are recognised in other comprehensive income (OCI) in the period in which they occur. Remeasurements of the net defined benefit liability (asset) recognised in other comprehensive income shall not be reclassified to standalone statement of profit and loss in a subsequent period. However, the Company transfers those amounts recognised in other comprehensive income within equity.

The Group determines the net interest expense (income) on the net defined benefit liability (asset) for the period by applying the

discount rate used to measure the defined benefit obligation at the beginning of the annual period to the then-net defined benefit liability (asset), taking into account any changes in the net defined benefit liability during the period as a result of contributions and benefit payments. Net interest expense and other expenses related to defined benefit plans are recognised in the consolidated statement of profit and loss.

#### Other long term employee benefits - Compensated absences

The Group's net obligation in respect of long-term employee benefits other than post-employment benefits is the amount of future benefit that employees have earned in return for their service in the current and prior periods; that benefit is discounted to determine its present value, and the fair value of any related assets is deducted. The obligation is measured on the basis of an annual independent actuarial valuation using the projected unit credit method. Re-measurements gains or losses are recognised in profit or loss in the period in which they arise.

#### Share- based payment transactions

The grant date fair value of equity settled share-based payment awards granted to employees is recognised as an employee expense, with a corresponding increase in equity, over the period that the employees unconditionally become entitled to the awards. The amount recognised as expense is based on the estimate of the number of awards for which the related service and non-market vesting conditions are expected to be met, such that the amount ultimately recognised as an expense is based on the number of awards that do meet the related service and non-market vesting conditions at the vesting date. For share-based payment awards with non-vesting conditions, the grant date fair value of the share-based payment is measured to reflect such conditions and there is no true-up for differences between expected and actual outcomes.

### 3.8 Provisions (other than employee benefits)

A provision is recognised if, as a result of a past event, the Group has a present legal or constructive obligation that can be estimated reliably, and it is probable that an outflow of economic benefits will be required to settle the obligation. The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at the reporting date, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows (when the effect of the time value of money is material).

A contract is considered to be onerous when the expected economic benefits to be derived by the Group from the contract are lower than the unavoidable cost of meeting its obligations under the contract. The provision for an onerous contract is measured at the present value of the lower of the expected cost of terminating the contract and the expected net cost of continuing with the contract. Before such a provision is made,

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 3. Significant accounting policies (continued)

the Group recognises any impairment loss on the assets associated with that contract.

### 3.9 Revenue

#### Revenue from contract with customers

The Group generates revenue from rendering of medical and healthcare services, sale of medicines and other related activities. Ind AS 115, Revenue from Contracts with Customers, establishes a comprehensive framework for determining whether, how much and when revenue is recognised. Under Ind AS 115, revenue is recognised when a customer obtains control of the goods or services.

#### Disaggregation of revenue

The Group disaggregates revenue from hospital services (medical and healthcare services), sale of medicines and other operating income. The Group believes that this disaggregation best depicts how the nature, amount, timing and uncertainty of Group's revenues and cash flows are affected by industry, market and other economic factors.

#### Contract balances

The Group classifies the right to consideration in exchange for sale of services where invoice is raised as trade receivables, where invoice has not been raised as unbilled revenue and advance consideration as advance from customers.

#### Performance obligations and revenue recognition policies

Revenue is measured based on the consideration specified in a contract with a customer. The Group recognises revenue when it transfers control over a good or service to a customer. The following details provide information about the nature and timing of the satisfaction of performance obligations in contracts with customers, including significant payment terms, and the related revenue recognition policies.

##### a) Medical and healthcare services

The Group's revenue from medical and healthcare services comprises of income from hospital services.

Revenue from hospital services to patients is recognised as revenue when the related services are rendered unless significant future uncertainties exist. Revenue is also recognised in relation to the services rendered to the patients who are undergoing treatment/ observation on the balance sheet date to the extent of the services rendered. Revenue is recognised net of discounts and concessions given to the patients.

Unbilled receivable represents value to the extent of medical and healthcare services rendered to the patients

who are undergoing treatment/observation on the balance sheet date and is not billed as at the balance sheet date.

##### b) Sale of medicines

Revenue from sale of medical consumables and medicines within the hospital premises is recognised when property in the goods or all significant risks and rewards of their ownership are transferred to the customer and no significant uncertainty exists regarding the amount of the consideration that will be derived from the sale of the goods and regarding its collection. The amount of revenue recognised is net of sales returns, taxes and duties, wherever applicable.

##### c) Other operating income

The Group's revenue from other operating income comprises primarily of canteen sales (sales of food and beverages).

Revenue from services rendered is based on the agreements/arrangements with the customers as the service is performed. Income from sale of food and beverages is recognised at a point in time when control is transferred.

Disaggregated revenue information: Refer note 20

### 3.10 Leases

#### i. Determining whether an arrangement contains a lease:

At inception of an arrangement, it is determined whether the arrangement is or contains a lease. At inception or on reassessment of the arrangement that contains a lease, the payments and other consideration required by such an arrangement are separated into those for the lease and those for other elements on the basis of their relative fair values.

#### ii. Company as a lessee

The Group accounts for each lease component within the contract as a lease separately from non-lease components of the contract and allocates the consideration in the contract to each lease component on the basis of the relative stand-alone price of the lease component and the aggregate stand-alone price of the non-lease components.

The Group recognises right-of-use asset representing its right to use the underlying asset for the lease term at the lease commencement date. The cost of the right-of-use asset measured at inception shall comprise of the amount of the initial measurement of the lease liability adjusted for any lease payments made at or before the commencement date less any lease incentives received, plus any initial direct costs incurred and an estimate of costs to be incurred by the lessee in dismantling and

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 3. Significant accounting policies (continued)

removing the underlying asset or restoring the underlying asset or site on which it is located. The right-of-use assets is subsequently measured at cost less any accumulated depreciation, accumulated impairment losses, if any and adjusted for any remeasurement of the lease liability. The right-of-use assets is depreciated using the straight-line method from the commencement date over the shorter of lease term or useful life of right-of-use asset.

The estimated useful lives of right-of-use assets are determined on the same basis as those of property, plant and equipment. Right-of-use assets are tested for impairment whenever there is any indication that their carrying amounts may not be recoverable. Impairment loss, if any, is recognised in the consolidated statement of profit and loss.

The Group measures the lease liability at the present value of the lease payments that are not paid at the commencement date of the lease. The lease payments are discounted using the interest rate implicit in the lease, if that rate can be readily determined. If that rate cannot be readily determined, the Group uses incremental borrowing rate. The lease payments shall include fixed payments, variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date, residual value guarantees, exercise price of a purchase option where the Group is reasonably certain to exercise that option and payments of penalties for terminating the lease, if the lease term reflects the lessee exercising an option to terminate the lease. The lease liability is subsequently remeasured by increasing the carrying amount to reflect interest on the lease liability, reducing the carrying amount to reflect the lease payments made and remeasuring the carrying amount to reflect any reassessment or lease modifications or to reflect revised in-substance fixed lease payments. The Group recognises the amount of the re-measurement of lease liability due to modification as an adjustment to the right-of-use asset and statement of profit and loss depending upon the nature of modification. Where the carrying amount of the right-of-use asset is reduced to zero and there is a further reduction in the measurement of the lease liability, the Group recognises any remaining amount of the re-measurement in statement of profit and loss.

The Group has elected not to apply the requirements of Ind AS 116 Leases to short-term leases of all assets that have a lease term of 12 months or less. The lease payments associated with these leases are recognized as an expense on a straight-line basis over the lease term.

Variable rents that do not depend on an index or rate are not included in the measurement of the lease liability and the right-of-use asset. The related payments are

recognised as an expense in the period in which the event or condition that triggers those payments occurs and are included in the line "Other expenses" in the standalone statement of profit and loss.

At the inception of the lease, the Group classifies each of its leases as either an operating lease or a finance lease. The Group recognises lease payments received under operating leases as income on a straight-line basis over the lease term. In case of a finance lease, finance income is recognised over the lease term based on a pattern reflecting a constant periodic rate of return on the lessor's net investment in the lease. When the Group is an intermediate lessor it accounts for its interests in the head lease and the sub-lease separately. It assesses the lease classification of a sub-lease with reference to the right-of-use asset arising from the head lease, not with reference to the underlying asset. If a head lease is a short-term lease to which the Group applies the exemption described above, then it classifies the sub-lease as an operating lease.

If an arrangement contains lease and non-lease components, the Group applies Ind AS 115 Revenue from contracts with customers to allocate the consideration in the contract.

### iii. Impact of COVID-19

The Group does not foresee any large-scale contraction in demand which could result in significant down-sizing of its employee base rendering the physical infrastructure redundant. The leases that the Company has entered with lessors are long term in nature and changes in terms of those leases expected due to the COVID-19 are not expected to have impact in the financial statements for the year ended 31 March 2021.

### iv. Transition to Ind AS 116

The Company has adopted the amendments to Ind AS 116 for the first time in the current year. The amendments provide practical relief to lessees in accounting for rent concessions occurring as a direct consequence of COVID-19, by introducing a practical expedient to Ind AS 116. The practical expedient permits a lessee to elect not to assess whether a COVID-19-related rent concession is a lease modification. A lessee that makes this election shall account for any change in lease payments resulting from the COVID-19-related rent concession the same way it would account for the change applying Ind AS 116 if the change were not a lease modification.

The practical expedient applies only to rent concessions occurring as a direct consequence of COVID-19 and only if all of the following conditions are met:

- (a) The change in lease payments results in revised consideration for the lease that is substantially the same

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 3. Significant accounting policies (continued)

as, or less than, the consideration for the lease immediately preceding the change;

- (b) Any reduction in lease payments affects only payments originally due on or before 30 June 2021 (a rent concession meets this condition if it results in reduced lease payments on or before 30 June 2021 and increased lease payments that extend beyond 30 June 2021); and
- (c) There is no substantive change to other terms and conditions of the lease.

The Company has applied the practical expedient retrospectively to all eligible rent concessions and has not restated prior period figures.

The Company has benefited from few months' waiver of lease payments on buildings. The waiver of lease payments of has been accounted for as a negative variable lease payment in consolidated standalone statement profit and loss. The Company has derecognised the part of the lease liability that has been extinguished by the forgiveness of lease payments, consistent with the requirements of Ind AS 109:3.3.1.

### Company as a lessee

#### Operating leases

For transition, the Group has elected not to apply the requirements of Ind AS 116 to leases which are expiring within 12 months from the date of transition by class of asset and leases for which the underlying asset is of low value on a lease-by-lease basis.

The Group has also used the practical expedient provided by the standard when applying Ind AS 116 to leases previously classified as operating leases under Ind AS 17 and therefore, has not reassessed whether a contract, is or contains a lease, at the date of initial application, relied on its assessment of whether leases are onerous, applying Ind AS 37 immediately before the date of initial application as an alternative to performing an impairment review, excluded initial direct costs from measuring the right of use asset at the date of initial application and used hindsight when determining the lease term if the contract contains options to extend or terminate the lease. On transition, the Group recognised a lease liability measured at the present value of the remaining lease payments. The right-of-use asset is recognised at its carrying amount as if the standard had been applied since the commencement of the lease, but discounted using the lessee's incremental borrowing rate as at 1 April 2019. Accordingly, a right-of-use asset of INR 2,090.36 crore and a corresponding lease liability of INR 2,323.56 crore has been recognized. The cumulative effect on transition in retained earnings net off taxes is INR 180.46 crore. The principal portion of the lease payments have been disclosed under cash flow

from financing activities. The lease payments for operating leases as per Ind AS 17 - Leases, were earlier reported under cash flow from operating activities.

On application of Ind AS 116, the nature of expenses has changed from lease rent in previous periods to depreciation cost for the right-to-use asset, and finance cost for interest accrued on lease liability. The difference between the future minimum lease rental commitments towards non-cancellable operating leases and finance leases reported as at 31 March 2019 compared to the lease liability as accounted as at 1 April 2019 is primarily due to inclusion of present value of the lease payments for the cancellable term of the leases, reduction due to discounting of the lease liabilities as per the requirement of Ind AS 116 and exclusion of the commitments for the leases to which the Group has chosen to apply the practical expedient as per the standard.

#### Finance lease

The Group has leases that were classified as finance leases applying Ind AS 17. For such leases, the carrying amount of the right-of-use asset and the lease liability at the date of initial application of Ind AS 116 is the carrying amount of the lease asset and lease liability on the transition date as measured applying Ind AS 17. Accordingly, an amount of INR 36.92 crore (net of depreciation of INR 0.01 crore) has been reclassified from property, plant and equipment and prepaid rent to right-of-use assets. An amount of INR 3.55 crore has been reclassified from other current financial liabilities to lease liability – current and an amount of INR 112.49 crore has been reclassified from borrowings – non-current to lease liability – non-current.

#### Company as a lessor

The Group is not required to make any adjustments on transition to Ind AS 116 for leases in which it acts as a lessor, except for a sub-lease. The Group accounted for its leases in accordance with Ind AS 116 from the date of initial application. The Group does not have any sub-lease arrangements.

#### Impact on transition

**For the impact of Ind AS 116 refer Note 41.**

When measuring lease liabilities for leases that were classified as operating leases, the Group discounted lease payments using its incremental borrowing rate at 1 April 2019. The weighted average rate applied is 5% to 10.37%.

### 3.11 Recognition of interest income or interest expense

Interest on deployment of surplus funds is recognized using the time proportionate method, based on the transactional interest rates.

Interest income or expense is recognised using the effective interest method. The 'effective interest rate' is the rate that exactly discounts estimated future cash payments or receipts



# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 3. Significant accounting policies (continued)

through the expected life of the financial instrument to the gross carrying amount of the financial asset or the amortised cost of the financial liability. In calculating interest income and expense, the effective interest rate is applied to the gross carrying amount of the asset (when the asset is not credit-impaired) or to the amortised cost of the liability.

### 3.12 Earnings / (loss) per share

The basic earnings / (loss) per share ('EPS') is computed by dividing the consolidated net profit / (loss) after tax for the year attributable to equity shareholders by the weighted average number of equity shares outstanding during the year.

Diluted earnings per share is computed by dividing the profit/ (loss) after tax (including the post tax effect of extraordinary items, if any) as adjusted for dividend, interest and other charges to expense or income (net of any attributable taxes) relating to the dilutive potential equity shares, by the weighted average number of equity shares considered for deriving basic earnings per share and the weighted average number of equity shares which could have been issued on the conversion of all dilutive potential equity shares.

Dilutive potential equity shares are deemed converted as of the beginning of the period unless issued at a later date. In computing dilutive earning per share, only potential equity shares that are dilutive i.e. which reduces earnings per share or increases loss per share are included.

The dilutive potential equity shares are adjusted for the proceeds receivable had the shares been actually issued at fair value (i.e. average market value of the outstanding shares). Dilutive potential equity shares are determined independently for each period presented. The number of equity shares and potentially dilutive equity shares are adjusted for share splits/ reverse share splits and bonus shares, as appropriate.

### 3.13 Borrowing cost

Borrowing costs are interest and other costs (including exchange differences relating to foreign currency borrowings to the extent that they are regarded as an adjustment to interest costs) incurred in connection with the borrowing of funds. Borrowing costs directly attributable to acquisition or construction of an asset which necessarily take a substantial period of time to get ready for their intended use are capitalised as part of the cost of that asset. Other borrowing costs are recognised as an expense in the period in which they are incurred.

### 3.14 Income tax

Income tax comprises current and deferred tax. It is recognised in consolidated statement of profit and loss except to the extent that it relates to an item recognised directly in equity or in other comprehensive income.

#### i. Current tax

Current tax comprises the expected tax payable or receivable on the taxable income or loss for the year and any adjustment to the tax payable or receivable in respect of previous years. The amount of current tax reflects the best estimate of the tax amount expected to be paid or received after considering the uncertainty, if any, related to income taxes. It is measured using tax rates (and tax laws) enacted or substantively enacted by the reporting date.

Current tax assets and current tax liabilities are offset only if there is a legally enforceable right to set off the recognised amounts, and it is intended to realise the asset and settle the liability on a net basis or simultaneously.

A provision is recognised for those matters for which the tax determination is uncertain, but it is considered probable that there will be a future outflow of funds to a tax authority. The provisions are measured at the best estimate of the amount expected to become payable. The assessment is based on the judgement of tax professionals within the Company supported by previous experience in respect of such activities and in certain cases based on specialist independent tax advice.

#### ii. Deferred tax

Deferred tax is recognised in respect of temporary differences between the carrying amounts of assets and liabilities for financial reporting purposes and the corresponding tax bases used for taxation purposes. Deferred tax is also recognised in respect of carried forward tax losses and tax credits.

Deferred tax assets are recognised to the extent that it is probable that future taxable profits will be available against which they can be used. The existence of unused tax losses is strong evidence that future taxable profit may not be available. Therefore, in case of a history of recent losses, the Group recognises a deferred tax asset only to the extent that it has sufficient taxable temporary differences or there is convincing other evidence that sufficient taxable profit will be available against which such deferred tax asset can be realised. Deferred tax assets – unrecognised or recognised, are reviewed at each reporting date and are recognised/ reduced to the extent that it is probable/ no longer probable respectively that the related tax benefit will be realised.

Deferred tax is measured at the tax rates that are expected to apply to the period when the asset is realised or the liability is settled, based on the laws that have been enacted or substantively enacted by the reporting date. The measurement of deferred tax reflects the tax consequences that would follow from the manner in which the Group expects, at the reporting date, to recover or settle the carrying amount of its assets and liabilities.



# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 3. Significant accounting policies (continued)

Deferred tax assets and liabilities are offset if there is a legally enforceable right to offset current tax liabilities and assets, and they relate to income taxes levied by the same tax authority on the same taxable entity, or on different tax entities, but they intend to settle current tax liabilities and assets on a net basis or their tax assets and liabilities will be realised simultaneously.

### i. Recognition and initial measurement

Trade receivables and debt securities issued are initially recognised when they are originated. All other financial assets and financial liabilities are initially recognised when the Group becomes a party to the contractual provisions of the instrument.

A financial asset or financial liability is initially measured at fair value, except for trade receivables that do not have a significant financing component which are measured at transaction price. Transaction costs that are directly attributable to the acquisition or issue of financial assets and financial liabilities (other than financial assets and financial liabilities at fair value through profit or loss – FVTPL) are added to or deducted from the fair value of the financial assets or financial liabilities, as appropriate, on initial recognition. Transaction costs directly attributable to the acquisition of financial assets or financial liabilities at fair value through profit or loss are recognised immediately in consolidated statement of profit and loss.

### ii. Classification and subsequent measurement

#### Financial assets

On initial recognition, a financial asset is classified as either at amortised cost, FVTPL or fair value through other comprehensive income (FVOCI)

Financial assets are not reclassified subsequent to their initial recognition, except if and in the period the Group changes its business model for managing financial assets.

A financial asset is measured at amortised cost if it meets both of the following conditions:

- the asset is held within a business model whose objective is to hold assets to collect contractual cash flows; and
- the contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

On initial recognition of an equity investment that is not held for trading, the Group may irrevocably elect to present subsequent changes in the investment's fair value in OCI

(designated as FVOCI – equity investment). This election is made on an investment by investment basis.

All financial assets not classified as measured at amortised cost or FVOCI as described above are measured at FVTPL. This includes all derivative financial assets. On initial recognition, the Group may irrevocably designate a financial asset that otherwise meets the requirements to be measured at amortised cost or at FVOCI as at FVTPL if doing so eliminates or significantly reduces an accounting mismatch that would otherwise arise.

#### Financial assets: Business model assessment

The Group makes an assessment of the objective of the business model in which a financial asset is held at a portfolio level because this best reflects the way the business is managed and information is provided to management. The information considered includes:

- how the performance of the portfolio is evaluated and reported to the Group's management;
- the risks that affect the performance of the business model (and the financial assets held within that business model) and how those risks are managed;
- how managers of the business are compensated – e.g. whether compensation is based on the fair value of the assets managed or the contractual cash flows collected; and
- the frequency, volume and timing of sales of financial assets in prior periods, the reasons for such sales and expectations about future sales activity.

Transfers of financial assets to third parties in transactions that do not qualify for derecognition are not considered sales for this purpose, consistent with the Group's continuing recognition of the assets.

Financial assets that are held for trading or are managed and whose performance is evaluated on a fair value basis are measured at FVTPL

Financial assets: Assessment whether contractual cash flows are solely payments of principal and interest

For the purposes of this assessment, 'principal' is defined as the fair value of the financial asset on initial recognition. 'Interest' is defined as consideration for the time value of money and for the credit risk associated with the principal amount outstanding during a particular period of time and for other basic lending risks and costs (e.g. liquidity risk and administrative costs), as well as a profit margin.

In assessing whether the contractual cash flows are solely payments of principal and interest, the Group considers the contractual terms of the instrument. This

## Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

### 3. Significant accounting policies (continued)

includes assessing whether the financial asset contains a contractual term that could change the timing or amount of contractual cash flows such that it would not meet this condition. In making this assessment, the Group considers:

- contingent events that would change the amount or timing of cash flows;
- terms that may adjust the contractual coupon rate, including variable interest rate features;
- prepayment and extension features; and
- terms that limit the Group's claim to cash flows from specified assets (e.g. non-recourse features).

Financial assets: Subsequent measurement and gains and losses

Items	Measurement basis
Financial assets at FVTPL	These assets are subsequently measured at fair value. Net gains and losses, including any interest or dividend income, are recognised in the consolidated statement of profit and loss.
Financial assets at amortised cost	These assets are subsequently measured at amortised cost using the effective interest method. The amortised cost is reduced by impairment losses. Interest income, foreign exchange gains and losses and impairment are recognised in the consolidated statement of profit and loss. Any gain or loss on derecognition is recognised in the consolidated statement of profit and loss.
Equity investments at FVOCI	These assets are subsequently measured at fair value. Dividends are recognised as income in consolidated statement of profit and loss unless the dividend clearly represents a recovery of part of the cost of the investment. Other net gains and losses are recognised in OCI and are not reclassified to the consolidated statement of profit and loss.

### Financial liabilities: Classification, subsequent measurement and gains and losses

Financial liabilities are classified as measured at amortised cost or FVTPL. A financial liability is classified as FVTPL if it is classified as held for trading or it is a derivative or it is designated as such on initial recognition. Financial liabilities at FVTPL are measured at fair value and net gains and losses, including any interest expense, are recognised in the consolidated statement of profit and loss. Other financial liabilities are subsequently measured at amortised cost using the effective interest method. Interest expense

### ii. Classification and subsequent measurement (continued)

and foreign exchange gains and losses are recognised in the consolidated statement of profit and loss. Any gain or loss on derecognition is also recognised in the consolidated statement of profit and loss.

### iii. Derecognition

#### Financial assets

The Group derecognises a financial asset when the contractual rights to the cash flows from the financial asset expire, or it transfers the rights to receive the contractual cash flows in a transaction in which substantially all of the risks and rewards of ownership of the financial asset are transferred or in which the Group neither transfers nor retains substantially all of the risks and rewards of ownership and does not retain control of the financial asset.

If the Group enters into transactions whereby it transfers assets recognised on its consolidated balance sheet but retains either all or substantially all of the risks and rewards of the transferred assets, the transferred assets are not derecognised.

#### Financial liabilities

The Group derecognises a financial liability when its contractual obligations are discharged or cancelled or expire.

The Group also derecognises a financial liability when its terms are modified and the cash flows under the modified terms are substantially different. In this case, a new financial liability based on the modified terms is recognised at fair value. The difference between the carrying amount of the financial liability extinguished and the new financial liability with modified terms is recognised in the consolidated statement of profit and loss.

### iii. Offsetting

Financial assets and financial liabilities are offset and the net amount presented in the consolidated balance sheet

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 3. Significant accounting policies (continued)

when, and only when, the Group currently has a legally enforceable right to set off the amounts and it intends either to settle them on a net basis or to realise the asset and settle the liability simultaneously.

### iv. Derivative financial instruments

The Group holds derivative financial instruments to hedge its foreign currency and interest rate risk exposures. Derivatives are initially measured at fair value. Subsequent to initial recognition, derivatives are measured at fair value, and changes therein are recognised in the consolidated statement of profit and loss.

### 3.16 Government grant

Government grants are recognised where there is reasonable assurance that the grant will be received and all attached conditions will be complied with. Where the Group receives grants relating to assets, including non-monetary grants, the asset and the related grants are accounted at fair value and recognised in the consolidated statement of profit and loss over the expected useful life of the asset.

### 3.17 Cash flow statement

Cash flows are reported using the indirect method, whereby consolidated profit before tax is adjusted for the effects of transactions of a non-cash nature and any deferrals or accruals of past or future cash receipts or payments. The cash flows from regular revenue generating, investing and financing activities of the Group are segregated.

### 3.18 Cash and cash equivalents

Cash and cash equivalents comprise cash at bank and on hand and short-term deposits with an original maturity of three months or less which are subject to insignificant risk of changes in value.

### 3.19 Operating segments

#### A. Basis for segmentation

An operating segment is a component of the Group that engages in business activities from which it may earn revenues and expenses that relate to transactions with any of the Group's other components and for which discrete financial information is available. All operating segments' operating results are reviewed regularly by the Chief Operating Decision Maker (CODM) to make decisions about resources to be allocated to the segments and assess their performance. The accounting principles consistently used in the preparation of the financial statements are also consistently applied to record income and expenditure in individual segments.

Refer Note 31 for performance details of the segments.

### 3.20 Operating cycle

The operating cycle is the time between the acquisition of assets for processing and their realisation in cash and cash equivalents. The Group has identified twelve months as its operating cycle.

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 4 Property, plant and equipment

Particulars	Freehold land	Buildings	Leasehold improvements	Furniture and fixtures	Plant and equipment	Computer equipment	Medical equipment	Motor vehicles	Total
<b>Gross carrying value</b>									
Balance as at 1 April 2019	826.68	791.10	944.40	379.73	254.65	110.50	1,508.30	50.90	4,866.26
Additions	10.36	45.12	71.06	23.41	37.79	19.36	224.73	4.78	436.61
Acquisition through business combinations (refer note 39)	-	0.14	-	4.04	0.52	0.04	0.83	0.06	5.63
Disposals	-	-	(21.67)	(1.05)	(1.76)	(1.81)	(8.08)	(1.74)	(36.11)
Reclassification*	-	-	-	-	0.33	(0.33)	(0.88)	-	(0.88)
Exchange difference on translation	6.10	18.23	76.67	22.66	11.75	6.96	73.69	3.72	219.78
<b>Balance as at 31 March 2020</b>	<b>843.14</b>	<b>854.59</b>	<b>1,070.46</b>	<b>428.79</b>	<b>303.28</b>	<b>134.72</b>	<b>1,798.59</b>	<b>57.72</b>	<b>5,491.29</b>
Balance as at 1 April 2020	843.14	854.59	1,070.46	428.79	303.28	134.72	1,798.59	57.72	5,491.29
Additions	0.17	41.80	98.10	17.04	15.58	24.36	85.67	1.29	284.01
Acquisition through business combinations (refer note 39)	-	-	-	-	-	-	-	-	-
Disposals	-	(0.12)	(28.46)	(3.07)	(2.52)	(1.81)	(22.76)	(0.20)	(58.94)
Reclassification*	-	(185.76)	28.75	(0.03)	0.35	(0.03)	(0.37)	-	(157.09)
Exchange difference on translation	(1.68)	(4.08)	(21.11)	(6.44)	(3.30)	(2.15)	(19.68)	(1.04)	(59.48)
<b>Balance as at 31 March 2021</b>	<b>841.63</b>	<b>706.43</b>	<b>1,147.74</b>	<b>436.29</b>	<b>313.39</b>	<b>155.09</b>	<b>1,841.45</b>	<b>57.77</b>	<b>5,499.79</b>
<b>Accumulated depreciation</b>									
Balance as at 1 April 2019	-	120.47	333.30	261.49	130.15	81.91	581.12	35.79	1,544.23
Depreciation for the year	-	20.30	84.91	41.73	25.00	20.79	128.02	7.11	327.86
Eliminated on disposals	-	-	(7.29)	(0.81)	(0.83)	(1.38)	(1.82)	(1.66)	(13.79)
Reclassification*	-	-	-	-	0.26	(0.26)	(0.01)	-	(0.01)
Exchange difference on translation	-	5.09	30.65	17.68	7.31	5.68	37.63	3.00	107.04
<b>Balance as at 31 March 2020</b>	<b>-</b>	<b>145.86</b>	<b>441.57</b>	<b>320.09</b>	<b>161.89</b>	<b>106.74</b>	<b>744.94</b>	<b>44.24</b>	<b>1,965.33</b>
Balance as at 1 April 2020	-	145.86	441.57	320.09	161.89	106.74	744.94	44.24	1,965.33
Depreciation for the year	-	13.39	82.87	35.55	24.33	23.35	141.18	5.04	325.71
Eliminated on disposals	-	(0.01)	(1.30)	(2.81)	(2.29)	(1.01)	(9.66)	(0.41)	(17.49)
Reclassification*	-	(28.94)	7.85	-	0.05	-	(0.05)	-	(21.09)
Exchange difference on translation	-	(1.19)	(9.38)	(5.36)	(2.20)	(1.84)	(11.08)	(0.89)	(31.94)
<b>Balance as at 31 March 2021</b>	<b>-</b>	<b>129.11</b>	<b>521.61</b>	<b>347.47</b>	<b>181.78</b>	<b>127.24</b>	<b>865.33</b>	<b>47.98</b>	<b>2,220.52</b>
<b>Carrying amounts (net)</b>									
<b>As at 31 March 2021</b>	<b>841.63</b>	<b>577.32</b>	<b>626.13</b>	<b>88.82</b>	<b>131.61</b>	<b>27.85</b>	<b>976.12</b>	<b>9.79</b>	<b>3,279.27</b>
<b>As at 31 March 2020</b>	<b>843.14</b>	<b>708.73</b>	<b>628.89</b>	<b>108.70</b>	<b>141.39</b>	<b>27.98</b>	<b>1,053.65</b>	<b>13.48</b>	<b>3,525.96</b>

For details of property, plant and equipment pledged, refer Note 15.

\* During the year ended 31 March 2021 the Group has reclassified building and leasehold improvements to Right of use asset as per Ind AS 116.

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 5 Goodwill and other intangible assets

Particulars	Goodwill on consolidation (Refer Note 1)	Brand name, tradename and trademark	Payor/ Customer relationship	Software	Other intangibles	Total
<b>Gross carrying value</b>						
Balance at 1 April 2019	844.99	60.49	32.36	38.79	58.11	1,034.74
Transition impact of Ind AS 116	-	-	-	-	(36.44)	(36.44)
Additions	-	0.81	-	6.13	-	6.94
Acquisition through business combinations (refer note 39)	177.79	58.62	71.38	0.37	-	308.16
Disposals	(3.51)	-	-	-	-	(3.51)
Exchange difference on translation	56.66	5.33	5.55	1.96	3.72	73.22
<b>Balance at 31 March 2020</b>	<b>1,075.93</b>	<b>125.25</b>	<b>109.29</b>	<b>47.25</b>	<b>25.39</b>	<b>1,383.11</b>
Balance at 1 April 2020	1,075.93	125.25	109.29	47.25	25.39	1,383.11
Additions/ reclassification*	-	0.01	-	19.39	70.01	89.41
Acquisition through business combinations (refer note 39)	-	-	-	-	-	-
Disposals	-	-	-	(0.20)	-	(0.20)
Exchange difference on translation	(16.65)	(1.82)	(1.96)	(0.71)	(2.18)	(23.32)
<b>Balance at 31 March 2021</b>	<b>1,059.28</b>	<b>123.44</b>	<b>107.33</b>	<b>65.73</b>	<b>93.22</b>	<b>1,449.00</b>
<b>Accumulated amortisation and impairment losses</b>						
Balance at 1 April 2019	5.34	13.11	4.93	23.70	21.12	68.20
Transition impact of Ind AS 116	-	-	-	-	(0.47)	(0.47)
Impairment / Amortisation for the year	4.86	10.32	6.26	6.41	0.15	28.00
Eliminated on disposals	(3.51)	-	-	-	-	(3.51)
Exchange difference on translation	0.50	0.68	0.41	1.21	2.75	5.55
<b>Balance at 31 March 2020</b>	<b>7.19</b>	<b>24.11</b>	<b>11.60</b>	<b>31.32</b>	<b>23.55</b>	<b>97.77</b>
Balance at 1 April 2020	7.19	24.11	11.60	31.32	23.55	97.77
Impairment / Amortisation for the year	-	15.22	15.81	8.19	2.87	42.09
Eliminated on disposals	-	-	-	-	-	-
Reclassification*	-	-	-	-	8.97	8.97
Exchange difference on translation	(0.15)	(0.36)	(0.30)	(0.42)	(0.82)	(2.05)
<b>Balance at 31 March 2021</b>	<b>7.04</b>	<b>38.97</b>	<b>27.11</b>	<b>39.09</b>	<b>34.57</b>	<b>146.78</b>
<b>Carrying amount (net)</b>						
<b>At 31 March 2021</b>	<b>1,052.24</b>	<b>84.47</b>	<b>80.22</b>	<b>26.64</b>	<b>58.65</b>	<b>1,302.22</b>
<b>At 31 March 2020</b>	<b>1,068.74</b>	<b>101.14</b>	<b>97.69</b>	<b>15.93</b>	<b>1.84</b>	<b>1,285.34</b>

\* During the year ended 31 March 2021 the Group has reclassified land usage rights to other intangible assets as per Ind AS 116

### Note 1 : Goodwill

#### Impairment testing for cash-generating units containing goodwill

For the purpose of impairment testing, goodwill is allocated to the Group's operating divisions which represent the lowest level within the Group at which the Goodwill is measured for internal management purposes, which is not higher than the Group's operating segments.

The aggregate carrying amount of goodwill allocated to each unit are as follows :

Particulars	As at 31 March 2021	As at 31 March 2020
Medcare Hospital LLC, UAE	118.14	120.59
Sanad Al Rahma for Medical Care LLC, KSA	114.62	116.98
Dr. Ramesh Cardiac and Multispeciality Hospital Private Limited, India	174.97	174.97
Al Raffah Hospital LLC, Oman	44.19	45.10
Harley Street Group, UAE	82.12	83.82
Malabar Institute of Medical Sciences Ltd, India	40.06	40.06
Pharmacies - GCC states	164.51	167.91
Wahat Al Aman Home Health Care LLC	81.61	83.30
Grand Optics LLC	85.00	86.75
Others	147.02	149.26
	<b>1,052.24</b>	<b>1,068.74</b>

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 5 Goodwill and other intangible assets (continued)

Goodwill was tested for impairment annually in accordance with the Group's procedure for determining the recoverable value of such assets. For the purpose of impairment testing, goodwill is allocated to a cash generating unit ("CGU") representing the lowest level within the Group at which the goodwill is monitored for internal management purposes, and which is not higher than the Group's operating segment. The recoverable amount of the CGU is the higher of fair value less cost to sell ("FVLCTS") and its value in use ("VIU"). The FVLCTS of the CGU is determined based on the market capitalisation approach, using the turnover and earnings multiples derived from observed market data. The VIU is determined based on discounted cash flow projections. Key assumptions on which the Group has based its determination of VIUs include:

- Estimated cash flow for five years based on formal approved internal management budgets with extrapolation of remaining period, wherever such budgets were shorter than the five years period.
- Terminal value arrived by extrapolating last forecasted year cash flows to perpetuity using long-term growth rates. These long-term growth rates take into consideration external macroeconomic sources of data. Such long-term growth rate considered does not exceed that of the relevant business and industry.

The key assumptions used in the estimation of recoverable amount are set out below. The values assigned to the key assumptions represents management's assessment of future trends in the relevant industries and have been based on historic data from both internal and external sources.

Particulars	As at 31 March 2021	As at 31 March 2020
Discount rate	13% - 18%	14% - 20%
Terminal value growth rate	2% - 5%	2% - 5%
Weighted average cost of capital (WACC) before tax - equity	12% - 20%	14% - 22%
Weighted average cost of capital (WACC) before tax - debt	2% - 10%	6%

The Group has performed sensitivity analysis around the base assumptions and have concluded that no reasonable changes in key assumptions would cause the recoverable amount of the CGU to be less than the carrying value.

## 6 Investments

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Non-current investments</b>		
<i>Equity shares, unquoted</i>		
Janata Sahakari Bank Limited, Pune (1,000 equity shares of INR 10 each amounting to INR 10,000)	*	*
	*	*
<b>Current investments</b>		
<b>Investment in liquid mutual funds, quoted at FVTPL</b>		
Reliance Equity Hybrid Fund - Segregated Portfolio - 1	*	*
Reliance Liquid Fund - Treasury Plan	-	2.89
[Nil (31 March 2020: 5,948) units]		
Reliance Liquid Fund	7.94	0.05
[15,779 (31 March 2020: Nil) units]		
Nippon India Money Market Fund	15.68	7.86
[48,690 (31 March 2020: 25,749) units]		
Nippon India Overnight Fund- Direct Growth Plan	-	0.80
[Nil (31 March 2020: 74,660) units]		
Nippon India Liquid Fund	0.31	-
[614 (31 March 2020: Nil) units]		
Nippon India Balanced Advantage Fund	0.05	-
[4,279 (31 March 2020: Nil) units]		
Nippon India Growth Fund	0.10	-
[611 (31 March 2020: Nil) units]		
Nippon India Passive Fund	0.05	-
[46,542 (31 March 2020: Nil) units]		
	<b>24.13</b>	<b>11.60</b>
Aggregate carrying amount of quoted investments	24.13	11.60

\*Amount is below the rounding off norms adopted by the Company.



# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 7 Loans

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Non-current</b>		
<i>Unsecured, considered good</i>		
Rent and other deposits	54.75	46.79
	<b>54.75</b>	<b>46.79</b>
<b>Current</b>		
<i>Unsecured, considered good</i>		
Rent and other deposits	67.68	29.72
	<b>67.68</b>	<b>29.72</b>
	<b>122.43</b>	<b>76.51</b>

## 8 Other financial assets

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Non-current</b>		
<i>Unsecured, considered good</i>		
Fixed deposits with banks and other deposits*	19.43	44.94
Interest accrued on fixed deposits with banks	0.21	0.17
Advances given to equity accounted investees	79.47	159.34
Advance against investment**	2.00	-
	<b>101.11</b>	<b>204.45</b>
<b>Current</b>		
<i>Unsecured, considered good</i>		
Unbilled receivables	18.72	46.10
Interest accrued on fixed deposits with banks	1.37	2.01
Others	16.39	5.12
	<b>36.48</b>	<b>53.23</b>
	<b>137.59</b>	<b>257.68</b>

\* Deposits amounting to INR 11.18 crores (31 March 2020: INR 9.03 crores) are maintained against guarantees issued by Banks and are restricted for periods exceeding 12 months as at the Balance Sheet date.

\*\* During the year ended 31 March 2021, the Company has entered into share purchase agreement for acquiring 15.98% equity shareholding in Alfaone Medicals Private Limited, an entity in the consumer healthcare and wellness business.

## 9 Other assets

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Non-current</b>		
Advances for capital goods	9.02	17.01
Prepaid rent	7.09	11.03
Prepaid expenses	19.11	50.59
	<b>35.22</b>	<b>78.63</b>
<b>Current</b>		
Prepaid expenses	109.90	131.84
Balances with statutory / government authorities	63.13	61.63
Advance for supply of goods and services	19.15	38.79
Prepaid rent	0.90	1.74
Other loans and advances	158.29	262.61
	<b>351.37</b>	<b>496.61</b>
	<b>386.59</b>	<b>575.24</b>

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 10 Inventories

Particulars	As at 31 March 2021	As at 31 March 2020
<i>(Valued at lower of cost and net realisable value)</i>		
Medicines and medical consumables	819.65	921.76
Stores and spares	29.34	39.19
	<b>848.99</b>	<b>960.95</b>

For details of inventories pledged, refer note 15

## 11 Trade receivables

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Current</b>		
Considered good - unsecured	2,861.60	3,049.00
Less: loss allowance	(842.60)	(682.56)
<b>Net trade receivables</b>	<b>2,019.00</b>	<b>2,366.44</b>

For details of trade receivables pledged, refer note 15.

The Group's exposure to credit and currency risks and loss allowances related to trade receivables are disclosed in note 36.

Particulars	Gross receivables	% of Provisions
Due date to 1 year	1,821.96	10% to 15%
1-2 years	510.82	40% to 50%
More than 2 years	528.82	70% to 100%

## 12 Cash and cash equivalents

Particulars	As at 31 March 2021	As at 31 March 2020
Balance with banks	243.99	135.59
Cash on hand	14.10	15.21
	<b>258.09</b>	<b>150.80</b>
Less : Book overdraft (refer note 16)	(23.54)	(36.15)
<b>Cash and cash equivalents in the statement of cash flows</b>	<b>234.55</b>	<b>114.65</b>

## 13 Other bank balances

Particulars	As at 31 March 2021	As at 31 March 2020
Balance in banks for margin money*	16.03	20.72
In deposit accounts (with original maturity of more than 3 months, but less than 12 months)	7.24	5.60
	<b>23.27</b>	<b>26.32</b>

\* includes unutilised amount from initial public offer Nil (31 Mar 2020 - INR 1.51)

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 14 Share capital

Particulars	As at 31 March 2021		As at 31 March 2020	
	Number of shares (in crores)	Amount	Number of shares (in crores)	Amount
<b>Authorised</b>				
Equity shares of INR 10 each	55.00	550.00	55.00	550.00
Compulsory convertible preference shares (CCPS) of INR 10 each	6.62	66.20	6.62	66.20
	<b>61.62</b>	<b>616.20</b>	<b>61.62</b>	<b>616.20</b>
<b>Issued, subscribed and fully paid-up</b>				
Equity shares of INR 10 each	49.95	499.51	49.95	499.51
Less: Equity shares of INR 10 each fully paid up issued to ESOP trust but not yet allotted to employees	(0.25)	(2.47)	(0.27)	(2.71)
	<b>49.70</b>	<b>497.04</b>	<b>49.68</b>	<b>496.80</b>
The Company does not have any compulsory convertible preference shares (CCPS) as on 31 March 2021				
<b>Reconciliation of shares outstanding at the beginning and at the end of the reporting period</b>				
<i>Equity shares of INR 10 each fully paid-up</i>				
At the beginning of the year	49.95	499.51	50.52	505.22
Buyback of Shares (Refer note (b) below)	-	-	(0.57)	(5.71)
<b>At the end of the year</b>	<b>49.95</b>	<b>499.51</b>	<b>49.95</b>	<b>499.51</b>

### (a) Rights, preferences and restrictions attached to equity shares

The Company has a single class of equity shares. All equity shares rank equally with regard to dividends and share in the Company's residual assets. The equity shares are entitled to receive dividend as declared from time to time and subject to dividend payable to preference shareholder. The voting rights of an equity shareholder on a poll (not on show of hands) is in proportion to the shareholders' share of the paid-up equity capital of the Company. Voting rights cannot be exercised in respect of shares on which any call or other sums presently payable have not been paid.

Failure to pay any amount called up on shares may lead to forfeiture of the shares.

On winding up of the Company, the holders of equity shares will be entitled to receive the residual assets of the Company, remaining after distribution of all preferential amounts in proportion to the number of equity shares held.

- (b) The Board of Directors of the Company at its meeting held on 9 January 2020, approved a proposal to buyback up to 57,14,285 fully paid-up equity shares of the Company for an aggregate amount not exceeding INR 120 crore being 1.13% of the total paid up equity share capital, at INR 210 per equity share. The letter of offer was issued to all eligible shareholders as on 10 February 2020. The period for tendering of shares for buyback was from 20 February 2020 to 5 March 2020. The bids were settled and payment was made to shareholders on 13 March 2020. The shares bought back were extinguished by the Company on 18 March 2020 and the stock exchanges were intimated on completion of extinguishment on 24 March 2020. An amount corresponding to face value of the shares bought back was transferred to Capital Redemption Reserve and expenses for the buy back amounting to INR 1.56 crore were adjusted against retained earnings.

### (c) Employee stock options

Terms attached to stock options granted to employees are described in note 42 regarding employee share based payments.

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 14 Share capital (continued)

### (d) Details of shareholders holding more than 5% shares of the Company

Particulars	As at 31 March 2021		As at 31 March 2020	
	Number of shares (in crores)	Amount	Number of shares (in crores)	%
Equity shares of INR 10 each fully paid-up held by				
Union Investments Private Limited, Mauritius	18.69	37.41%	18.69	37.41%
Olympus Capital Asia Investments Limited, Mauritius	11.51	23.04%	11.51	23.03%
Rimco (Mauritius) Limited	5.06	10.13%	5.06	10.13%

### (e) Shares reserved for issue under options and contracts

Particulars	As at 31 March 2021		As at 31 March 2020	
	Number of shares (in crores)	Amount	Number of shares (in crores)	Amount
Under Employee Stock Option Scheme, 2013: 1,42,972 (31 March 2020: 2,25,756) equity shares of INR 10 each, at an exercise price of INR 50 per share (See note 42)	0.01	0.71	0.02	1.13
Under Employee Stock Option Scheme, 2013: 5,30,030 (31 March 2020: 7,16,680) equity shares of INR 10 each, at an exercise price of INR 10 per share (See note 42)	0.05	0.53	0.07	0.72
Under Employee Stock Option Scheme, 2013: 74,011 (31 March 2020: 1,25,300) equity shares of INR 10 each, at an exercise price of INR 116 per share (See note 42)	0.01	0.86	0.01	1.45
Under Employee Stock Option Scheme, 2013: 6,01,865 (31 March 2020: 7,38,900) equity shares of INR 10 each, at an exercise price of INR 89 per share (See note 42)	0.06	5.36	0.07	6.58
Under Employee Stock Option Scheme, 2013: 10,800 (31 March 2020: 10,800) equity shares of INR 10 each, at an exercise price of INR 107 per share (See note 42)	0.00	0.12	*	0.12
Under Employee Stock Option Scheme, 2013: 10,800 (31 March 2020: 10,800) equity shares of INR 10 each, at an exercise price of INR 123 per share (See note 42)	-	-	*	0.13
Under Employee Stock Option Scheme, 2013: 30,000 (31 March 2020: Nil) equity shares of INR 10 each, at an exercise price of INR 91.85 per share (See note 42)	0.00	0.28	-	-

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 14 Share capital (continued)

Particulars	As at 31 March 2021		As at 31 March 2020	
	Number of shares (in crores)	Amount	Number of shares (in crores)	Amount
Under Employee Stock Option Scheme, 2013: 15,000 (31 March 2020: Nil) equity shares of INR 10 each, at an exercise price of INR 115 per share (See note 42)	0.00	0.14	-	-

\* Amount is below the rounding off norms adopted by the Company.

### (f) Details of bonus shares issued during the past 5 years

The Company has not issued bonus shares during the period of five years immediately preceding the balance sheet date.

### (g) Details of shares issued for consideration other than for cash during the past 5 years

- During the year 2015-16, 0.49 crore equity shares have been allotted as consideration for swap of shares with the shareholders of Malabar Institute of Medical Science Ltd.
- During the year 2015-16, 0.70 crore equity shares have been allotted as per the scheme of amalgamation with Indogulf Hospitals India Private Limited.

### (h) Details of buyback of shares during the past 5 years

The Company bought back 57,14,285 equity shares for an aggregate amount of INR 120 crore at INR 210 per equity share. The equity shares bought back were extinguished on 18 March 2020.

## 15 Borrowings

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Non-current</b>		
<b>Secured - at amortised cost</b>		
Term loans from banks	1,754.80	1,892.24
	<b>1,754.80</b>	<b>1,892.24</b>
<b>Current</b>		
<b>Unsecured - at amortised cost</b>		
Cash credit and overdraft facilities from banks	1.67	56.29
<b>Secured - at amortised cost</b>		
Cash credit, overdraft facilities and discounted bills from banks	55.74	157.14
Short term loans from banks	101.99	373.73
	<b>159.40</b>	<b>587.16</b>
Amount included under other financial liabilities (refer note 16)	394.87	493.02
	<b>2,309.07</b>	<b>2,972.42</b>

Information about the Group's exposure to interest rate and liquidity risks are included in note 36.

The bank facilities have the following securities:

### a) Parent

- Equitable mortgage on certain immovable properties of the Company and of DM Med City Hospitals (India) Private Limited and Ambady Infrastructure Private Limited, wholly owned subsidiaries of the Company.
- Hypothecation of all movable fixed assets relating to the various units/projects of the company (comprising plant and machinery, furniture fixture, vehicles and other movable assets) present and future, of the various units/ projects of the Company.

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 15 Borrowings (continued)

- Charge on movable properties (comprising plant and machinery, furniture and fittings, vehicles and other movable assets), present and future, of the Aster Medcity Hospital, Kochi
- Assignment of contractor guarantees, liquidated damages, letter of credit, guarantee or performance bonds that may be provided by any counter party under project agreement or contract and insurance policies in favour of the borrower, related to Aster Medcity Hospital, Kochi.
- First and exclusive charge on current assets, operating cash flows, receivable, commissions, revenues of whatsoever nature and wherever arising, present and future, intangible, goodwill, uncalled capital, present and future of Aster CMI, Bangalore.
- For the year ended 31 March 2021, due to outbreak of Covid-19 pandemic, RBI vide circular DOR.No.BP.BC.47/21.04.048/2019-20 dated 27 March 2020 has directed banks and financial institutions to provide moratorium of 3 months to borrowers on all payments falling due between 1 March 2020 and 31 May 2020 and vide circular RBI/2019-20/244 DOR.No.BP.BC.71/ 21.04.048/ 2019-20 for all payments falling due between 1 June 2020 and 31 August 2020 to all eligible borrowers classified as standard. Accordingly, the Company has availed moratorium with respect to the principal and interest.
- There is no continuing default in the repayment of the principal loan and interest amounts.

### b) Indian subsidiaries

- First, fixed and exclusive charge on the medical equipment's, vehicles, fixed deposits and present and future receivables.
- Equitable mortgage on certain immovable properties, leasehold rights of the Company, fixed deposits and of certain Indian subsidiaries of the Company.
- Corporate guarantee of the holding company.
- Charge on movable properties (comprising plant and machinery, furniture and fittings, vehicles and other movable assets), present and future, of the Company and of its Indian Subsidiaries.
- First paripassu charge on current assets, operating cash flows, receivable, commissions, revenues of whatsoever nature and wherever arising, present and future of various units/projects of the Company.
- Personal guarantees of shareholders / directors and equitable mortgage of two properties belonging to a director of one of the subsidiaries.
- There is no continuing default in the repayment of the principal loan and interest amounts.
- For the year ended 31 March 2021, due to outbreak of Covid-19 pandemic, RBI vide circular DOR.No.BP.BC.47/21.04.048/2019-20 dated 27 March 2020 has directed banks and financial institutions to provide moratorium of 3 months to borrowers on all payments falling due between 1 March 2020 and 31 May 2020 and vide circular RBI/2019-20/244 DOR.No.BP.BC.71/ 21.04.048/ 2019-20 for all payments falling due between 1 June 2020 and 31 August 2020 to all eligible borrowers classified as standard. Accordingly, the subsidiaries has availed moratorium with respect to the principal and interest.

### c) Foreign subsidiaries

- Commercial mortgage on medical equipment, machineries, tools / accessories, furniture & fixtures, inventories and receivables;
- Promissory note and bank guarantees
- Insurance of medical equipment, machineries, tool and other accessories, furniture and fixtures, computers and motor vehicles in favour of the bank;
- Corporate guarantee of the subsidiaries and security cheques;
- Insurance of inventories in favour of the bank;
- Assignment of receivables from insurance companies in favour of the bank and assignment of point of sale collection;
- Vehicle mortgage;
- Pledge of accounts and shares;
- Assignment and subordination of shareholders loans;
- Assignment of credit card receivables and hypothecation of assets of the Group;
- Pledge of equity interest held by Affinity Holdings Private Limited in a subsidiary.



# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 15 Borrowings (continued)

**A Terms and conditions of non-current borrowings (including current maturities) are as follows:**

Particulars	Borrowed by Parent/ subsidiaries	Interest rate	Maturity period	Currency	As at 31 March 2021	As at 31 March 2020
Secured loan from banks	Parent	8.00%-8.55%	2021-2029	INR	129.18	47.67
Secured loan from banks	Subsidiaries	7.57%-11.25%	2021-2029	INR	229.81	243.64
Secured loan from banks	Subsidiaries	2.35%-7.50%	2021 - 2025	AED	177.55	51.05
Secured loan from banks	Subsidiaries	3.23%-6.00%	2021	QAR	7.89	22.89
Secured loan from banks	Subsidiaries	2.36%- 3.36%	2021 - 2027	USD	1,478.66	1,961.50
Secured loan from banks	Subsidiaries	6.00%	2021-2029	OMR	126.58	58.51
<b>Total</b>					<b>2,149.67</b>	<b>2,385.26</b>
Less : Current maturities of non-current borrowings (Refer note 16)					(394.87)	(493.02)
<b>Non-current borrowings</b>					<b>1,754.80</b>	<b>1,892.24</b>

**B Terms and conditions of current borrowings are as follows:**

Particulars	Borrowed by Parent/ subsidiaries	Interest rate	Maturity period	Currency	As at 31 March 2021	As at 31 March 2020
Unsecured loan from banks	Parent	9.20% - 11.20%	2021 - 2022	INR	1.67	56.29
Secured loan from banks	Parent	8.05 % - 9.05%	2021 - 2022	INR	37.05	35.55
Secured loan from banks	Parent	3.04 % to 3.22 %	2021 - 2022	USD	-	4.03
Secured loan from banks	Parent	1.50%	2021 - 2022	EURO	-	1.63
Secured loan from banks	Subsidiaries	8.40%	2021 - 2022	INR	0.90	37.09
Secured loan from banks	Subsidiaries	2.35%-3.20%	2021 - 2022	AED	103.93	341.97
Secured loan from banks	Subsidiaries	3.23 % to 6.00%	2021 - 2022	QAR	-	5.09
Secured loan from banks	Subsidiaries	2.25 % to 5.00%	2021 - 2022	USD	-	74.79
Secured loan from banks	Subsidiaries	6.00%	2021 - 2022	OMR	0.01	14.40
Secured loan from banks	Subsidiaries	7.00%	2021 - 2022	JOD	15.84	16.32
					<b>159.40</b>	<b>587.16</b>

## 16 Other financial liabilities

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Non-current</b>		
Payable to non-controlling interest on account of business combination	11.58	23.25
Derivative contracts	29.96	120.09
Others	1.01	-
	<b>42.55</b>	<b>143.34</b>
<b>Current</b>		
Current maturities of non-current borrowings*	394.87	493.02
Book overdraft	23.54	36.15
Interest accrued but not due on borrowings*	2.04	3.06
Dues to related party (Refer note 43)	1.04	1.04
Derivative contracts	91.20	3.66
Contingent consideration payable to non controlling interest (refer note 36)	22.00	22.46
Payable to partners in clinics	21.22	14.24
Dues to creditors for capital goods	82.12	51.30
Security deposits from employees and others	2.76	3.12
	<b>640.79</b>	<b>628.05</b>
	<b>683.34</b>	<b>771.39</b>

\* The details of interest rates, repayment and other terms are disclosed in note 15.

The Group's exposure to currency and liquidity risk related to the above financial liabilities is disclosed in note 36.

## Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

### 17 Provisions

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Non-current</b>		
<i>Provision for employee benefits</i>		
Net defined benefit liability - Gratuity*	20.50	15.89
Compensated absences	4.74	-
Net defined benefit liability - post employment benefits*	333.39	311.36
	<b>358.63</b>	<b>327.25</b>
<b>Current</b>		
<i>Provision for employee benefits</i>		
Net defined benefit liability - gratuity*	3.29	2.67
Compensated absences	13.39	6.03
Net defined benefit liability - post employment benefits*	64.45	60.98
<i>Other provisions</i>		
Zakat payable** [ refer note (a) below ]	4.31	6.31
<b>Total current provisions</b>	<b>85.44</b>	<b>75.99</b>
<b>Total provisions</b>	<b>444.07</b>	<b>403.24</b>

\* Also refer note 32

\*\* Zakat payable is the amount provided for in accordance with the Saudi Arabian Zakat and Income Tax regulations

#### (a) Movement of Zakat payable

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Balance at the beginning	6.31	-
Zakat charges	4.42	5.98
Payment/ adjustments made during the year	(6.42)	0.33
<b>Balance at the end</b>	<b>4.31</b>	<b>6.31</b>

### 18 Other liabilities

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Non-current</b>		
Deferred government grant*	30.24	29.88
	<b>30.24</b>	<b>29.88</b>
<b>Current</b>		
Advances received from customers	18.71	27.84
Statutory dues payables	22.73	28.37
Unearned income	2.42	53.23
Deferred government grant*	3.55	1.77
Others	10.95	13.13
	<b>58.36</b>	<b>124.34</b>
	<b>88.60</b>	<b>154.22</b>

\* Represents government grant under Export Promotion Capital Goods (EPCG) accounted at fair value as per Ind AS 20 - Accounting for Government Grants and Disclosure of Government Assistance.

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 19 Trade payables

Particulars	As at 31 March 2021	As at 31 March 2020
Total outstanding dues of micro and small enterprises	5.20	4.90
Total outstanding dues of creditors other than micro and small enterprises	2,022.14	2,105.45
	<b>2,027.34</b>	<b>2,110.35</b>

Disclosures as required under the Micro, Small and Medium Enterprises Development Act, 2006 ("the Act") based on the information available with the Company are given below:

Particulars	As at 31 March 2021	As at 31 March 2020
The principal amount remaining unpaid to any supplier as at the end of the year.	5.01	4.71
The interest due on the principal remaining outstanding as at the end of the year	0.18	0.19
The amount of interest paid under the Act, along with the amounts of the payment made beyond the appointed day during the year.	-	-
The amount of interest due and payable for the period of delay in making payment (which have been paid but beyond the appointed day during the year) but without adding the interest specified under the Act.	0.01	-
The amount of interest accrued and remaining unpaid at the end of the year.	0.19	0.19
The amount of further interest remaining due and payable even in the succeeding years, until such date when the interest dues as above are actually paid to the small enterprise, for the purpose of disallowance as a deductible expenditure under the Act.	0.05	-

## 20 Revenue from operations

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Revenue from hospital and medical services	6,548.98	6,294.74
Revenue from pharmacy	1,958.89	2,131.11
Revenue from consultancy services	15.47	24.72
Other operating revenue*	85.09	201.31
	<b>8,608.43</b>	<b>8,651.88</b>

\*Other operating income comprises primarily of canteen sales (sales of food and beverages), revenue from courses conducted at the hospital, income from revenue sharing agreements.

Refer notes below

### (i) Category of Customers

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Cash	3,399.65	3,147.43
Credit	5,208.78	5,504.45
	<b>8,608.43</b>	<b>8,651.88</b>

### (ii) Nature of treatment

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
In- patient	3,027.98	2,847.02
Out- patient	3,521.00	3,447.72
	<b>6,548.98</b>	<b>6,294.74</b>

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 21 Other income

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Interest income under the effective interest method on		
Fixed deposits with banks	2.35	4.05
Lease deposits	1.85	2.04
Dividend on non-current investments	-	0.70
Gain on disposal of property, plant and equipment (net)	-	0.18
Gain on sale of investments (net)	0.31	0.10
Other non-operating income	45.46	30.80
	<b>49.97</b>	<b>37.87</b>

## 22 Purchases of medicines and consumables

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Medicines and consumables	2,436.95	2,768.05
	<b>2,436.95</b>	<b>2,768.05</b>

## 23 Changes in inventories

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Opening stock	960.95	732.16
Closing stock	(848.99)	(960.95)
	<b>111.96</b>	<b>(228.79)</b>

## 24 Employee benefits expense

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Salaries and allowances *	2,652.21	2,805.22
Contribution to defined contribution plans	18.92	21.71
Equity settled share based payment expense (refer note 42)	2.49	1.19
Staff welfare expenses	81.74	75.81
	<b>2,755.36</b>	<b>2,903.93</b>

\*Refer note 32 for gratuity and terminal benefits

Includes ₹ 0.05 crore paid to employees performing medical services relating to CSR initiatives

## 25 Finance costs

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Interest on bank borrowings	155.98	188.49
Interest expense on financial liabilities measured at amortised cost	1.03	0.72
Interest expense on lease liabilities (refer note 41)	135.08	124.79
Other borrowing costs	1.57	45.67
	<b>293.66</b>	<b>359.67</b>

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 26 Depreciation and amortisation expense

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Depreciation on property, plant and equipment (refer Note 4)	325.71	327.86
Depreciation on right-of-use assets (refer note 41)	249.77	230.08
Amortisation on intangible assets (refer Note 5)	42.09	28.00
	<b>617.57</b>	<b>585.94</b>

## 27 Other expenses

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Hospital operation and management fees (refer note 41)	11.73	27.55
Consumables	12.21	5.22
Power and fuel	107.73	111.84
Housekeeping and security	144.24	111.38
Rent (refer note 41)	81.65	93.93
Insurance	21.47	20.34
Repairs and maintenance:		
- Buildings	3.83	3.82
- Plant and equipment	65.15	56.02
- Others	52.95	84.45
Rates and taxes	66.09	55.45
Advertising and promotional expenses	78.99	99.86
Legal, professional and consultancy	56.35	43.57
Visa and immigration expenses	40.00	38.34
Printing and stationery	26.45	21.17
Communication expense	37.02	33.24
Food and beverage	34.78	38.79
Travelling and conveyance	34.28	33.36
Allowances for credit losses on financial assets	269.20	176.62
Net fair value loss on derivatives	14.55	-
Net loss on account of foreign exchange fluctuations	2.29	0.57
Bank charges	39.93	31.12
Corporate social responsibility*	0.87	2.42
Miscellaneous expenses**	120.29	139.55
	<b>1,322.05</b>	<b>1,228.61</b>
<b>* Details of corporate social responsibility</b>		
- Gross amount required to be spent during the year	0.69	0.46
- Amount spent during the year on:		
Construction/acquisition of an asset	-	-
On purposes other than above	0.87	2.42
	<b>0.87</b>	<b>2.42</b>
Includes amount of ₹ 0.12 crore relating to Aster Mobile Medical Service for creating health awareness and providing basic medical treatment		
** Amount contributed to political party	1.00	-

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 28 Exceptional items

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Loss on closure of operations in Philippines and Kuwait *	-	(19.64)
	<b>-</b>	<b>(19.64)</b>

\*During the previous year, the Group decided to discontinue its operations in Kuwait and Philippines which comprised of pharmacy services and clinical services respectively. Consequentially, during the year ended 31 March 2020, Group had impaired the carrying value of its assets in Kuwait and recognized a loss of INR 1.27 crores and the Group had impaired the carrying value of its assets in the Philippines and recognized a loss of INR 18.37 crores which was presented as an exceptional item in these financial statements.

## 29 Deferred tax asset/ liabilities

Particulars	As at 31 March 2021	As at 31 March 2020
Deferred tax asset	23.44	32.52
Deferred tax liabilities	(152.59)	(155.17)
	<b>(129.15)</b>	<b>(122.65)</b>

### (i) Deferred tax charge/ (benefit) recognised during the year

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Deferred tax charge/(benefit)	5.56	(12.69)
	<b>5.56</b>	<b>(12.69)</b>

### (ii) Deferred tax assets and liabilities are attributable to the following:

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Deferred tax asset</b>		
MAT credit entitlement	10.72	12.51
Provision for employee benefits and other liabilities	9.58	10.67
Provision for doubtful debts and advances	15.45	8.91
Lease liabilities	3.70	4.23
Unabsorbed business loss including from specified business	189.85	183.00
<b>Total deferred tax asset</b>	<b>229.30</b>	<b>219.32</b>
<b>Deferred tax liability</b>		
On account of fair valuation of land *	(99.89)	(115.02)
Property, plant and equipment (including right-of-use assets)	(255.37)	(223.39)
Other financial assets (Deposit amortisation)	(3.19)	(3.56)
<b>Total deferred tax liability</b>	<b>(358.45)</b>	<b>(341.97)</b>
<b>Deferred tax liability (net)</b>	<b>(152.59)</b>	<b>(155.17)</b>
<b>Deferred tax assets</b>	<b>23.44</b>	<b>32.52</b>

\* The deferred tax liability arising on the fair valuation recognised based on tax rates applicable to the long-term capital gains.



# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 29 Deferred tax asset/ liabilities (continued)

The Group offsets tax assets and liabilities if and only if it has a legally enforceable right to set off current tax assets and current tax liabilities and the deferred tax assets and deferred tax liabilities relate to income taxes levied by the same tax authority. The Group has recognised deferred tax assets arising out of tax losses (unabsorbed depreciation) to the extent of net deferred tax liability on account of taxable temporary differences.

### (iii) Movement in temporary differences

Movement during the year ended 31 March 2021	As at 31 March 2020	Credit/ (charge) in the statement of profit and loss	Credit/ (charge) in other comprehensive income/ retained earnings	As at 31 March 2021
MAT credit entitlement	12.51	(1.79)	-	10.72
Provision for employee benefits and other liabilities	10.67	(1.13)	0.04	9.58
Provision for doubtful debts and advances	8.91	6.54	-	15.45
Unabsorbed business loss including from specified business	183.00	6.85	-	189.85
Lease liabilities	4.23	(0.53)	-	3.70
On account of fair valuation of land *	(115.02)	15.13	-	(99.89)
Property, plant and equipment	(223.39)	(31.98)	-	(255.37)
Other financial assets	(3.56)	1.35	(0.98)	(3.19)
	<b>(122.65)</b>	<b>(5.56)</b>	<b>(0.94)</b>	<b>(129.15)</b>

\*The deferred tax liability arising on the fair valuation recognised based on tax rates applicable to the long-term capital gains.

Movement during the year ended 31 March 2020	As at 31 March 2019	Credit/ (charge) in the statement of profit and loss	Credit/ (charge) in other comprehensive income/ retained earnings	As at 31 March 2020
MAT credit entitlement	8.30	4.21	-	12.51
Provision for employee benefits and other liabilities	3.24	7.62	(0.19)	10.67
Provision for doubtful debts and advances	3.04	5.87	-	8.91
Unabsorbed business loss including from specified business	185.60	(2.60)	-	183.00
Lease liabilities	-	0.71	3.52	4.23
On account of fair valuation of land *	(114.37)	(0.65)	-	(115.02)
Property, plant and equipment	(222.92)	(0.47)	-	(223.39)
Other financial assets	(3.67)	0.11	-	(3.56)
	<b>(140.78)</b>	<b>14.80</b>	<b>3.33</b>	<b>(122.65)</b>

\*The deferred tax liability arising on the fair valuation recognised based on tax rates applicable to the long-term capital gains.

## Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

### 29 Deferred tax asset/ liabilities (continued)

#### (iv) Unrecognised deferred tax assets

Deferred tax assets have not been recognised in respect of the following items, because it is not probable that future taxable profit will be available against which the Company can use the benefits therefrom:

Particulars	As at 31 March 2021		As at 31 March 2020	
	Gross amount	Unrecognised tax effect	Gross amount	Unrecognised tax effect
Tax losses (business loss)	585.85	182.98	689.84	239.21
Tax losses (Long term capital loss)	41.78	8.61	42.14	9.83
Tax losses (unabsorbed depreciation)	130.67	40.00	131.61	44.81
Others	7.45	2.07	6.40	1.78
<b>Total</b>	<b>765.75</b>	<b>233.66</b>	<b>869.99</b>	<b>295.63</b>

#### (v) Tax losses carried forward

Particulars	As at 31 March 2021	Expiry	As at 31 March 2020	Expiry
Brought forward losses - allowed to carry forward for specified period	226.72	Various dates	356.60	Various dates
Brought forward losses from specified business - allowed to carry forward for infinite period	1,009.94	-	931.10	-
Brought forward losses - allowed to carry forward for infinite period	135.28	-	141.08	-
	<b>1,371.94</b>		<b>1,428.78</b>	

Deferred tax assets have not been recognized in respect of the above items, because it is not probable that future taxable profit will be available against which the Group can use the benefits. The above is arrived basis the balances as on date. The deductible temporary difference do not expire under the current tax legislation.

### 30 Income tax asset/ liabilities

Particulars	As at 31 March 2021	As at 31 March 2020
Income tax asset	78.41	97.47
Income tax liabilities	(4.62)	(13.30)
	<b>73.79</b>	<b>84.17</b>

#### (i) Tax expense recognised in the Statement of Profit and Loss

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Current tax	11.36	8.04
Income tax for earlier years	-	1.59
Foreign income taxes	10.30	18.44
<b>Total (A)</b>	<b>21.66</b>	<b>28.07</b>

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 30 Income tax asset/ liabilities (continued)

### (ii) Reconciliation of effective tax rate

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Profit before tax	205.05	330.04
Statutory income tax rate	31.20%	34.94%
Tax expenses	63.98	115.32
Income chargeable at special rate	10.30	18.44
Tax on exempt income	(85.00)	(84.52)
Other temporary differences	20.40	23.42
Additional deduction on investment allowance	(2.32)	(51.14)
Un-recognised deferred tax assets	14.30	4.96
<b>Income tax expense</b>	<b>21.66</b>	<b>26.48</b>

## 31 Segment reporting

Ind AS 108 "Operating Segment" ("Ind AS 108") establishes standards for the way that public business enterprises report information about operating segments and related disclosures about products and services, geographic areas, and major customers. Based on the "management approach" as defined in Ind AS 108, Operating segments are to be reported in a manner consistent with the internal reporting provided to the Chief Operating Decision Maker (CODM). Members of Board of the Group have been identified as the Chief Operating Decision Maker ("CODM") as defined by Ind AS 108 "Operating Segments". All operating segments' operating results are reviewed regularly by the Group's CODM to make decisions about resources to be allocated to the segments and assess their performance.

The Group has structured its business broadly into four verticals – Hospitals, clinics, retail pharmacies and others. The accounting principles consistently used in the preparation of the financial statements are also consistently applied to record income and expenditure in individual segments.

Income and direct expenses in relation to segments are categorised based on items that are individually identifiable to that segment, while the remainder of costs are apportioned on an appropriate basis. Certain expenses are not specifically allocable to individual segments as the underlying services are used interchangeably. The Group therefore believes that it is not practical to provide segment disclosures relating to such expenses and accordingly such expenses are separately disclosed as unallocable and directly charged against total income. The assets of the Group are used interchangeably between segments and the management believes that it is currently not practical to provide segment disclosures relating to certain assets and liabilities since a meaningful segregation is not possible.

### A. Business segments :

The Group has the following business segments based on the information reviewed by Group's CODM :

- Hospitals - comprises of hospitals and in-house pharmacies at the hospitals
- Clinics - comprises of clinics and in-house pharmacies at the clinics
- Retail Pharmacies - comprises standalone retail pharmacies and optical outlets
- Others - comprises of healthcare consultancy services and others

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
<b>Segment revenue</b>		
Hospitals	4,798.89	4,572.78
Clinics	2,014.46	2,006.13
Retail Pharmacies	1,783.12	2,056.49
Others	11.96	16.48
<b>Total</b>	<b>8,608.43</b>	<b>8,651.88</b>

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 31 Segment reporting (continued)

### A. Business segments : (continued)

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
<b>Segment profits before income tax</b>		
Hospitals	357.43	416.47
Clinics	152.16	232.79
Retail Pharmacies	148.69	223.20
Others	1.47	1.02
<b>Total</b>	<b>659.75</b>	<b>873.48</b>
<b>Less:</b>		
Finance charges	(293.66)	(359.67)
Exceptional items	-	(19.64)
Unallocated expenses (net of unallocated income)	(164.56)	(163.94)
<b>Profit before share of equity accounted investees and tax</b>	<b>201.53</b>	<b>330.23</b>
Share of profit / (loss) of equity accounted Investees	3.52	(0.19)
<b>Profit before tax</b>	<b>205.05</b>	<b>330.04</b>
Tax expense	(27.22)	(15.38)
<b>Profit for the year</b>	<b>177.83</b>	<b>314.66</b>
Less : Non controlling interest	(30.09)	(38.05)
<b>Profit attributable to the owners of the Company</b>	<b>147.74</b>	<b>276.61</b>

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Segment assets</b>		
Hospitals	7,393.94	7,692.03
Clinics	1,805.63	2,006.39
Retail Pharmacies	1,361.74	1,635.09
Others	17.13	21.91
Unallocated*	1,065.02	1,082.42
<b>Total</b>	<b>11,643.46</b>	<b>12,437.84</b>
<b>Segment liabilities</b>		
Hospitals	3,720.80	3,634.40
Clinics	847.25	881.43
Retail Pharmacies	762.68	1,011.24
Unallocated*	2,478.61	3,192.26
<b>Total</b>	<b>7,809.34</b>	<b>8,719.33</b>

\*These are assets and liabilities used interchangeably between segments.

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 31 Segment reporting (continued)

### B. Geographical segment information :

The Group operates in three principal geographical areas which have been identified based on the location of the customers.

The geographical segments of the Company as identified above are as follows:

- i) GCC States - United Arab Emirates, Qatar, Oman, Kingdom of Saudi Arabia, Jordan, Kuwait and Bahrain
- ii) India
- iii) Rest of the world

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
<b>Segment revenue</b>		
GCC States	6,953.95	7,018.33
India	1,654.48	1,630.59
Rest of the world	-	2.96
<b>Total</b>	<b>8,608.43</b>	<b>8,651.88</b>

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Segment assets</b>		
GCC States	8,552.43	9,464.45
India	3,090.18	2,969.70
Rest of the world	0.86	3.69
<b>Total</b>	<b>11,643.46</b>	<b>12,437.84</b>

### C. Major customer

No customer has contributed more than 10% of the Group's total revenue.

## 32 Employee benefits:

### a) Defined benefit plan

The Group operates certain post-employment defined benefit plans which is provided for based on actuarial valuation carried out by an independent actuary using the projected unit credit method. The Group accrues gratuity as per the provisions of the Payment of Gratuity Act, 1972 and end of service benefits based on the labour laws of relevant geography. The gratuity benefit provides for a lump sum payment to vested employees at retirement, death while in employment or on termination of employment of an amount equivalent to 15 / 30 days' salary payable for each completed year of service.

Based on the actuarial valuation obtained in this respect, the following table sets out the status of the benefit plans and the amounts recognised in the Group's consolidated financial statements as at balance sheet date:

#### Reconciliation of the projected benefit obligation

Particulars	As at 31 March 2021	As at 31 March 2020
Defined benefit liability - Gratuity plan (Plan A)	28.41	23.20
Plan assets	4.62	4.64
<b>Net defined benefit liability</b>	<b>23.79</b>	<b>18.56</b>
Net defined benefit liability - End of service benefits (Plan B)	397.84	372.34
<b>Total employee benefit liability</b>	<b>421.63</b>	<b>390.90</b>
Non-current	358.63	327.25
Current	81.13	69.68

For details about related employee benefit expenses, see note 24

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 32 Employee benefits: (continued)

### b) Reconciliation of net defined benefit (assets)/ liability

#### i) Plan A

##### a) Reconciliation of present values of defined benefit obligation

The following table shows a reconciliation from the opening balances to the closing balances for net defined benefit (asset) liability and its components:

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Defined benefit obligation as at beginning of the year	23.20	18.13
Benefits paid	(1.84)	(1.60)
Current service cost	4.97	4.36
Interest cost	1.51	1.28
Past Service Cost	-	0.33
Actuarial (gains)/ losses recognised in other comprehensive income		
- changes in demographic assumptions	(0.21)	-
- changes in financial assumptions	(0.66)	0.51
- experience adjustments	1.43	0.19
<b>Defined benefit obligations as at end of the year</b>	<b>28.41</b>	<b>23.20</b>

##### b) Reconciliation of the present values of plan assets

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
<b>Plan assets at beginning of the year</b>	<b>4.64</b>	<b>4.48</b>
Contributions paid into the plan	0.42	0.45
Interest income	(0.52)	0.17
Benefits paid	(0.02)	(0.62)
Return on plan assets recognised in other comprehensive income	0.10	0.16
<b>Plan assets at the end of the year</b>	<b>4.62</b>	<b>4.64</b>
<b>Net defined benefit liability</b>	<b>23.79</b>	<b>18.56</b>

#### ii) Plan B

##### a) Reconciliation of present values of defined benefit obligation

The following table shows a reconciliation from the opening balances to the closing balances for net defined benefit liability and its components:

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Defined benefit obligation as at beginning of the year	372.34	298.91
Benefits paid	(58.15)	(36.69)
Current service cost	70.16	71.36
Past service cost	-	7.55
Interest cost	8.67	9.78
Actuarial (gains) losses recognised in other comprehensive income		
- changes in demographic assumptions	-	-
- changes in financial assumptions	18.47	3.31
- experience adjustments	(5.83)	(10.33)
Effect of changes in foreign exchange rates	(7.82)	28.45
<b>Defined benefit obligations as at end of the year</b>	<b>397.84</b>	<b>372.34</b>



# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 32 Employee benefits: (continued)

### b) Reconciliation of net defined benefit (assets)/ liability

#### ii) Plan B (continued)

#### c) Expense recognised in consolidated statement of profit and loss

##### i) Expense recognised in consolidated statement of profit and loss

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Current service cost	75.13	75.72
Interest cost	10.18	11.06
Interest income	0.52	(0.17)
Past service cost	-	7.88
	<b>85.83</b>	<b>94.49</b>

##### ii) Remeasurements recognised in other comprehensive income (excluding tax)

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Actuarial (gain)/ loss on defined benefit obligation	13.20	(6.32)
Return on plan assets excluding interest income	(0.10)	(0.16)
	<b>13.10</b>	<b>(6.48)</b>

#### d) Plan assets comprises the following

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Insurance policy	4.62	4.64

#### e) Actuarial valuation

The present value of the defined benefit obligation, and the related current service cost and past service cost, were measured using the projected unit credit method. The defined benefit plan typically exposes the Company to actuarial risks such as: interest rate risk, longevity risk and salary risk.

Investment risk	The present value of the defined benefit plan liability denominated in Indian Rupee is calculated using a discount rate determined by reference to market yields at the end of the reporting period on government bonds. For other defined benefit plans, the discount rate is determined by reference to high quality corporate bond yields when there is a deep market for such bonds; if the return on plan asset is below this rate, it will create a plan deficit. Currently the plan in India is investments in government securities and other debt instruments.
Interest rate risk	A decrease in the bond interest rate will increase the plan liability
Longevity risk	The present value of the defined benefit plan liability is calculated by reference to the best estimate of the mortality of plan participants both during and after their employment. An increase in the life expectancy of the plan participants will increase the plan's liability.
Salary risk	The present value of the defined benefit plan liability is calculated by reference to the future salaries of plan participants. As such, an increase in the salary of the plan participants will increase the plan's liability.

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 32 Employee benefits: (continued)

### b) Reconciliation of net defined benefit (assets)/ liability

#### ii) Plan B (continued)

#### e) Actuarial valuation (continued)

#### i) Actuarial assumptions

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
<b>Plan A</b>		
Attrition rate	Below 35 years - 30% - 35% Above 35 years - 3% - 6%	Below 35 years - 30% - 35% Above 35 years - 3% - 6%
Discount rate	5.00% - 6.91%	5.5% - 7%
Future salary growth	3.5% - 10%	2% - 8%
Mortality rate	IALM 2012-14 (Ult.)	IALM 2012-14 (Ult.)
<b>Plan B</b>		
Attrition rate	15%	15%
Discount rate	1.20% - 1.80%	2.30% - 3.10%
Future salary growth	2% - 3.50%	2% - 3.50%
Mortality rate	IALM 2012-14 (Ult.)	IALM 2012-14 (Ult.)

Assumptions regarding future mortality experience are set in accordance with the published statistics by the Life Insurance Corporation of India for Plan A. The Group assesses these assumptions with its projected long-term plans of growth and prevalent industry standards. The discount rate is based on the government securities yield. Gratuity is applicable only to employees of Indian entities and employees of foreign subsidiaries are eligible for terminal benefits as per local labour law.

#### (ii) Sensitivity analysis

Significant actuarial assumptions for the determination of the defined benefit obligation are discount rate, expected salary increase and withdrawal rate.

Reasonably possible changes at the reporting date to one of the relevant actuarial assumptions, holding other assumptions constant, would have affected the defined benefit obligation by the amounts shown below.

Particulars	As at 31 March 2021		As at 31 March 2020	
	Increase	Decrease	Increase	Decrease
<b>Plan A</b>				
Discount rate (0.5% - 1% movement)	(2.05)	2.05	(1.46)	1.67
Future salary growth (0.5% - 1% movement)	2.30	(2.06)	1.71	(1.38)
Attrition rate (0.5% - 1% movement)	0.05	(0.07)	0.06	(0.07)
<b>Plan B</b>				
Discount rate (1% movement)	(19.70)	21.92	(18.03)	19.93
Future salary growth (1% movement)	21.51	(19.73)	19.76	(18.23)
Attrition rate (1% movement)	(0.96)	1.05	(0.02)	0.01

The sensitivity analysis presented above may not be representative of the actual change in the defined benefit obligation as it is unlikely that the changes in assumptions would occur in isolation of one another as some of the assumptions may be correlated. In presenting the above sensitivity analysis, the present value of the defined benefit obligation has been calculated using the projected unit credit method at the end of the reporting period, which is the same as that applied in calculating the defined benefit obligation liability recognised in the balance sheet. There was no change in the methods and assumptions used in preparing the sensitivity analysis from prior years

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 33 Earnings per share

### A. Basic earnings per share

The calculation of profit attributable to equity share holders and weighted average number of equity shares outstanding for the purpose of basic earnings per share calculations are as follows:

#### i) Net profit attributable to equity share holders (basic)

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Net profit for the year, attributable to the equity share holders	147.74	276.61

#### ii) Weighted average number of equity shares (basic)

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Opening balance (Refer note 14)	49.68	50.22
Effect of share options exercised	0.01	0.01
Buy-back of equity shares	-	(0.02)
Weighted average number of equity shares of INR 10 each for the year	49.69	50.21
<b>Earnings per share, basic (INR)</b>	<b>2.97</b>	<b>5.51</b>

### B. Diluted earnings per share

The calculation of profit attributable to equity share holders and weighted average number of equity shares, after adjustment for the effects of all dilutive potential equity shares is as follows:

#### i) Net profit attributable to equity share holders (diluted)

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Net profit for the year, attributable to the equity share holders	147.74	276.61

#### ii) Weighted average number of equity shares (diluted)

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Weighted average number of equity shares of INR 10 each for the year (basic)	49.69	50.21
Effect of exercise of share options	0.08	0.08
Weighted average number of equity shares of INR 10 each for the year (diluted)	49.77	50.29
<b>Earnings per share, diluted (INR)</b>	<b>2.97</b>	<b>5.50</b>

Note : Diluted earnings per share = Profit attributable to equity shareholders / weighted average number of diluted potential shares outstanding during the year.

## 34 Contingent liabilities

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Contingent liabilities:</b>		
<b>Claims against the Group not acknowledged as debts in respect of:</b>		
a) Income tax related matters [see note (a) and (b) below]	20.32	21.01
b) Disputed provident fund demand pending before appellate authorities [see note (c) below]	0.94	0.94
c) Other matters including claims relating to employees/ ex-employees etc. [see note (d) below]	1.61	1.61
d) Customer claims	6.75	6.35

## Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

### 34 Contingent liabilities (continued)

Particulars	As at 31 March 2021	As at 31 March 2020
e) Salary payable under minimum wages act [see note (e)]	17.14	17.14
Export commitments under EPCG scheme [see note (f)]	23.08	34.05
<b>Guarantees:</b>		
a) Bank guarantee	26.43	16.40
<b>Commitments:</b>		
a) Estimated amount of contracts remaining to be executed on capital account (net of advances) and not provided for	203.12	189.50

Notes:

- (a) Aster DM Healthcare Limited, the parent company has received income tax assessment orders for AY 2014-15 & 2015-16, wherein the assessing officer has disallowed Foreign Tax Credit (FTC) relating to dividend received from its Mauritius subsidiary. This amount to INR 20.08 crore and claimed as per the provisions of Section 90/90A of Income Tax Act 1961. The Company has also received income tax demand order of INR 0.18 crore for AY 2012-13 where in assessing officer denied legal and professional fee and business promotion expenses. The management believes that the position taken by it on the matter is tenable and hence, no adjustment has been made on the financial statements. The Company has filed an appeal against the such demands raised by the Assessing Officer.
- (b) Subsidiary companies has received income tax assessment orders relating to previous years on account of certain disallowances and adjustments made by the Income tax department.
- (c) A subsidiary company has received demand from the provident fund authorities wherein demand of ₹ 0.94 crores net of advance has been raised against the Company on account of provident fund contribution in respect of certain trainees employed by the Company. Management believes that the position taken by it on the matter is tenable and hence, no adjustment has been made to the financial statements. The Company has filed an appeal against the demands received.
- (d) Employee bonus refers to amount payable to employees as per Payment of Bonus (Amendment) Act 2015 vis-à-vis retrospective application from 1 April 2014 to 31 March 2015. The subsidiary company has relied on stay petition granted by the Honourable High Court of Kerala and Honourable High Court Madras against retrospective application of Payment of Bonus (Amendment) Act 2015 from 1 April 2014. Pending disposal of the case, no provision has been made in the books of accounts. The subsidiary company has obtained an independent legal opinion in support of this.
- (e) On 23 April 2018, The Government of Kerala issued an order revising the minimum wages of medical and nursing staff. The order mentions that the changes would be effective retrospectively from 1 October 2017. Since the legislation was issued in April 2018, management has started paying the revised salary with effect from 1 April 2018. The Group filed an appeal against the retrospective application of this order with the High Court of Kerala which has issued an interim stay order on 26 July 2018. The Writ Petition WP (c) No. 25109/2018 challenging the retrospective effect of minimum wage order passed by the Government of Kerala is pending before the Hon'ble High Court of Kerala in hearing list. Based on the stay order and legal advice, management believes that their position will be upheld and therefore has not provided for the incremental cost for the period October 2017 to March 2018.
- (f) The Group has obtained duty free / concessional duty licenses for import of capital goods by undertaking export obligations under the EPCG scheme. As at 31 March 2021, export obligations remaining to be fulfilled amounts to INR 17.87 crore (31 March 2020: INR 28.81 crore). In the event that export obligations are not fulfilled, the Group would be liable to pay the levies. The Company's bankers have provided bank guarantees aggregating INR 24.55 crore (31 March 2020: INR 24.55 crore) to the customs authorities in this regard.
- (g) On 28th February 2019, the Hon'ble Supreme Court of India has delivered a judgment clarifying the principles that need to be applied in determining the components of salaries and wages on which Provident Fund (PF) contributions need to be made by establishments. Basis this judgment, the Group has re-computed its liability towards PF from the month of March 2019 and has paid PF as per Supreme Court judgement. In respect of the earlier periods/years, the Group has been legally advised that there are numerous interpretative challenges on the application of the judgment retrospectively. Based on such legal advice, the management believes that it is impracticable at this stage to reliably measure the provision required, if any, and accordingly, no provision has been made towards the same. Necessary adjustments, if any, will be made to the books as more clarity emerges on this subject.

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 34 Contingent liabilities (continued)

- (h) It is not practicable for the Group to estimate the timings of the cash outflows, if any, in respect of the above pending resolution of the respective proceedings as it is determinable only on receipt of judgements/decisions pending with various forums/authorities.
- (i) The Group has reviewed all its pending litigations and proceedings and has made adequate provisions where required and disclosed contingent liabilities where applicable, in its consolidated financial statements. The Group does not expect the outcome of these proceedings to have a materially adverse effect on its financial statements.
- (j) The Group has given Bank Guarantees in respect of certain contingent liabilities listed above.

## 35 Capital Management

The Group's policy is to maintain a stable capital base so as to maintain investor, creditor and market confidence and to sustain future development of the business. Management monitors capital on the basis of return on capital employed as well as the debt to total equity ratio. For the purpose of debt to total equity ratio, debt considered is long-term and short-term borrowings. Total equity comprise of issued share capital and all other equity reserves.

The capital structure as of 31 March 2021 and 31 March 2020 is as follows:

Particulars	As at 31 March 2021	As at 31 March 2020
Total equity attributable to the equity shareholders of the Company	3,372.46	3,272.14
<b>As a percentage of total capital</b>	<b>59%</b>	<b>52%</b>
Long-term borrowings including current maturities	2,149.67	2,385.26
Short-term borrowings	159.40	587.16
<b>Total borrowings</b>	<b>2,309.07</b>	<b>2,972.42</b>
<b>As a percentage of total capital</b>	<b>41%</b>	<b>48%</b>
<b>Total capital (equity and borrowings)</b>	<b>5,681.53</b>	<b>6,244.56</b>

## 36 Financial Instruments- Fair values and risk management

### A Accounting classifications and fair values

The following table shows the carrying amounts and fair values of financial assets and financial liabilities, including their levels in the fair value hierarchy.

#### As at 31 March 2021

Note	Carrying amount				Fair value			
	Financial assets at amortised cost	FVTPL	Other financial liabilities at amortised cost	Total Carrying value	Level 1	Level 2	Level 3	Total
<b>Assets</b>								
<b>Financial assets not measured at fair value*</b>								
Trade receivables 11	2,019.00	-	-	2,019.00	-	-	-	-
Cash and cash equivalents 12	258.09	-	-	258.09	-	-	-	-
Other bank balances 13	23.27	-	-	23.27	-	-	-	-
Loans 7	122.43	-	-	122.43	-	-	-	-
Other financial assets 8	137.59	-	-	137.59	-	-	-	-
<b>Financial assets measured at fair value</b>								
Investments 6	-	24.13	-	24.13	24.13	-	-	24.13
<b>Total</b>	<b>2,560.38</b>	<b>24.13</b>	<b>-</b>	<b>2,584.51</b>	<b>24.13</b>	<b>-</b>	<b>-</b>	<b>24.13</b>

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 36 Financial Instruments- Fair values and risk management (continued)

### A Accounting classifications and fair values (continued)

As at 31 March 2021 (continued)

	Note	Carrying amount				Fair value			
		Financial assets at amortised cost	FVTPL	Other financial liabilities at amortised cost	Total Carrying value	Level 1	Level 2	Level 3	Total
<b>Liabilities</b>									
<b>Financial liabilities not measured at fair value*</b>									
Borrowings (including current maturities of borrowings)	15	-	-	2,309.07	2,309.07	-	-	-	-
Lease liabilities	41	-	-	2,494.58	2,494.58	-	-	-	-
Trade payables	19	-	-	2,027.34	2,027.34	-	-	-	-
Other financial liabilities	16	-	-	145.31	145.31	-	-	-	-
<b>Financial liabilities measured at fair value</b>									
Payable to minority shareholders towards acquisitions (note A.1 below)	16	-	22.00	-	22.00	-	-	22.00	22.00
Derivatives (note A.2 below)		-	121.16	-	121.16	-	-	121.16	121.16
<b>Total</b>		-	<b>143.16</b>	<b>6,976.30</b>	<b>7,119.46</b>	-	-	<b>143.16</b>	<b>143.16</b>

As at 31 March 2020

Particulars	Note	Carrying amount				Fair value			
		Financial assets at amortised cost	FVTPL	Other financial liabilities at amortised cost	Total Carrying value	Level 1	Level 2	Level 3	Total
Assets									
Financial assets not measured at fair value*									
Trade receivables	11	2,366.44	-	-	2,366.44	-	-	-	-
Cash and cash equivalents	12	150.80	-	-	150.80	-	-	-	-
Other bank balances	13	26.32	-	-	26.32	-	-	-	-
Loans	7	76.51	-	-	76.51	-	-	-	-
Other financial assets	8	257.68	-	-	257.68	-	-	-	-
Financial assets measured at fair value									
Investments	6	-	11.60	-	11.60	11.60	-	-	11.60
Total		2,877.75	11.60	-	2,889.35	11.60	-	-	11.60
Liabilities									
Financial liabilities not measured at fair value*									
Borrowings (including current maturities of borrowings)	15	-	-	2,972.42	2,972.42	-	-	-	-
Lease liabilities	41	-	-	2,632.26	2,632.26	-	-	-	-



# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 36 Financial Instruments- Fair values and risk management (continued)

### A Accounting classifications and fair values (continued)

As at 31 March 2020 (continued)

Particulars	Note	Carrying amount				Fair value			
		Financial assets at amortised cost	FVTPL	Other financial liabilities at amortised cost	Total Carrying value	Level 1	Level 2	Level 3	Total
Trade payables	19	-	-	1,293.92	1,293.92	-	-	-	-
Other financial liabilities	16	-	-	948.59	948.59	-	-	-	-
<b>Financial liabilities measured at fair value</b>									
Payable to minority shareholders towards acquisitions (Note A.1 below)	16	-	22.46	-	22.46	-	-	22.46	22.46
Derivatives (note A.2 below)		-	123.75	-	123.75	-	-	123.75	123.75
<b>Total</b>		<b>-</b>	<b>146.21</b>	<b>7,847.19</b>	<b>7,993.40</b>	<b>-</b>	<b>-</b>	<b>146.21</b>	<b>146.21</b>

\*The Group has not disclosed the fair values for financial instruments such as cash and cash equivalents, trade receivables, trade payables etc., because their carrying amounts are a reasonable approximation of fair value.

**Note A.1 -** During the year 2016, the Group acquired additional 56.2% stake in its subsidiary Sanad Al Rahma for Medical Care LLC ("Sanad") thereby increasing the Group's ownership from 40.8% to 97%. The purchase consideration includes contingent consideration payable as per terms of the contract. The Group has agreed to pay the selling shareholders in three years' time, an additional consideration, based on the EBITDA margins. The fair value of contingent consideration is valued at INR 22.00 as at 31 March 2021 and INR 22.46 for 31 March 2020 respectively.

**Note A.2 -** The Company has entered into share subscription and share purchase agreement dated 30 April 2016, with Dr Ramesh Cardiac and Multi Specialty Hospital Private Limited (Dr Ramesh Hospital) and its promoter group (non-controlling interest). The non-controlling interest has a put option on 49% of the non-controlling interests' equity ownership in Dr. Ramesh Hospital. The option is exercisable from May 2021 onwards. The put option contains an obligation for the Company to acquire 49% of the non-controlling interests and accordingly the fair value of such put option is determined using Monte Carlo simulation model and other valuation techniques. The Company has entered into share subscription and share purchase agreement dated 14 July 2014, with Sri Sainatha Multispeciality Hospitals Private Limited and its promoter group (non-controlling interest). The non-controlling interest has a put option on 19.27% of the non-controlling interests' equity ownership in Sri Sainatha Multispeciality Hospitals Private Limited. The option is exercisable from April 2020 onwards. The put option contains an obligation for the Company to acquire 19.27% of the non-controlling interests and accordingly the fair value of such put option is determined using Monte Carlo simulation model and other valuation techniques.

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 36 Financial Instruments- Fair values and risk management (continued)

### B Measurement of fair values

The following methods and assumptions were used to estimate fair values:

- The fair values of the units of mutual fund schemes are based on net asset value at the reporting date.
- The fair value of forward foreign exchange contracts is calculated as the present value determined using forward exchange rates and interest rate curve of the respective currencies.
- The fair value of the derivative put option is determined using Monte Carlo simulation. The significant unobservable inputs used in the fair value measurement are risk free rate, volatility and management projected EBITDA growth rates.

### Level 3 fair values

The significant unobservable inputs used in the fair value measurement of the level 3 fair values together with a quantitative sensitivity analysis as at 31 March 2021 and 31 March 2020 are as shown below:

### Reconciliation of Level 3 fair values

The following table shows a reconciliation from the opening balances to the closing balances for Level 3 fair values.

Particulars	Derivatives-put option	Contingent consideration
Balance at 1 April 2019	(83.60)	(20.80)
<b>Gain included in "other non-operating income"</b>		
Net change in fair value (unrealised) (refer note 21)	10.61	-
<b>Gain included in OCI</b>		
Exchange difference in translating financial statements of foreign operations	-	(1.65)
<b>Additions during the year</b>	(3.66)	-
<b>Balance as at 31 March 2020</b>	<b>(76.65)</b>	<b>(22.45)</b>
Balance at 1 April 2020	(76.65)	(22.45)
Loss included in "other expenses"		
Net change in fair value (unrealised) (refer note 27)	(14.55)	-
<b>Gain included in OCI</b>		
Exchange difference in translating financial statements of foreign operations	-	0.45
<b>Additions during the year</b>	-	-
<b>Balance as at 31 March 2021</b>	<b>(91.20)</b>	<b>(22.00)</b>

### Sensitivity analysis

For the fair values of put option, reasonably possible changes at the reporting date to one of the significant unobservable inputs, holding other inputs constant, would have the following effects

### Put option

As at 31 March 2021	As at 31 March 2021	
	Increase	Decrease
Volatility (1% movement)	(0.60) to 0.12	(0.12) to 0.70
EBITDA growth rates (1% movement)	2.18 to 68.60	(67.20) to (2.02)
Risk free rate (1% movement)	(69.10) to (1.52)	1.60 to 71.80

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 36 Financial Instruments- Fair values and risk management (continued)

### B Measurement of fair values (continued)

#### Level 3 fair values (continued)

##### Put option (continued)

As at 31 March 2020	As at 31 March 2020	
	Increase	Decrease
Volatility (1% movement)	(2.91) to (0.05)	0.17 to 5.83
EBITDA growth rates (1% movement)	0.19 to 2.93	(2.64) to (0.15)
Risk free rate (1% movement)	(7.75) to (0.20)	0.26 to 8.99

### C Financial risk management

The Group's activities expose it to a variety of financial risks: credit risk, market risk and liquidity risk.

#### i) Risk management framework

The Group's board of directors has overall responsibility for the establishment and oversight of the risk management framework. The Group's audit and risk management committee oversees how management monitors compliance with the risk management policies and procedures, and reviews the adequacy of the risk management framework in relation to the risks faced by the Group. The committee is assisted in its oversight role by internal audit. Internal audit undertakes both regular and ad hoc reviews of risk management controls and procedures, the results of which are reported to the audit and risk management committee.

#### ii) Credit risk

Credit risk is the risk that the counterparty will not meet its obligation under a financial instrument or customer contract, leading to financial loss. The credit risk arises principally from its operating activities (primarily trade receivables) and from its investing activities, including deposits with banks and financial institutions and other financial instruments.

Credit risk is controlled by analysing credit limits and creditworthiness of customers on a continuous basis to whom credit has been granted after obtaining necessary approvals for credit. The collection from the trade receivables are monitored on a continuous basis by the receivables team.

The Company always measures the loss allowance for trade receivables at an amount equal to lifetime ECL. The expected credit losses on trade receivables are estimated using a provision matrix by reference to past default experience of the debtors and an analysis of the debtors' current financial position, adjusted for factors that are specific to the debtors, general economic conditions of the industry in which the debtors operate, and an assessment of both the current as well as the forecast direction of conditions at the reporting date.

The maximum exposure to the credit risk at the reporting date is primarily from trade receivables amounting to 2,019 crore (31 March 2020: 2,366.44 crore) and unbilled receivables amounting to 18.72 crore (31 March 2020: 46.10 crore). The movement in lifetime ECL in respect of trade and other receivables during the year was as follows:

Particulars	As at 31 March 2021	As at 31 March 2020
Balance at the beginning	682.56	478.89
Impairment loss recognised	269.20	176.62
Impairment loss reversed/(utilised)	(93.93)	(19.20)
Exchange difference on allowance for credit loss	(15.23)	46.25
<b>Balance at the end</b>	<b>842.60</b>	<b>682.56</b>

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 36 Financial Instruments- Fair values and risk management (continued)

### C Financial risk management (continued)

#### ii) Credit risk (continued)

No single customer accounted for more than 10% of the revenue as of 31 March 2021 and 31 March 2020. There is no significant concentration of credit risk. Credit risk on cash and cash equivalent is limited as the Group generally transacts with banks and financial institutions with high credit ratings assigned by international and domestic credit rating agencies.

#### iii) Liquidity risk

Liquidity risk is the risk that the Group will encounter difficulty in meeting the obligations associated with its financial liabilities that are settled by delivering cash or another financial asset. Ultimate responsibility for liquidity risk management rests with the board of directors, which has established an appropriate liquidity risk management framework for management of the Group's short, medium and long-term funding and liquidity management requirements. The Group's approach to managing liquidity is to ensure, as far as possible, that it will always have sufficient liquidity to meet its liabilities when due, under both normal and stressed conditions, without incurring unacceptable losses or risking damage to the Group's reputation.

The table below provides details regarding the undiscounted contractual maturities of significant financial liabilities as of 31 March 2021.

Particulars	Less than 1 year	More than 1 year	Total
Trade payables	2,027.34	-	2,027.34
Current borrowings	159.40	-	159.40
Non current borrowings (including current maturities)	394.87	1,754.80	2,149.67
Lease liabilities	219.67	2,274.91	2,494.58
Other financial liabilities	245.92	42.55	288.47

The table below provides details regarding the undiscounted contractual maturities of significant financial liabilities as of 31 March 2020:

Particulars	Less than 1 year	More than 1 year	Total
Trade payables	1,293.92	-	1,293.92
Current borrowings	587.16	-	587.16
Non current borrowings (including current maturities)	493.02	1,892.24	2,385.26
Lease liabilities	182.89	2,449.37	2,632.26
Other financial liabilities	951.46	143.34	1,094.80

Financial assets carried at amortised cost as at 31 March 2021 is INR 2,599.11 crore and carried at FVTPL is INR 24.13 crore. (31 March 2020: INR 2,900.50 crore and INR 11.60 crore respectively)

Financial assets of INR 222.06 Crore (including restricted deposits of INR 44.94 Crore) as at 31 March 2020 carried at amortised cost is in the form of cash and cash equivalents, deposits, etc. where the Group has assessed the counterparty credit risk. Trade receivables of INR 2,019 Crore as at 31 March 2021 carried at amortised cost and is valued considering provision for allowance using expected credit loss method (if any). In addition to the historical pattern of credit loss, we have considered the likelihood of increased credit risk and consequential default considering emerging situations due to COVID-19. This assessment is not based on any mathematical model but an assessment considering the impact immediately seen in the demand outlook and the financial strength of the customers in respect of whom amounts are receivable. The Group has specifically evaluated the potential impact with respect to Healthcare service sector. The Group closely monitors its customers who are being impacted.

#### iv) Market risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices, such as foreign exchange rates, interest rates and equity prices.

#### Foreign currency risk

The Group undertakes transactions denominated in foreign currencies; consequently, exposures to exchange rate fluctuations arise. The functional currency of company is INR. The Group is mainly exposed to AED, OMR, QAR, SAR and USD.

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 36 Financial Instruments- Fair values and risk management (continued)

### C Financial risk management (continued)

#### iv) Market risk (continued)

##### Foreign currency risk (continued)

The carrying amounts of the Group's foreign currency denominated monetary assets and monetary liabilities at the reporting date are as follows:

As at 31 March 2021	AED	OMR	QAR	SAR	USD	Others
<b>Financial Assets</b>						
Investments	25.15	-	-	-	-	-
Other financial assets (current and non-current)	132.70	0.56	-	6.89	0.84	2.38
Trade Receivables	1,473.06	133.77	100.95	187.16	-	9.57
Cash and Cash Equivalents and Bank balances	130.82	15.47	37.76	20.79	-	7.63
<b>Financial Liabilities</b>						
Borrowings (current and non-current)	281.49	126.60	7.88	-	1,478.66	15.84
Trade payables and other financial liabilities (current and non-current)	1,569.45	131.27	68.63	81.67	0.53	31.46
Lease liabilities (current and non-current)	1,692.11	290.21	136.16	12.89	-	17.27

As at 31 March 2020	AED	OMR	QAR	SAR	USD	Others
<b>Financial Assets</b>						
Investments	10.22	-	-	-	-	-
Other financial assets (current and non-current)	154.39	0.85	-	23.12	0.57	1.16
Trade Receivables	1,676.38	169.65	166.80	193.26	-	10.23
Cash and Cash Equivalents and Bank balances	71.02	18.11	11.59	14.86	0.03	5.52
<b>Financial Liabilities</b>						
Borrowings (current and non-current)	392.59	72.91	31.32	-	2,036.29	16.32
Trade payables and other financial liabilities (current and non-current)	1,682.27	70.29	66.52	107.79	0.47	26.93
Lease liabilities (current and non-current)	1,864.40	278.97	168.02	23.95	-	22.28

##### Sensitivity analysis

The sensitivity of profit or loss to changes in exchange rates arises mainly from foreign currency denominated financial instruments. One per cent is the sensitivity rate used when reporting foreign currency risk internally to key management personnel and represents management's assessment of the reasonably possible change in foreign exchange rates. The sensitivity analysis includes only outstanding foreign currency denominated monetary items and adjusts their translation at the year-end for a one per cent change in foreign currency rates. A positive number below indicates an increase in profit and other equity where currency units strengthens one per cent against the relevant currency. For a one per cent weakening of currency units against the relevant currency, there would be a comparable impact on the profit and other equity, and the balances below would be negative.

## Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

### 36 Financial Instruments- Fair values and risk management (continued)

#### C Financial risk management (continued)

##### iv) Market risk (continued)

##### Sensitivity analysis (continued)

Particulars	Impact on profit or (loss)		Impact on equity	
	As at 31 March 2021	As at 31 March 2020	As at 31 March 2021	As at 31 March 2020
<b>AED Sensitivity</b>				
INR/ AED - Increase by 1%	2.85	3.15	(2.54)	(6.10)
INR/ AED - Decrease by 1%	(2.85)	(3.15)	2.54	6.10
<b>OMR Sensitivity</b>				
INR/ OMR - Increase by 1%	(0.12)	0.12	0.74	0.91
INR/ OMR - Decrease by 1%	0.12	(0.12)	(0.74)	(0.91)
<b>QAR Sensitivity</b>				
INR/ QAR - Increase by 1%	0.10	0.18	1.39	1.30
INR/ QAR - Decrease by 1%	(0.10)	(0.18)	(1.39)	(1.30)
<b>SAR Sensitivity</b>				
INR/ SAR - Increase by 1%	(0.12)	(0.31)	3.87	5.08
INR/ SAR - Decrease by 1%	0.12	0.31	(3.87)	(5.08)

##### Interest rate risk

The Group is exposed to interest rate risk because the Group borrows funds at both fixed and floating interest rates. The Group's significant interest rate risk arises from long-term borrowings with variable interest rates, which expose the Group to cash flow interest rate risk. The interest rate on the Group's financial instruments is based on market rates. The Group monitors the movement in interest rates on an ongoing basis. The risk is managed by the Group by maintaining an appropriate mix between fixed and floating rate borrowings,

The exposure of the Group's borrowing to interest rate changes at the end of the reporting period are as follows:

Particulars	As at 31 March 2021	As at 31 March 2020
<b>Financial liabilities (bank borrowings)</b>		
Variable rate long term borrowings including current maturities	2,140.32	2,295.47
<b>Derivative financial instrument</b>		
Interest rate swap	589.64	840.11

##### Sensitivity Analysis

A reasonably possible change of 1 percent change in interest rates at the reporting date would have increased / (decreased) equity and profit or loss by the amounts shown below. This analysis assumes that all other variables, in particular foreign currency rates, remain constant.

Particulars	Impact on profit or (loss)		Impact on equity	
	As at 31 March 2021	As at 31 March 2020	As at 31 March 2021	As at 31 March 2020
<b>Sensitivity</b>				
1% increase in MCLR rate	(21.40)	(22.95)	(21.40)	(22.95)
1% decrease in MCLR rate	21.40	22.95	21.40	22.95

The analysis is prepared assuming the amount of liability outstanding at the reporting date was outstanding for the whole year. A one per cent increase or decrease is used when reporting interest rate risk internally to key management personnel and represents management's assessment of the reasonably possible change in interest rates. The Company's sensitivity to interest rates has increased in the current year due to the additional variable rate long term borrowings taken during the year.



# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

**37A Additional information pursuant to paragraph 2 of Division II of Schedule III to the Companies Act 2013- 'General instructions for the preparation of consolidated financial statements'.**

As at / For the year ended 31 March 2021

Name of the entity	Net assets		Share in profit or loss		Share in other comprehensive income		Share in total comprehensive income	
	As a % of consolidated net assets	Amount	As a % of consolidated profit or loss	Amount	As a % of other comprehensive income	Amount	As a % of total comprehensive income	Amount
<b>Parent</b>								
Aster DM Healthcare Limited	74.70%	2,864.12	(38.72%)	(68.86)	(0.02%)	0.01	(53.74%)	(68.85)
<b>Subsidiaries and step down subsidiaries</b>								
<b>India</b>								
DM Med City Hospitals (India) Private Limited	1.73%	66.23	(1.19%)	(2.11)	0.00%	-	(1.65%)	(2.11)
Ambady Infrastructure Private Limited	1.81%	69.56	(0.40%)	(0.71)	0.00%	-	(0.55%)	(0.71)
Aster DM Healthcare (Trivandrum) Private Limited	(0.40%)	(15.37)	(4.52%)	(8.04)	0.00%	-	(6.28%)	(8.04)
Malabar Institute of Medical Sciences Ltd	11.72%	449.53	6.78%	12.05	(0.14%)	0.07	9.46%	12.12
Prerana Hospital Limited	0.89%	34.06	0.85%	1.52	0.14%	(0.07)	1.13%	1.45
Sri Sainatha Multispecialty Hospitals Private Limited	0.97%	37.16	3.23%	5.75	0.18%	(0.09)	4.42%	5.66
Dr. Ramesh Cardiac and Multispecialty Hospital Private Limited	2.82%	108.08	(4.80%)	(8.54)	(0.42%)	0.21	(6.50%)	(8.33)
Aster Clinical Lab LLP	(0.47%)	(18.05)	(10.07%)	(17.91)	0.00%	-	(13.98%)	(17.91)
EMED Human Resources India Private Limited	0.01%	0.55	0.04%	0.08	0.00%	-	0.06%	0.08
Ezhimala Infrastructure LLP	0.00%	0.03	0.01%	0.02	0.00%	-	0.02%	0.02
Warsaps Healthcare LLP	0.00%	0.10	0.00%	-	0.00%	-	0.00%	-
Sanghamitra Hospitals Private Limited	0.54%	20.70	6.08%	10.81	0.66%	(0.33)	8.18%	10.48
Aster Ramesh Duhita LLP	0.00%	0.09	(0.20%)	(0.36)	0.00%	-	(0.28%)	(0.36)
Komali Fertility Centre LLP (earlier Ramesh Fertility Centre LLP)	0.02%	0.92	0.27%	0.48	0.00%	-	0.37%	0.48
Mindriot Research and Innovation Foundation (11 March 2021)	0.00%	-	0.00%	-	0.00%	-	0.00%	-
<b>Foreign</b>								
Affinity Holdings Private Limited	45.11%	1,729.56	(1.24%)	(2.20)	0.00%	-	(1.72%)	(2.20)
Aster Caribbean Holdings Limited (15 December 2020)	0.00%	-	0.00%	-	0.00%	-	0.00%	-
Aster Cayman Hospital Limited (15 December 2020)	0.00%	-	0.00%	-	0.00%	-	0.00%	-

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

**37A Additional information pursuant to paragraph 2 of Division II of Schedule III to the Companies Act 2013 - 'General instructions for the preparation of consolidated financial statements'. (continued)**

As at / For the year ended 31 March 2021

Name of the entity	Net assets		Share in profit or loss		Share in other comprehensive income		Share in total comprehensive income	
	As a % of consolidated net assets	Amount	As a % of consolidated profit or loss	Amount	As a % of other comprehensive income	Amount	As a % of total comprehensive income	Amount
Aster DM Healthcare FZC	64.73%	2,481.72	44.39%	78.93	20.14%	(10.01)	53.79%	68.92
Aster Hospital Sonapur LLC	0.02%	0.60	0.00%	-	0.00%	-	0.00%	-
Radiant Healthcare LLC	0.78%	29.89	1.63%	2.90	0.00%	-	2.26%	2.90
Aster Day Surgery Centre LLC	(0.41%)	(15.70)	(0.42%)	(0.74)	0.00%	-	(0.58%)	(0.74)
DM Healthcare (L.L.C)	7.66%	293.70	62.84%	111.75	0.00%	-	87.22%	111.75
Wahat Al Aman Home Health Care LLC	0.88%	33.77	20.91%	37.19	0.00%	-	29.03%	37.19
Aster Grace Nursing and Physiotherapy LLC	0.02%	0.60	(0.23%)	(0.40)	0.00%	-	(0.31%)	(0.40)
Aster Pharmacies Group LLC	11.67%	447.28	57.21%	101.73	0.00%	-	79.40%	101.73
New Aster Pharmacy DMCC	0.23%	8.78	0.85%	1.52	0.00%	-	1.18%	1.52
Medshop Garden Pharmacy LLC	0.65%	24.95	1.91%	3.39	0.00%	-	2.65%	3.39
Aster DCC Pharmacy LLC	(0.19%)	(7.25)	(0.89%)	(1.58)	0.00%	-	(1.24%)	(1.58)
Aster Al Shafar Pharmacies Group LLC	0.40%	15.15	2.66%	4.73	0.00%	-	3.69%	4.73
Rafa Pharmacy LLC	(0.02%)	(0.89)	0.37%	0.66	0.00%	-	0.52%	0.66
Aster Pharmacy LLC, AUH	0.07%	2.57	0.39%	0.70	0.00%	-	0.55%	0.70
Med Shop Drugs Store LLC	1.94%	74.54	(6.76%)	(12.03)	0.00%	-	(9.39%)	(12.03)
Alfa Drug Store LLC	4.67%	178.90	22.99%	40.88	0.00%	-	31.91%	40.88
Alfa One Drug Store LLC (1 June 2020)	0.07%	0.60	0.00%	-	0.00%	-	0.00%	-
Alfaone FZ-LLC	0.01%	0.20	0.00%	-	0.00%	-	0.00%	-
DM Pharmacies LLC	0.07%	2.79	(7.75%)	(13.78)	0.00%	-	(10.75%)	(13.78)
Aster Opticals LLC	(0.52%)	(20.08)	(2.33%)	(4.14)	0.00%	-	(3.23%)	(4.14)
Medcare Hospital LLC	30.33%	1,162.95	95.87%	170.49	0.00%	-	133.07%	170.49
Premium Healthcare Limited	0.12%	4.41	1.23%	2.18	0.00%	-	1.70%	2.18
Dr. Moopens Healthcare Management Services LLC	(5.27%)	(202.14)	(46.48%)	(82.66)	0.00%	-	(64.52%)	(82.66)
Eurohealth Systems FZ LLC	0.47%	17.98	1.10%	1.95	0.00%	-	1.52%	1.95
Al Rafa Investments Limited	(0.04%)	(1.40)	(0.09%)	(0.16)	0.00%	-	(0.13%)	(0.16)
Al Rafa Holdings Limited	(0.01%)	(0.56)	(0.04%)	(0.07)	0.00%	-	(0.05%)	(0.07)
Alfa Investments Limited	(0.00%)	(0.09)	(0.08%)	(0.14)	0.00%	-	(0.11%)	(0.14)

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

**37A Additional information pursuant to paragraph 2 of Division II of Schedule III to the Companies Act 2013- 'General instructions for the preparation of consolidated financial statements': (continued)**

As at / For the year ended 31 March 2021

Name of the entity	Net assets		Share in profit or loss		Share in other comprehensive income		Share in total comprehensive income	
	As a % of consolidated net assets	Amount	As a % of consolidated profit or loss	Amount	As a % of other comprehensive income	Amount	As a % of total comprehensive income	Amount
Active Holdings Limited	0.00%	0.05	(0.04%)	(0.07)	0.00%	-	(0.06%)	(0.07)
Al Rafa Medical Centre LLC	(0.93%)	(35.67)	(4.53%)	(8.05)	0.00%	-	(6.28%)	(8.05)
Dar Al Shifa Medical Centre LLC	(0.10%)	(3.99)	(1.09%)	(1.94)	0.00%	-	(1.51%)	(1.94)
Aster Primary Care LLC	(0.03%)	(1.28)	(0.60%)	(1.06)	0.00%	-	(0.83%)	(1.06)
Modern Dar Al Shifa Pharmacy LLC	0.30%	11.39	1.45%	2.59	0.00%	-	2.02%	2.59
Harley Street LLC	0.00%	0.19	0.00%	-	0.00%	-	0.00%	-
Harley Street Pharmacy LLC	0.01%	0.32	0.53%	0.94	0.00%	-	0.73%	0.94
Harley Street Medical Centre LLC	1.29%	49.51	6.90%	12.27	0.00%	-	9.58%	12.27
Harley Street Dental LLC	(0.08%)	(2.91)	0.54%	0.96	0.00%	-	0.75%	0.96
Grand Optics LLC	(2.35%)	(89.99)	(1.55%)	(2.75)	0.00%	-	(2.15%)	(2.75)
Noor Al Shefa Clinic LLC	0.25%	9.61	0.04%	0.06	0.00%	-	0.05%	0.06
Zahrat Al Shefa Medical Center LLC	(0.00%)	(0.03)	(0.21%)	(0.37)	0.00%	-	(0.29%)	(0.37)
Zahrath Al Shefa Pharmacy LLC	0.09%	3.28	0.23%	0.40	0.00%	-	0.31%	0.40
Samary Pharmacy LLC	0.30%	11.47	0.68%	1.20	0.00%	-	0.94%	1.20
Metro Meds Pharmacy LLC	0.11%	4.06	0.64%	1.13	0.00%	-	0.88%	1.13
Metro Medical Center LLC	0.10%	3.74	0.31%	0.55	0.00%	-	0.43%	0.55
Symphony Healthcare Management Services LLC	(1.10%)	(42.18)	5.73%	10.19	0.00%	-	7.96%	10.19
E-Care International Medical Billing Services Co. LLC	0.42%	16.22	1.85%	3.30	0.00%	-	2.57%	3.30
Al Raffah Hospital LLC	1.59%	61.02	(6.64%)	(11.80)	0.00%	-	(9.21%)	(11.80)
Al Raffah Medical Centre LLC (merged with Al Raffah Hospital LLC from 1 October 2020)	0.00%	-	(0.27%)	(0.47)	0.00%	-	(0.37%)	(0.47)
Al Raffah Pharmacies Group LLC	0.09%	3.60	0.17%	0.31	0.00%	-	0.24%	0.31
Oman Al Khair Hospital LLC	0.25%	9.44	(0.19%)	(0.34)	0.00%	-	(0.26%)	(0.34)
Dr. Moopen's Healthcare Management Services WLL	5.64%	216.20	3.34%	5.94	5.61%	(2.79)	2.46%	3.15
Welcare Polyclinic W.L.L	(0.03%)	(1.25)	0.52%	0.93	0.00%	-	0.73%	0.93
Dr. Moopens Aster Hospital WLL	(1.98%)	(76.02)	1.54%	2.75	0.00%	-	2.14%	2.75
Sanad Al Rahma for Medical Care LLC	10.08%	386.58	(6.79%)	(12.07)	3.84%	(1.91)	(10.91%)	(13.97)

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

**37A Additional information pursuant to paragraph 2 of Division II of Schedule III to the Companies Act 2013 - 'General instructions for the preparation of consolidated financial statements'. (continued)**

As at / For the year ended 31 March 2021

Name of the entity	Net assets		Share in profit or loss		Share in other comprehensive income		Share in total comprehensive income	
	As a % of consolidated net assets	Amount	As a % of consolidated profit or loss	Amount	As a % of other comprehensive income	Amount	As a % of total comprehensive income	Amount
Aster DM Healthcare WLL (earlier Aster DM Healthcare SPC)	(1.62%)	(62.06)	(2.58%)	(4.59)	0.00%	-	(3.58%)	(4.59)
Orange Pharmacies LLC	(0.73%)	(28.07)	(0.60%)	(1.06)	0.00%	-	(0.83%)	(1.06)
Al Shafar Pharmacy LLC, AUH	(0.03%)	(1.16)	(0.04%)	(0.07)	0.00%	-	(0.05%)	(0.07)
Aster DM Healthcare INC	0.01%	0.55	0.00%	-	0.00%	-	0.00%	-
Aster Medical Centre LLC	(0.70%)	(26.72)	0.00%	-	0.00%	-	0.00%	-
Aster Kuwait Pharmaceuticals and Medical Equipment Company WLL	0.08%	3.03	(0.36%)	(0.65)	0.00%	-	(0.50%)	(0.65)
Asma Pharmacy LLC (merged with Aster Pharmacies Group LLC from 1 October 2020)	(0.00%)	(0.00)	(0.03%)	(0.05)	0.00%	-	(0.04%)	(0.05)
Shindagha Pharmacy LLC (merged with Aster Pharmacies Group LLC from 1 October 2020)	0.00%	0.00	(0.16%)	(0.28)	0.00%	-	(0.22%)	(0.28)
Union Pharmacy LLC (merged with Aster Pharmacies Group LLC from 1 October 2020)	(0.00%)	(0.00)	0.10%	0.18	0.00%	-	0.14%	0.18
Zabeel Pharmacy LLC (merged with Aster Al Shafar Pharmacies Group LLC from 1 October 2020)	0.00%	-	0.07%	0.12	0.00%	-	0.09%	0.12
Associates (Investment as per equity method) (Refer note 40)	1.01%	38.73	1.98%	363.47	0.00%	(14.91)	2.75%	348.56
Adjustment arising out of consolidation	(181.68%)	(6,965.76)	(123.29%)	(219.25)	58.11%	(28.88)	(193.67%)	(248.13)
Non controlling interest in subsidiaries	12.04%	461.66	16.92%	30.09	11.91%	(5.92)	18.87%	24.17
Consolidated net assets/ Profit after tax	100.00%	3,834.12	100.00%	177.83	100.00%	(49.71)	100.00%	128.12

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

**37A Additional information pursuant to paragraph 2 of Division II of Schedule III to the Companies Act 2013- 'General instructions for the preparation of consolidated financial statements'. (continued)**

As at / For the year ended 31 March 2020

Name of the entity	Net assets		Share in profit or loss		Share in other comprehensive income		Share in total comprehensive income	
	As a % of consolidated net assets	Amount	As a % of consolidated profit or loss	Amount	As a % of other comprehensive income	Amount	As a % of total comprehensive income	Amount
<b>Parent</b>								
Aster DM Healthcare Limited	78.81%	2,930.67	19.33%	60.83	(0.26%)	(0.38)	13.16%	60.45
<b>Subsidiaries and step down subsidiaries</b>								
<b>India</b>								
DM Med City Hospitals (India) Private Limited	1.84%	68.40	0.16%	0.51	0.00%	-	0.11%	0.51
Ambady Infrastructure Private Limited	1.89%	70.27	(0.06%)	(0.19)	0.00%	-	(0.04%)	(0.19)
Aster DM Healthcare (Trivandrum) Private Limited	(0.19%)	(7.25)	(0.10%)	(0.30)	0.00%	-	(0.07%)	(0.30)
Malabar Institute of Medical Sciences Ltd	11.76%	437.42	3.81%	11.98	0.13%	0.19	2.65%	12.17
Prerana Hospital Limited	0.88%	32.61	1.68%	5.29	(0.17%)	(0.24)	1.10%	5.05
Sri Sainatha Multispecialty Hospitals Private Limited	0.85%	31.50	0.24%	0.77	0.01%	0.01	0.17%	0.78
Dr. Ramesh Cardiac and Multispecialty Hospital Private Limited	3.13%	116.41	1.43%	4.50	0.03%	0.04	0.99%	4.54
Aster Clinical Lab LLP	(0.00%)	(0.14)	(0.36%)	(1.14)	0.00%	-	(0.25%)	(1.14)
EMED Human Resources India Private Limited	0.01%	0.47	0.00%	-	0.00%	-	0.00%	-
Ezhimala Infrastructure LLP	(0.00%)	(0.02)	(0.01%)	(0.03)	0.00%	-	(0.01%)	(0.03)
Warseps Healthcare LLP	0.00%	-	0.00%	-	0.00%	-	0.00%	-
Sanghamitra Hospitals Private Limited	0.37%	13.81	1.11%	3.50	(0.10%)	(0.15)	0.73%	3.35
Aster Ramesh Duhita LLP	0.01%	0.23	(0.10%)	(0.31)	0.00%	-	(0.07%)	(0.31)
Ramesh Fertility Centre LLP	0.03%	1.13	0.16%	0.49	0.00%	-	0.11%	0.49
<b>Foreign</b>								
Affinity Holdings Private Limited	47.53%	1,767.52	29.07%	91.47	0.00%	-	19.92%	91.47
Aster DM Healthcare FZC	65.98%	2,453.31	128.37%	403.94	4.52%	6.53	89.37%	410.47
Aster Hospital Sonapur LLC	0.02%	0.61	0.00%	-	0.00%	-	0.00%	-
Radiant Healthcare LLC	0.74%	27.69	(2.06%)	(6.47)	0.00%	-	(1.41%)	(6.47)
Aster Day Surgery Centre LLC	(0.41%)	(15.42)	(0.63%)	(1.98)	0.00%	-	(0.43%)	(1.98)
DM Healthcare (L.L.C)	4.64%	172.70	53.55%	168.49	0.00%	-	36.69%	168.49
Wahat AI Aman Home Health Care LLC	0.70%	26.15	2.78%	8.74	0.00%	-	1.90%	8.74

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

37A Additional information pursuant to paragraph 2 of Division II of Schedule III to the Companies Act 2013- 'General instructions for the preparation of consolidated financial statements'. (continued)

As at / For the year ended 31 March 2020

Name of the entity	Net assets		Share in profit or loss		Share in other comprehensive income		Share in total comprehensive income	
	As a % of consolidated net assets	Amount	As a % of consolidated profit or loss	Amount	As a % of other comprehensive income	Amount	As a % of total comprehensive income	Amount
Aster Grace Nursing and Physiotherapy LLC	0.03%	1.02	(0.20%)	(0.64)	0.00%	-	(0.14%)	(0.64)
Aster Pharmacies Group LLC	8.89%	330.71	55.73%	175.35	0.00%	-	38.18%	175.35
New Aster Pharmacy DMCC	0.20%	7.43	0.56%	1.75	0.00%	-	0.38%	1.75
Medshop Garden Pharmacy LLC	0.59%	22.04	1.35%	4.24	0.00%	-	0.92%	4.24
Aster DCC Pharmacy LLC	(0.16%)	(5.80)	(0.81%)	(2.56)	0.00%	-	(0.56%)	(2.56)
Aster Al Shafar Pharmacies Group LLC	0.29%	10.69	0.22%	0.69	0.00%	-	0.15%	0.69
Rafa Pharmacy LLC	(0.04%)	(1.57)	0.07%	0.22	0.00%	-	0.05%	0.22
Aster Pharmacy LLC, AUH	0.05%	1.91	0.21%	0.65	0.00%	-	0.14%	0.65
Med Shop Drugs Store LLC	2.37%	88.23	0.62%	1.94	0.00%	-	0.42%	1.94
Alfa Drug Store LLC	3.80%	141.32	14.76%	46.43	0.00%	-	10.11%	46.43
Alfaone FZ-LLC	0.01%	0.20	0.00%	-	0.00%	-	0.00%	-
DM Pharmacies LLC	0.45%	16.76	0.58%	1.81	0.00%	-	0.39%	1.81
Aster Opticals LLC	(0.44%)	(16.31)	(1.34%)	(4.21)	0.00%	-	(0.92%)	(4.21)
Medcare Hospital LLC	28.25%	1,050.51	68.47%	215.46	0.00%	-	46.91%	215.46
Premium Healthcare Limited	0.06%	2.30	0.30%	0.94	0.00%	-	0.21%	0.94
Dr. Moopens Healthcare Management Services LLC	(3.30%)	(122.87)	(20.22%)	(63.62)	0.00%	-	(13.85%)	(63.62)
Eurohealth Systems FZ LLC	0.44%	16.38	1.25%	3.92	0.00%	-	0.85%	3.92
Al Rafa Investments Limited	(0.03%)	(1.25)	(0.05%)	(0.16)	0.00%	-	(0.04%)	(0.16)
Al Rafa Holdings Limited	(0.01%)	(0.49)	(0.03%)	(0.08)	0.00%	-	(0.02%)	(0.08)
Alfa Investments Limited	0.00%	0.05	(0.08%)	(0.27)	0.00%	-	(0.06%)	(0.27)
Active Holdings Limited	0.00%	0.12	(0.06%)	(0.20)	0.00%	-	(0.04%)	(0.20)
Al Rafa Medical Centre LLC	(0.13%)	(4.81)	0.03%	0.11	0.00%	-	0.02%	0.11
Dar Al Shifa Medical Centre LLC	(0.06%)	(2.11)	(0.62%)	(1.94)	0.00%	-	(0.42%)	(1.94)
Aster Primary Care LLC	(0.01%)	(0.24)	0.12%	0.38	0.00%	-	0.08%	0.38
Modern Dar Al Shifa Pharmacy LLC	0.24%	9.01	0.82%	2.58	0.00%	-	0.56%	2.58
Harley Street LLC	0.01%	0.19	(0.00%)	(0.00)	0.00%	-	(0.00%)	(0.00)
Harley Street Pharmacy LLC	(0.02%)	(0.62)	0.15%	0.48	0.00%	-	0.11%	0.48



# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

**37A Additional information pursuant to paragraph 2 of Division II of Schedule III to the Companies Act 2013- 'General instructions for the preparation of consolidated financial statements'.**

As at / For the year ended 31 March 2020

Name of the entity	Net assets		Share in profit or loss		Share in other comprehensive income		Share in total comprehensive income	
	As a % of consolidated net assets	Amount	As a % of consolidated profit or loss	Amount	As a % of other comprehensive income	Amount	As a % of total comprehensive income	Amount
Harley Street Medical Centre LLC	1.03%	38.14	2.26%	7.11	0.00%	-	1.55%	7.11
Harley Street Dental LLC	(0.11%)	(3.94)	(0.21%)	(0.66)	0.00%	-	(0.14%)	(0.66)
Grand Optics LLC	(2.40%)	(89.07)	(0.36%)	(1.14)	0.00%	-	(0.25%)	(1.14)
Noor Al Shefa Clinic LLC	0.26%	9.75	0.82%	2.57	0.00%	-	0.56%	2.57
Zahrat Al Shefa Medical Center LLC	0.01%	0.34	0.07%	0.22	0.00%	-	0.05%	0.22
Zahrath Al Shefa Pharmacy LLC	0.08%	2.95	0.23%	0.73	0.00%	-	0.16%	0.73
Samary Pharmacy LLC	0.28%	10.50	0.74%	2.33	0.00%	-	0.51%	2.33
Metro Meds Pharmacy LLC	0.12%	4.32	0.53%	1.68	0.00%	-	0.37%	1.68
Metro Medical Center LLC	0.11%	3.97	0.27%	0.83	0.00%	-	0.18%	0.83
Symphony Healthcare Management Services LLC	(1.43%)	(53.34)	(8.76%)	(27.55)	0.00%	-	(6.00%)	(27.55)
E-Care International Medical Billing Services Co. LLC	0.36%	13.23	2.21%	6.95	0.00%	-	1.51%	6.95
Al Raffah Hospital LLC	2.22%	82.42	4.64%	14.60	0.00%	-	3.18%	14.60
Al Raffah Medical Centre LLC	(0.76%)	(28.27)	(2.14%)	(6.74)	0.00%	-	(1.47%)	(6.74)
Al Raffah Pharmacies Group LLC	0.09%	3.36	0.12%	0.39	0.00%	-	0.08%	0.39
Oman Al Khair Hospital LLC	0.27%	10.04	(0.93%)	(2.92)	0.00%	-	(0.64%)	(2.92)
Dr. Moopen's Healthcare Management Services WLL	5.72%	212.63	3.63%	11.42	1.01%	1.46	2.80%	12.88
Welcare Polyclinic W/L/L	(0.06%)	(2.21)	0.23%	0.73	0.00%	-	0.16%	0.73
Dr. Moopens Aster Hospital WLL	(2.16%)	(80.36)	1.81%	5.68	0.00%	-	1.24%	5.68
Sanad Al Rahma for Medical Care LLC	13.67%	508.39	(9.78%)	(30.77)	(0.80%)	(1.16)	(6.95%)	(31.93)
Aster DM Healthcare WLL (earlier Aster DM Healthcare SPC)	(1.58%)	(58.71)	(2.92%)	(9.20)	0.00%	-	(2.00%)	(9.20)
Orange Pharmacies LLC	(0.74%)	(27.58)	(0.57%)	(1.79)	0.00%	-	(0.39%)	(1.79)
Al Shafar Pharmacy LLC, AUH	(0.03%)	(1.11)	(0.01%)	(0.04)	0.00%	-	(0.01%)	(0.04)
Aster DM Healthcare INC	0.01%	0.56	6.29%	19.81	0.00%	-	4.31%	19.81
Aster Medical Centre LLC	(0.73%)	(27.27)	0.00%	-	0.00%	-	0.00%	-
Aster Kuwait Pharmaceuticals and Medical Equipment Company WLL	0.10%	3.75	9.76%	30.72	0.00%	-	6.69%	30.72

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

**37A Additional information pursuant to paragraph 2 of Division II of Schedule III to the Companies Act 2013- 'General instructions for the preparation of consolidated financial statements'. (continued)**

As at / For the year ended 31 March 2020

Name of the entity	Net assets		Share in profit or loss		Share in other comprehensive income		Share in total comprehensive income	
	As a % of consolidated net assets	Amount	As a % of consolidated profit or loss	Amount	As a % of other comprehensive income	Amount	As a % of total comprehensive income	Amount
Asma Pharmacy LLC	0.05%	1.82	0.03%	0.09	0.00%	-	0.02%	0.09
Shindagha Pharmacy LLC	(0.01%)	(0.38)	(0.18%)	(0.58)	0.00%	-	(0.13%)	-0.58
Union Pharmacy LLC	0.19%	7.17	(0.21%)	(0.67)	0.00%	-	(0.15%)	-0.67
Zabeel Pharmacy LLC	0.00%	0.03	0.11%	0.34	0.00%	-	0.08%	0.34
		<b>10,211.97</b>		<b>1,157.53</b>		<b>6.30</b>		<b>1,163.83</b>
Associates (Investment as per equity method) (Refer note 40)	0.61%	22.75	(0.06%)	(0.19)	0.00%	-	(0.04%)	(0.19)
Adjustment arising out of consolidation	(187.24%)	(6,962.58)	(279.90%)	(880.73)	84.72%	122.51	(165.09%)	(758.22)
Non controlling interest in subsidiaries	12.00%	446.37	12.09%	38.05	10.93%	15.80	11.73%	53.85
<b>Consolidated net assets/ Profit after tax</b>	<b>100.00%</b>	<b>3,718.51</b>	<b>100%</b>	<b>314.66</b>	<b>100%</b>	<b>144.61</b>	<b>100%</b>	<b>459.27</b>

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 37B Non-controlling interest

The following table summarises the financial information relating to subsidiaries which have material non-controlling interest:

Particulars	As at 31 March 2021	As at 31 March 2020
Malabar Institute of Medical Sciences Ltd	116.25	113.12
Dr. Ramesh Cardiac and Multispeciality Hospital Private Limited	52.96	57.04
Medcare Hospital LLC	174.44	157.58
Other entities having non-material non-controlling interest	118.01	118.63
	<b>461.66</b>	<b>446.37</b>

### (i) Malabar Institute of Medical Sciences Ltd

Particulars	As at 31 March 2021	As at 31 March 2020
Non-current assets	735.16	718.87
Current assets	87.20	103.73
Non-current liabilities	(222.75)	(227.06)
Current liabilities	(150.08)	(158.12)
<b>Net assets</b>	<b>449.53</b>	<b>437.42</b>
<b>NCI</b>	<b>25.86%</b>	<b>25.86%</b>
<b>Carrying amount of non-controlling interests</b>	<b>116.25</b>	<b>113.12</b>

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Revenue from operations	552.77	484.17
Profit for the year	12.05	11.98
Other comprehensive income for the year	0.07	0.19
<b>Total comprehensive income for the year</b>	<b>12.12</b>	<b>12.17</b>
<b>Attributable to non-controlling interest</b>		
Profit for the year	3.12	3.10
Other comprehensive income for the year	0.02	0.05
<b>Cash flows from/ (used in) :</b>		
Operating activities	95.69	57.58
Investing activities	(33.35)	(66.86)
Financing activities	(55.99)	10.83
<b>Net increase in cash and cash equivalents</b>	<b>6.35</b>	<b>1.55</b>

### (ii) Dr. Ramesh Cardiac and Multispeciality Hospital Private Limited

Particulars	As at 31 March 2021	As at 31 March 2020
Non-current assets	157.57	187.13
Current assets	49.25	52.73
Non-current liabilities	(61.11)	(78.80)
Current liabilities	(37.64)	(44.65)
<b>Net assets</b>	<b>108.08</b>	<b>116.41</b>
<b>NCI</b>	<b>49%</b>	<b>49%</b>
<b>Carrying amount of non-controlling interests</b>	<b>52.96</b>	<b>57.04</b>

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 37B Non-controlling interest

The following table summarises the financial information relating to subsidiaries which have material non-controlling interest:

### (ii) Dr. Ramesh Cardiac and Multispeciality Hospital Private Limited (continued)

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Revenue from operations	152.99	214.38
Profit/ (loss) for the year	(8.54)	4.50
Other comprehensive income for the year	0.21	0.04
<b>Total comprehensive income/ (loss) for the year</b>	<b>(8.33)</b>	<b>4.54</b>
<b>Attributable to non-controlling interest</b>		
Profit/ (loss) for the year	(4.19)	2.21
Other comprehensive income/ (loss) for the year	0.10	0.02
<b>Cash flows from/ (used in) :</b>		
Operating activities	44.33	27.75
Investing activities	(14.21)	(15.23)
Financing activities	(27.06)	(7.98)
<b>Net increase in cash and cash equivalents</b>	<b>3.06</b>	<b>4.54</b>

### (iii) Medcare Hospital LLC

Particulars	As at 31 March 2021	As at 31 March 2020
Non-current assets	1,006.93	1,136.14
Current assets	1,497.63	1,195.65
Non-current liabilities	(772.53)	(848.19)
Current liabilities	(569.07)	(433.09)
<b>Net assets</b>	<b>1,162.95</b>	<b>1,050.51</b>
<b>NCI</b>	<b>15%</b>	<b>15%</b>
<b>Carrying amount of non-controlling interests</b>	<b>174.44</b>	<b>157.58</b>

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Revenue from operations	1,814.55	1,741.52
Profit for the year	170.49	215.46
<b>Total comprehensive income for the year</b>	<b>170.49</b>	<b>215.46</b>
<b>Attributable to non-controlling interest</b>		
Profit for the year	25.57	32.32
<b>Cash flows from/ (used in) :</b>		
Operating activities	367.00	440.64
Investing activities	(23.36)	(23.26)
Financing activities	(348.12)	(375.49)
<b>Net increase/ (decrease) in cash and cash equivalents</b>	<b>(4.48)</b>	<b>41.89</b>

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 38 Group information

### Subsidiaries, step-down subsidiaries and associates of the parent company

#### (a) Subsidiaries and step-down subsidiaries

The consolidated Ind AS financial statements of the Group includes subsidiaries listed in the table below:

SI No	Entity	Country of incorporation	Ownership interest held by Group			
			As at 31 March 2021		As at 31 March 2020	
			Beneficial	Legal *	Beneficial	Legal *
Direct subsidiaries						
1	DM Med City Hospitals (India) Private Limited	India	100%	100%	100%	100%
2	Ambady Infrastructure Private Limited	India	100%	100%	100%	100%
3	Aster DM Healthcare (Trivandrum) Private Limited	India	100%	100%	100%	100%
4	Malabar Institute of Medical Sciences Ltd	India	74%	74%	74%	74%
5	Prerana Hospital Limited	India	87%	87%	87%	87%
6	Sri Sainatha Multispeciality Hospitals Private Limited	India	77%	77%	77%	77%
7	Dr. Ramesh Cardiac and Multispeciality Hospital Private Limited	India	51%	51%	51%	51%
8	Aster Clinical Lab LLP	India	100%	100%	100%	100%
9	Mindriot Research and Innovation Foundation (11 March 2021)	India	49%	49%	NA	NA
10	Affinity Holdings Private Limited	Mauritius	100%	100%	100%	100%
Step down subsidiaries						
11	EMED Human Resources India Private Limited	India	100%	100%	100%	100%
12	Ezhimala Infrastructure LLP	India	40%	40%	40%	40%
13	Warseps Healthcare LLP	India	100%	100%	NA	NA
14	Sanghamitra Hospitals Private Limited	India	26%	26%	26%	26%
15	Aster Ramesh Duhita LLP	India	26%	26%	26%	26%
16	Komali Fertility Centre LLP (earlier Ramesh Fertility Centre LLP)	India	26%	26%	26%	26%
17	Aster Caribbean Holdings Limited (15 December 2020)	Cayman Island	100%	100%	NA	NA
18	Aster Cayman Hospital Limited (15 December 2020)	Cayman Island	100%	100%	NA	NA
19	Aster DM Healthcare FZC	UAE	100%	100%	100%	100%
20	Aster Hospital Sonapur LLC	UAE	90%	39%	90%	39%
21	Radiant Healthcare LLC	UAE	76%	25%	76%	25%
22	Aster Day Surgery Centre LLC	UAE	82%	49%	82%	49%
23	D M Healthcare (L L C)	UAE	100%	100%	100%	100%
24	Wahat Al Aman Home Health Care LLC	UAE	100%	49%	100%	49%
25	Aster Grace Nursing and Physiotherapy LLC	UAE	60%	29%	60%	29%
26	Aster Pharmacies Group LLC	UAE	100%	49%	100%	49%
27	New Aster Pharmacy DMCC	UAE	100%	100%	100%	100%
28	Medshop Garden Pharmacy LLC	UAE	100%	49%	100%	49%
29	Aster DCC Pharmacy LLC	UAE	70%	49%	70%	49%
30	Aster Al Shafar Pharmacies Group LLC	UAE	51%	49%	51%	49%
31	Rafa Pharmacy LLC	UAE	100%	49%	100%	49%
32	Aster Pharmacy LLC, AUH	UAE	100%	49%	100%	49%
33	Med Shop Drugs Store LLC	UAE	100%	49%	100%	49%
34	Alfa Drug Store LLC	UAE	100%	49%	100%	49%
35	Alfa One Drug Store LLC (1 June 2020)	UAE	100%	49%	NA	NA

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 38 Group information (continued)

### Subsidiaries, step-down subsidiaries and associates of the parent company (continued)

#### (a) Subsidiaries and step-down subsidiaries (continued)

The consolidated Ind AS financial statements of the Group includes subsidiaries listed in the table below: (continued)

Sl No	Entity	Country of incorporation	Ownership interest held by Group			
			As at 31 March 2021		As at 31 March 2020	
			Beneficial	Legal *	Beneficial	Legal *
36	Alfaone FZ-LLC	UAE	100%	100%	100%	100%
37	DM Pharmacies LLC **	UAE	100%	49%	100%	49%
38	Aster Opticals LLC	UAE	60%	49%	60%	49%
39	Medcare Hospital LLC	UAE	85%	73%	85%	30%
40	Premium Healthcare Limited	UAE	80%	80%	80%	80%
41	Dr. Moopens Healthcare Management Services LLC	UAE	100%	49%	100%	49%
42	Eurohealth Systems FZ LLC	UAE	100%	95%	100%	95%
43	Al Rafa Inve3stments Limited	UAE	100%	0%	100%	0%
44	Al Rafa Holdings Limited	UAE	100%	0%	100%	0%
45	Alfa Investments Limited #	UAE	0%	0%	0%	0%
46	Active Holdings Limited	UAE	100%	0%	100%	0%
47	Al Rafa Medical Centre LLC	UAE	51%	40%	51%	40%
48	Dar Al Shifa Medical Centre LLC	UAE	51%	40%	51%	40%
49	Aster Primary Care LLC	UAE	71%	40%	71%	40%
50	Modern Dar Al Shifa Pharmacy LLC	UAE	51%	40%	51%	40%
51	Harley Street LLC	UAE	60%	9%	60%	9%
52	Harley Street Pharmacy LLC	UAE	60%	9%	60%	9%
53	Harley Street Medical Centre LLC	UAE	60%	9%	60%	9%
54	Harley Street Dental LLC	UAE	38%	2%	38%	2%
55	Grand Optics LLC	UAE	85%	34%	85%	34%
56	Noor Al Shefa Clinic LLC	UAE	70%	19%	70%	19%
57	Zahrat Al Shefa Medical Center LLC	UAE	70%	19%	70%	19%
58	Zahrath Al Shefa Pharmacy LLC	UAE	70%	19%	70%	19%
59	Samary Pharmacy LLC	UAE	70%	19%	70%	19%
60	Metro Meds Pharmacy LLC	UAE	66%	15%	66%	15%
61	Metro Medical Center LLC	UAE	66%	15%	66%	15%
62	Symphony Healthcare Management Services LLC	UAE	100%	0%	100%	0%
63	E-Care International Medical Billing Services Co. LLC	UAE	80%	0%	80%	0%
64	Al Raffah Hospital LLC	Oman	100%	100%	100%	70%
65	Al Raffah Medical Centre LLC***	Oman	NA	NA	100%	70%
66	Al Raffah Pharmacies Group LLC	Oman	100%	70%	100%	70%
67	Oman Al Khair Hospital LLC	Oman	60%	42%	60%	42%
68	Dr. Moopen's Healthcare Management Services WLL	Qatar	99%	49%	99%	49%
69	Welcare Polyclinic W.L.L	Qatar	50%	45%	50%	45%
70	Dr. Moopens Aster Hospital WLL	Qatar	99%	49%	99%	49%
71	Sanad Al Rahma for Medical Care LLC	Kingdom of Saudi Arabia	100%	100%	97%	97%
72	Aster DM Healthcare WLL (earlier Aster DM Healthcare SPC)	Bahrain	100%	100%	100%	100%
73	Orange Pharmacies LLC	Jordan	51%	0%	51%	0%
74	Al Shafar Pharmacy LLC, AUH **	UAE	51%	49%	51%	49%
75	Aster DM Healthcare INC **	Philippines	90%	90%	90%	90%



# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 38 Group information (continued)

### Subsidiaries, step-down subsidiaries and associates of the parent company (continued)

#### (a) Subsidiaries and step-down subsidiaries (continued)

The consolidated Ind AS financial statements of the Group includes subsidiaries listed in the table below: (continued)

Sl Entity No	Country of incorporation	Ownership interest held by Group			
		As at 31 March 2021		As at 31 March 2020	
		Beneficial	Legal *	Beneficial	Legal *
76 Aster Medical Centre LLC**	UAE	90%	39%	90%	39%
77 Aster Kuwait Pharmaceuticals and Medical Equipment Company W.L.L **	Kuwait	54%	2%	54%	2%
78 Asma Pharmacy LLC ***	UAE	NA	NA	50%	0%
79 Shindagha Pharmacy LLC ***	UAE	NA	NA	90%	49%
80 Union Pharmacy LLC ***	UAE	NA	NA	75%	37%
81 Zabeel Pharmacy LLC ***	UAE	NA	NA	51%	49%

\* Although the percentage of voting rights as a result of legal holding by the Company is not more than 50% in certain entities listed above, the Company has the power to appoint majority of the Board of Directors of those entities as to obtain substantially all the returns related to their operations and net assets and has the ability to direct that activities that most significantly affect these returns. Consequently, all the entities listed above have been consolidated for the purposes of the preparation of this consolidated financial information.

\*\* represents subsidiaries which are in the process of being wound-up.

\*\*\* represents subsidiaries which were merged during the current year.

# Although the percentage of voting rights as a result of legal holding by the Group is Nil, the Group has the power to appoint/replace all members of the Board of Directors. Consequently Group has control over the entity.

#### (b) Associates

The consolidated Ind AS financial statements of the Group includes associates listed in the table below:

Sl Entity No	Country of incorporation	Ownership interest held by Group			
		As at 31 March 2021		As at 31 March 2020	
		Beneficial	Legal *	Beneficial	Legal *
1 MIMS Infrastructure and Properties Private Limited	India	36%	36%	36%	36%
2 Alfaone Medicals Private Limited (1 Feb 2021)	India	16%	16%	NA	NA
3 Alfaone Retail Pharmacies Private Limited (1 Feb 2021)	India	16%	16%	NA	NA
4 Aries Holdings FZC	UAE	25%	25%	25%	25%
5 AAQ Healthcare Investments LLC	UAE	33%	33%	33%	33%
6 Aries Investments LLC	UAE	25%	25%	NA	NA
7 Al Mutamaizah Medcare Healthcare Investment Co. LLC	UAE	49%	49%	49%	49%

The principal place of business of all the entities listed above is the same as their respective countries of incorporation.

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 39 Acquisition of Subsidiaries and Non-Controlling Interests (NCI)

### Acquisition of subsidiary

#### i) Acquisition of Grand Optics LLC

On 23 April 2019, the Group entered into a Share Purchase Agreement to acquire 85% shares in Grand Optics LLC. Grand Optics LLC is engaged in the business of retail optical outlets. Upon transfer of control, the Group owns economic and beneficial interest in 85% of the net worth and profit / (loss) of Grand Optics LLC. The acquisition is expected to provide the Group with an increased share of retail optical business through access to Grand Optics LLC's customer base and market share. The Group also expects to reduce costs through economies of scale.

#### A Consideration transferred

The following table summarises the acquisition date fair value of consideration transferred:

Particulars	INR (in Crore)
Total consideration	26.43

#### B Identifiable assets acquired and liabilities assumed

Particulars	INR (in Crore)
Property, plant and equipment	3.61
Intangible assets including trade name and favourable lease	32.32
Other assets	42.56
Cash and cash equivalent	0.80
<b>Total assets</b>	<b>79.29</b>
Other liabilities	(132.43)
<b>Total liabilities</b>	<b>(132.43)</b>
<b>Net identifiable assets acquired</b>	<b>(53.14)</b>

#### C Goodwill

Goodwill arising from acquisition has been determined as follows:

Particulars	INR (in Crore)
Consideration transferred	26.43
Fair value of non controlling interest	4.08
Fair value of net identifiable assets acquired	53.14
<b>Goodwill</b>	<b>83.65</b>

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 39 Acquisition of Subsidiaries and Non-Controlling Interests (NCI) (continued)

### Acquisition of subsidiary (continued)

#### i) Acquisition of Grand Optics LLC (continued)

##### C Goodwill (continued)

##### Measurement of fair values

Assets acquired	Valuation technique
Property, plant and equipment	Cost approach (a combination of reproduction and replacement cost approach) is adopted for the valuation of identified Property, plant and equipment. The cost approach to valuation is based on the concept that an informed purchaser will measure an asset's value by the cost of substituting another asset of comparable utility. The cost approach relies on the replacement cost new, the reproduction cost new or a combination of both to provide an indication of value for the assets. Value indications developed in applying the method are weighted and reconciled with other facts with regards to the type of assets being appraised and the quantity and quality of the data available in order to form a conclusive opinion of fair market value.
Trade name	The Fair Value of an acquired Trade Name is established using a form of the income approach known as the relief from-royalty method. This method recognizes that because a company owns the Trade Name rather than licensing it a company does not have to pay royalty; usually expressed as a percentage of sales, for their use. The present value of the after-tax cost savings (i.e. royalty relief) at an appropriate discount rate indicates the value of the Trade Name.
Favourable Leases	A leasehold agreement conveys the rights of a tenant to use and occupy a landlord's space for a stated term under certain conditions through a lease. The value of the agreement is generally determined by the terms of the agreement -- specifically, the actual rental rate relative to fair market rental rates. In case the actual rental rate is lower than fair market rental rates, this is an asset, otherwise this will be a liability for the Lessee.

#### ii) Acquisition of Premium Healthcare Limited ("The Clinic")

On 5 December 2019, the Group acquired 80% of the issued share capital of Premium Healthcare Limited. Premium Healthcare Limited owns and operates a clinic in the Dubai International Financial Centre under the trade name "The Clinic", which is engaged in providing dental care services. Upon transfer of control, the Group owns economic and beneficial interest in 80% of the net worth and profit / (loss) of Premium Healthcare Limited.

##### A Consideration

The following table summarises the acquisition date fair value of consideration transferred:

Particulars	INR (in Crore)
Total consideration	16.78

##### B Identifiable assets acquired and liabilities assumed

Particulars	INR (in Crore)
Property, plant and equipment	0.39
Intangible assets including Trade Name	5.02
Other assets	1.54
<b>Total assets</b>	<b>6.95</b>
Other liabilities	(0.59)
<b>Total liabilities</b>	<b>(0.59)</b>
<b>Net identifiable assets acquired</b>	<b>6.36</b>

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 39 Acquisition of Subsidiaries and Non-Controlling Interests (NCI) (continued)

### Acquisition of subsidiary (continued)

#### ii) Acquisition of Premium Healthcare Limited ("The Clinic") (continued)

##### C Goodwill (continued)

Goodwill arising from acquisition has been determined as follows:

Particulars	INR (in Crore)
Consideration transferred / transferable	16.78
Fair value of non controlling interest	4.82
Fair value of net identifiable assets acquired	(6.36)
<b>Goodwill</b>	<b>15.24</b>

#### Measurement of fair values

Assets acquired	Valuation technique
Property, plant and equipment	Cost approach (a combination of reproduction and replacement cost approach) is adopted for the valuation of identified Property, plant and equipment. The cost approach to valuation is based on the concept that an informed purchaser will measure an asset's value by the cost of substituting another asset of comparable utility. The cost approach relies on the replacement cost new, the reproduction cost new or a combination of both to provide an indication of value for the assets. Value indications developed in applying the method are weighted and reconciled with other facts with regards to the type of assets being appraised and the quantity and quality of the data available in order to form a conclusive opinion of fair market value.
Trade name	The Fair Value of an acquired Trade Name is established using a form of the income approach known as the relief from-royalty method. This method recognizes that because a company owns the Trade Name rather than licensing it a company does not have to pay royalty; usually expressed as a percentage of sales, for their use. The present value of the after-tax cost savings (i.e. royalty relief) at an appropriate discount rate indicates the value of the Trade Name.

#### iii) Acquisition of Wahat Al Aman Home Health Care LLC ("Entity")

On 31 December 2019, the Group acquired 100 per cent. of the issued share capital of Wahat Al Aman Home Health Care LLC (Wahat). Wahat is engaged in providing skilled home healthcare services, diabetes management services and intermittent services. The acquisition of Wahat is expected to provide the Group with an increased share of medical and healthcare sector through access to the Entity's customer base and market share.

##### A Consideration

The following table summarises the acquisition date fair value of consideration transferred/ transferable:

Particulars	INR (in Crore)
Total consideration	191.37

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 39 Acquisition of Subsidiaries and Non-Controlling Interests (NCI) (continued)

### Acquisition of subsidiary (continued)

#### iii) Acquisition of Wahat AI Aman Home Health Care LLC ("Entity") (continued)

#### B Identifiable assets acquired and liabilities assumed

Particulars	INR (in Crore)
Property, plant and equipment	0.96
Intangible assets including material contract with Daman and trade name	96.46
Other assets	25.85
Cash and cash equivalent	0.58
<b>Total assets</b>	<b>123.85</b>
Other liabilities	(11.38)
<b>Total liabilities</b>	<b>(11.38)</b>
<b>Net identifiable assets acquired</b>	<b>112.47</b>

#### C Goodwill

Goodwill arising from acquisition has been determined as follows:

Particulars	INR (in Crore)
Consideration transferred / transferable	191.37
Fair value of identifiable assets acquired	(112.47)
<b>Goodwill</b>	<b>78.90</b>

#### Measurement of fair values

Assets acquired	Valuation technique
Property, plant and equipment	Cost approach (a combination of reproduction and replacement cost approach) is adopted for the valuation of identified Property, plant and equipment. The cost approach to valuation is based on the concept that an informed purchaser will measure an asset's value by the cost of substituting another asset of comparable utility. The cost approach relies on the replacement cost new, the reproduction cost new or a combination of both to provide an indication of value for the assets. Value indications developed in applying the method are weighted and reconciled with other facts with regards to the type of assets being appraised and the quantity and quality of the data available in order to form a conclusive opinion of fair market value.
Material contract with Daman	We have valued Customer Relationships using a variant of Income Approach – Multi-Period Excess Earnings Method ("MPEEM"). In MPEEM, value is estimated as the present value of the benefits anticipated from ownership of such intangible assets in excess of the returns required on the investment in the contributory assets necessary to realize those benefits. It is based on the theory that all operating assets contribute to the profitability of an enterprise. Therefore, if the estimated earnings associated with a specific asset of a company rely on the use of other company assets, then the estimated excess earnings of the subject asset must include appropriate charges for the use of these contributory assets.
Trade name	The Fair Value of an acquired Trade Name is established using a form of the income approach known as the relief from-royalty method. This method recognizes that because a company owns the Trade Name rather than licensing it a company does not have to pay royalty; usually expressed as a percentage of sales, for their use. The present value of the after-tax cost savings (i.e. royalty relief) at an appropriate discount rate indicates the value of the Trade Name.

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 39 Acquisition of Subsidiaries and Non-Controlling Interests (NCI) (continued)

### Acquisition of subsidiary (continued)

#### iv) Acquisition of Non-controlling interest (NCI) – Medcare Hospital LLC

On 17 September 2019, the Group had acquired an additional 5% stake in Medcare Hospital LLC for a consideration of INR 106.10 crore, thereby increasing the Group's stake from 80% as at 31 March 2019 to 85% as at 31 March 2020. Accordingly, the Group had recognised a decrease in NCI of INR 42.24 crore and corresponding increase in accumulated losses of INR 63.86 crore.

#### v) Acquisition of Non-controlling interest (NCI) – Malabar Institute of Medical Sciences Ltd

In September 2019, the Group had acquired an additional stake of 0.92% in Malabar Institute of Medical Sciences Ltd for a consideration of INR 3.69 crore, thereby increasing the Company's stake from 73.22% as at 31 March 2019 to 74.14% as at 31 March 2020. Accordingly, the Group had recognised a decrease in NCI of INR 3.99 crore and corresponding decrease in accumulated losses of INR 0.31 crore.

#### vi) Acquisition of Non-controlling interest (NCI) – Prerana Hospital Limited

In November 2019, the Group had acquired an additional stake of 2.06% in Prerana Hospital Limited for a consideration of INR 1.29 crore, thereby increasing the Company's stake from 84.93% as at 31 March 2019 to 86.99% as at 31 March 2020. Accordingly, the Group had recognised a decrease in NCI of INR 0.64 crore and corresponding increase in accumulated losses of INR 0.65 crore.

#### vii) Acquisition of Non-controlling interest (NCI) – Sri Sainatha Multispeciality Hospitals Private Limited

During the year ended 31 March 2020, the Company had acquired an additional stake of 19.27% in Sri Sainatha Multispeciality Hospitals Private Limited for a consideration of INR 12.41 crore, thereby increasing the Company's stake from 58.05% as at 31 March 2019 to 77.32% as at 31 March 2020. Accordingly, the Group had recognised a decrease in NCI of INR 5.97 crore and corresponding increase in accumulated losses of INR 6.44 crore.

## 40 Investment in equity accounted investees

The Group has interest in the companies listed below. The Group's interest in these companies is accounted for using equity method in the consolidated financial statements. The Group has significant influence either by virtue of shareholding being more than 20%, provision of essential technical service or Board representation. However the Group does not have control or joint control over any of these entities.

Name	Country	Legal and beneficial holding	Share of profits/ (losses)		Investment	
			As at 31 March 2021	As at 31 March 2020	As at 31 March 2021	As at 31 March 2020
Unquoted investments in equity instruments						
AAQ Healthcare Investments LLC	UAE	33%	1.60	1.40	8.59	6.99
Aries Holdings FZC	UAE	25%	1.77	1.74	19.64	5.64
Al Mutamaizah Medcare Healthcare Investment Co. LLC	UAE	49%	-	(3.46)	-	-
Aries Investments LLC	UAE	25%	-	-	-	-
MIMS Infrastructure and Properties Private Limited	India	36%	0.16	0.13	10.28	10.12
Alfaone Medicals Private Limited (1 Feb 2021)	India	16%	-	-	0.23	-
Alfaone Retail Pharmacies Private Limited (1 Feb 2021)	India	16%	-	-	-	-
Total			3.52	(0.19)	38.73	22.75



# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 40 Investment in equity accounted investees (continued)

### Summarised financial information :

#### (i) MIMS Infrastructure and Properties Private Limited

The Group has a 36% interest in MIMS Infrastructure And Properties Private Limited, an entity which is not listed on any public exchange. The table below also reconciles the summarised financial information to the carrying amount of the Group's interest in MIMS Infrastructure and Properties Private Limited.

Particulars	As at 31 March 2021	As at 31 March 2020
Non-current assets	24.00	24.50
Current assets	2.70	2.87
Non-current liabilities	(1.34)	(1.72)
Current liabilities	(1.02)	(1.15)
<b>Net assets</b>	<b>24.33</b>	<b>24.50</b>
Ownership held by the group	36%	36%
<b>Group's share of net assets</b>	<b>8.84</b>	<b>8.90</b>

Particulars	As at 31 March 2021	As at 31 March 2020
Revenue	1.43	1.43
Profit before tax	0.58	0.48
Income tax	(0.15)	(0.12)
Profit after tax	0.43	0.35
Other comprehensive income	-	-
<b>Total comprehensive income</b>	<b>0.43</b>	<b>0.35</b>
Ownership held by the group	36%	36%
<b>Group's share of total comprehensive income</b>	<b>0.16</b>	<b>0.13</b>

#### (ii) Aries Holdings FZC

The Group has a 25% interest in Aries Holdings FZC, effective from 24 November 2014 an entity which is not listed on any public exchange. The table below reconciles the summarised financial information to the carrying amount of the groups interest in Aries Holdings FZC.

Particulars	As at 31 March 2021	As at 31 March 2020
Non-current Assets	184.66	191.12
Current Assets	105.76	0.14
Non-current Liabilities	(153.92)	0.00
Current Liabilities	(64.99)	(173.21)
<b>Net Assets</b>	<b>71.50</b>	<b>18.04</b>
Ownership held by Group	25%	25%
<b>Group's share of net assets</b>	<b>17.88</b>	<b>4.51</b>

Particulars	As at 31 March 2021	As at 31 March 2020
Revenue	18.42	17.36
Profit before tax	7.07	6.97
Income tax	-	-
Profit after tax	7.07	6.97
Other Comprehensive Income	-	-
<b>Total Comprehensive Income</b>	<b>7.07</b>	<b>6.97</b>
Ownership held by the Group	25%	25%
<b>Group's share of total comprehensive income</b>	<b>1.77</b>	<b>1.74</b>

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 40 Investment in equity accounted investees (continued)

### Summarised financial information : (continued)

#### (iii) Investment in other associates

The Group also has interest in the other associates as listed in the table above that are not individually material. The table below reconciles the summarised financial information of associates that are not individually material to the carrying amount of the Group's interest in these associates.

Particulars	As at 31 March 2021	As at 31 March 2020
Non-current assets	168.14	179.76
Current assets	32.98	22.95
Non-current liabilities	(103.22)	(115.20)
Current liabilities	(113.13)	(100.03)
<b>Net assets</b>	<b>(15.23)</b>	<b>(12.52)</b>
<b>Group's share of net assets</b>	<b>(8.97)</b>	<b>(6.92)</b>

Particulars	As at 31 March 2021	As at 31 March 2020
Revenue	20.02	33.18
Profit before tax	0.88	(2.82)
Income tax	(0.02)	-
Profit after tax	0.86	(2.82)
Other comprehensive income	-	-
<b>Total comprehensive income</b>	<b>0.86</b>	<b>(2.82)</b>
<b>Group's share of total comprehensive income</b>	<b>1.60</b>	<b>(2.06)</b>

## 41 Leases

The Group has taken hospital premises on lease from various parties from where healthcare, clinical and management services are rendered. The leases typically run for a period of 2 years - 24 years. Lease payments are renegotiated nearing the expiry to reflect market rentals.

As a lessee, the Group previously classified leases as operating or finance leases based on its assessment of whether the lease transferred substantially all the risks and rewards of ownership. Under Ind AS 116, the Group recognises right-of-use assets and lease liabilities – i.e. these leases are recorded on the balance sheet.

During previous year on transition to Ind AS 116, the Group recognised INR 2,090.36 crore of right-of-use assets and INR 2,323.56 crore of lease liabilities, recognising the difference of INR 180.46 crore in retained earnings (net of INR 52.74 crore transferred from lease equalisation reserve, pre-paid rent, capital work-in-progress). When measuring lease liabilities, the Group discounted lease payments using its incremental borrowing rate at 1 April 2019 based on the tenure of the lease. The rate applied is 5% - 10.37%.

#### (i) Lease liabilities

Following are the changes in the lease liabilities :

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
<b>Balance at 1 April (on transition)</b>	2,632.26	2,323.56
Finance lease (under non current borrowings including current maturities) transferred to lease liabilities	-	115.56
Additions	205.60	192.15
Finance cost accrued during the period	135.08	124.79

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 41 Leases (continued)

### (i) Lease liabilities (continued)

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Amortisation of finance cost transferred to capital-work-in-progress	10.94	27.29
Deletions	(116.73)	(16.31)
Payment of lease liabilities	(324.79)	(289.73)
Exchange difference on lease liabilities	(47.78)	154.95
<b>Balance as at 31 March</b>	<b>2,494.58</b>	<b>2,632.26</b>
Non-current lease liabilities	2,274.91	2,449.37
Current lease liabilities	219.67	182.89

### (ii) Maturity analysis – contractual undiscounted cash flows

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Less than one year	291.95	304.66
One to five years	907.27	963.61
More than five years	3,100.52	3,199.77
<b>Total undiscounted lease liabilities at 31 March</b>	<b>4,299.74</b>	<b>4,468.04</b>

### (iii) Right-of-use assets (Land and buildings)

Right-of-use assets are presented on the balance sheet.

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Balance at 1 April	2,312.29	2,090.36
Deferred leases expenses (under current and non current assets) transferred to right of use assets	0.02	64.77
Finance lease asset (under property, plant and equipment) transferred to right of use assets	-	0.79
Addition/ reclassification to right-of-use assets	302.69	225.42
Acquisition through business combinations	-	39.01
Disposals/ alteration/ reclassification	(133.61)	(14.14)
Depreciation for the year	(249.77)	(230.08)
Amortisation to Capital-work-in-progress	(23.44)	(18.85)
Exchange difference on translation	(40.74)	155.01
<b>Balance at 31 March</b>	<b>2,167.44</b>	<b>2,312.29</b>

### (iv) Amounts recognised in statement of profit or loss

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Lease rental expenses for lease where Ind AS 116 is not applicable	93.38	121.48
Interest on lease liabilities	135.08	124.79
Depreciation on right-of-use assets	249.77	230.08

### (v) Amounts recognised in statement of cash flows

Particulars	Year ended 31 March 2021	Year ended 31 March 2020
Total cash out flow for leases	(324.79)	(289.73)

The Group has benefited from waiver of lease payments on buildings. The waiver of lease payments of INR 40.11 crore has been accounted for as a negative variable lease payment in the consolidated statement of profit and loss. The Group has derecognised the part of the lease liability that has been extinguished by the forgiveness of lease payments, consistent with the requirements of Ind AS 109.3.3.1

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 42 Share based payments

### A Description of share-based payment arrangements- Share option plans (equity-settled)

The Company has issued stock options under the DM Healthcare Employees Stock Option Plan 2013 ("DM Healthcare ESOP 2013" or "2013 Plan") during the financial year ended 31 March 2013. The 2013 Plan covers all non-promoter directors and employees of the Company and its subsidiaries (collectively referred to as "eligible employees"). Under this plan, holders of vested options are entitled to purchase shares at the exercise price approved by the Nomination and Remuneration Committee (agreed at 25% discount at previous day closing traded share price). The Nomination and Remuneration Committee granted the options on the basis of performance, criticality and potential of the employees as identified by the management. Each employee share option converts into one equity share of the Company on exercise. No amounts are paid or payable by the recipient on receipt of the option. The options carry neither rights to dividends nor voting rights. Options may be exercised at any time from the date of vesting to the date of their expiry. If the options remain unexercised at the end of the contractual life of the option, the options expire. Options are forfeited if the employee leaves the Company before the options vest.

The Company has issued granted different categories of options on 2 March 2013, 1 April 2014, 1 April 2015, 22 November 2016, 7 June 2017, 1 March 2018, 30 April 2018, 12 February 2019, 28 May 2019, 29 August 2019, 11 November 2019, and 10 February 2020, 22 June 2020, 8 February 2021 on different terms viz; incentive options, milestone options, performance options and loyalty options.

The Company has computed the fair value of the options for the purpose of accounting of employee compensation cost/ expense over the vesting period of the options.

Option Type	Grant date	Number of instruments	Exercise price	Vesting conditions	Contractual life of options
Incentive option	2 March 2013	3,44,280	50	At the end of 1 year based on performance	
Incentive option	1 April 2014	3,44,280	50		
Incentive option	1 April 2015	3,60,526	50		
Incentive option	22 November 2016	4,10,385	50		
Incentive option	7 June 2017	1,48,000	175	50% at the end of first year and 25% each at the end of second & third year based on performance.	5 years from the date of grant*
Milestone option	2 March 2013	7,15,986	50	25% at the end of each financial year over a period of 4 years based on performance.	
Milestone option	1 April 2014	2,54,537	50	25% at the end of each financial year over a period of 4 years based on performance.	
Milestone option	1 April 2015	27,493	50	50% at the end of first year and 25% each at the end of second & third year based on performance.	
Milestone option	22 November 2016	1,38,000	50	25% at the end of each financial year over a period of 4 years based on performance.	
Milestone option	7 June 2017	1,11,000	175	25% at the end of each financial year over a period of 4 years based on performance.	
Performance option	1 March 2018	4,82,200	142	50% at the end of each financial year over a period of 2 years based on performance.	
Performance option	1 March 2018	1,83,829	50	25% at the end of each financial year over a period of 4 years based on performance.	
Performance option	12 February 2019	1,26,400	116	3 annual tranches of 33%, 33% and 34% respectively each based on the performance.	
Performance option	12 February 2019	1,72,200	116	25% at the end of each financial year over a period of 4 years based on performance.	
Performance option	28 May 2019	1,17,600	102	3 annual tranches of 33%, 33% and 34% respectively each based on the performance.	
Performance option	29 August 2019	5,15,400	89	25% at the end of each financial year over a period of 4 years based on performance.	
Performance option	29 August 2019	2,62,500	89	25% at the end of each financial year over a period of 4 years based on performance.	
Performance option	11 November 2019	10,800	107	25% at the end of each financial year over a period of 4 years based on performance.	
Performance option	10 February 2020	10,800	123	25% at the end of each financial year over a period of 4 years based on performance.	
Performance option	22 June 2020	30,000	91.85	25% at the end of each financial year over a period of 4 years based on performance.	
Performance option	8 February 2021	15,000	115	25% at the end of each financial year over a period of 4 years based on performance.	
Loyalty option	2 March 2013	4,20,000	10	100% vesting at the end of 1 year from date of grant.	5 years from the date of vesting
Loyalty option	1 April 2014	9,000	10	80% vesting on completion of 6 years' service and 20% vesting on completion of 9 years' service subject to minimum vesting period of 1 year from date of grant.	
Loyalty option	1 April 2015	15,000	10	75% vesting on completion of 6 years' service and 25% vesting on completion of 9 years' service subject to minimum vesting period of 1 year from date of grant.	
Loyalty option	22 November 2016	1,76,000	10	75% vesting on completion of 6 years' service and 25% vesting on completion of 9 years' service subject to minimum vesting period of 1 year from date of grant.	
Loyalty option	7 June 2017	2,85,000	10	75% vesting on completion of 6 years' service and 25% vesting on completion of 9 years' service subject to minimum vesting period of 1 year from date of grant.	
Loyalty option	1 March 2018	1,46,800	10	75% vesting on completion of 6 years' service and 25% vesting on completion of 9 years' service subject to minimum vesting period of 1 year from date of grant.	
Loyalty option	30 April 2018	71,000	10	At the end of 1 year from the date of grant.	

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 42 Share based payments (continued)

### A Description of share-based payment arrangements- Share option plans (equity-settled) (continued)

Option Type	Grant date	Number of instruments	Exercise price	Vesting conditions	Contractual life of options
Loyalty option	12 February 2019	31,600	10	75% vesting on completion of 6 years' service and 25% vesting on completion of 9 years' service subject to minimum vesting period of 1 year from date of grant.	5 years from the date of vesting
Loyalty option	12 February 2019	37,700	10	At the end of 1 year from the date of grant.	
Loyalty option	28 May 2019	29,400	10	2 tranches upon completion of 6 years and 9 years of service.	
Loyalty option	29 August 2019	5,18,600	10	37.5% vesting on completion of 3 years and 6 years each	
Loyalty option	11 November 2019	7,200	10	respectively and 25% on completion of 9 years.	
Loyalty option	10 February 2020	7,200	10		
Loyalty option	22 June 2020	30,000	10		

### B Measurement of fair value

The Company has computed the fair value of the options for the purpose of accounting of employee compensation cost/ expense over the vesting period of the options. The fair value of the option is calculated using the Black-Scholes Option Pricing model. The fair value of the options and the inputs used in the measurement of the grant-date fair values of the equity-settled share based payment plans are as follows:

Option Type	Incentive option				
Date of grant	7 June 2017	22 November 2016	1 April 2015	1 April 2014	2 March 2013
Fair value at grant date	₹ 87.20	₹ 173.09	₹ 216.86	₹ 77.07	₹ 40.90
Share price at grant date	₹ 233.00	₹ 216.71	₹ 259.65	₹ 132.56	₹ 170.00
Exercise Price	₹ 175.00	₹ 50.00	₹ 50.00	₹ 50.00	₹ 50.00
Expected volatility	0.001%	0.001%	0.001%	0.001%	Nil
Expected life	2.75 years	2.25 years	2 years	2 years	1.96 years
Expected dividends	Nil	Nil	Nil	Nil	Nil
Risk- free interest rate	6.64%	6.08%	7.79%	8.89%	7.95%

Option Type	Milestone option				
Date of grant	7 June 2017	22 November 2016	1 April 2015	1 April 2014	2 March 2013
Fair value at grant date	₹ 87.20	₹ 173.31	₹ 219.21	₹ 78.50	₹ 48.68
Share price at grant date	₹ 232.75	₹ 216.71	₹ 259.65	₹ 132.56	₹ 170.00
Exercise Price	₹ 175.00	₹ 50.00	₹ 50.00	₹ 50.00	₹ 50.00
Expected volatility	0.001%	0.001%	0.001%	0.001%	Nil
Expected life	2.75 years	2.23 years	2.75 years	2.80 years	2.80 years
Expected dividends	Nil	Nil	Nil	Nil	Nil
Risk- free interest rate	6.64%	6.08%	7.79%	8.89%	7.95%

Option Type	Performance options					
Date of grant	29 August 2019	28 May 2019	12 February 2019	12 February 2019	1 March 2018	1 March 2018
Fair value at grant date	₹ 49.68	₹ 60.76	₹ 71.55	₹ 65.16	₹ 133.44	₹ 61.55
Share price at grant date	₹ 117.55	₹ 137.75	₹ 157.85	₹ 157.85	₹ 173.10	₹ 173.10
Exercise Price	₹ 89.00	₹ 102.00	₹ 116.00	₹ 116.00	₹ 50.00	₹ 142.00

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 42 Share based payments (continued)

### B Measurement of fair value (continued)

Option Type	Performance options					
Expected volatility	36.250%	32.21%	39.950%	39.950%	16.380%	16.380%
Expected life	2.67 years	3 years	2.75 years	2 years	2.50 years	2.50 years
Expected dividends	Nil	Nil	Nil	Nil	Nil	Nil
Risk- free interest rate	6.54%	7.10%	6.78%	6.78%	7.76%	7.76%

Option Type	Performance options					
Date of grant	29 August 2019	11 November 2019	10 February 2020	22 June 2020	8 February 2021	
Fair value at grant date	₹ 51.60	₹ 64.66	₹ 71.47	₹ 119.80	₹ 151.75	
Share price at grant date	₹ 117.55	₹ 144.75	₹ 164.10	₹ 121.95	₹ 157.23	
Exercise Price	₹ 89.00	₹ 107.00	₹ 123.00	₹ 91.85	₹ 115.00	
Expected volatility	36.250%	35.660%	34.640%	41.030%	41.230%	
Expected life	3 years	3 years	3 years	2.50 years	2.50 years	
Expected dividends	Nil	Nil	Nil	Nil	Nil	
Risk- free interest rate	6.54%	6.53%	6.42%	5.88%	6.04%	

Option Type	Loyalty option					
Date of grant	1 March 2018	7 June 2017	22 November 2016	1 April 2015	1 April 2014	2 March 2013
Fair value at grant date	₹ 165.47	₹ 226.89	₹ 208.88	₹ 251.09	₹ 124.19	₹ 161.42
Share price at grant date	₹ 173.10	₹ 233.00	₹ 216.71	₹ 259.65	₹ 132.56	₹ 170.00
Exercise Price	₹ 10.00	₹ 10.00	₹ 10.00	₹ 10.00	₹ 10.00	₹ 10.00
Expected volatility	16.380%	0.001%	0.001%	0.001%	0.001%	Nil
Expected life	4.50 years	2.61 years	3.14 years	2 years	2 years	2 years
Expected dividends	Nil	Nil	Nil	Nil	Nil	Nil
Risk- free interest rate	6.64%	6.64%	6.08%	7.79%	8.89%	7.95%

Option Type	Loyalty option					
Date of grant	30 April 2018	12 February 2019	12 February 2019	28 May 2019	29 August 2019	11 November 2019
Fair value at grant date	₹ 162.48	₹ 129.61	₹ 149.41	₹ 131.79	₹ 109.68	₹ 137.84
Share price at grant date	₹ 170.95	₹ 157.85	₹ 157.85	₹ 137.75	₹ 117.55	₹ 144.75
Exercise Price	₹ 10.00	₹ 10.00	₹ 10.00	₹ 10.00	₹ 10.00	₹ 10.00
Expected volatility	48.990%	39.950%	39.950%	32.210%	36.250%	35.660%
Expected life	2.50 years	2.50 years	2.50 years	7.26 years	3.09 years	5.84 years
Expected dividends	Nil	Nil	Nil	Nil	Nil	Nil
Risk- free interest rate	6.63%	6.78%	6.78%	7.10%	6.54%	6.53%

Option Type	Loyalty option		
Date of grant	10 February 2020	22 June 2020	8 February 2021
Fair value at grant date	₹ 157.10	₹ 119.80	₹ 151.75
Share price at grant date	₹ 164.10	₹ 121.95	₹ 157.23
Exercise Price	₹ 10.00	₹ 10.00	₹ 10.00
Expected volatility	34.640%	41.030%	41.230%
Expected life	5.73 years	2.50 years	3.64 years
Expected dividends	Nil	Nil	Nil
Risk- free interest rate	6.42%	5.88%	6.04%

Expected volatility has been based on an evaluation of the historical volatility of the Company's share price, particularly over the historical period commensurate with the expected term. The expected term of the instruments has been based on historical experience and general option holder behaviour.



# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 42 Share based payments (continued)

### C Reconciliation of outstanding share options

The number and weighted-average exercise prices of share options under the share option plans are as follows:

Particulars	31 March 2021	31 March 2020
Outstanding as on 1 April	0.18	0.17
Granted during the year	0.01	0.15
Lapsed / forfeited during the year	0.03	0.09
Exercised during the year	0.02	0.03
Expired during the year	0.00	0.01
Options outstanding at the end of the year	0.14	0.18
Options exercisable at the end of the year	0.04	0.02
Weighted average share price at the date of exercise for share options exercised during the period (in INR)	57.12	55.37
Weighted average share price at the date of exercise for share options granted during the period (in INR)	63.84	60.38

The options outstanding at 31 March 2021 have an exercise price in the range of INR 10 to INR 123 (31 March 2020: INR 10 to INR 123) and a weighted average remaining contractual life of 5.43 years (31 March 2020: 4.95 years).

### D Expense recognised in statement of profit and loss

For details on the employee benefits expense, see Note 24.

## 43 Related party disclosures

### (i) Names of related parties and description of relationship with the company

<b>A) Enterprises where control / significant influence exists</b>	
(a) Enterprises exercising significant influence	Union Investments Private Limited, Mauritius
b) Subsidiaries and step down subsidiaries	Refer note 38
<b>B) Other related parties with whom the group had transactions during the year</b>	
a) Entities under common control/ Entities over which the Company has significant influence	DM Education and Research Foundation, India Aster DM Foundation, India Wayanad Infrastructure Private Limited Equity accounted investees (Refer note 40)
b) Key managerial personnel and their relatives	Dr. Azad Moopen ( Chairman and Managing Director) Alisha Moopen (Deputy Managing Director) Sreenath Reddy (Chief Financial Officer) Puja Aggarwal (Company Secretary) Daniel James Snyder (Independent Director) (till 20 April 2020) Prof. Biju Varkkey (Independent Director) Dr. Layla Mohamed Hassan Ali Almarzooqi (Independent Director) Ravi Prasad (Independent Director) (till 20 April 2020) James Mathew (Independent Director) Chenayappillil John George (Independent Director) Sridar Arvamudhan Iyengar (Independent Director) Suresh Muthukrishna Kumar (Independent Director) T J Wilson (Director) Anoop Moopen (Director) Daniel Robert Mintz (Director) Shamsudheen Bin Mohideen Mammu Haji (Director)

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 43 Related party disclosures (continued)

### ii) Related party transactions

Nature of transactions	Year ended 31 March 2021	Year ended 31 March 2020
<b>Union Investments Private Limited</b>		
Buyback of shares	-	38.90
<b>DM Education and Research Foundation</b>		
Collection by subsidiaries on behalf of company	6.24	-
Income from consultancy services	-	1.23
Interest income under the effective interest method on lease deposit	0.70	0.66
Operating lease- Hospital operation and management expense	0.74	0.74
Other expenses	6.75	4.79
Repayment to associates	4.07	5.77
<b>Wayanad Infrastructure Private Limited</b>		
Other expenses	-	0.01
<b>Aster DM Foundation India</b>		
Donation given	-	2.00
<b>MIMS Infrastructure and Properties Private Limited</b>		
Finance cost	-	0.35
Expenses reimbursement	0.07	0.10
Repayment of advances	0.39	0.40
Dividend received	0.32	-
<b>Aries Holdings FZC</b>		
Advance given during the year (net)	-	40.20
Repayment received during the year (net)	58.42	-
<b>AAQ Healthcare Investment LLC</b>		
Advance given during the year (net)	-	3.90
Repayment received during the year (net)	1.06	-
<b>Key managerial personnel &amp; their relatives</b>		
Rental expense	0.60	0.57
Buyback of shares	-	2.39
Short-term employee benefits		
Salaries and allowances*	33.20	26.81

\*The aforesaid amount does not include provision for gratuity and compensated absences as the same is determined for the Group as a whole based on an actuarial valuation.

### iii) Balance receivable / (payable)

Particulars	Related Party balances as at	
	31 March 2021	31 March 2020
<b>Wayanad Infrastructure Private Limited</b>		
Other financial liabilities (current) - Dues to creditors for expenses	(0.05)	(0.09)
<b>Union Investments Private Limited</b>		
Other financial liabilities (current)- Dues to related party	(1.04)	(1.04)
<b>DM Education and Research Foundation</b>		
Other non current assets - deferred lease expenses	2.89	3.63
Other current assets - deferred lease expenses	0.74	0.74
Other financial assets (current)	7.57	2.57
Other financial assets- (non current) Rent and other deposits	10.75	10.05
<b>Aries Holdings FZC</b>		
Advance given to equity accounted investees	30.82	109.19
Security Deposit	19.95	-
<b>AAQ Healthcare Investment LLC</b>		
Advance given to equity accounted investees	48.65	49.71
<b>AI Mutamaizah Medcare Healthcare Investment Co. LLC</b>		
Advance given	14.27	14.27

# Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

## 43 Related party disclosures (continued)

### iii) Balance receivable / (payable) (continued)

Particulars	Related Party balances as at	
	31 March 2021	31 March 2020
<b>MIMS Infrastructure and Properties Private Limited</b>		
Other current assets	-	0.07
Advance received from equity accounted investees	(2.10)	(2.50)
<b>Key managerial remuneration payable</b>	2.21	1.60

- 44** During the year ended 31 March 2018, the Company had completed the Initial Public Offer ('IPO'), pursuant to which 51,586,145 equity shares having a face value of INR 10 each were allotted/allocated, at an offer price of INR 190 per equity share, consisting of fresh issue of 38,157,894 equity shares and an offer for sale of 13,428,251 equity shares by selling shareholders. The gross proceeds of fresh issue of equity shares from IPO amounts to INR 725 crore. Details of utilisation of IPO proceeds are as follows :

Particulars	Objects of issue as per prospectus	Utilised upto 30 June 2020	Unutilised amount as at 31 March 2021
Repayment/ prepayment of debt	564.16	564.16	-
Purchase of medical equipment	110.31	110.31	-
Fresh issue related expenses	44.32	44.32	-
General corporate purposes*	6.21	6.21	-
<b>Total</b>	<b>725.00</b>	<b>725.00</b>	<b>-</b>

\*The excess utilised has been adjusted against fresh issue related expenses.

- 45** The subsidiaries and associates incorporated in India has established a comprehensive system of maintenance of information and documents as required by the transfer pricing legislation under sections 92-92F of the Income Tax Act, 1961. Since the law requires existence of such information and documentation to be contemporaneous in nature, the Company is in the process of updating the documentation for the international transactions entered into with associated enterprises during the financial period and expects such records to be existence latest by the date of filing its income tax return as required by the law. The management is of the opinion that its international transactions are at arm's length so that the aforesaid legislation will not have any impact on the financial statements, particularly on the amount of tax expense and that of provision for taxation.
- 46** In March 2020, the World Health Organisation declared COVID-19 to be a pandemic. This pandemic resulted in disruption to regular business operations due to lockdown, disruptions in transportation, travel bans, quarantines, social distancing and other emergency measures imposed by the government. The Group adopted measures to curb the spread of infection in order to protect the health of its employees and ensure business continuity with minimal disruption and has considered available internal and external information upto the date of approval of the financial results by the Board of Directors. The Group has used the principles of prudence in applying judgements, estimates and assumptions including sensitivity analysis and has evaluated impact of the pandemic in assessing the recoverability of property plant and equipment (including Capital work in progress), investments, intangibles, inventories, receivables and other assets based on its review of current indicators of future economic conditions. Based on current estimates, including the availability of financing facilities for maintaining liquidity, the Group expects to fully recover the carrying amount of these assets. Further, the Group has taken various measures to reduce its fixed cost - for example, salary reductions, optimization of administrative, sales and marketing costs, deferment of capex along with judicious resource allocation and requesting for the waiver of minimum guarantee fee and revenue share for hospital premises taken on lease. The eventual outcome of impact of the global health pandemic may be different from that which has been estimated as on the date of approval of these financial results. The Group will continue to monitor any material changes to future economic conditions and the consequent impact on its business, if any, and any significant impact of these changes would be recognized in the financial results as and when these material changes to economic conditions arise.
- 47** The Indian Parliament has approved the Code on Social Security, 2020 and Code on Wages, 2019 ['Codes'] relating to employee benefits during employment and post-employment benefits in September 2020 and the same has received Presidential Assent. The Codes have been published in the Gazette of India. However, the date on which the Codes will come into effect has not yet been notified. The Company will need to assess the impact of the above. The impact will be recorded in the first period after the Codes become effective.

## Notes to the Consolidated Financial Statements (Contd..)

(All amounts in Indian rupee crores)

**48** During the year ended 31 March 2021, the Company has made the following reclassifications. Comparative numbers have been reclassified accordingly.

- a) The Group has reclassified rebates and discounts relating to pharmacy operations from revenue from operations to purchase of medicines and consumables.

Particulars	Reclassification
Decrease in revenue from operations	86.62
Decrease in purchase of medicines and consumables	86.62

- b) The Group has adjusted the value of shares held by the ESOP Trust but not yet allotted to employees of INR 2.72 crores as at 31 March 2020 with the value of the issued, subscribed and paid up capital as at that date, which was previously included under other equity.

Particulars	As at 31 March 2020 (as previously stated)	As at 31 March 2020 (as restated)
Equity Share capital	499.52	496.80
Other Equity	2,772.62	2,775.34
<b>Total shareholders' equity</b>	<b>3,272.14</b>	<b>3,272.14</b>

The above reclassification does not impact the total value of shareholders' equity

- c) During the year ended 31 March 2021, the Group has reclassified certain other consumables from purchase of medicines and consumables to other expenses and has disclosed laboratory outsourcing charges as a separate item of expenditure previously included in other expenses.

Particulars	Year ended 31 March 2020 (as previously stated)	Year ended 31 March 2020 (as restated)
Purchase of medicines and consumables*	2,777.66	2,768.05
Other Expenses	1,252.64	1,228.61
Laboratory outsourcing charges	-	33.64
<b>Total expenses</b>	<b>4,030.30</b>	<b>4,030.30</b>

\* Purchase of medicines and consumables previously stated above is after factoring reclassification mentioned in note 48 (a) above

**49** The financial statements of the Group for the year ended 31 March 2020, were audited by B S R & Associates LLP, Chartered Accountants.

for and on behalf of the Board of Directors of

**Aster DM Healthcare Limited**

CIN : L85110KA2008PLC147259

**Dr. Azad Moopen**

Chairman and Managing Director

DIN 00159403

Dubai

22 June 2021

**Sreenath Reddy**

Chief Financial Officer

Dubai

22 June 2021

**T J Wilson**

Director

DIN 02135108

Dubai

22 June 2021

**Puja Aggarwal**

Company Secretary

Membership no. : ACS49310

Bengaluru

22 June 2021

## NOTE

[illegible]

## NOTE

[illegible]



## NOTE

[illegible]





**Aster**



UAE | INDIA | OMAN | SAUDI ARABIA | QATAR | BAHRAIN | JORDAN



January 21, 2022

The Secretary  
Listing Department,  
BSE Limited,  
1<sup>st</sup> Floor, Phiroze Jeejeebhoy Towers  
Dalal Street, Mumbai 400001  
Scrip Code: 540975

The Manager,  
Listing Department,  
The National Stock Exchange of India Ltd  
Exchange Plaza, C-1, Block G  
Bandra Kurla Complex  
Bandra (East), Mumbai 400051  
Scrip Symbol: ASTERDM

Dear Sir/ Madam,

**Sub: Sustainability Report for financial year 2020-21**

With reference to captioned subject, please find enclosed the Aster Sustainability Report for the financial year 2020-21.

Further, the same is also made available on the website of the Company at [www.asterdmhealthcare.com/investors/](http://www.asterdmhealthcare.com/investors/)

We request you to take the same on record.

Thank you

For **Aster DM Healthcare Limited**

HEMISH  
PURUSHOTTAM

Digitally signed by HEMISH  
PURUSHOTTAM  
Date: 2022.01.21 15:26:10  
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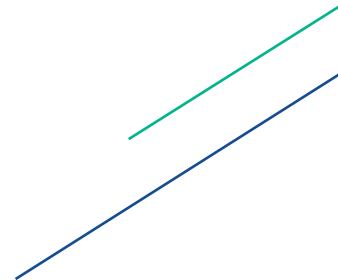
**Hemish Purushottam**  
**Company Secretary and Compliance Officer**

# Giving back when Its needed the most!



FY  
2020-21





## TABLE OF CONTENT

ABOUT THE REPORT	03
MESSAGE FROM THE CHAIRMAN	04
KEY HIGHLIGHTS	06
ABOUT ASTER	10
ETHICAL SUSTAINABILITY GOVERNANCE	30
FOSTERING INNOVATION & RESEARCH	46
TAKING CARE OF THE ENVIRONMENT	70
▪ Efficient Utilisation of Energy	72
▪ Optimising water use	80
▪ Climate care	90
▪ Embracing Circular Economy	96
SOCIAL	100
▪ Our People	102
▪ Aster Volunteers	114
RESPONDING TO THE COVID-19 CHALLENGE	164
AWARDS AND RECOGNITIONS	176
GRI CONTENT INDEX	180

## ABOUT THE REPORT

Aster's Sustainability Report FY 2020-21 has been prepared in accordance with the GRI Standards: Core option.

Through the annual sustainability report we publicly disclose our sustainability performance to all the internal and external stakeholders.

While preparing the report we have adhered to the following reporting principles for ensuring report quality: Accuracy, Comparability, Balance, Reliability, Clarity and Timeliness.

In addition, we have followed the below mentioned reporting principles for defining the report content:



### Stakeholder Inclusiveness

Identifying the stakeholders and understanding their reasonable expectations and interests.



### Sustainability Context

Reporting that our performance was spanning across the three pillars of sustainability: people, planet and profit.



### Completeness

Covering material topics, across the boundaries, to reflect the economic, environmental, and social impacts.



### Materiality

Reflecting significant economic, environmental, and social impacts and the aspects that substantively influence the assessments and decisions of stakeholders.





**Dr. Azad Moopen**  
Founder Chairman & Managing Director

## MESSAGE FROM THE CHAIRMAN

Dear Stakeholders,

While writing this note, I am filled with pride and gratitude for the consistent support that every one of you has shown towards our shared purpose of building a better and sustainable future for everyone. Today, despite the recurrent Covid-19 scenario and unforeseen challenges, Aster has been able to reach out to the masses with a helping hand along with world-class medical care. We, as Asterians, have been able to serve humanity when it needed us the most, and that should make each one of us feel proud.

Our commitment to the attainment of UN SDGs is reflected through the remarkable Environmental, Social and Governance (ESG) performance achieved in these testing times. I feel humbled and proud of our Aster staff, Aster Volunteers (both internal and external), well-wishers and supporters who made a significant effort towards supporting our communities during the time of crisis.

The Aster Volunteers, our global CSR programme has impacted additional 1.3 million+ lives in the last financial year. We extended 195,990 free dialysis services through our associate community dialysis centres, 84,350 people benefitted from our Mobile Medical Clinics and large numbers of free surgeries & medical investigations worth millions have been extended to the underprivileged and needy. Out of the 250 Aster Homes promised, 134 homes were delivered to the victims of the 2018 Kerala Floods in India, and the rest are being built to be handed over shortly.

Our COVID-19 community support program benefitted 900,000+ individuals: We distributed 318,490 food and ration kits, 15,486 PPE kits, 16,697 distress calls were attended to help people get medical and emotional support, and 500,000+ people benefitted through our webinars & online awareness sessions and 93,980 individuals benefitted from our mobile medical services in various geographies during the ongoing crisis.

One of the important achievements we have is the area of gender parity 60% out of the 21,933 staff that we have are

females. We also have extended our support for the people with special needs, employing 114 of them as Asterians.

While being devoted to the service of people and the community, we also remained committed to our environmental initiatives. At 11 of our hospitals, we reduced electricity consumption vis a vis last year and saved 5.7 GWh of electricity. Our water consumption was also reduced across 9 hospitals, and we saved 70,000 Kilo litres of water, and almost 1 million litres of wastewater was reused post-treatment. We initiated a 2,358 MWh renewable solar PV project in the UAE and contracted an ESCO to undertake energy efficiency projects at our hospitals.

Last year, we also introduced diagnostic services in India through Aster Labs, which is fast expanding across the 5 States that we are present in. Digitization and use of technology are being adopted as an integral part of our business to ensure that we remain ahead of the curve and serve patients as per their needs. Our Aster Innovation and Research Centre is ensuring that we introduce innovative solutions to ensure access to quality care for a wider number of people. Aster e-Consult service (telehealth), E-ICU, Teleradiology are some of the services that have been implemented across geographies.

Aster received multiple recognitions in CSR and Sustainability front, including the Excellence in CSR Awards (6 Stars) from IBPC (International Best Practice Certification) - New Zealand, Arabia CSR Awards and Dubai CSR label. We have been continuously recognized by the Government of Kerala in India for our waste management practices and pollution control.

We know that our work is not done yet, and there is a lot more to be achieved, with a large number of people and communities requiring support along with planet earth to be taken care of tenderly. Let us work for a new tomorrow to shape a future for the coming generations through sustainability as the centre point.

I extend my sincere thanks and gratitude to all Asterians, Aster Volunteers and other Stakeholders for working towards a sustainable and inclusive world.



FY 2020-21

# KEY HIGHLIGHTS



**5.7 GWH**

Electricity saved  
across 11 Aster  
Hospitals



**60,000 KILO LITERS**

Water consumption reduced  
across 7 Aster Hospitals



**500,000+ LITERS**

Treated sewage  
effluent used



**2,358 MWh**

Renewable energy  
to be integrated at  
hospitals in UAE



**15.4 MILLION**

People provided with  
healthcare services



**2**

New hospitals  
commissioned



**ASTER LAB**

New business  
vertical



**60%**

Women employees  
at Aster



**900,736**

COVID-19 support  
beneficiaries



**1,000,000**

Lives touched through  
our CSR initiatives



**44,683**

People benefited  
through mobile clinics



**134**

Houses built under  
Aster Homes initiative



**15%**

Increase in the hire  
of millennials



**4%**

Increase in the total  
number of employees



**70+**

Nationalities  
working with us



**CSR COVID  
RELIEF PROJECT**

Award by CSR Health  
Impact Awards



**10,813**

People benefited through  
early disease detection and  
cancer screening centres



**195,990**

Free dialysis done  
through 12 community  
dialysis centres



**659**

Volunteers enrolled



**14.8 MILLION**

INR treatment support  
provided



**ARABIA CSR**

Award for healthcare



**GULF SUSTAINABILITY  
& CSR AWARD**



**BEST INTERNATIONAL  
PRACTICE**

Excellent in CSR Awards  
(6stars) from IBPC best practice  
Certification, New Zealand



**CSR LABEL**

Achieved, issued by the  
Dubai Chamber



# Aster's Commitment to UNSDG

The 17 Sustainable Development Goals are considered as the blueprint to achieve a sustainable future for all, it is important that we all work together to achieve them by 2030. At Aster we have identified the Goals relevant to our operations, and we are working towards their attainment.

## GOAL 3: Good Health and Well-being

Aster DM Healthcare conceptualized three brands for different strata of the population such as Medcare for well to do, Aster for the middle-income, Access for people with limited resources. Aster is also providing free of cost healthcare facilities to economically weaker sections such as Community Dialysis Centres -Free & Subsidized Dialysis, Treatment Subsidies, and through Aster Volunteers Mobile Medical Services. We have also established ASK – Aster's Sick Kids Foundation to support the medical treatment of children from needy families.

## GOAL 4: Quality Education

Aster' has developed several programs to support its employees and community to access training and education. DM Education and research foundation and the MA Moopen School for Special Needs are providing educational support to the community, while programs like CME and AI Tadrib are providing training opportunities for our employees and healthcare sector workers.

## GOAL 5: Gender Equality

At aster, women constitute 60% of employees. Several important and senior positions have women representation, including the board of directors. Women representation at AGM and above positions is 30%.

## GOAL 7: Affordable and Green Energy

We have made significant progress in integrating renewable energy into our operations. We have initiated installation of solar PV at three hospitals in Dubai.



## GOAL 6: Clean Water and Sanitation

Optimising the use of potable water is a material aspect of our sustainability strategy. Consumption of water across our hospitals and clinics is monitored. Water-efficient fixtures and faucets are installed. Additionally, we have installed several Sewage Treatment Plants and are using the treated water for flushing and irrigation.

## GOAL 8: Decent Work and Economic Growth

Aster has been working towards generating employment opportunities. We currently have 21,933 employees. We have 88% local suppliers in the UAE, thereby generating local employment opportunities. We have clear policies for performance management and anti-harassment. We ensure that we provide remuneration to our employees at par with the industry standards and frequently employ third parties to advise on this matter.

## GOAL 10: Reduced Inequality

We are an equal opportunity employer and do not discriminate based on age, race, religion, gender, ethnicity etc. Aster embraces diversity with employees from 68 different nationalities. We do not discriminate on physical ability, we have 58 employees who are people of determination, and 60% of our people are women.

## GOAL 17: partnerships for the goals

Aster aims to Strengthen the means of implementation and revitalize the global partnership with the right people who have the common goal to sustain the planet. During FY 20-21 we partnered with 55 number of organisations in India and 38 number of organisations in the UAE to enhance the reach of our CSR activities.

## GOAL 12: Sustainable consumption and production

We aim to decouple economic growth from environmental degradation, promoting sustainable lifestyles and increasing resource efficiency. We have integrated energy and water-efficient technologies within our operations. Moreover, we have reduced the consumption of paper and waste across our operations.

## GOAL 9: Industry, Innovation and Infrastructure

Industry, Innovation and Infrastructure Aster believes that research and innovation make access to medical information easier and faster and gives an opportunity to doctors and patients to easily access health care information and related research. Aster DM Healthcare has set up Aster Innovation and Research Centre in the GCC and India. Multiple centres of excellence have been established across our hospitals.

## GOAL 13: Climate Action

Climate action is on top of our agenda. Our main emissions come from electricity consumption, desalinated water consumption and transportation. We have also undertaken several energy efficiency measures, water optimisation measures, as well as optimising fuel consumption in transportation of our employees.





## WHO WE ARE **ABOUT ASTER**

With an expanding and well-networked presence of 27 hospitals, 115 clinics and 223 pharmacies in the Middle Eastern nations and India, Aster DM Healthcare Limited is regarded as one of the fastest-growing private healthcare providers in the industry.



**2**  
New hospitals  
commissioned



**ASTER LAB**  
New business vertical



**15.4 MILLION**  
People provided with  
healthcare services



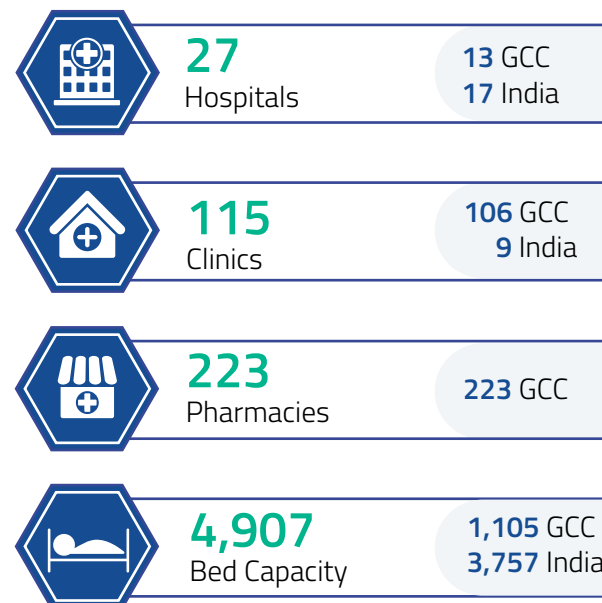
## WHO WE ARE ABOUT ASTER

When nobility of purpose is powered by knowledge and technology, there are no limits to excellence. At Aster DM Healthcare, we strive for excellence, every moment and every day - to bring great healthcare within reach for millions of people.

By developing a diverse network of state-of-the-art hospitals, clinics and pharmacies spanning across the Middle East and South Asia, we cover the complete life cycle of healthcare from primary to quaternary care.

With over 30 years of expertise, we continue to deliver the highest quality healthcare at an affordable cost to our patrons.

We operate 27 hospitals, 115 clinics and 223 pharmacies while assessing and managing our environmental footprint and enhancing social wellbeing.



Our healthcare operations are managed under the name of our three brands: 'Aster', 'Medcare' and 'Access'. These three businesses cater to people from various socioeconomic backgrounds. We hope to make quality healthcare facilities available to people from all walks of life.



**Aster**  
Healthcare  
for all



**Medcare**  
Premium healthcare  
services



**Access**  
Affordable healthcare  
services

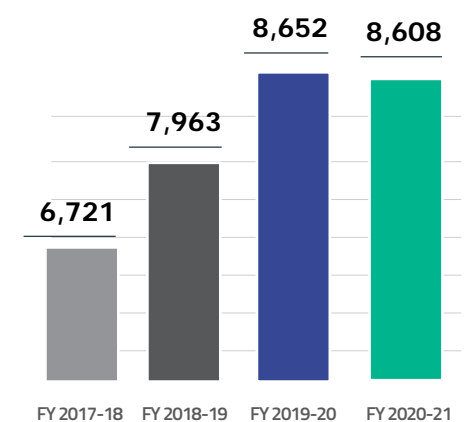


## Economic Performance

Aster has seen continuous development throughout the years, thanks to the visionary leadership of our board of directors. The fiscal year 2020-21 has been a challenging year for all businesses. At Aster, we remained undeterred in the face of crisis, and through the combined efforts of our 20,000+ family, we posted revenue of 8,608 crore INR, which is slightly (~1%) less than the previous year.



Figure 01 : Annual Revenue  
(Crores of INR)







## OUR Vision and Promise

### Our Vision

A Caring Mission with a Global Vision to serve the world with Accessible and Affordable Quality Healthcare.



### Our Promise

#### We'll Treat You Well.

We'll Treat You Well. A promise that sums up what the company does and why it exists. One that it strives to honour every day, every moment.



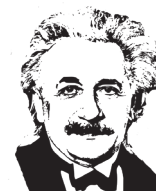
### Mission 2025

Our Mission 2025 is based on seven pillars :

- People Excellence
- Service Excellence
- Clinical Excellence
- Technology, Digital Transformation & Innovation
- Brand Equity
- Sustainability and Community Connect
- Business Performance



## OUR Values



### Excellence

To surpass current benchmarks constantly by continuously challenging our ability and skills to take the organization to greater heights.



### Respect

To treat people with utmost dignity, value their contributions and foster a culture that allows each individual to rise to their fullest potential.



### Passion

To walk the extra mile willingly, with a sense of belongingness and purpose while creating value for all our stakeholders.



### Integrity

To do the right thing without any compromises and embrace a higher standard of conduct.



### Unity

To harness the power of synergy and engage people for exponential performance and results.



### Compassion

To move beyond boundaries with empathy and care.



Our values are the deeply ingrained principles that each one of us follows and guides our actions. These values serve as our cultural cornerstones.





## Global Footprint of Our Hospitals



Aster Hospital  
Mankhool, Dubai, UAE

Aster Hospital  
Sonapur, UAE

Al Khair Hospital,  
Ibri, Oman

Aster Hospital  
Al Qusais, Dubai, UAE

Al Raffah Hospital,  
Muscat, Oman

Aster Hospital,  
Doha, Qatar

Aster Cedars Hospital,  
Dubai, UAE

Al Raffah Hospital,  
Sohar, Oman

Sanad Hospital,  
Riyadh, KSA



Aster Medcity  
in Kochi, Kerala

Aster MIMS  
in Kannur, Kerala

Aster CMI  
in Bengaluru, Karnataka

Aster Whitefield Women  
& Children Hospital,  
Bengaluru, Karnataka

Aster MIMS  
in Calicut, Kerala

DM WIMS  
in Wayanad, Kerala

Ramesh Hospital  
in Guntur, A.P

Ramesh Sangamitra  
Hospital in Ongole,  
A.P

Ramesh Hospitals  
Labbipet, A.P

Aster MIMS  
in Kottakkal, Kerala

Aster RV Hospital,  
Karnataka

Aster Aadhar  
in Kolhapur, Maharashtra

Ramesh Hospital  
at MG Road, in  
Vijaywada, A.P

Aster Prime at Ameerpet  
in Hyderabad, Telangana



Medcare Hospital,  
Dubai, UAE

Medcare Orthopaedics  
and Spine Hospital,  
Dubai, UAE

Medcare Sharjah Hospital,  
Sharjah, UAE

Medcare Clinics  
Dubai, UAE

Medcare Women & Children  
Hospital, Dubai, UAE



# Aster Medcity Centre of Excellence

Aster Medcity is a world-class 670-bed quaternary care centre with one Multispeciality Hospital and eight separate Centres of Excellence. The Centres of Excellence include Cardiac Sciences, Neurosciences, Orthopaedics & Rheumatology, Nephrology & Urology, Oncology, Women's Health, Child & Adolescent Health and Gastroenterology & Hepatology.

It is the first quaternary care hospital in Kerala, India, to achieve the coveted JCI (Joint Commission International) Accreditation – the gold standard in global healthcare. It has also received the NABH Accreditation and won first-ever NABH Award for Excellence in Nursing. It has also received the Green OT (Green Operation Theatres) Certification by Bureau Veritas – all within one year of opening its door to the world.

**670 beds**

At Aster Medcity  
Hospital

**8**

Centres of  
Excellence

**Green OT**

Certification  
Achieved





# Aster CMI Hospital Centre of Excellence

Aster CMI hospital is one of the best multispecialty hospitals in Bangalore, India. It is the first hospital to get a Green Power tag and the only hospital in Bangalore to offer an O-arm™ system, the most advanced 3-D surgical imaging equipment. It is also the first hospital in Asia to use Normothermic Machine Perfusion for a Liver Transplant – a breakthrough procedure aiming to improve liver transplant success rates across India.

Aster CMI Hospital launched and promoted a 24/7 online COVID-19 portal to advise people seeking medical help. The tele-triage (assessment of the condition and appropriate guidance for treatment) service was offered free to everyone seeking medical help when having symptoms related to the novel coronavirus disease.

500 beds

At Aster CMI Hospital

90%

of power from renewable energy

100% recycled

Water for landscaping and other non-critical utilities

377+

Procedures

29+

Specialities

36%

Saving in total electricity cost





# Aster MIMS Centre of Excellence

Aster Malabar Institute of Medical Sciences Ltd (MIMS) is a 600-bed multispecialty hospital renowned for its excellent medical expertise, nursing care and quality diagnostic services. Aiming for patient-centric care, the hospital is utilizing enhanced lifesaving technologies for leveraging the level of cure.

Aster MIMS centres of excellence include Multi-Organ Transplant, Emergency Medicine, Plastic Reconstructive & Aesthetic Surgery, Cardiac Surgery, Cardiology, Medical Oncology, Paediatrics & Neonatology, Radiation Oncology, Rheumatology, Critical Care Medicine, General Surgery & Allied Specialities, Neuro Surgery, Neurology, Obstetrics & Gynaecology, Urology, Gastro Science, Pulmonology, Nephrology, Orthopaedics, Surgical Oncology.

600 beds

At Aster MIMS  
Hospital

12

Centres of  
Excellence

India's first

NABH Accredited  
Hospital





## Aster Clinic

The Aster Clinic was established in 1987; as the years have gone by, we have added more clinics to keep up with the demand generated by the growing trust that is placed in Aster Clinic. At present, we have 115 clinics operating across multiple countries. Aster Clinic brings quality primary healthcare to the neighbourhood and doorsteps of the communities.

Not only is Aster Clinic now one of the biggest integrated networks in the region, but we have also successfully reshaped the healthcare landscape across each of the neighbourhoods that we operate in.

Placing our patients at the heart of our operations, we have developed robust quality standards, enhanced professional expertise and built spacious infrastructures to render the most comfortable and satisfying experience for all our patients. Bringing together these elements, we have set the benchmark for healthcare in the region.

115

Clinics across  
India and GCC



Over **3,500**  
Employees

Over **30**  
Specialisms



A network of world-class clinics that bring quality care to every neighbourhood.



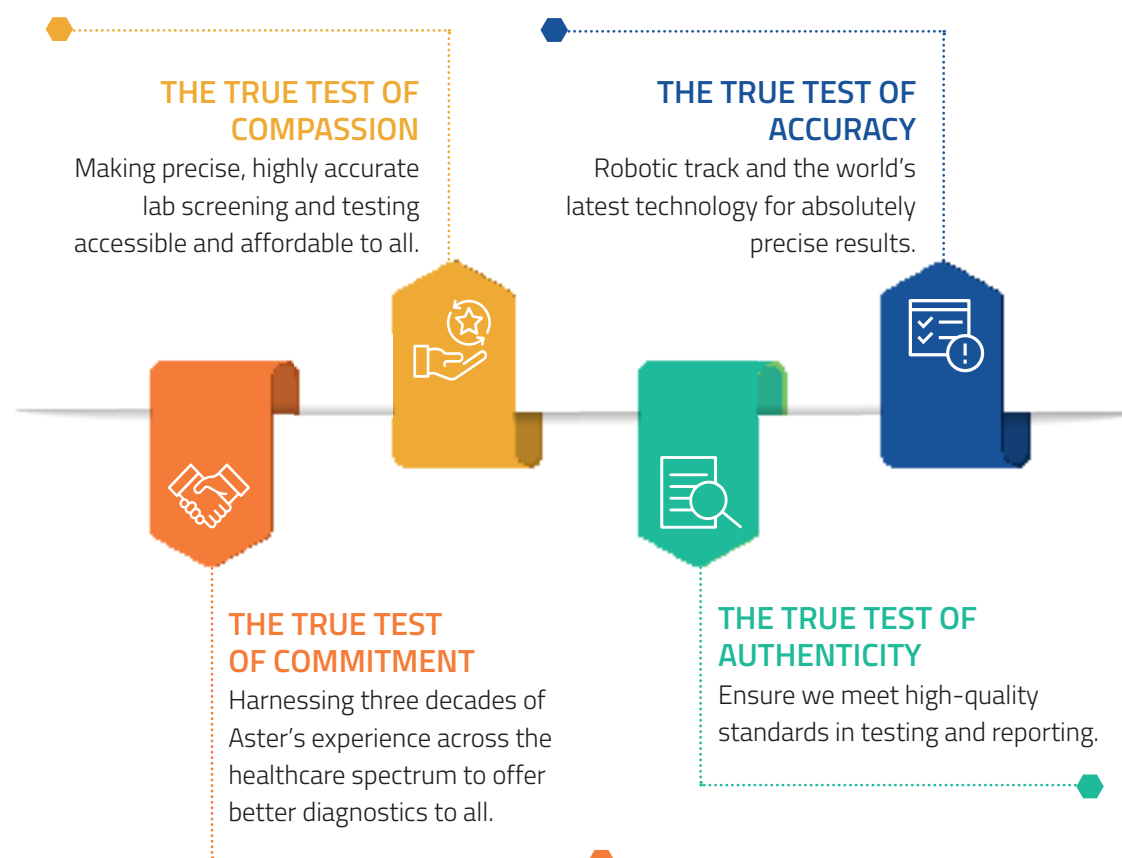


## Aster Labs

A diagnostic laboratory that is true to everything a lab ought to be. Aster Labs from the Aster DM Health care Group emerged from the glaring need to take the doubt out of diagnosis. We are obsessed with accuracy, committed to the highest quality standards, and performing every test with minimal human intervention. All to give a test report patients can truly trust. Hence the brand promise "THE TRUE TEST"

We are proud to inherit the Aster DM healthcare legacy of trust, quality spanning 7 countries, 35+ years and 350+ healthcare establishments. We are committed to upholding it by living up to the same clinical standard of excellence. That's why we have benchmarked our process on global quality standards.

### Our Philosophy of THE TRUE TEST



When the test is true, the diagnosis is more accurate.



The journey for the brand started in Mar 2019. Today we have infrastructure present in Bangalore & Kerala, with 1 state of the art NABL accredited national reference laboratory situated in Bangalore.

At present, we have **6 satellite labs, 25 Patient Experience centres**. By mid-FY 22, we plan to expand our reach to other southern & western states like Maharashtra, AP Telangana, Tamil Nadu & Rest of the

Kerala & Karnataka district. We are looking ahead to establishing a total of 20 satellite labs and more than 200 patient experience centres. We are equipped to perform more than 2500 tests, ranging from routine test investigations, super-speciality test investigations, blood tests, urine tests, stool tests, and biopsy tests to the more advanced tests pertaining to Biochemistry; Haematology; Micro-biology; Cytogenetics; and Clinical Pathology and Histopathology.





With every innovation, Aster Pharmacy works incessantly to bring itself closer to its consumers to fulfil its mission of having Aster Pharmacy in every neighbourhood & a knowledgeable Aster pharmacist available 24/7 for every household!

## Aster Pharmacy

Offering the entire gamut of curative, nutritive, baby products, lifestyle, wellness products, FMCG products, cosmetics, personal & home care products - Aster Pharmacy has become a household name in the UAE beyond and has emerged as the brand of choice amongst pharmacies due to its solid availability and orientation.

Aster Pharmacy has dotted the GCC healthcare landscape with over 200 pharmacies, thereby touching upon the lives of millions by going beyond boundaries, both in terms of products & services.

Driven by a zeal to innovate & excel, Aster Pharmacy has lead various first of its kind unique initiatives in the region – to name a few, the Secure Rewards Program, the first Pharmacy Rewards Program, the launch of UAE's 1st online pharmacy [www.asteronline.com](http://www.asteronline.com), 800-700-600 - a dedicated call centre enabling its customers to access over 700+ multilingual pharmacists who counsel & provide medical assistance 24/7.







## ETHICAL SUSTAINABILITY GOVERNANCE

Aster DM Healthcare believes in the conduct of the affairs of its constituents in a fair and transparent manner by adopting the highest standards of professionalism, honesty, integrity and ethical behaviour.



**8**  
Committees of the  
Board established



**2**  
Board level CSR committee  
meetings conducted



**2%**  
Of Profit Before Tax (PBT)  
set aside for CSR activities



**ALL**  
Employees were offered  
training on Aster code of  
conduct and ethics policy





## ETHICAL SUSTAINABILITY GOVERNANCE

Aster's robust governance structure and clear line of responsibility and accountability have enabled us to deliver on the strategic plans and stakeholders expectations.

Our commitment to sustainable and equitable growth is integrated into our business agenda through our vision, mission and promise.

The management structures and clear responsibilities are integrated into our organisational framework. Our board comprises executive and non-executive directors with diverse expertise and rich

experience. The board is supported by Audit Committee, Risk Management Committee, Stakeholders' Relationship Committee, Investment Committee, Medical Excellence Committee, Digital Transformation Committee, Nomination and Remuneration Committee and the Corporate and Social Responsibility Committee.



## Board of Directors

Our Board of Directors spearheaded the sustainability agenda of Aster. The Board consists of an optimal combination of Executive and Non-Executive Independent Directors, representing a judicious mix of in-depth knowledge and experience.

As of March 31, 2021, the Board of Directors has 12 Members viz. 10 Non-Executive Directors including 6 Independent Directors, 1 Managing Director and 1 Deputy Managing Director.

Dr Azad Moopen is related to Ms Alisha Moopen (daughter) and Mr Anoop Moopen

(son-in-law). Apart from this, no other Director on our Board is related to each other. The Executive Directors also convene The Ethics Committee and ASH (Anti Sexual Harassment) Committee.

The Board delegates the sustainability agenda through eight main committees, especially the CSR committee. The description of the committees is provided on the following pages. The names and categories of the Directors as of March 31, 2021, are presented below.



Dr. Azad Moopen  
Chairman & Managing Director



Ms. Alisha Moopen  
Deputy Managing Director



Mr. T J Wilson  
Non-executive Director



Mr. Anoop Moopen  
Non-executive Director



Mr. Shamsudheen Bin Mohideen  
Mammu Haji  
Non-executive Director



Mr. Daniel Robert Mintz  
Non-executive Director



Mr. Suresh Muthukrishna Kumar  
Non-Executive Independent Director



Prof. Biju Varkkey  
Non-Executive Independent Director



Dr. Layla Mohamed Hassan Ali  
Almarzooqi  
Non-Executive Independent Director



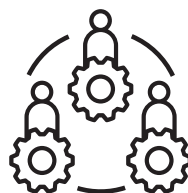
Mr. Chenayappillil John George  
Non-Executive Independent Director



Mr. James Mathew  
Non-Executive Independent Director

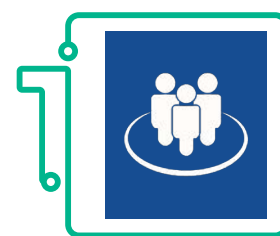


Mr. Sridar Aravamudan Iyengar  
Non-Executive Independent Director



## Committees of the Board

Board has constituted eight committees comprising the statutory committees and Non- statutory Committees.

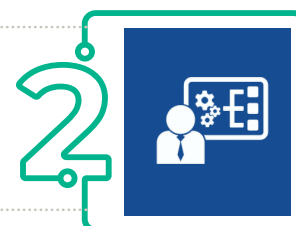


### Audit Committee

The main role of the audit committee is to provide oversight of the financial reporting process, the audit process, Aster's system of internal controls and compliance with laws and regulations.

### Stakeholders Relationship Committee

The committee is responsible for resolving the company's security holders' concerns pertaining to complaints about shares, annual reports, announced dividends etc.



### Nomination and Remuneration Committee

The committee plays a key role in chalking out remuneration attributes and criteria for the succession plan of the board and senior management.



### Risk Management Committee

The Risk Committee has overall responsibility to review the risk management framework and processes to ensure that they remain relevant and monitor the effectiveness of risk treatment/ mitigation action plans and controls surrounding key risks.

### Investment Committee

Its primary responsibility is to identify, examine, analyse, and prioritise diverse investment opportunities before making recommendations to the Board of Directors.



### Medical Excellence Committee

The Medical Excellence Committee was established by the Board of Directors to oversee and evaluate the quality of medical services.

### Digital Transformation Committee

The Digital Transformation Committee keeps track of, assesses, and approves initiatives linked to technological advancement.



### Corporate Social Responsibility Committee

The CSR Committee is responsible for formulating the board's policy framework, allocating funds and monitoring CSR activities undertaken by Aster.



## Corporate Social Responsibility Committee

The CSR committee is responsible for devising our sustainability strategy and driving the integration of sustainable practices across our operations. The terms of reference of the Corporate Social Responsibility Committee are broadly set forth as follows: formulation of a corporate social responsibility policy of the Company; identification of corporate

social responsibility activities and approving the budget for carrying out those activities; monitoring the expenditure and activities relating to corporate social responsibility and recommendation of the same to the Board for approval. The Composition of the Corporate Social Responsibility Committee is as under:



**Dr. Azad Moopen**  
Chairman



**Prof. Biju Varkkey**  
Member



**Mr. Anoop Moopen**  
Member



**Mr. Shamsudheen Bin Mohideen Mammu Haji**  
Member



**Dr. Layla Mohamed Hassan Ali Almarzooqi**  
Member



**Mr. Sridar Arvamudhan Iyengar**  
Member

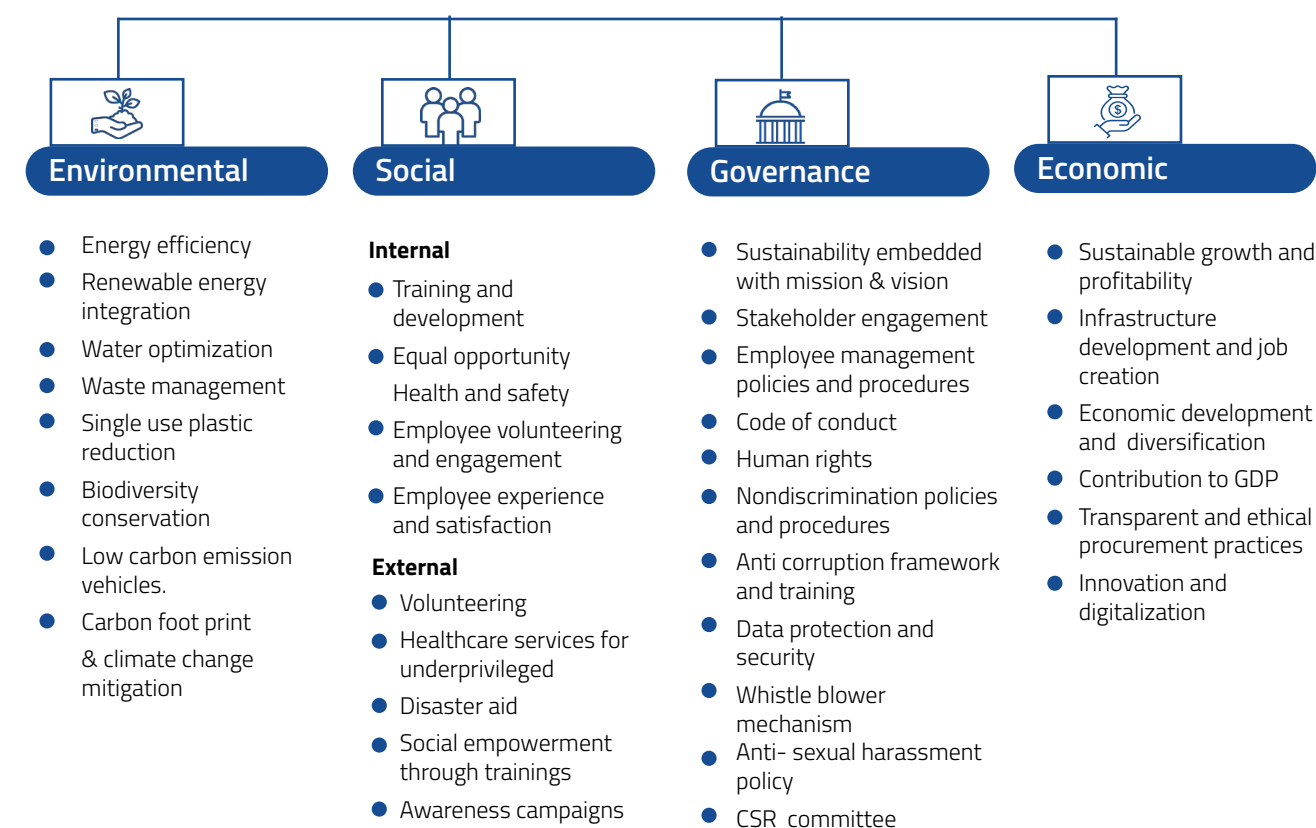


## Our Sustainability Strategy

An effective sustainability plan is crucial if businesses are to succeed in the long term. We devised our sustainability strategy that rests on four pillars, **Environment, Society, Governance** and **Economy**. Our sustainability strategy assures us of sustained

reputation, resilience to economic, social and environmental change, better use of scarce resources and improved community service. Provided below is a snapshot of our sustainability strategy pillars and the key issues covered under each of these pillars.

### ESG Pillars of Our Sustainability Strategy







## Our Stakeholders

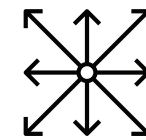
Our stakeholders are important to us, and engaging with them is key to our business strategy. Ongoing engagement with our stakeholders informs our materiality process and helps us identify important sustainability issues central to our sustainability strategy.

Across different locations, we have identified specific functions and departments to address the concerns of a particular set of stakeholders. We engage proactively and continuously with our stakeholders, using formal and informal approaches such as performance reviews,

meetings, surveys, feedback systems, media, events etc.

We have mapped our internal and external stakeholders; their feedback forms the basis of our business plan and strategies.

We have also sought their expectations in terms of sustainability disclosures and have used them to inform the content of our sustainability report.



## Mapping Our Stakeholders

### Customers

- Inpatient
- Outpatient
- Emergency
- Corporates
- Embassies

### Media

- Print
- Broadcast
- Digital

### Owners & Investors

- Banks
- Shareholders

### Outsourced Processes & Consultants

- Valet
- Security
- Call center
- Laboratory
- Information Technology
- Maintenance

### CSR Partners

- AVMMS partners
- Common ground program partner
- Medical camp partners
- Subsidised treatment partners etc

### Government and Regulatory Bodies

- Ministries
- Health Authorities
- Municipalities
- Chamber of commerce
- Fire and safety departments etc
- Transport authorities

### Society

- Environment
- Health and safety
- Philanthropy
- Social and cultural institutions
- Employees
- Community members
- Not for profit organizations

### Our People

- Doctors
- Nurses
- Paramedics
- Admin
- Other staff
- Board

### Suppliers

- Equipment
- Pharmaceutical
- Hospital clinic and Office consumables





## Materiality Assessment

Through materiality assessment, we attempt to discover, evaluate, and assess possible ecological, social, and governance issues that may have a long-term impact on the healthcare industry and its key stakeholders.

After identifying such issues, we create a list of all the essential elements, which serves as our guide and foundation for corporate plans, targets, and other sustainability performance reporting within our system.

The healthcare sector faces a number of complicated, multifaceted, and interlinked problems when it comes to sustainability.

We have a solid grasp of the challenges that are important to healthcare operations, the environment, and communities.

We used the GRI Standards materiality assessment methodology to identify and report important subjects in the context of the healthcare sector, our business model, environmental and social effects, and stakeholder expectations, which has helped us mitigate risks and maximise possibilities for development.

## Three-Step Process to Define Material Issues

### Step 1

We undertook the following activities to develop a long list of KPIs

- Stakeholder feedback  
Peer review
- Referred to the UNSDGs and standards like GRI, Dow Jones sustainability index
- Applicable regulations and industry-specific frameworks like JCI

### Step 2

Prioritising the KPIs in consultation with both internal and external stakeholders.

Each KPI information is then assessed with our long term goals, strategies and priorities.

Using this information, a formal materiality matrix is developed, which is then approved by the management.

### Step 3

Reporting the KPIs after assuring the data and information for completeness, relativity and balance.



### Economic



GRI 201 : Economic performance

### Social



GRI 413 : Local communities  
GRI 405 : Diversity and equal opportunity  
GRI 404 : Training and education  
GRI 403 : Occupational Health and Safety  
GRI 406 : Non-discrimination

### Environmental

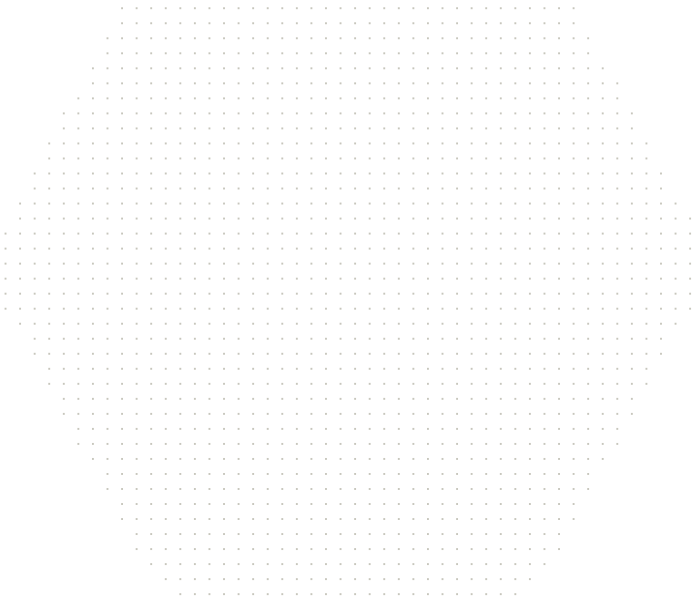


GRI 302 : Energy  
GRI 303 : Water  
GRI 306 : Effluent and waste  
GRI 305 : Emissions  
GRI 307 : Environmental compliance

# Collaborations and CSR Partnerships

Under the umbrella of Aster volunteers, we have collaborated with multiple organizations globally to enhance our positive impact on people and communities. We believe that the goals of UNSDGs can only be achieved if strong partnerships are built locally as well as globally to foster sustainable development. The key partnerships that we built in the year 2020-21 in the UAE are provided below:

SL No.	Name of organizations	SL No.	Name of organizations
1	St. Paul's Hospital Millennium Medical College (Ethiopia)	11	Emirates Red Crescent
2	Dr. Dagi's Medical Consultancy	12	Dubai Police
3	Ashok Leyland	13	Blood Donation center Dubai Health Authority
4	Al Jalila Foundation	14	Ajman Charity Foundation
5	Dubai Health Authority	15	Dar Al Bar Society
6	Road and Transport Authority Dubai	16	Dubai People of Determination Club
7	IWRC – Division of Indian Consulate, Dubai	17	Dubai Autism Center
8	The Big Heart Foundation	18	Al Bateel Group
9	Ministry of Health	19	International Charity organization
10	Dubai Corporation for Ambulance Service	20	INCAS



SL No.	Name of organizations	SL No.	Name of organizations
21	Air Arabia	31	AKGMA social club
22	KMCC	32	AMAF (Awqaf Minors Affairs Foundation, Government of Dubai)
23	Model Service Society (MSS)	33	Landmark Group
24	DHL	34	SVV
25	Al Rawabi	35	IPSR Solution LTD (Voc training for digital marketting courses)
26	Nesto	36	University of Dubai
27	Malabar Gold	37	Blood Donors Kerala
28	Choithram	38	Love Without Reasons
29	Smart Life		
30	Unique Friends of Kerala,		

## Partnerships and collaboration in India

Similar to the partnerships we developed in the UAE, there are multiple organisations with whom we collaborated in India across several CSR initiatives. These partners include the following:

SL No.	Name of the Organizations	SL No.	Name of the Organizations
1	Khidma Medical Centre	16	NIRAV Vengeri
2	Kshema Foundation	17	Prathyasha Palliative Care
3	District administration & Health Departments of Ernakulam, Idukki, Thrissur & Palakkad districts	18	ICDS (Integrated Child Development Services) Govt of Kerala
4	CICS (Calicut Islamic Cultural Society)	19	TMWA Foundation
5	C H Centre Thrikkaripur	20	Aspin Wall & Co. Ltd
6	Benny & Sherry Foundation	21	Rotary International
7	LSGD (Local self Govt. Departments) Kerala	22	Thanal Palliative Care
8	St. Alphonsa Palliative care Charitable trust (Diocese of Thamarassery)	23	Director of Public Instruction and District Education Department
9	SWAD (Society for Welfare, Animation and Development)	24	Sarva Siksha Abayan - Govt. of India
10	TEFA - Wayanad, Kerala, India	25	Surin Auto
11	Al-shifa Hospital Delhi run by Human Welfare Foundation	26	Lions Club International
12	SAHAYAK Medical Diagnostic Centre	27	Scheduled Cast Development Department, Govt. of Kerala
13	Peace Valley run by Human Care Foundation	28	Scheduled Tribes Development Department, Govt. of Kerala
14	Al Manar Social Service Society	29	National Health Mission
15	Palliative Care Society Pookkottumpadam, Nilambur	30	EDRAC (Ernakulam District Residents Associations Apex Council)

SL No.	Name of the Organizations	SL No.	Name of the Organizations
31	CMID	46	Kottayam Social Service Society
32	Peoples Foundation	47	Govt. aided colleges of Kerala
33	Municipal Councils of Kerala	48	Bathlehem Abayabhavan Destitute Home
34	Team Welfare	49	Mangalam Publications
35	Oorjja	50	Sawmill owners and plywood manufactures association
36	Capernaum Orphanage	51	National Service Scheme (NSS)
37	Beuimerc	52	National Cadet Corps (NCC)
38	Sarojini Damodaran Foundation	53	Students Police Cadet
39	Needy Hearts Foundation	54	Arakal Foundation
40	Bagaria Trust	55	N M Raju Foundation
41	Prestige Foundation		
42	Microlabs		
43	Anglo French Drug Industries		
44	Malabar Cancer Care Society		
45	MANAV a Migrant Welfare Organization		



FOSTERING

# INNOVATION & RESEARCH

Aster Innovation network includes thousands of the world's leading investors, executives, and leaders who are dedicated to health innovation.



**8**  
Innovation and  
Collaboration



**17**  
Research Proposals  
at DM WIMS



**11**  
Aster Speciality with  
Diamond level COEs



**7**  
Aster Speciality with Gold  
Level COEs



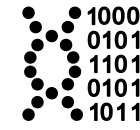


## FOSTERING INNOVATION AND RESEARCH

Physical, mental, spiritual, and social health, according to our leadership, are the four pillars of ultimate health. And it all has been made a reality with the advent of Artificial intelligence (AI), the Internet of Things (IoT) and genomics. With an emphasis on patient-centred services, healthcare innovation has the potential to boost efficiency, effectiveness, safety, and timeliness.

Healthcare delivery is evolving as a result of technological advancements and diverse situations. It's becoming increasingly evidence-based, outcome-oriented, and customer-centric. Aster's healthcare innovations are focused on improvements in

medical treatment, genetics and biology, the physical environment, individual behaviour, and the social environment. The delivery of healthcare services follows the patient's path from wellness to preventative care and hospitalisation to rehabilitation.



## Aster Innovation and Research Centre

Aster DM Healthcare has established Aster Innovation and Research Centres across the GCC and India to improve the final health outcomes for patients and better their entire experience at all of its facilities.

Over the next three years, the centre hopes to reach significant milestones in the development of innovative home healthcare solutions with an emphasis on digital primary care. The creation of a robust eco-system of digital health partners spanning from start-ups to academia, as well as the promotion

of digital health/ informatics/ medicine as a career path for future healthcare workers, are among its major goals.

The centre is focusing on initiatives to leverage the breakthroughs in digital health research with the help of AI, cognitive psychology, blockchain, IoT, behavioural economics.

The centre will continue to collaborate with academics, entrepreneurs, and industry partners, concentrating on applied research.







## Aster MIMS Research Foundation

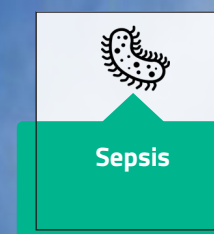
MIMS Academy is an educational wing of Aster MIMS, established on 7th May 2003 for augmenting the educational programs of MIMS. In 2006, a separate trust was formed and all academic activities were brought under the MIMS Academy Trust, which is a non-profit organization registered as a Trust. MIMS Academy is an accredited centre of the National Board of Examinations, Ministry of Health and Family Welfare Department, Govt. of India to conduct DNB training.

The chart below depicts the various research areas and our ongoing projects at Aster MIMS Research Foundation (MIMS RF), the research arm of Aster DM Healthcare.



### Diabetes Mellitus

- Molecular Biology of Insulin Resistance
- Development of Bedside Lateral Flow Insulin Estimation Kit
- Internal Mammary Artery Vs Coronary Artery – Identifying Genomic Biomarkers in Hyperinsulinemia induced vascular damages



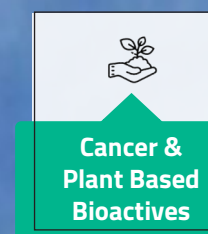
### Sepsis

- Development of an Extra Corporeal Endotoxin removal system for Sepsis Management
- Development of Anti-Microbial Antibodies in Sepsis



### Covid 19

- Computational Designing of a peptide that potentially blocks the entry of SARS-CoV, SARS-CoV-2 & MERS-CoV



### Cancer & Plant Based Bioactives

- Isolation of plant-based anti-cancer bioactive compounds and studying their potential to be developed as chemotherapeutics.







## DM Education & Research Foundation

DM Education and Research Foundation is at the forefront of Asters research activities. Significant research projects of DMERF are carried out through the DM Wayanad institute of medical sciences. During the year 2020-2021, 17 research projects were approved by DMERF:

At DM WIMS medical college following courses are undertaken



MBBS



Nursing



Pharma



Vocational  
training

DM WIMS Nursing College



DM WIMS College of Pharmacy







## Aster MIMS Academy

MIMS academy is an educational wing of MIMS, established in 2003. It is an accredited centre of the National Board of Examinations, Ministry of Health and Family Welfare Department, Govt. of India to conduct DNB training. MIMS College of Nursing, MIMS School of Nursing and College of Health & Allied Sciences are the academic institutions under the Academy.



### Ongoing Research at Our Academy

1	Association of serological markers and platelet count in dengue infection.
2	Antibiotic susceptibility testing for MRSA with special reference to D- test and E –test.
3	Microbiological profile with their antibiotic susceptibility testing in ear discharge of CSOM patients at tertiary care hospital.
4	Comparative study of structural changes in placenta among PIH and normotensive patient with their fetal outcome in Tertiary care centre at Wayanad district.
5	Identification and antimicrobial susceptibility testing of the Enterococcus isolated from various clinical samples.
6	Identification and antimicrobial susceptibility testing of the Nonfermentors Gram-Negative Bacilli isolated from various clinical samples.
7	Early Clinical Exposure-Effectiveness & Attitude Among MBBS Students.
8	Preliminary study of the branching pattern of renal arteries in Kerala population.
9	Study on prevalence and predisposing factors causing congenital cardiac anomalies among children in Tertiary care centre at Wayanad district.
10	Efficacy of Honey against Bacterial isolates from Diabetic foot ulcers in patients suffering from Immunosuppression- An in vitro study.
11	Delay in the Diagnosis of Lung Cancer in a Backward District of Kerala – A Prospective Observational study.
12	Clinical & diagnostic features of Anemic patients among the Tribes in Wayanad – A tertiary care hospital record-based study.
13	Dealing with leptospiroses in the context of COVID mixed methods study from a tertiary medical facility in Wayanad District.
14	Prevalence of Depression among Medical Interns of a Medical College in Wayanad, Kerala.
15	Identifying the Most Efficient, Accurate, Reliable and User-Friendly Technique Among the Modifications of Carbapenem Inactivation Method for Enterobacteriaceae to adopt in a tertiary care hospital in Wayanad.
16	An Epidemiological Study Of Nosocomial Infection In Post Operative Patients.
17	Multi-center, Multi-Reader, Multi-case (MRMC), Retrospective, Exploratory study to Examine the Feasibility of the Investigational Device in Detection of pulmonary Nodule in Chest CT.





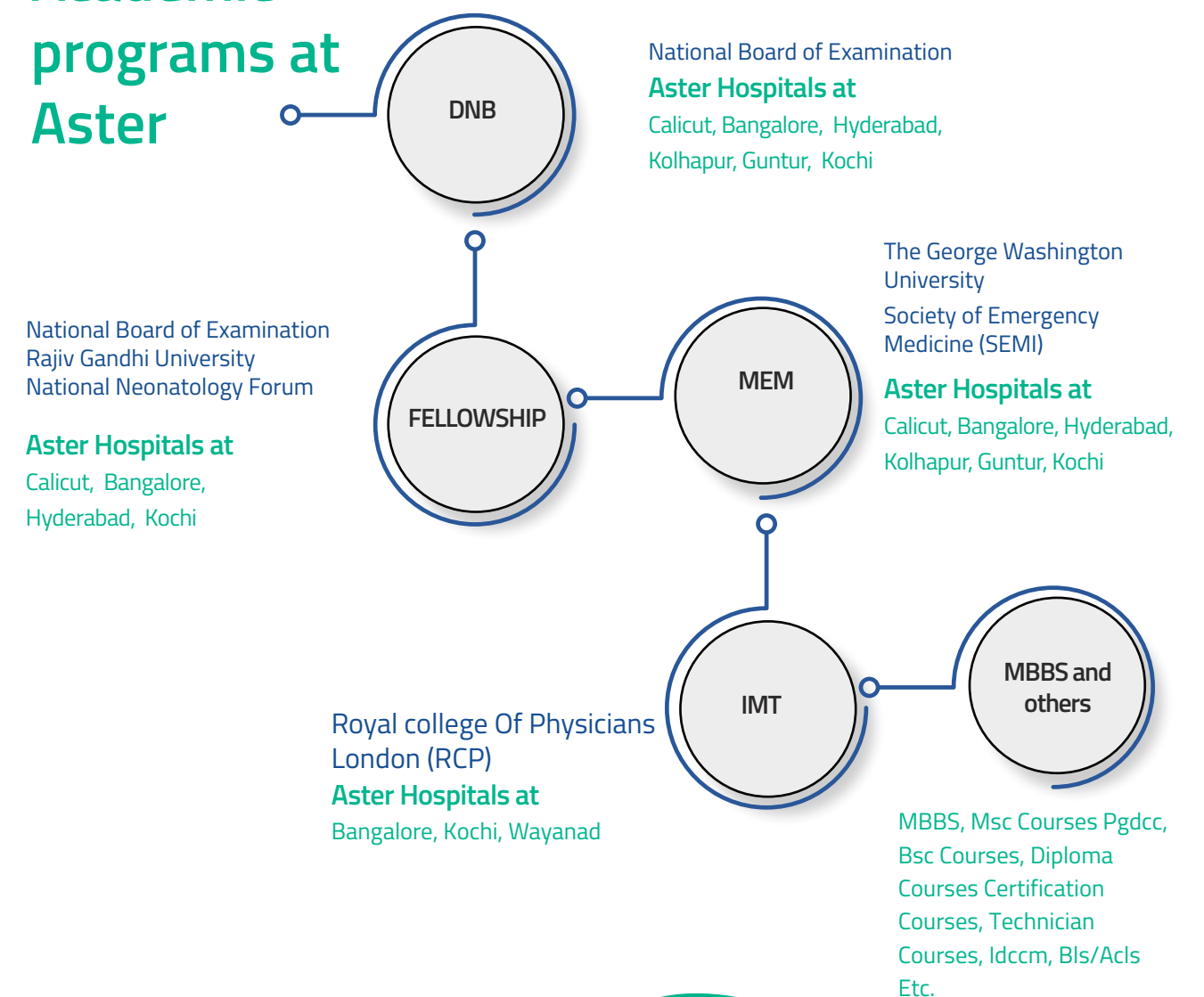
## Academic Excellence at Aster

Aster's Academic Excellence helps in establishing, managing and operating institutions to enable knowledge sharing. It helps skill development across the Aster network and the wider healthcare system. It also aims to address the talent gap for skilled medical professionals that the healthcare industry is currently facing.

Our academic courses are offered across geography, including UAE and India, with more than 1,600 students successfully completed the courses and 2,000 plus currently pursuing courses at Aster Academy.



## Academic programs at Aster





## Innovation & Collaboration

### Data Security Management

Early investment in Cloud Technology and the team's high adaption to the Office 365 suite of products aided the Company during the pandemic. As a consequence of it, we were able to seamlessly migrate the entire back office and corporate function to a Work-from-Home model. We scaled the Office 365 platforms to support the increased virtual interactions between the leadership and hospital teams. Hospital-based employees and caregivers were ensured safe access to the patient records even from remote locations through a Secure Virtual Private Network (Secure VPN). Close to 2,500 connections in less than 72 hours were enabled to ensure access was provided to the business teams on the most secure channel possible.

### Digital Health Training

Aster is exploring sustainable opportunities in India and UAE with its incubation program for start-ups in the field of healthcare. The Company is working for the sickle cell population prevalent at Wayanad with the help of NITI Aayog and the medical college. In the coming years, Aster Data bank-led advantage programme aims to train all programme health workers on digital health. The same programme can be provided to communities through (Aster Volunteers) to keep community health sustainable for operating regions.

### Clinical Simulation Lab

This is another area that is being set up to provide end-to-end development through beta testing for the AI and Healthcare start-ups to develop their next-generation products. Aster Clinical Simulation Lab works on a hospital immersive iterative pre-clinical product development approach used in faster, reliable and compliant evidence generation for digital health solutions.

### Aster Data Bank

The Innovation Team is in the process of setting up a top-notch centralised databank platform in collaboration with marquee data and platform partners. Aster endeavours to build a state-of-the-art data system in India and the UAE, where all patient-centric data can be centralised, processed, anonymised and annotated for further research. The Company is currently driving more than nine applied research projects involving both data and clinical insights through the participation of its doctors to innovate and co-develop AI models, tools, drugs etc.



### Biological Research Center

Aster is also driving synergies in biological research, new technology procurement and healthcare research with industry partners. Aster's CDHE has been collaborating with industry partners using the innovative simulation-based approach to co-develop and conduct interdisciplinary research in Aster's world-class medical facilities. The biological research unit - Aster Research Foundation, focuses on clinical problems with high mortality rates like Diabetes Mellitus and Sepsis. These are being addressed with innovative solutions at various levels like early diagnosis, management and prevention strategies. The research findings in Diabetes mellitus have been well accepted in various international journals and conferences.

### Big Data & AI Centre

Aster Research and Innovation Team have been driving research programmes with a broader vision for data monetisation, Artificial Intelligence (AI) and Intellectual Property (IP) developments. Aster has been imparting IT and healthcare training and simultaneously bolstering Aster's brand value through research papers and media publications.

### Procurement

Aster is also working with a leading silicon partner for a Federated Learning setup, where models will be designed and used for new AI development without using the original datasets, keeping it safe and secure. The Innovation Team has been instrumental in imparting training on AI and Healthcare IT to more than 500 Asterians to date, working together with the Learning and Development team.

### Health Innovation Labs

The novel medical device and antibody therapy for sepsis management is also in its final stage. It has been repurposed for Covid management since the target is common in both cases – the cytokine storm. The successful completion would leave Aster with a much better way to handle the uncontrolled mortality of COVID-19. The foundation is also planning to expand its translational research activities into new areas like regenerative medicine, neuroscience and genetics.





## Innovation Research Projects

### Core Data Bank

Core data bank projects are running in collaboration with market leaders like CARPL, Microsoft, Intel, THB, IntelPixel. A team consisting of Technical Architect, Data Scientists, AI Scientists and IT professionals are facilitating the process of creating the Data Bank that will revolutionize the healthcare future.

#### L&T Technology Services Limited

LTTs intends to get 100000 retrospective chest x-ray images with 34 radiological findings for training and validating the deep learning algorithm. Project valued at 23K

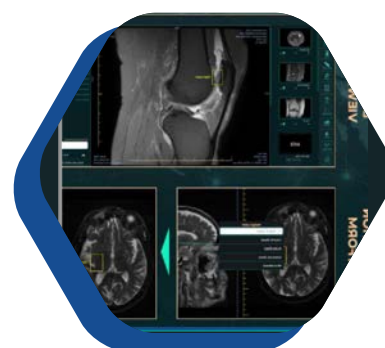


#### Technology Healthcare Big Data Analytics

THB would invest with its analytical SelfHelp tool installation in Aster's EMR systems to extract RWE and other study data. THB will proactively work towards getting customers interested in EMR data for research.

#### Microsoft Research

Microsoft collaborates with Aster to co-develop next-generation products on Healthcare Interoperability by investing in Infrastructure and application development support.



#### CARPL - Radiology

Carpl will install its AI-powered tool in the Aster system to extract features for radiology study from PACS, RIS and HIS. Carpl will also help Aster getting into the market for research engagements.

### Applied Data Bank

Applied data bank projects are running in collaboration with Motherson, Google, Applied Materials, MedHub. A team consisting of Health Economist, Technical Architect, Usability Scientist, Data Scientist, AI Scientist and IT professionals are facilitating the process of using the data from the databank and create AI models for Healthcare products that will make diagnosis and treatment easily available for every individual.

#### Samvardhana About Motherson

Motherson medical intends to build a peripheral blood analyser capable of analysing a sample in a point of care setting and provide full blood reports using Artificial Intelligence Technology.



#### Qure.AI

Qure.ai is exploring the collaboration program with Aster on developing and validating AI Tool for carotid Ultrasound to screen stroke risk patients using Artificial Intelligence Technology.

#### CARPL - Pulmonary Nodule

CARPL is evaluating the performance of an AI algorithm on pulmonary nodule detection in chest CT scans in the multicentric, multileader trial.



#### Microsoft - Automated Analysis

AI-enabled automated analysis, coupled with digital stethoscopes, can play a crucial role in enabling tele screening of fatal diseases in internal sounds of the human body (from the heart, lungs, or stomach), for diagnosing a variety of diseases.



## Operational Innovations



### One Aster

This initiative connects all the hospitals in Kerala and Maharashtra to a single patient engagement platform. This allowed for single-point access to all consultation and interactive records with doctors across the hospital, making it easier for patients to be serviced from different units under one Aster brand. The platform also provides ease of booking appointments and online payments for patients.



### Aster E consult

The teleconsultation platform was made available on multiple platforms, including a website and mobile application for iOS and Android users, across Kerala, Karnataka and Maharashtra facilities.



### Industry 4.0

This initiative fast-tracked the use of IoT (Internet of Things) to monitor patients. One of the biggest challenges during the pandemic has been the availability of Data Security Management of ICU beds for severely critical patients. The Company's remote-sensing solutions enabled remote monitoring of patients at home and in non-ICU beds, freeing ICU beds occupied for constant monitoring needs. While the use of IoT in the ICU bed for COVID-19 beds also aided in effective minimising of exposure of frontline employees.

This also assisted in reducing the burnout among staff, especially in India, which was already high due to extended work hours. Additionally, due to the remote work, clinicians and intensivists based across Aster's network in different countries could extend support.



### Other operational Innovations At Aster

- ◆ Aster Homecare
- ◆ Aster Telemedicines
- ◆ Aster Online
- ◆ Chatbot platform
- ◆ Electronic Medical Record



Operational Innovations



## Aster Connect

The digitization of the entire hire to retire cycle has established a more efficient and engaging system for 20K+ employees on a single platform – Aster Connect, our customized people experience platform powered by Oracle Cloud HCM. Seven modules have been successfully launched in the last year.

The erstwhile manual, volume-based HR administrative activities like leave applications, personal info updates, salary slips, transfers, etc., are now done seamlessly on the platform.

The WFS (WorkForce Scheduler) module facilitates a productive deployment strategy in the different clinical departments to proactively manage the patient flow and demand.

It also automates the overtime and compensatory process, ensuring the caregivers keep their minds off administrative hassles. This initiative has also introduced a smoother candidate, and onboarding experience through My Career Journey enhanced our ability to attract top talent in a prompt and cost-effective manner.

**Aster Connect propelled our quantum shift from a manual, paper-based environment to an automated, paperless eco-system across the group in the last 1-2 years.**

58000+ applications received since the launch of My Career Journey in June'20, efficiency improvement through the streamlined process. One-stop-shop for Multiple stakeholders, including candidates, hiring managers, job boards and recruitment consultants

100% completion of performance reviews and KPI for the new FY 20-21 for all employees/managers/leaders on My Performance. Performance goals and assessment during probation, mid-year and end year is now online for all 20,000 employees

Blended, customized learning, including internal content and integration of varied digital platforms like Percipio, Lippincott Procedures and Procurement Academy, available on My Learn for 20K+ employees. 15-20% increase in learning hours in 3 months.

Transactional activities like leave management, salary processing for approx. 20,000+ employees in 7 countries done on the system.

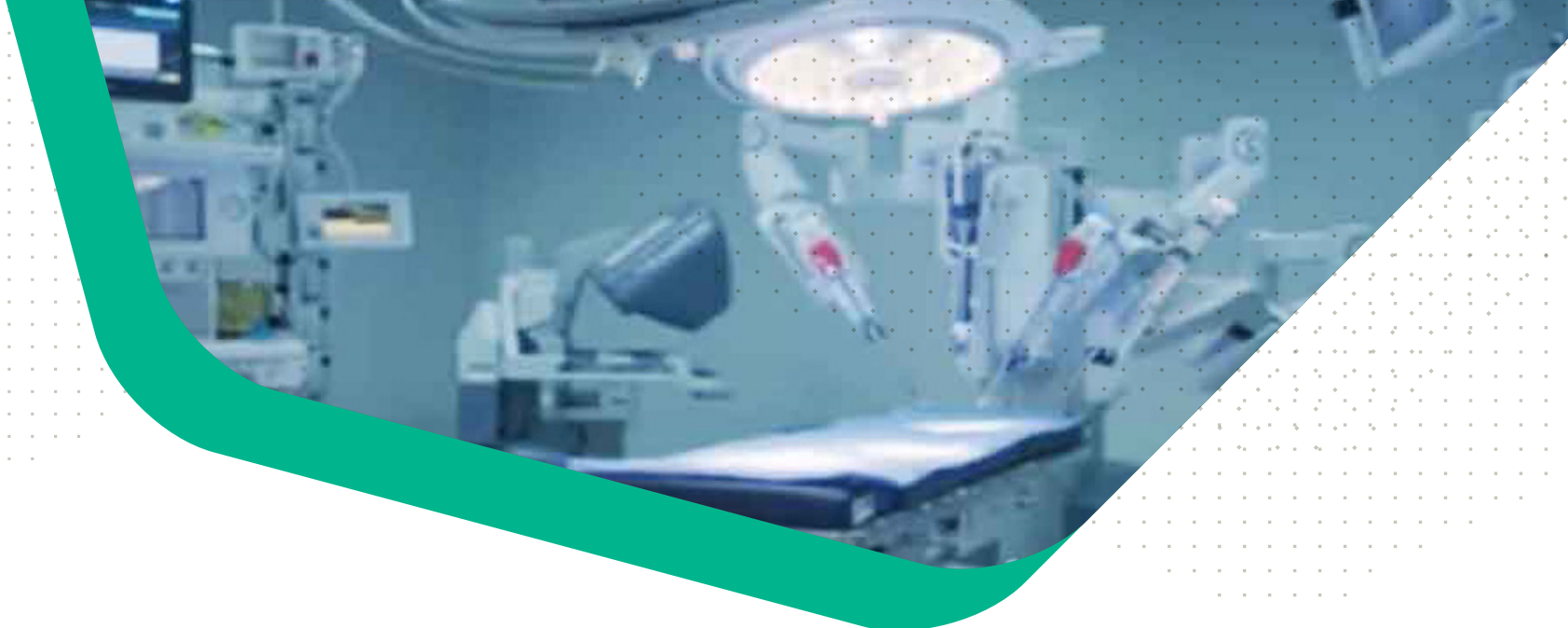
A separate process for Quarterly assessment of Clinician performance as per guidelines of JCI/NABH has been launched for 3000+ clinicians.

A deeper, integrated focus on career movement and development for critical roles like nursing enabled through My Performance, My Talent Plan and My Learn.

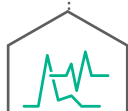
Total Rewards Statement, Stock option ownership statement, increment and bonus letters for 20,000 employees being generated on Aster Connect.

People rostering and deployment for 9000+ employees captured automatically on the workforce scheduler. Facial recognition platforms are available in key hospitals.

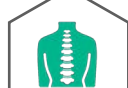




## Clinical Highlights



Aster Medcity successfully performs one of the first synchronized, leadless pacemaker procedures in India



Successful repair of 9-month-old chronic retinal detachment at Aster Hospital, Al Qusais



First Infant to receive Gene Therapy treatment in UAE at Medcare Hospital



Keyhole surgery (PELD) on the disc leads to fast recovery for Maldivian citizens at Aster MIMS Kottakkal



Kerala's First Nanoscope Arthroscopy performed at Aster MIMS Kannur



Treating A Rare Case of FITZ-HUGH-CURTIS Syndrome at Aster Hospital Qusais



Medcare Hospital is the first in the Middle East to launch advanced endoscopic treatment for acute acid reflux



Intra- Operative 3D Imaging With O - Arm Making Complex Spine Surgeries Safe and Accurate At Aster CMI Hospital



CKD with Urgent CABG with Pre and Post-Hemodialysis



Complex Cardiac Resynchronisation Therapy performed for the first time in Dubai at Aster Hospital



For the first time: Advanced Cervical Spine Surgery at Aster Hospital, Al Qusais



Doctors at Aster Medcity save a life by performing Extra Corporeal Cardiopulmonary Resuscitation (ECPR) at the emergency department



Rare spine deformity corrected in 12-hour long surgery in Medcare Hospital, UAE



A high-risk ambulance transfer and management of a critically ill patient with Severe Acute Pancreatitis in Oman.



Cyanoacrylate Embolisation: A new method to treat Varicose Veins



Extended endoscopic endonasal approach to treat Adamantinomatous Craniopharyngioma accounting for 1.2–4% of all primary intracranial neoplasms and 5–10% of intracranial tumours in children



First successful treatment with TAVI (Transcatheter Aortic Valve implantation)



Performed successful Awake craniotomy- for removing a deep-seated brain tumour



Baby with Immunodeficiency receives lifesaving Stem Cell Transplant at Aster CMI



Aster CMI conducts rare liver transplant procedure



Complex Hip Replacement Surgery in Aster RV Hospital, Bengaluru



Successful Transcatheter Aortic Valve Replacement (TAVI) in Aster RV Hospital, Bengaluru



Successful Distal Femur Plating for centenarian at Ramesh Hospital, Guntur



Giant Aneurysm of Right common Femoral Artery- Excision resulted in Removal Kgs clot. 10 of approximately Largest in the world to date

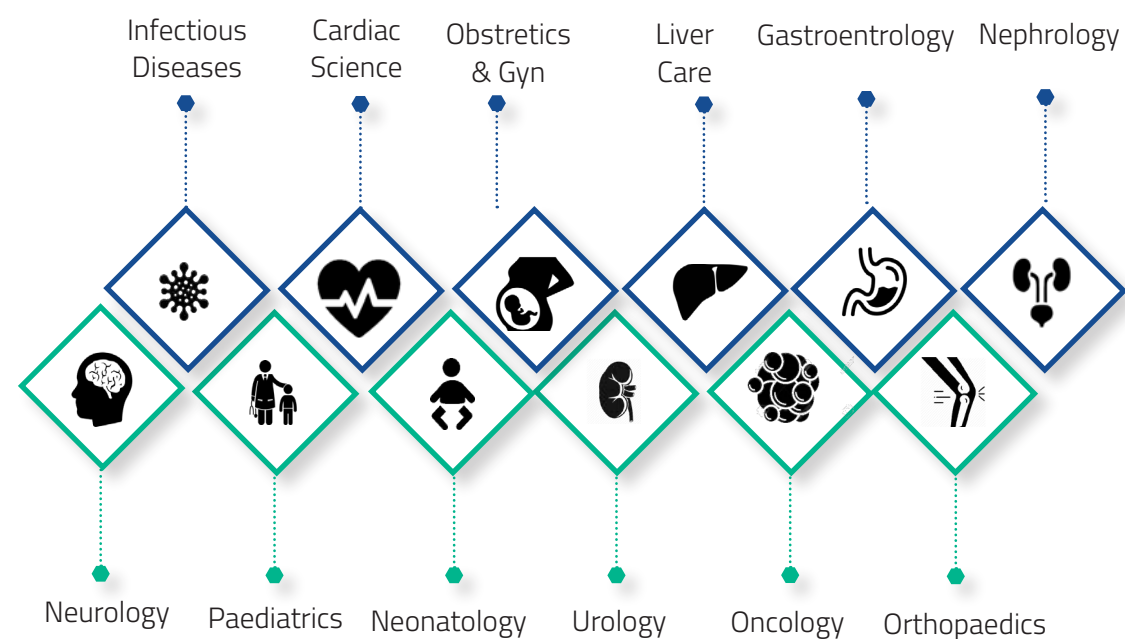




## Aster Centre of Excellence

The Aster Xcellence platform is a means to highlight some of the best work being done by our doctors, state of the art facilities being offered by our network and the expertise we have across geographies, which can be mobilized at any time. Cross country

collaboration, communication, sharing of knowledge and expertise among our doctors has resulted in operational excellence innovation and introduction, of the most advanced treatment techniques among our network facilities.







## TAKING CARE OF THE ENVIRONMENT

We have assessed the environmental impacts of our operations and are working diligently towards reducing our electricity consumption, water consumption and Greenhouse gas (GHG) emissions.



**5.7 GWh**  
Electricity saved across  
11 Aster Hospitals



**60,000 KL**  
Water consumption reduced



**997,000+ Liters**  
Treated sewage effluent used



**2,358 MW**  
Renewable energy to be  
integrated at hospital in UAE





## EFFICIENT UTILISATION OF ENERGY

When we talk about healthcare at Aster, we don't only mean the health of the people; we also mean comprehensive and efficient healthcare solutions that not only provide inexpensive and convenient medical services but also have the least impact on the environment.

In order to offer world-class medical care to patients, we have developed an infrastructure consisting of Hospitals, clinics, and pharmacies. Our hospitals are one of the largest consumers of energy.

We have implemented several energy optimisation interventions across the hospitals to leave the smallest carbon footprint behind.

Our existing hospital buildings have been improved retrofitted for enhanced greater energy efficiency, and several other retrofit measures are planned in future.

All our future projects are being designed with energy consumption and environmental impact in mind and are adhering to green building regulations as per the local authority requirements.

We've also begun to shift our primary energy source to more renewable energy sources by incorporating them into our current operational structure. In order to monitor and reduce our energy imprint, we've taken adopted a three-pronged approach:



Energy  
Efficient  
Hospitals



Energy  
Efficient  
Equipment



Renewable  
Energy  
Integration



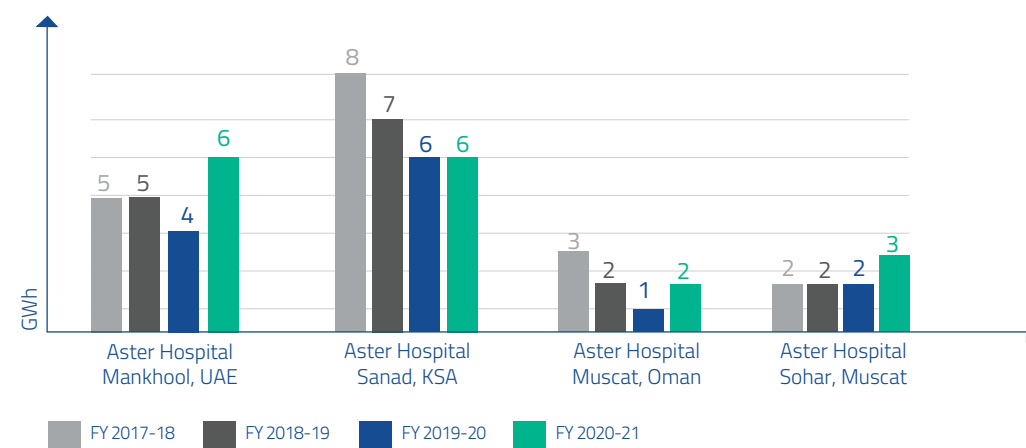


## Energy

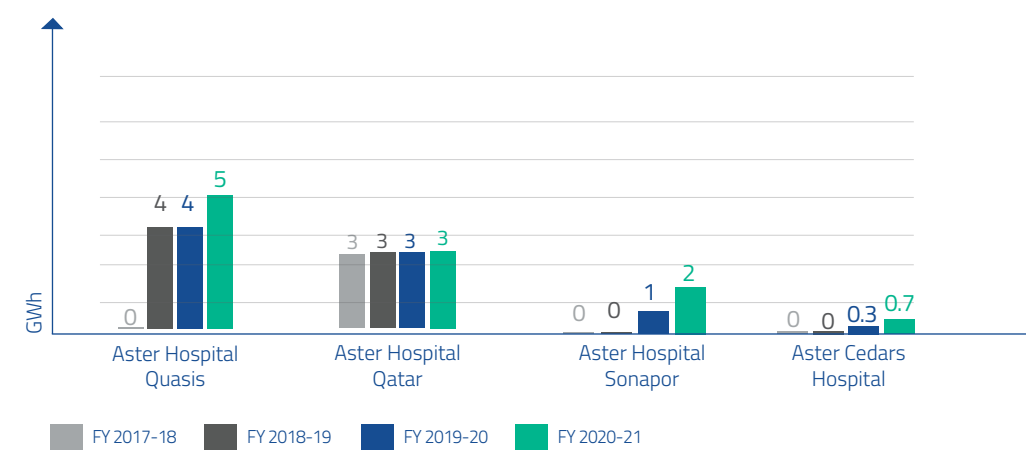
Our energy management initiatives have been guided by the premise that “what can’t be monitored, can’t be controlled.” We attempt to acquire a 360-degree perspective of our direct and indirect

energy usage by continually monitoring our day-to-day operations. In the graphs below, you can see our energy usage data over the years.

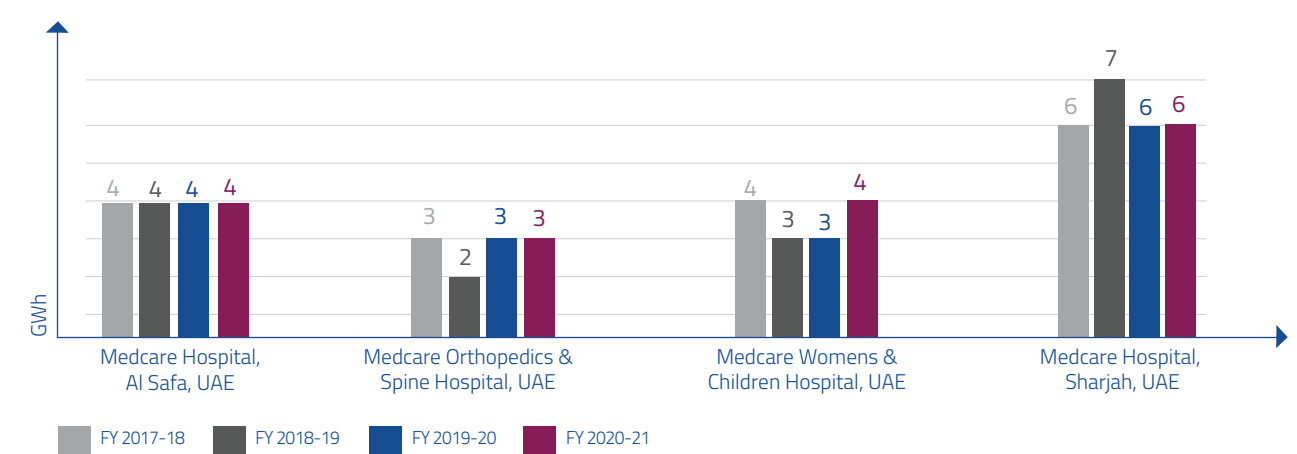
**Figure 02: Electricity Consumption in GWh at Aster Hospitals - GCC**



**Figure 03: Electricity Consumption in GWh at Aster Hospitals - GCC**



**Figure 04: Electricity Consumption in GWh at Medcare Hospitals - UAE**



As you can see, because of the spread of covid-19 and increasing demand for essential healthcare services, overall energy usage at our medical facilities has grown in the year 2020. As our frontline personnel fought bravely with the epidemic, we had to keep our operations running for long hours and days, resulting in greater energy

needs and consumption at our key centres. A few hospitals were successful in reducing overall energy consumption, like Aster Hospitals Sanad, Qatar, and Medcare Hospital Sharjah. This was possible due to energy optimisation and utilise energy-efficient equipment.

**652 MWh**

**Aster Hospital Sanad  
Saved electricity**

**218 MWh**

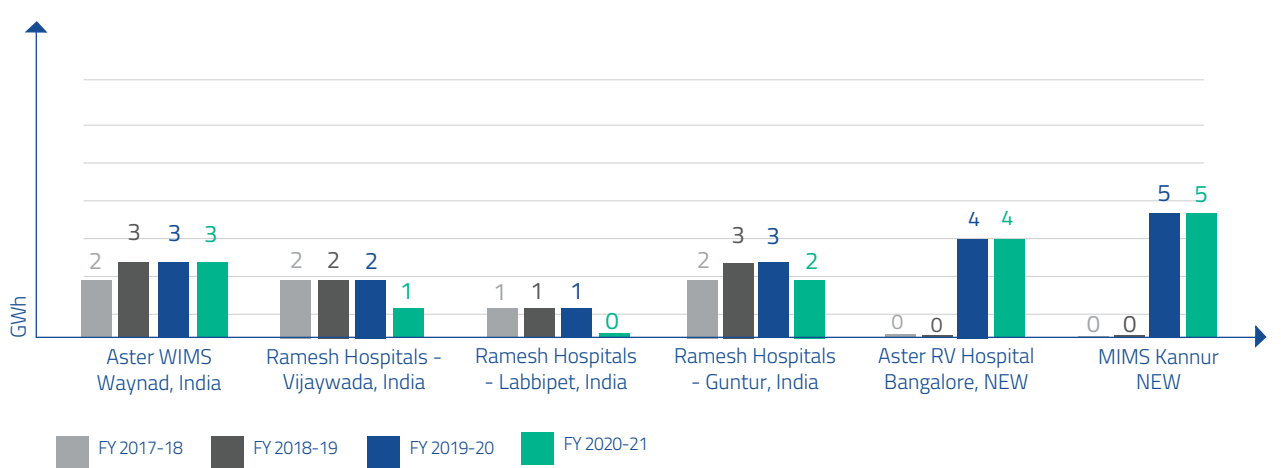
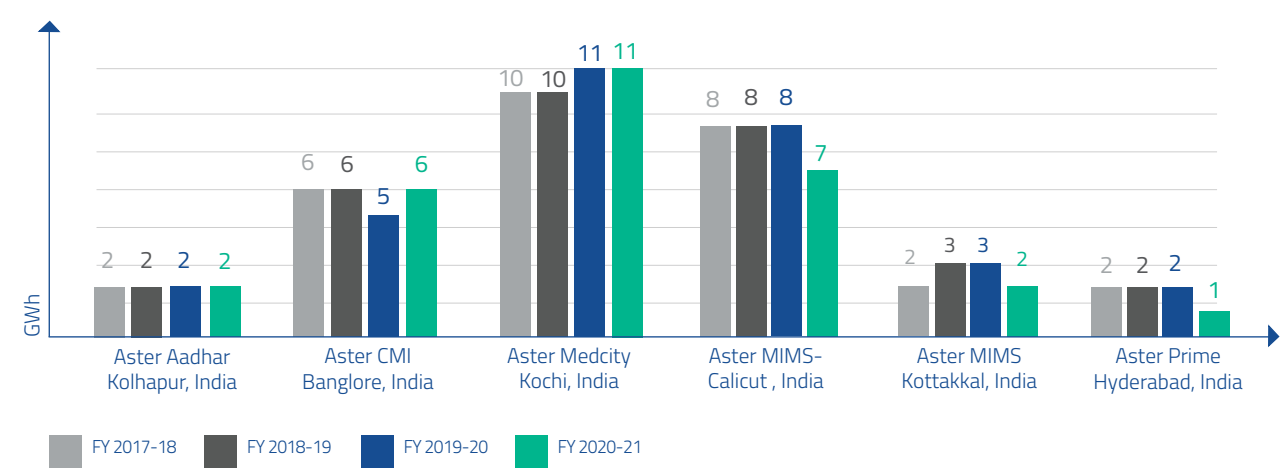
**Medcare Hospital Sharjah  
Saved electricity**

**112 MWh**

**Aster Hospital Qatar  
Saved electricity**

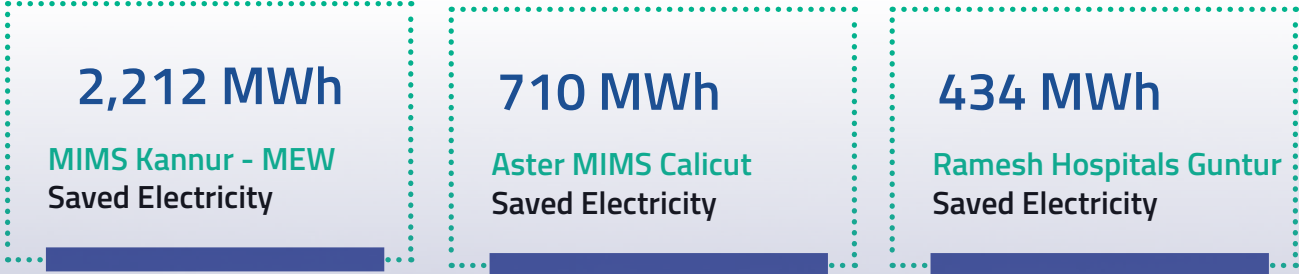


Figure 05: Electricity Consumption in GWh at Aster Hospitals - India



We have seen a substantial increase in our operations globally since 2019; still, there was only 1.2% increase in our electricity consumption for the year 2020. Aster and Ramesha hospitals India was successful in cutting down

their electricity consumption by 4280 MW annually. This was possible due to various efforts for energy optimization and shifting our consumption to clean energy wherever possible.



Note: Aster Ibri Oman, Aster Whitefield Women & Children Hospital, and Ramesh Sangamitra don't have electricity consumption data as they are still working on improving their data collection process.





## Energy Efficiency Measures

At Aster, we have mapped our entire energy footprint and have set a strategy to manage the same. Since our hospitals are large energy consumers, therefore, we need to design our hospitals keeping energy efficiency in mind

as well as improve the efficiency of existing hospitals; additionally, we are looking into the energy consumption of different equipment options wherever possible.

### AC Replacement

Aster Cedar hospitals and Aster Clinics has replaced their old split ACs with energy-saving inverter units, which has shifted our refrigerant gas emissions from R22 to R410, an environment-friendly initiative.

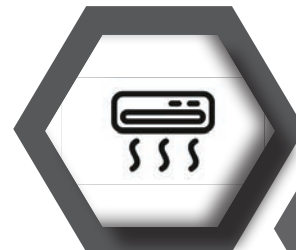
### ESCO services

Energy conservation audit by ESCO and implementation of revenue sharing project for saving utility bills across UAE hospitals. This project will have a saving target of 10% per annum and will be implemented by February 22.



### Adiabatic Cooling System

We have Installed adiabatic cooling system to chillers of Medcare hospitals to target energy reduction by 10%. We have targeted a 15,896 MWh reduction per year with this initiative.



### Heating, ventilation, and air conditioning (HVAC)

Air conditioners are one of the largest consumers of energy in our hospitals. With the availability of new technology for precise controls and pre-cooling through evaporative air-conditioning (for temperature and humidity control), it is possible to reduce chiller consumption by 40%.

Multistage evaporative air-conditioning (EAC) is a game-changing technology that can reduce chiller loads, used for temperature and humidity control, by 30-40%.

With this implementation Aster will be able to save the power cost by around 1.5 Lakhs/Month and 18.0 Lakhs/Annum. This is proposed to be implemented in financial year 2021-22.



## Green Hospital Concept

Substantial quality interventions have given new insight and scope for improvements in the Engineering infrastructure of Aster RV Hospital, Bangalore.

Rapid technological advancement has paved the way for the growth of intelligent infrastructural designing leading to stronger infrastructure and effective use of Green Energy that in turn involves providing cost-effective Engineering services. To invoke a sense of a continuous process and creating

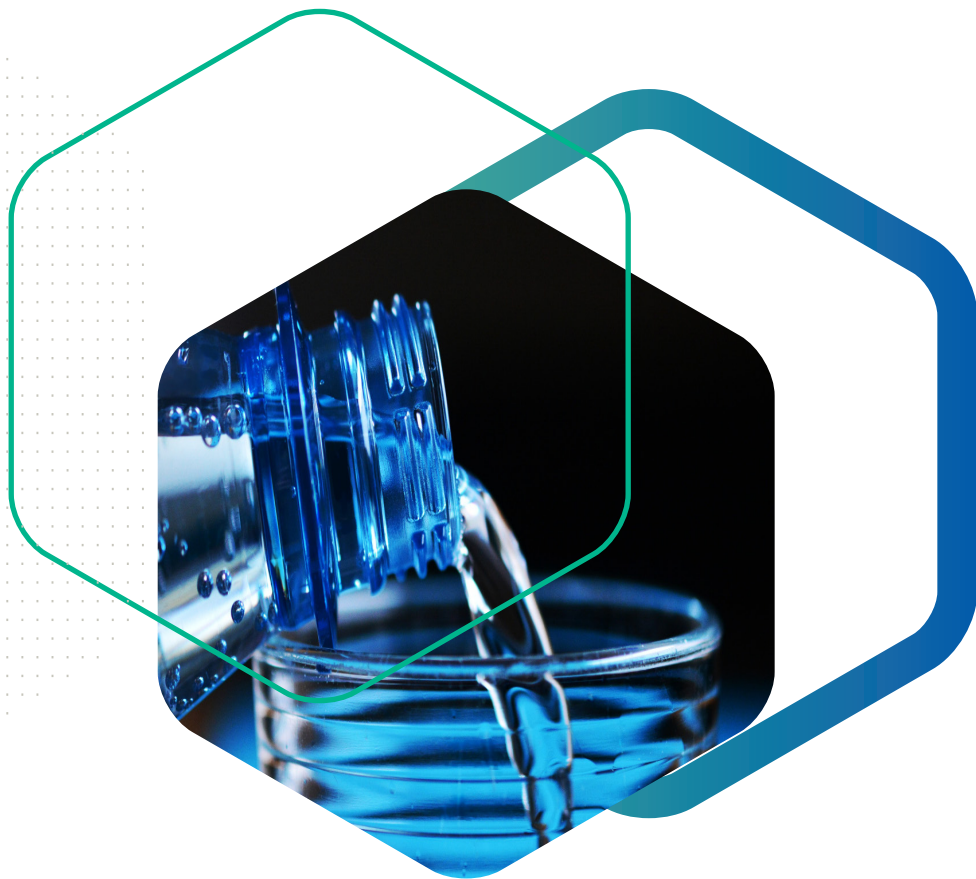
a Green Hospital environment physically and psychologically appropriate, "Healing Architecture" is adopted by the hospital.

**Aster RV Hospital is one such hospital under Aster DM Healthcare that has strived to execute the best Engineering Infrastructure by adopting the "Green Hospital Concept".**

Proficient hospital design has led to a great business outcome, as patients are looking for quality care in a safe and healthy environment.







## OPTIMISING WATER USE

It is anticipated that freshwater supplies will be depleted by 40% by 2030, and worldwide demand will continue to rise, resulting in a global water crisis. To address this forecast, the United Nations announced the Water Action Decade (2018-2028) and asked nations to submit proposals and ideas that would help us all mitigate the water crisis efficiently.

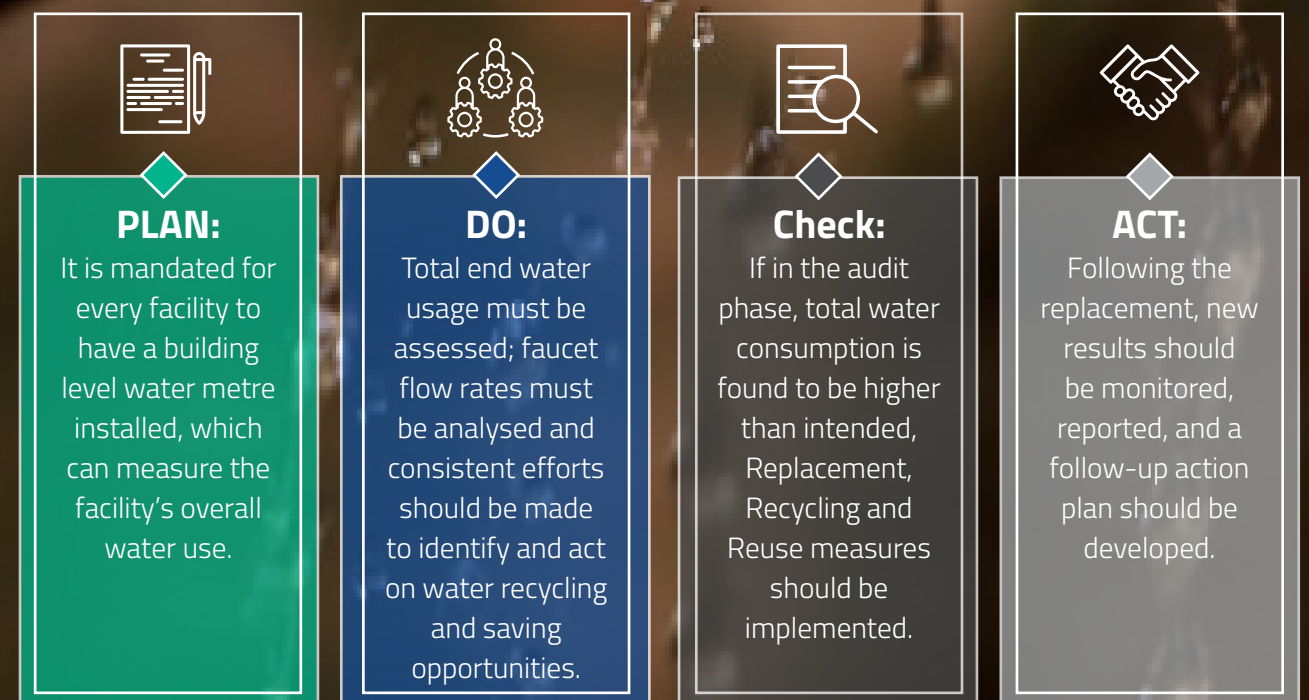
We strive to optimise and minimise water consumption at every step of our operation, and it is one of the key strategic pillars of our sustainability agenda.

Consistent efforts are made to identify leaks, install efficient water faucets & fittings and reuse the discarded water wherever possible.



## Water Management Procedures Adopted at Aster

We use the Plan -> DO -> Check -> Act cycle to monitor and optimise water use at Aster. Water consumption is monitored at every step, followed by water audit and fitting replacements to eliminate wastage and optimise usage wherever possible. We also continuously look for opportunities where we can utilise recycled and treated wastewater.





## Water Performance

We've been steadily increasing our reach over the last few years, which means our Aster family has gotten even bigger, and we've begun to serve even more patients. As a result, our water consumption should have ideally increased substantially.

However, because of our unwavering efforts and innovative solutions, we have been able to reduce water usage at most of our sites on a year-over-year basis. Despite an increase in healthcare activity owing to the continuing epidemic, the majority of our hospital facilities used less water last year.

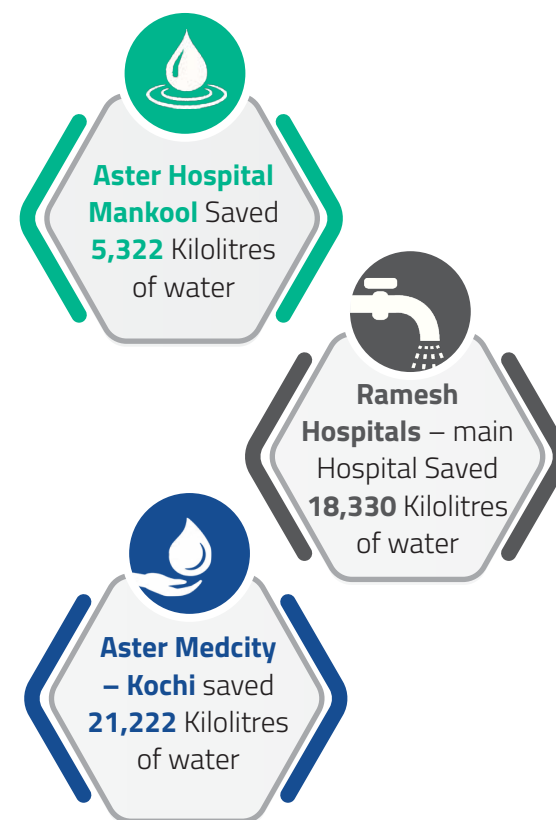


Figure 06: Water Consumption in Thousand Kilolitres at Medcare Hospitals - UAE

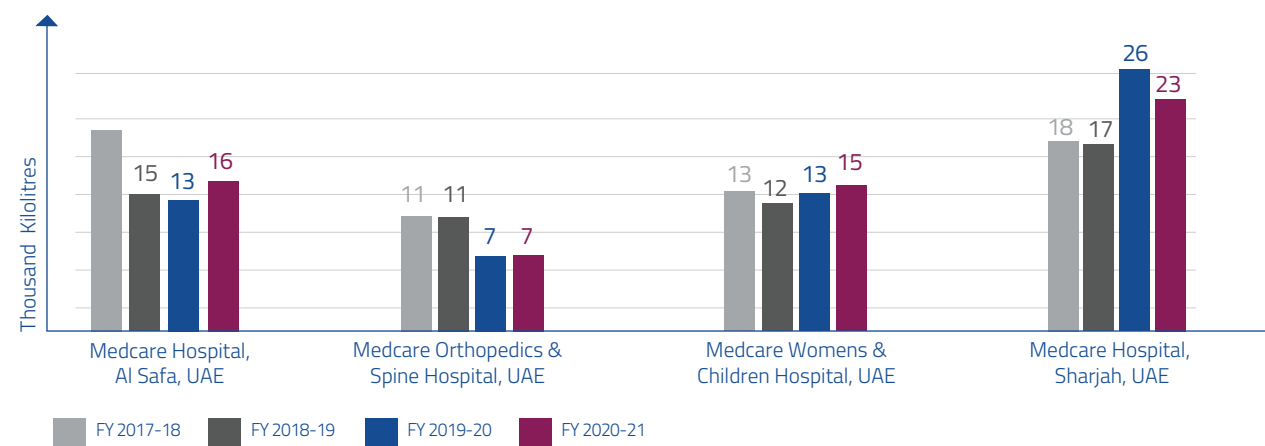
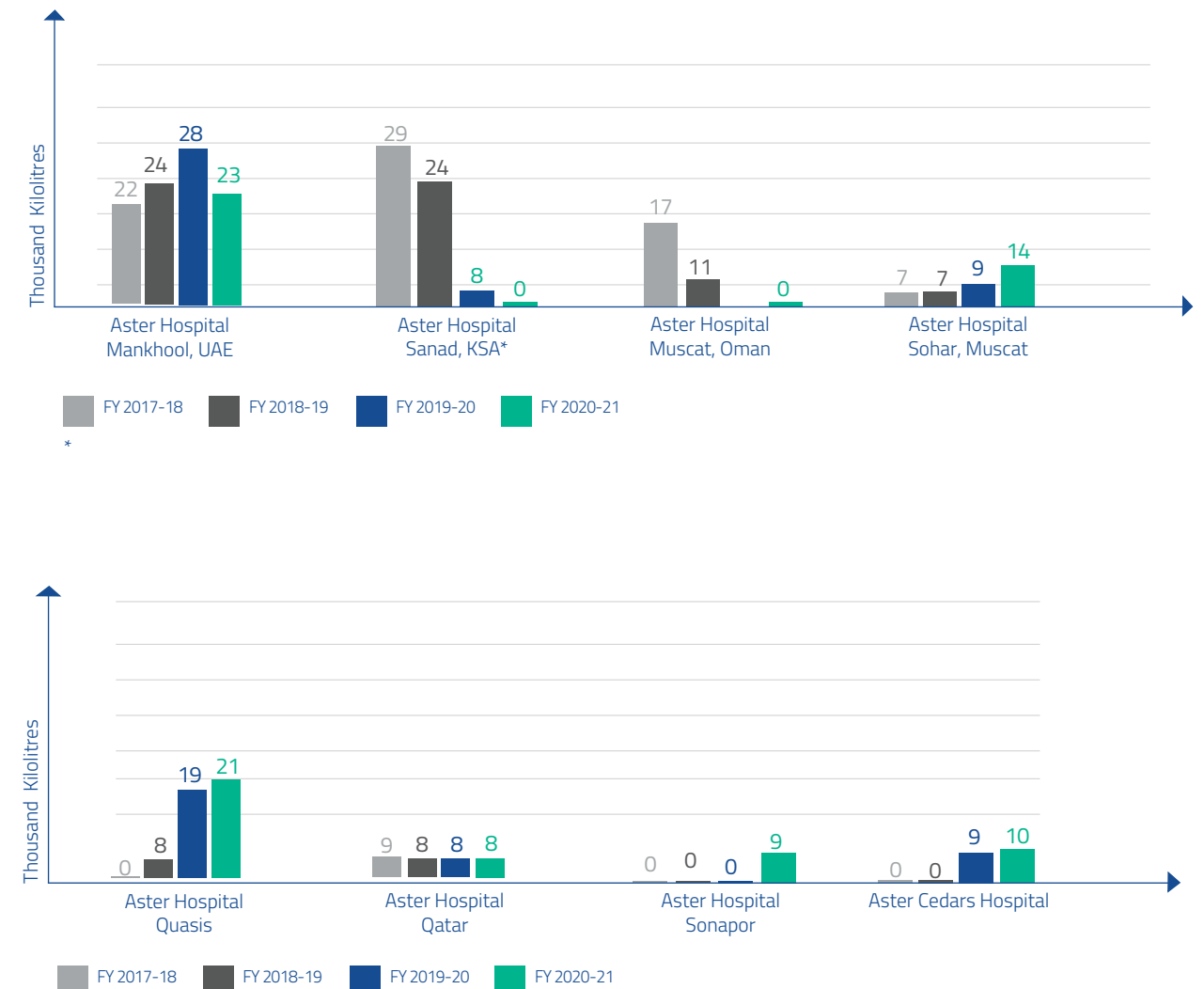


Figure 07: Water Consumption in Thousand Kilolitres at Aster Hospitals - GCC



**57,000+**

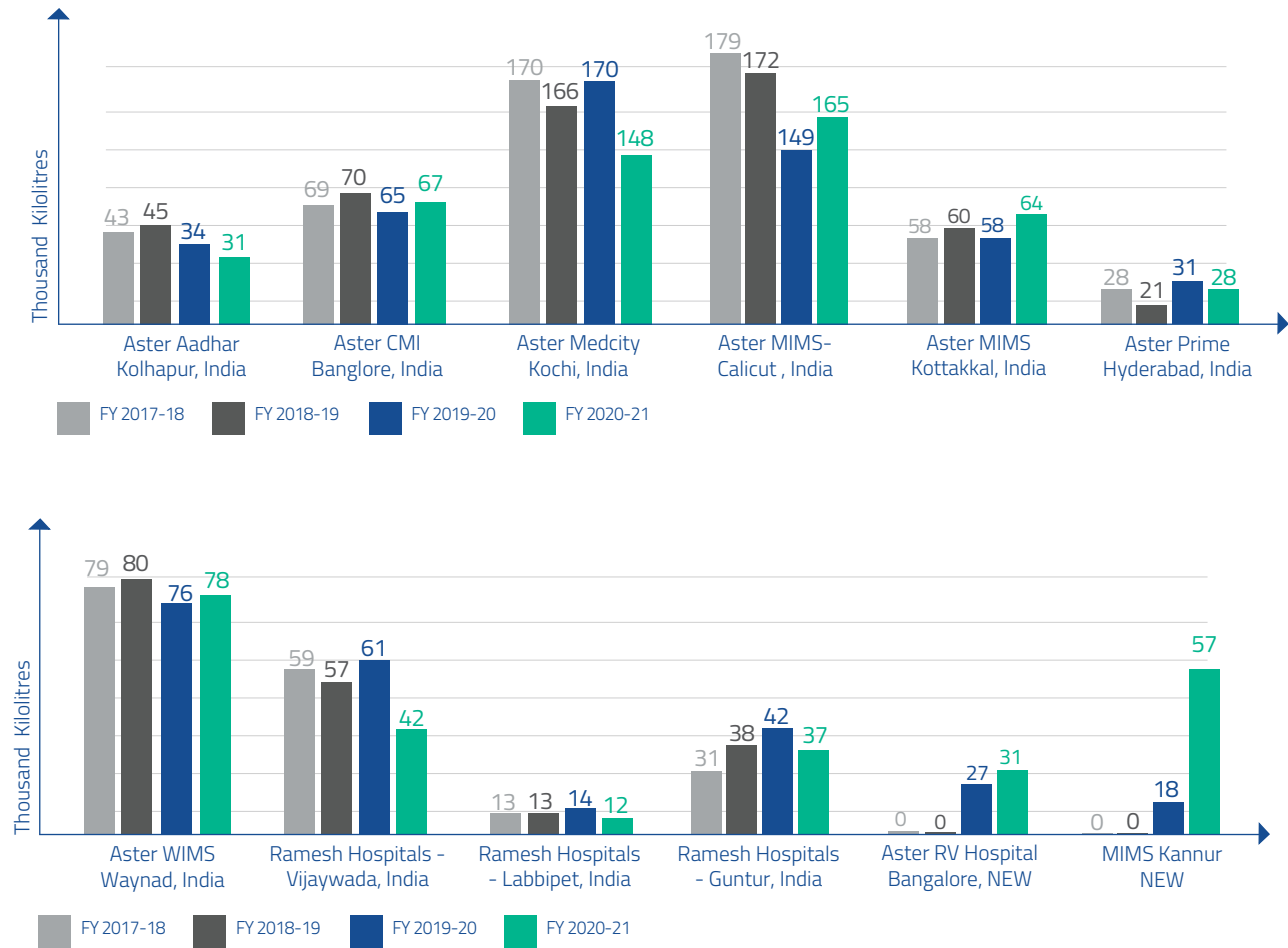
**Litres water saved**  
by four hospitals in GCC

Due to our continuous efforts towards water rationalization, we have been able to bring down water consumption at four of our hospitals in GCC.

Aster Hospital Mankool, Sanad, Muscat and Medcare Hospital Sharjah have done remarkably well and have saved more than 57,000 litres of water.



Figure 08: Water Consumption in Thousand Kilolitres at Aster Hospitals - India



**53,000+**  
Litres water saved  
by six hospitals in India

Similar to the GCC operations, we have successfully brought down water consumption at six of our hospitals in India.

Aster Hospital Kolhapur, Medcity – Kochi, Prime Hyderabad and Ramesh Hospitals Vijayawada, Labbipet and Guntur have brought down their water consumption and saved 53,000 litres of water.

Note : Aster Ibri Oman, Aster Whitefield Women & Children Hospital, and Ramesh Sangamitra don't have water consumption data as they are still working on improving their data collection process.



## Water Conservation

Efficient utilisation of water is an important aspect of our sustainable hospital operations. We are always on the lookout for water savings and reduction opportunities. Some of

these include utilisation of HVAC condensate, installation of aerators, the utilisation of treated sewage effluent etc.



### Recycled Water for Landscaping

At Aster Head Quater (AHQ), HVAC condensate water is being used for irrigation systems. This initiative will help in saving 1825 Kilo litres of potable water.



### Utilising HVAC Condensate

Aster CMI has been successful in utilising 100% recycled water for landscaping and other non-critical utilities with a savings of around 0.50 Lakhs/Month and 6.0 Lakhs/annum.



### TSE for Cooling Tower

Aster Mankool and Aster Quasis Hospitals have successfully installed water-saving aerators in hospital washrooms. The total amount of potable water saved with this initiative was 29,000 Kilo litres annually.



### Water Saving Aerators

Aster Medcity uses RO processed Treated Sewage Effluent (TSE) for cooling tower water requirements. This reuse of sewage treated water has saved 10,500 litres per day water requirement and reduced the water expense by 15%.

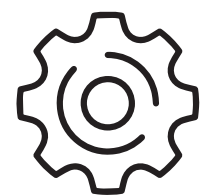


### Reusable Water Bottles and Cups

Aster is committed to the circular economy and reducing the consumption of materials specially single use plastics. Aster has stopped using plastic water bottles and disposable cups for all employees and visitors. Aster has provided all employees with glass water bottles and mugs for daily use. All the meeting

rooms plastic water bottles have been changed with refillable glass water bottles. Aster has also replaced bottled water dispensers with water purifier systems in all our offices. Aster targeted to reduce the use of single usage plastic water bottles by zero.





## Sewage Treatment Plants, India

Our commitment to waste management is reflected in several activities we undertake to reduce the impact of waste generated from our operations. In order to effectively treat the sewage generated at our hospitals, we have installed several sewage treatment plants.

The aim was not only to treat our sewage before disposal but to cut down our water consumption at these hospitals. Further, we have identified means to reuse our treated water for the following purposes:

Hospital	STP Capacity	Quantity of Treated Sewage Effluent generated (Liters)	Quantity of Sewage Effluent Reused in 2020		
			Flushing	Horticulture	Cooling Tower
Aster Medcity	1,000 KLD	147,500	-	137,000	10,500
DM WIMS	600 KLD	250,000	100,000	150,000	-
Aster MIMS, Calicut	600 KLD	400,000	-	-	-
Aster MIMS, Kottakkal	350 KLD	200,000	40,000	160,000	-
Aster CMI	250 KLD	60,000	-	60,000	-
Aster MIMS, Kannur	180 KLD	155,000	22,000	33,000	100,000
Aster RV Hospital	135 KLD	35,000	-	35,000	-
Ramesh Hospital, Guntur	110 KLD	30,000	30,000	-	-
Aster Aadhar (1)	60 KLD	60,000	25,000	35,000	-
Aster Aadhar (2)	60 KLD	60,000	25,000	35,000	-
Ramesh Hospitals (Main Unit)	40 KLD	-	-	-	-
Aster Prime, Ameerpet	20 KLD	-	-	-	-



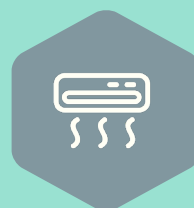
**242,000 Liters**

Water Reused for Flushing



**645,000 Liters**

Water Reused for Horticulture



**110,5000 Liter**

Water Reused for Cooling Tower



**3,405 KLD**

Capacity Installed



**997 KLD**

Potable Water Saved



**12**

Sewage Treatment Plants



## Waste Water Reuse at Aster Medcity, Kochi

Aster Medcity has a running STP with the capacity of 1 MLD (Million Kiloliters per day). It treats 164,000 KL of sewage daily and reuses the treated effluent for cooling tower,

landscaping and irrigation purposes. This initiative helps in saving 147,500 KL of potable water daily.

**147,500 KL**

potable water saved daily  
by Aster Medcity, Kochi

**164,000 KL**

sewage treated daily  
by Aster Medcity, Kochi



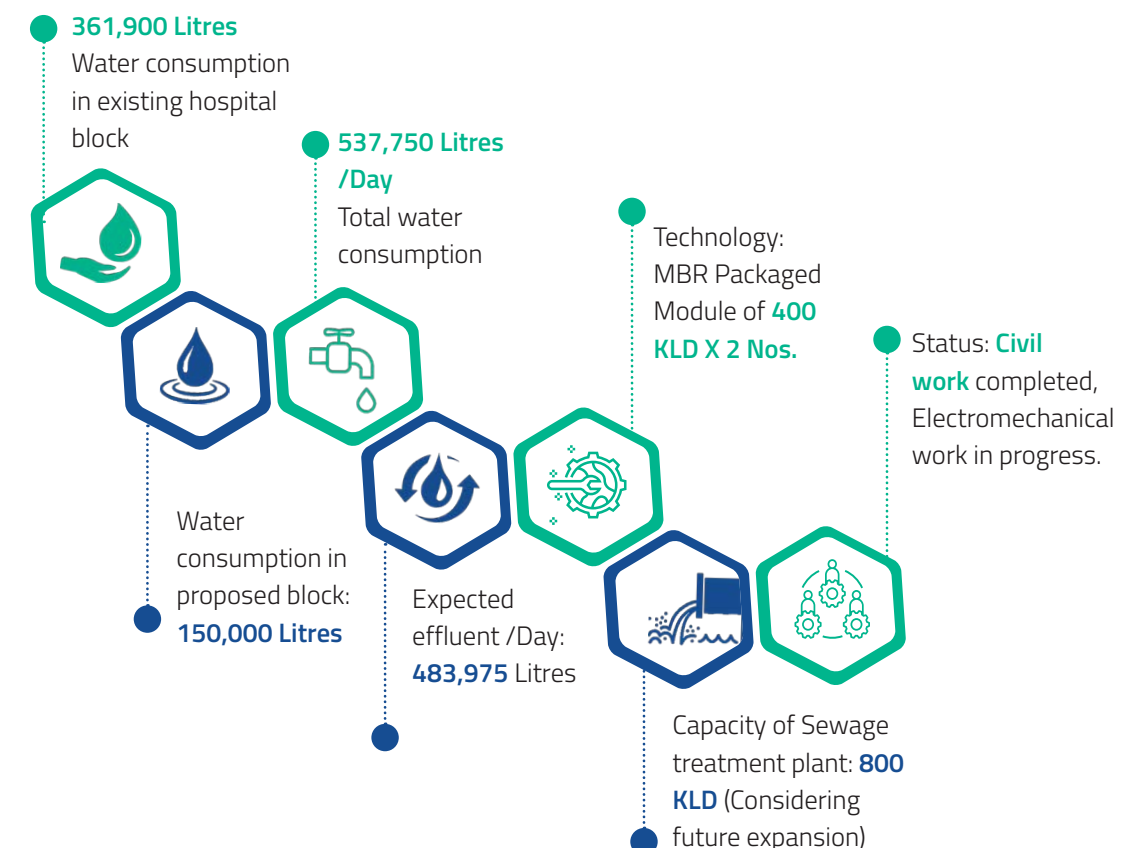
## Waste Water Reuse at Aster MIMS Calicut

Upgrading of the STP: At present, the MIMS Calicut STP treats 400,000 litres of sewage before disposal, but this is not being reused at present due to the quality parameters of reused water.

It is estimated the plant will treat more than 500,000 litres of effluent daily and reuse for flushing, horticulture and cooling tower.

As a result, we have observed that our STPs have a capacity of nearly 2 MLD (Million Litres Per Day) which helps in saving more than 500,000 litres of potable water daily by reusing the effluent water for flushing, horticulture and cooling tower.

**A new 800 KLD (Kilo Litres Per Day) STP is under construction with better technology and equipment, which is planned to be completed and operational by the end of October 2021.**







## SUPPORTING CLIMATE CHANGE MITIGATION

According to the UNFCCC and the IPCC, greenhouse gas emissions must be brought down to zero by 2050 to prevent the catastrophic effects of climate change and limit global warming below 1.5°C.

Identifying Greenhouse gas (GHG) emission hotspots, pre-assessment of emission values, and then devising a plan to reduce

emission intensity are all different aspects of Aster's multi-pronged approach to reducing Greenhouse gas (GHG) emissions.



We have identified that the total Greenhouse gas (GHG) emission is indirectly linked to energy and water consumption. Hence, we are making active efforts towards optimising energy and water utilisation in our hospitals to reduce the linked emissions.

We also promote carpooling and group travelling among our employees to further reduce the emissions generated by vehicles.

By controlling the organic waste generated by our facilities, we intend to reduce the CH<sub>4</sub> emission from landfills. We have also implemented multiple paper use reduction and recycling initiatives in place to achieve the goal.

Additionally, we are looking at different areas where we can integrate renewable energy and are in the process of installing 2,358 KWp solar PV in the UAE.



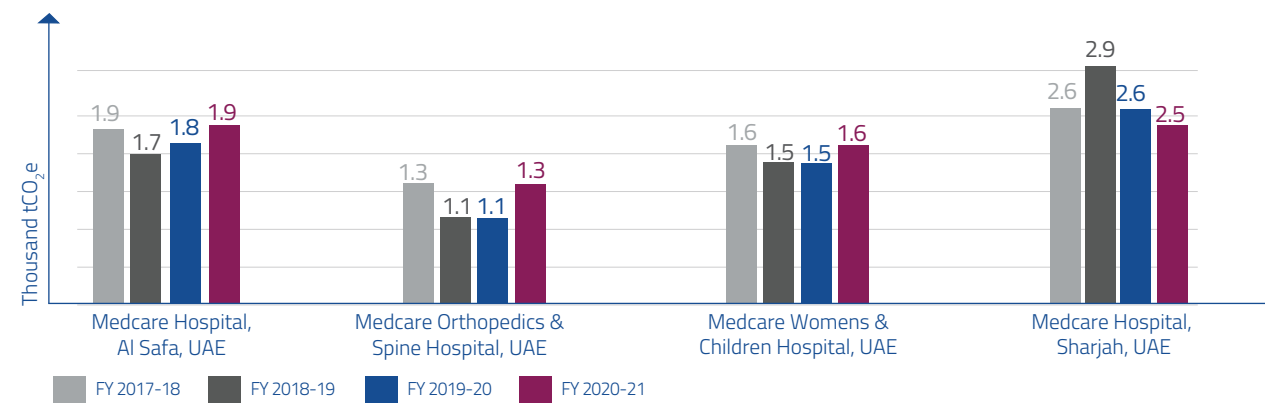
The Greenhouse gas (GHG) emissions emanating from our operations is mainly from the electricity consumed at our hospitals. Therefore, we have estimated Scope 2 (as per GHG Protocol) GHG emissions from our hospitals. However, at several of our hospitals in GCC, the energy

and water consumption has increased due to the improved health care service provided at these hospitals, which has led to the increase in our carbon footprint in GCC operations.

**Figure 09: GHG Emissions in Thousand tCO<sub>2</sub>e at Aster Hospitals - GCC**



**Figure 10: GHG Emissions in Thousand tCO<sub>2</sub>e at Medcare Hospitals - UAE**

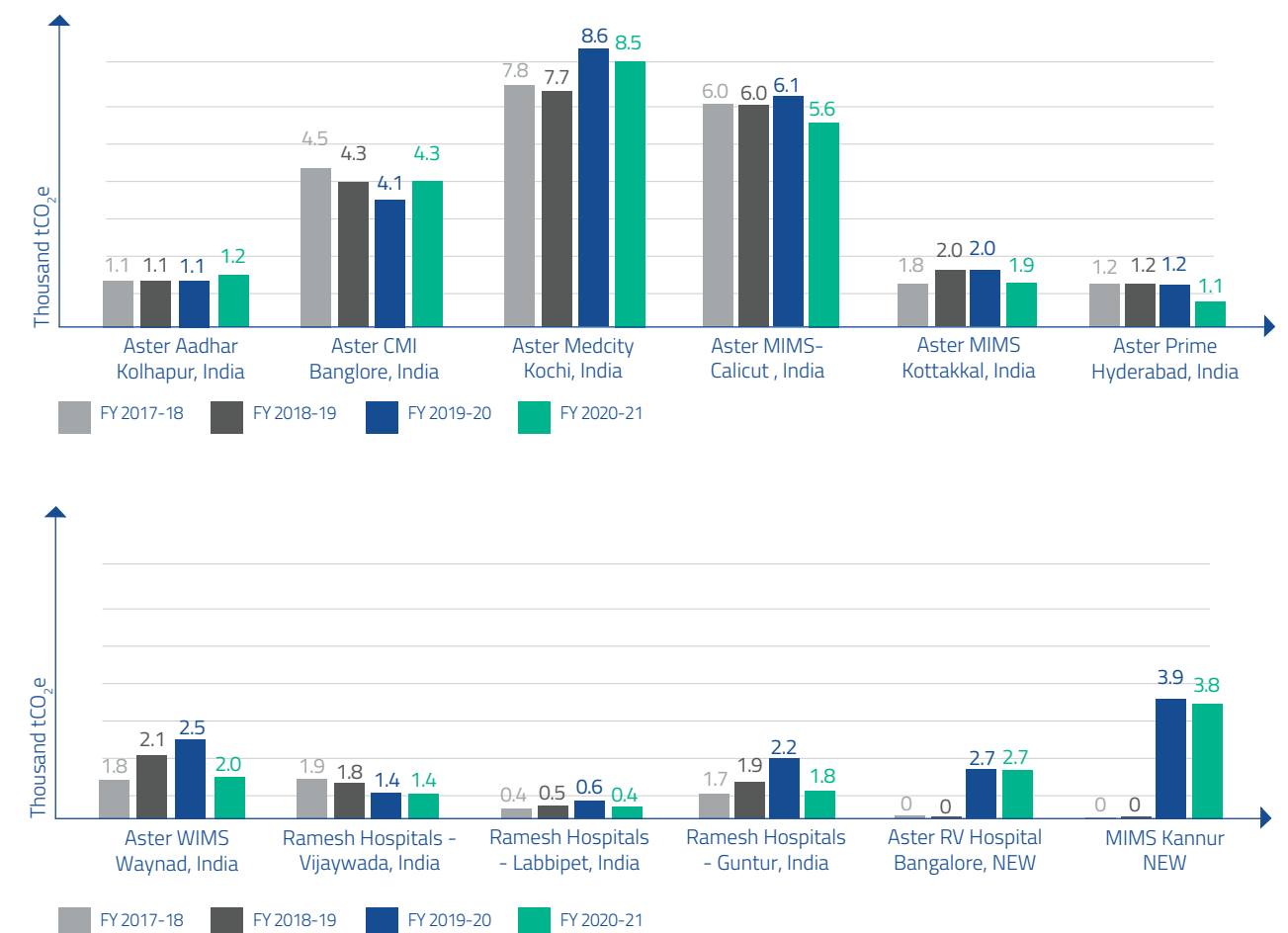


**3,206**

**tCO<sub>2</sub>e reduced**

by eight hospitals in India

**Figure 11: GHG Emissions in Thousand tCO<sub>2</sub>e at Aster Hospitals - India**



The reduction in our carbon footprint is worth noting for our hospitals in India. We have reduced 3,206 tonnes of carbon dioxide for India operations by interventions in our electricity & water efficiency and optimising various energy-efficient equipment to meet our energy reduction targets.



## Greenhouse Gases (GHG) Emission

Electricity use at our hospital's accounts for a significant percentage of our Greenhouse Gas (GHG) emissions. We calculated the scope 2 Greenhouse Gas (GHG) emissions from our hospital facilities based on the Greenhouse Gas (GHG) protocol.

Despite the fact that our Greenhouse Gas (GHG) emissions stayed almost unchanged or grew by a minor factor in FY 2020 -21 as the result of the Covid-19 and other long-

term healthcare initiatives, the previous trend demonstrates that we are capable of effectively reducing GHG emissions in our hospitals.

**In the previous year, the majority of our hospital facilities in India were able to cut their GHG emissions.** It is unquestionably a positive indication, demonstrating our dedication towards improving energy efficiency and lowering GHG emissions.

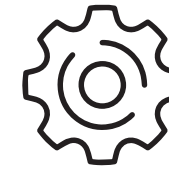


**2019**  
67,000

Green house  
Emissions (tCO<sub>2</sub>e)

**2020**  
64,000

Green house  
Emissions (tCO<sub>2</sub>e)



## Renewable Energy Integration at Aster

### Renewable Energy Conservation

The Company constantly strives towards conservation of energy and energy optimisation by taking several steps to integrate renewable energy into our operations. Aster has mapped its entire energy footprint and has set up a strategy to manage the same.



#### Green Power at Aster CMI

Solar and Wind energy: One of the Company's units Aster CMI Hospital, Bangalore, is the first hospital to get a Green Power tag.

90% of the power utilisation is from solar and wind energy, thereby saving about 38% of the total power cost. The introduction of Green Power has fetched considerable savings in power cost.



#### Solar PV Installation at UAE

Plan for 2358 MWh annual generation by solar panels for ASTER QUASIS, MEDCARE SAFA, ASTER CEDAR and ASTER SONAPUR has been approved by CPC for the financial year 2021-22.



#### Solar Streetlights at Aster Cedar

Aster Cedar Hospital has installed solar street lights for GHG reduction.



5%

Reduction in GHG Emissions  
for India operations



90%

Aster CMI gets green power tag  
– 90% Utilisation of Renewable  
Energy



1%

Reduction in GHG Emissions  
overall



10%

Reduction in GHG Emissions  
for Aster Hospital Sanad



28%

Reduction in GHG Emissions for  
Ramesh Hospitals – Main Hospital



34%

Reduction in GHG Emissions for  
Ramesh Hospitals - Labbipet





## EMBRACING CIRCULAR ECONOMY

Operating our healthcare infrastructure of hospitals, clinics and laboratories result in the generation of several waste streams, many of which are hazardous as well. All of our premises have a defined waste identification, segregation, storage, treatment and disposal procedures. These have been developed in accordance with local regulations as well as global best practices.

As a responsible healthcare provider, we have embraced the principles of circular economy and have rationalized our resource consumption based on the 4 R's principle, which is to **Reduce, Reuse, Recycle** and **Recover** wherever possible. The broad categories of waste generated across our

operations include **biomedical, plastic, food, metals, paper** and **cardboard**. We keep track of all types of waste generated and segregate the recyclables at the source itself. All such records of daily waste generation, recycling, treatment and disposal are maintained on a day-to-day basis.

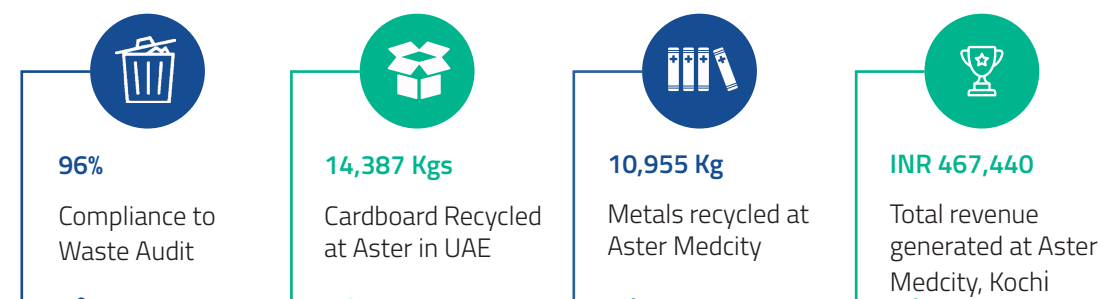


Figure 13 : Biomedical Waste Generated at GCC Region (Weight in kg)

We have contracted local vendors across all our operations to facilitate the waste management program at Aster.

Regular waste audits are conducted to ensure that the waste procedures as stipulated in the waste management plans are being followed and adequate records are being maintained.

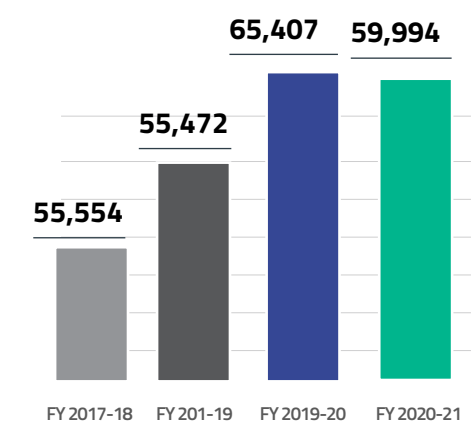
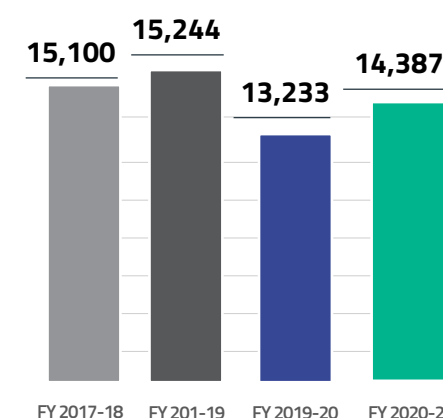
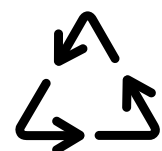


Figure 12 : Cardboard Recycled at GCC Region (Weight in kg)



As responsible healthcare providers, we have embraced the principles of circular economy and have rationalized our resource consumption. Because of Aster's capacity to anticipate and prepare for the future, it is able to dig deeper into cutting-edge healthcare procedures. Its unwavering commitment to providing the greatest treatment allows it to build additional locations and position itself as a healthcare provider who understands the requirements of the new normal.



## Case Study : Waste Management at Aster Medcity

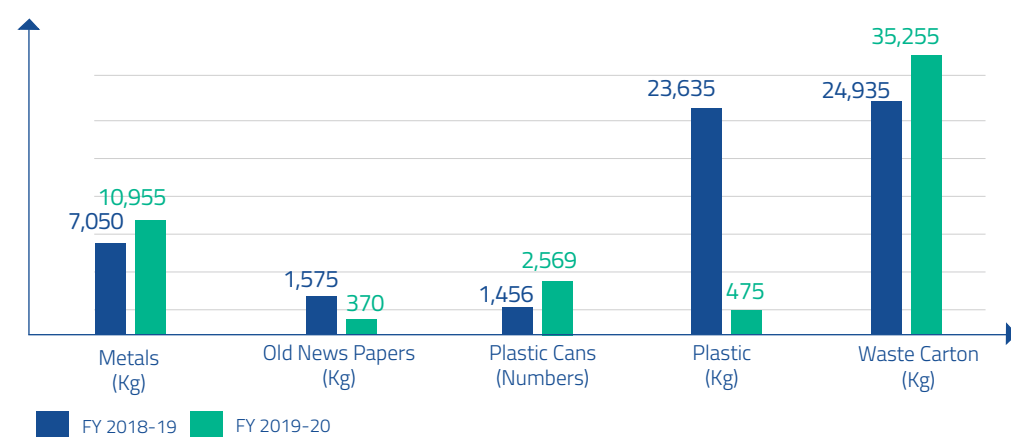
Aster Medcity has a well-established recycling procedure. The hospital generated 446,660 Kgs of general waste for FY 2020-2021.

The hospital has vendors and different procedures for the collection and recycling of recyclable materials like metals, old newspapers, plastic cans, plastics and waste

cartons. With the help of our well-established recycling program for all these different types of waste, we were able to generate total revenue of INR 467,440.

The quantity of the different type of waste recycled as compared to last year is shown below:

Figure 14: Quantity of Waste Recycled at Aster Medcity



## Aster Green Choices Initiative

We launched the "Aster Green choices" initiative as part of our plan to optimise resource consumption.

We have stopped using plastic water bottles and disposable cups for all employees and visitors unless where its deemed necessary because of the ongoing pandemic.

We have provided all employees with glass water bottles and mugs for daily use.

All the meeting rooms plastic water bottles have been changed with refillable glass water bottles.

We are have also replaced bottled water dispensers with water purifier systems in all our offices. We have set a target to reduce the use of single usage plastic water bottles by zero. In another effort, we have eliminated all printers from the office in order to go paperless.

There is only one centralised printer and scanner in each office operating with personalised codes. The codes help us in tracking the number of prints given by each individual. We believe that the green choices initiative will go a long way in reducing our environmental footprint and result in source reduction of waste.







# SOCIAL

## OUR PEOPLE

Our employees are more than just healthcare professionals. They are an integral part of the Aster family and the key stakeholders of our vision, mission and ideologies.



**60%**  
Women employees



**70+**  
Nationalities



**1,800**  
Employees provided CME training



**4%**  
Increase in number of employee



**Platform**  
Implemented for measuring patient experience across all Aster DM units



**100%**  
Eligible employees underwent performance appraisals



## OUR PEOPLE

The dedication, support and tireless efforts of our employees have been the cornerstone of the growth and success we have achieved. It is our prime duty to help, support and nurtures them and to provide them with a work environment where they feel safe, secure and welcomed.

Our People are our strength, and at present ,we have a committed workforce of 21,933 employees, including Doctors, Nurses, Paramedics, Admin, Out-source staff and

other support staff. We value and foster the contributions of our employees, and as a result, we grow and flourish together.

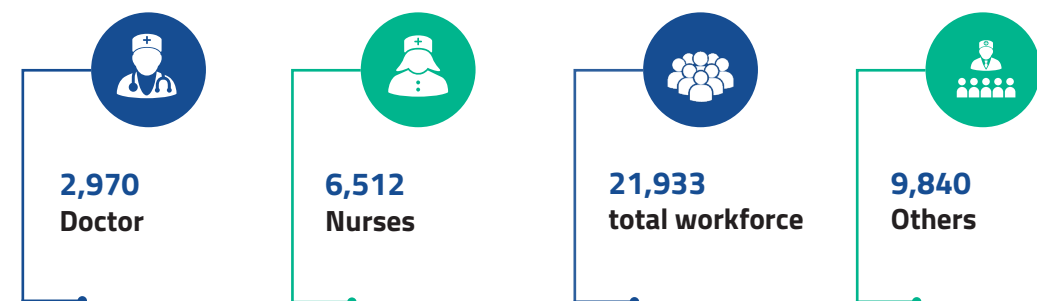
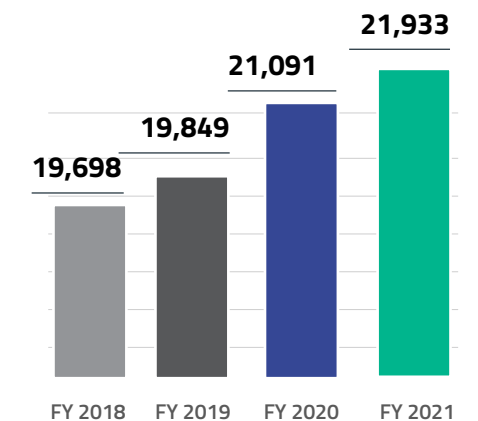


Figure 15 : Total Number of Employee

The employees are regularly updated about any new activities, ventures, accolades, changes to the management via newsletters, e-mails and town hall meetings. We also ensure that appropriate training opportunities are made available for the personal and professional growth of our employees.



We have seen a 4% increase in our total number of employees from the previous year. This is because of our increased social activities and our continuous efforts to weather the storms spurred by COVID-19.







Nationality  
30% ↑

Nationality mix in GCC

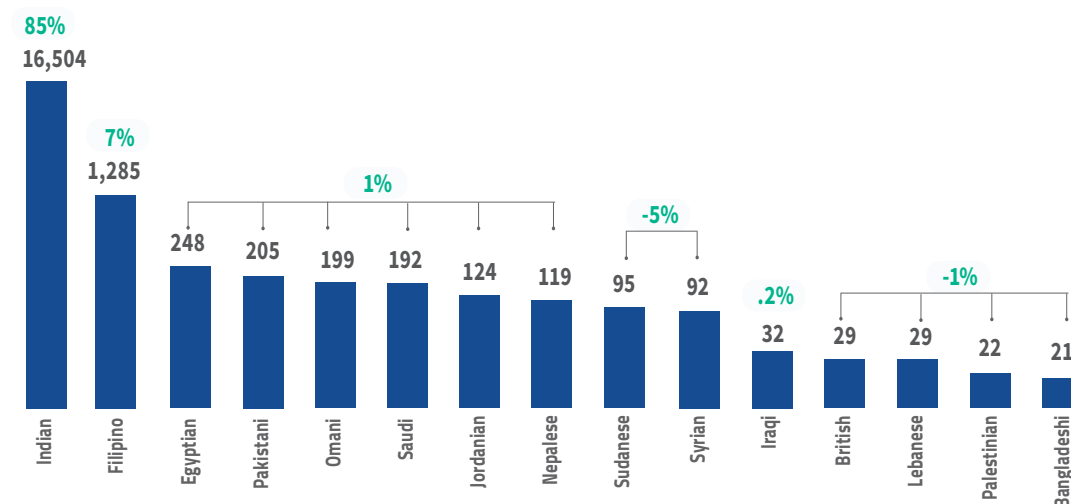


## Diversity & Inclusion

We believe in a world without boundaries and hence have always promoted diversity within our healthcare ecosystem. Gender equality and inclusion of People of Determination has constantly been at the forefront of

our sustainability objectives. We feel very proud to mention that we have people from more than 70+ nations working with us in different capacities.

Figure 16 : Top 15 Nationalities



Aster is one of those few worldwide companies where women make up the majority of the workforce. **Nearly 60% of our total workforce is comprised of women.** At Aster, women are well-positioned to represent themselves and the community on different boards and decision-making bodies.

Figure 17 : Gender Ratio

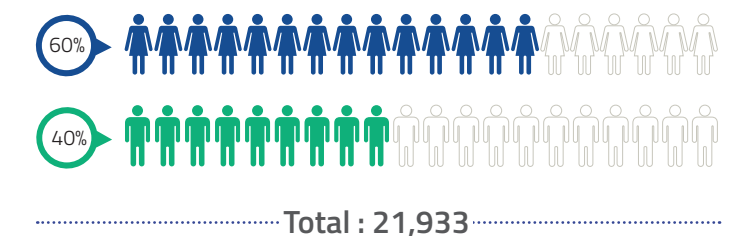
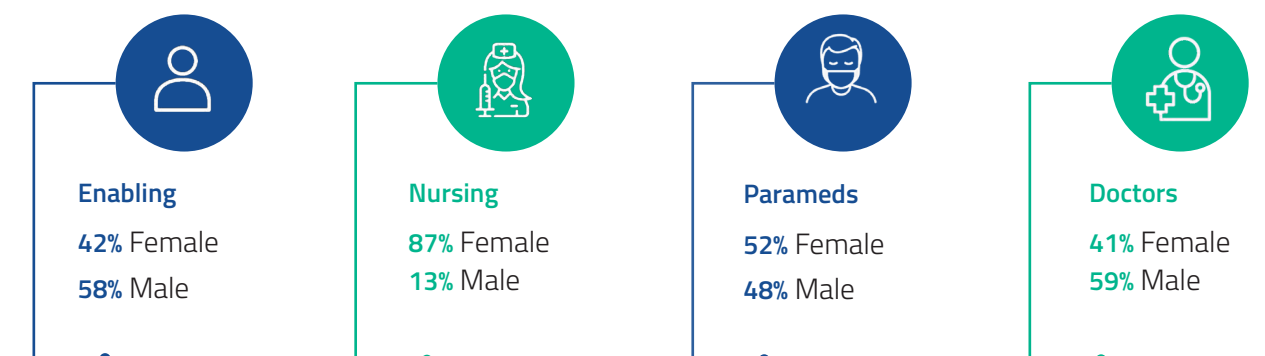


Figure 18 : Gender Ratio at Different Levels



In recent years, we've witnessed a 30% increase in the number of women taking charge of AGM and higher-level duties at Aster. These statistics validate our initiatives of women empowerment and also establish that Aster is one of the safest workplaces for women.

**Gender**  
**30% ↑**  
**Women for AGM & Above**

**Generation**  
**15% ↑**  
**Millenial hires**

Millennial in the workplace has various benefits at the workplace as well as the work environment. A good millennial ratio in the workplace provides a stable work-life balance. From mental-health days to employee assistance programs to community activities and more, Aster helps in promoting a healthy way of life and robust well-being by a 15% increase in the number of millennials hires.

Supporting 'people of determination' by providing them work and growth opportunities is our way of celebrating their unshakable willpower. We have about 108 'people of determination' employed with us currently and each one of them has proved to be an irreplaceable asset for the community.

**People of Determination**  
We have set a target of increasing the number of people of determination by  
**10% ↑**  
**on Y-O-Y basis**

Under the flagship initiative of Emiratization, we have made constant strides towards spotting, nurturing and hiring local talent. Including local residents in our workforce has enabled us to identify crucial problems and come up with their solutions in a structured manner. We believe that by recruiting people from local communities and training them to international standards, we have been able to come up with better and sustainable solutions at both the national and international levels.

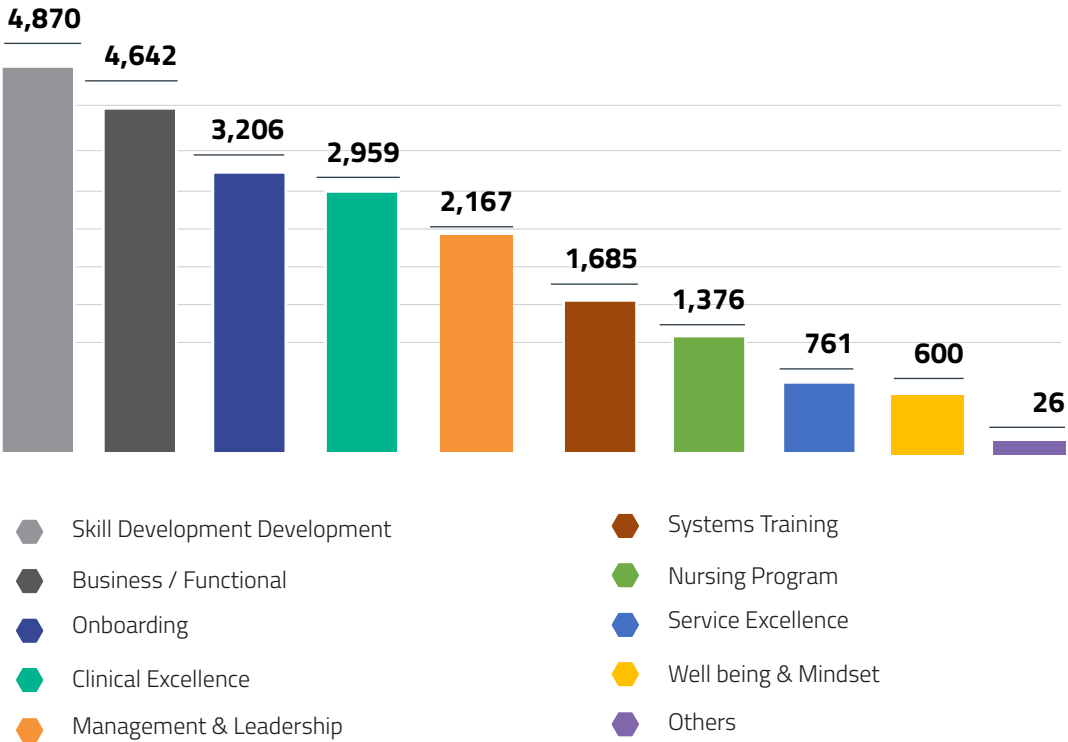


# Training and Development

Through last year, Aster DM was committed to equipping our employees with pertinent knowledge and development, to help navigate the global pandemic and nimbly care for and manage our patients and people, through

the crisis. The programs catered to diverse, evolving requirements like service excellence, critical skill development management and leadership in a crisis enabling our nurses – our frontline soldiers and employee's well-being.

Figure 19 : Learning & Development Programs Coverage FY'20-21







## CME Training

At Aster DM Healthcare, the health and safety of our employees are paramount and continuous training and development of employees is a top priority.

Aster DM Healthcare continually invests in its people and their professional development. In addition to technical training to enable our employees to perform their job, employees are also trained in excellence, safety, service excellence, managerial skills, continuous improvement, change management, innovation etc.

Periodically new programs are introduced to stay competitive, i.e., succession planning and career development with ample growth

opportunities for employees within the organisation. The annual training calendar is shared with all the employees, and the training needs are analysed during the Annual Performance review.

Continuing Medical Education (CME) credit points are mandatory for the clinical staff for the legalisation of license, and this is being supported through the CME allowance and paid leave as per the policy of the organisation.

Open dialogues between an employee and their line manager as well as constructive feedback regarding training aim at enhancing and improving performance.

Figure 20 : Number of CME Trainings

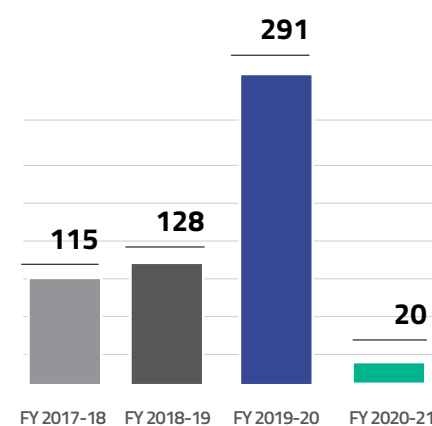
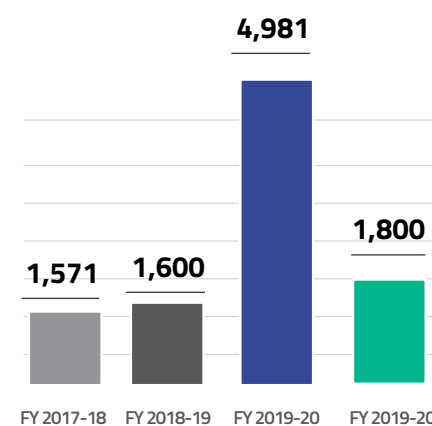


Figure 21 : Number of Employees Trained



## AI Tadrib Training

AI Tadrib is an educational initiative at Aster Hospital committed to training nurses, doctors and allied health professionals. The courses are open for all healthcare professionals across UAE.

The AI Tadrib training started in February 2018, and throughout the focus has been on the outstanding quality of training and development. Aster has taken a multifaceted approach to learn beyond the traditional classroom courses into a plethora of methods

from e-learning, simulation training, feedback culture, action learning sets, guided learning and so on. All the training for the year 2020-2021 was conducted with necessary precautions against covid.

With the increase in our health care services because of the pandemic, we took every initiative possible to train our employees for the same. We have seen 7% increase in the number of staff trained as compared to last year.



AL TADRIB TRAINING		
	FY 2020-2021	
Courses	Number of Courses	Number of Staff Trained
Aha (Bls/Pals/Acls/Pears/Nrp)	250	1750
Nurses Training Program	24	439
Nursing Induction Training Program	20	351
Continuous Professional Development	24	1950
ADHOC	15	200
OSCE/OSPE	27	252
Soft Skills Training	28	451
Top Five Modules	525	2800
Total	913	8193





## Safety Policies Implemented at Our Hospitals

In order to standardize safety protocols across our hospitals, we have developed policies and procedures to handle specific safety issues ranging from hazardous material spill fire, safety to bomb tricks. A summary of these policies is provided below:

### Code Yellow Policy:

This policy aims to provide a safe and secure environment for all patients and visitors (in particular small children).

### Code Red Policy:

This policy is to ensure maximum safety of patients, staff, visitors and Contractors from fire and smoke hazards through facility, resources and education. CODE RED is one of the MCH Emergency Colour Codes, which is announced in case of a Fire & Smoke emergency.

### Safety During Construction and Renovation:

A preconstruction risk assessment is mandated when any area in the hospital is planning for demolition, construction or renovation.

### Hazardous Chemical Communication Program:

Mandates maintenance of a list of hazardous chemicals inventory used in the facility and the identity that is referenced on the appropriate Safety Data Sheet will be documented and given to all units for reference.



### Bomb Threat Plan – Code Black Emergency Procedure:

Receipt of Bomb Threat shall IMMEDIATELY institute the procedures provided in training and keep a complete Record of Bomb Threat.

### Hazardous Spill – Code Brown:

This policy ensures maximum safety of patient, staff, visitors and contractors from any harm from hazardous material spillage. Code Brown is one of the emergency colour codes which is announced in case of a Hazmat spill.

### Internal Disaster Plan – Code Green:

To ensure evacuation of the patients, staff and visitors in case of any emergency like a fire. Code Green is one of the Emergency colour codes which is announced in case of an Internal Disaster.



## Quality and Patient Safety

At Aster DM Healthcare, we employ a comprehensive approach to evaluate the overall quality and safety of each patient's experience with the organization. We believe that patients have the right to know about the quality of

their healthcare providers. We are committed to sharing our performance and how we are working to provide the best care to our patients in an open and transparent manner.

Our Quality Improvement Model is based on the expectation of continuous improvement where performance is evaluated in an atmosphere that supports openness and transparency.

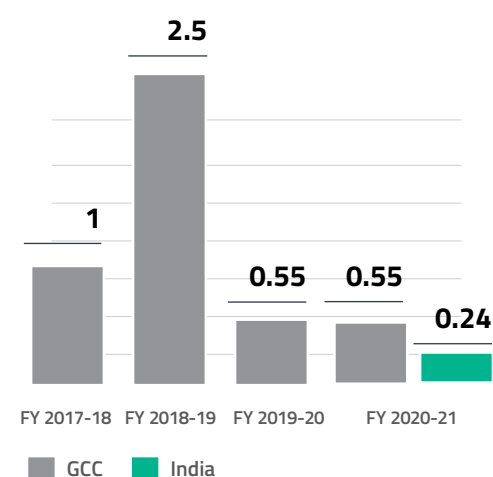
Internal audits are done on a regular basis to verify that all safety measures are executed in accordance with policy and that any potential safety event is identified, addressed, and averted beforehand by taking the appropriate steps. Our annual safety performance metrics are provided below:

The objective is to create an organization-wide quality-focused environment with an internal structure to support a comprehensive performance improvement effort throughout our business units.

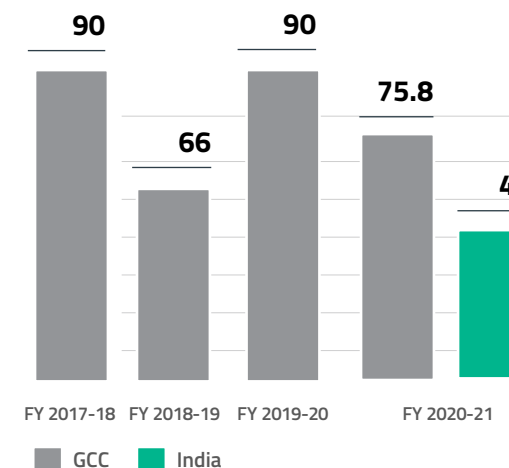
The major goal of this effort is to meet or exceed the needs and expectations of all of its customers, most especially those of the patients, their families, and their support systems. Our key performance indicators are designed keeping in mind the six dimensions of health care performance: safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity.

In order to meet these goals, all our business units establish and maintain an effective structure to support the organization's ability to gather, assess, monitor, evaluate and communicate the appropriate indicators of patient safety and quality, clinical outcomes, infection prevention and control, the voice of the customer, environmental safety including data on risk management occurrences and information regarding the effectiveness and appropriateness of care. We set targets for improvement and monitor our progress on detailed scorecards.

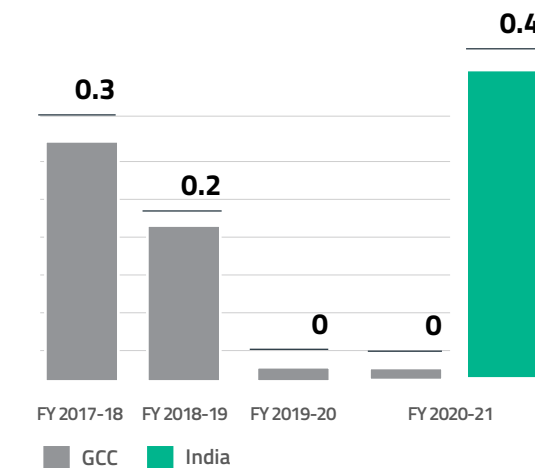
**Figure 22 : Patient Fall Incident Rate (Number)**



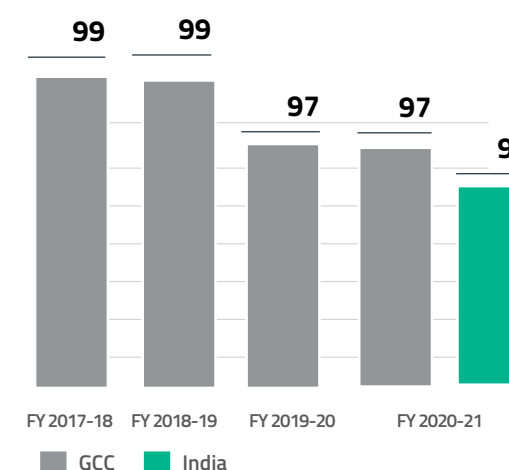
**Figure 23 : Average Balloon Time for Angioplasty (Minutes)**



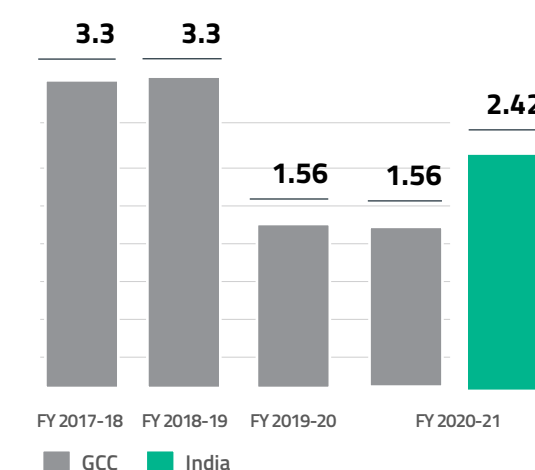
**Figure 25 : Surgical and Site Infection in % (Percent)**



**Figure 24 : Life Support Training % (Percent)**



**Figure 26 : Cross match to transfusion ratio (Number)**







# Aster volunteers

Powered by humanity

Established in 2016, Aster Volunteers is the CSR arm of Aster under which all CSR activities are planned and implemented.



**325,264**  
Mobile Medical Services Beneficiaries



**170,298**  
BSL Awareness Beneficiaries



**36,278**  
Free surgeries & Investigations



**21,302**  
Child Health & Wellness Initiatives



**114**  
Differently abled Recruitment & support



**543,882**  
Medical & wellness camps



**228,158**  
Disaster Relief and AID Beneficiaries



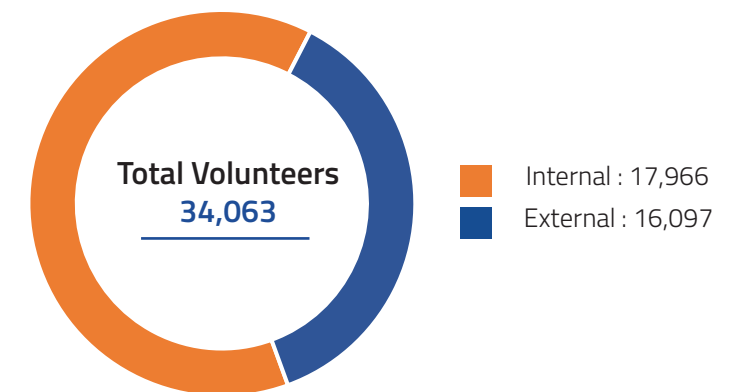
**124**  
Sustainability & Community Connect Initiatives





With expanding the geographical reach of our operations, we encouraged more volunteers to join our team and contribute towards a good cause with their services.

This helped in attracting a good number of volunteers for internal as well as external roles. Aster Volunteers are uniting people from different regions to work towards social causes.



## Aster Volunteers

Aster Volunteers was established in 2016 as the CSR arm of Aster DM Healthcare. While different group CSR entities have been working with specific mandates for the past 20 years, these diverse vertical initiatives were consolidated under the larger umbrella of Aster Volunteers.

Aster Volunteers follows a well-defined framework coined as A-B-C-D, Aid, Belong, Coach and Disaster Aid. Through the "Aid" pillar, we try to ensure that healthcare facilities are available to the economically weaker section. Through the "Belong" pillar, we support the

communities through medical or non-medical programs. Under the "Coach" pillar, we have integrated programs related to training and skill development. "Disaster Aid" pillar, is one of the leading areas in which volunteers contribute to society and development.



### AID

Includes all our initiatives that are aimed at sharing and reducing the financial burden of healthcare.



### BELONG

Includes initiatives that drive us to participate in the lives of the community and take measures to improve life's health and happiness.



### COACH

Includes initiatives that help increase opportunities for employment and income generation.

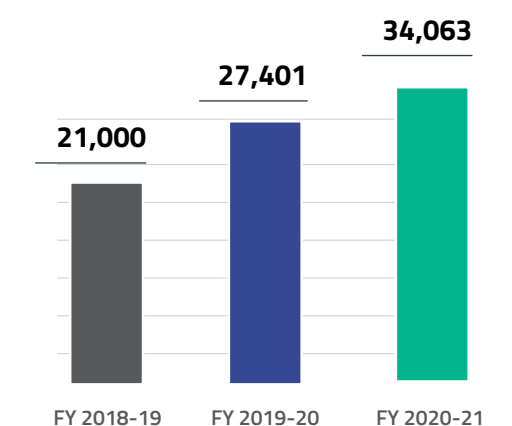


### DISASTER AID

Disaster Response is one of the leading areas in which volunteers contribute to society and development.



Figure 27 : Number of Aster Volunteers

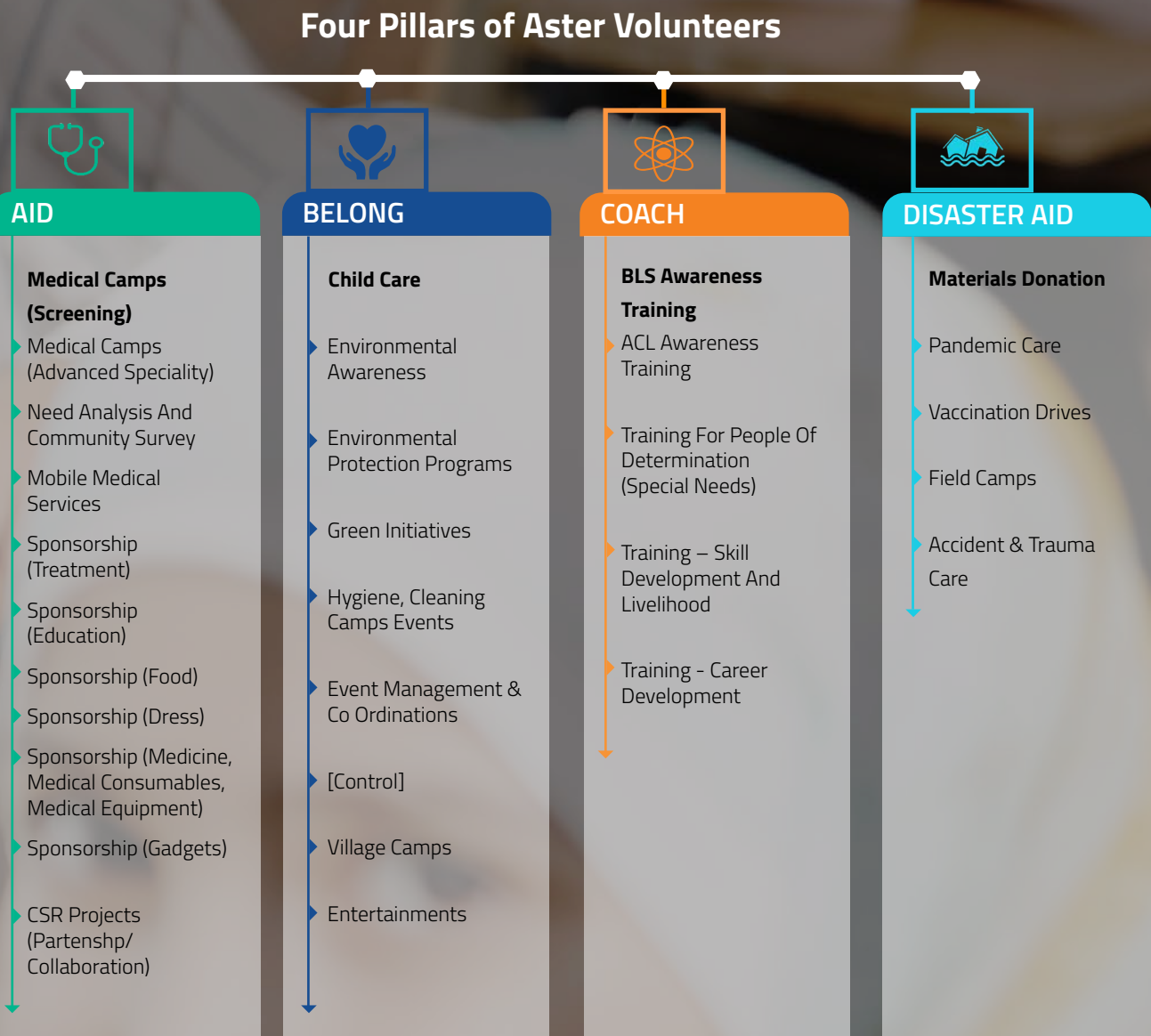


We have seen a **24% growth in our Aster Volunteer Registrations** from the previous year. We will continue to let these numbers grow with our expanding work for the social cause.



# Aster Volunteers Strategic Pillars

Aster Volunteers operates under four strategic pillars called the ABCD. The activities under each of these pillars is depicted below.



### CSR Vision

Aster Volunteers endeavours to create a platform that empowers communities to drive the spirit of volunteerism through social impact interventions in healthcare, environment, education and social uplifting through sustainable practices.

### CSR Mission

To drive initiatives that create a positive impact through internal and external volunteer engagements and successful collaborations.





## AID

### Aster Volunteers Mobile Medical Services

We launched Mobile Medical Services in 2013 to provide primary medical care to people living in remote areas of India, the UAE and other parts of the world, specifically in remote places where medical facilities are non-existent or inadequate.

The mobile medical van is equipped with all facilities to provide diagnostic, laboratory, medical check-ups, consultation, and first aid treatment.

The General Practitioners onboard provide free medical consultation, and if required,

people are referred to the nearest healthcare facility for advanced care in case of medical intervention required. The people are provided with services like blood pressure, blood sugar, BMI and, at times, cholesterol or ECG checks where needed. The mobile clinic team also provides health talks on various topics in different languages educating people on various health matters. The mobile clinic also participates in major campaigns organized by the strategic partners.

Our Mobile Medical Services are currently operational in six countries.



- Blood pressure
- Blood sugar
- BMI
- ECG
- Consultation



#### AVMMS, India

The AVMMS project was initiated in India in the year 2013 at Jamshedpur, Jharkhand. At present, there are 9 operational AVMMS.

#### AVMMS, Philippines

In the Philippines, our AVMMS is serving remote areas in Caloocan City. It is being supported by J. Amado Araneta Foundation.

#### AVMMS, UAE

The AVMMS in UAE operates in Dubai. The Majority of its beneficiaries are ex-pat workers and labourers.

#### AVMMS, Oman

Our AVMMS in Oman was flagged off in the year 2012. At present, the AVMMS is serving the Sohar region of Oman.

#### AVMMS, Sudan

In FY 2020-21, we launched AVMMS in Sudan as well.

#### AVMMS, Ethiopia

Our 8<sup>th</sup> AVMMS was launched in Ethiopia, first time in Africa. At present, we have one AVMMS operational in Ethiopia.



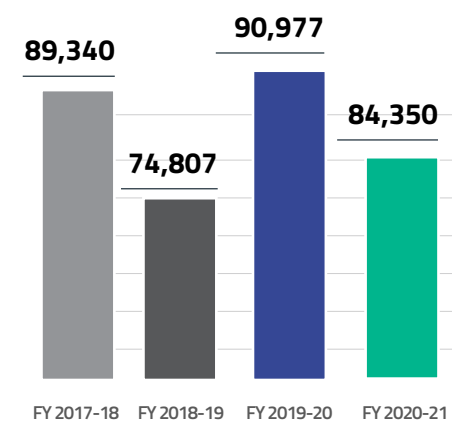




# Geographies Where AVMMS is Operational



Figure 28 : Total Number of AVMMS Beneficiaries



We did experience a drop in the number of beneficiaries in the year 2020-21. However, the AVMMS team undertook online seminars to spread awareness and provide online consultations.

“The initiative has **positively impacted almost half a million lives** since it began operation. The support offered by AVMMS is valued at 50 Crores INR.

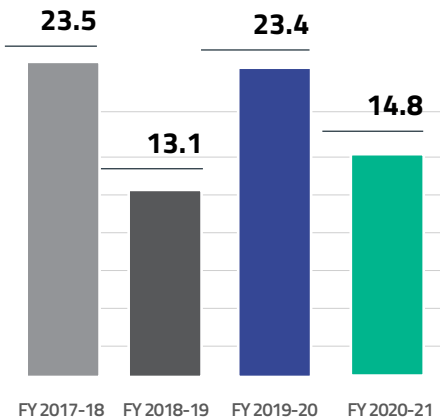


# Aster Volunteers Treatment Aid

Aster Volunteers provides financial and healthcare support worth millions of INR every year to patients who cannot afford the cost for advanced treatment, including complex surgeries. The organisation has always believed that quality healthcare shouldn't be an exclusive domain of the privileged, and no needy individual should find healthcare inaccessible.

An efficient and effective mechanism is in place for assessing and extending subsidies/ support to eligible patients for treatment at Aster DM Healthcare facilities, mainly in India. Patients, who are required help, are often provided treatment free of cost.

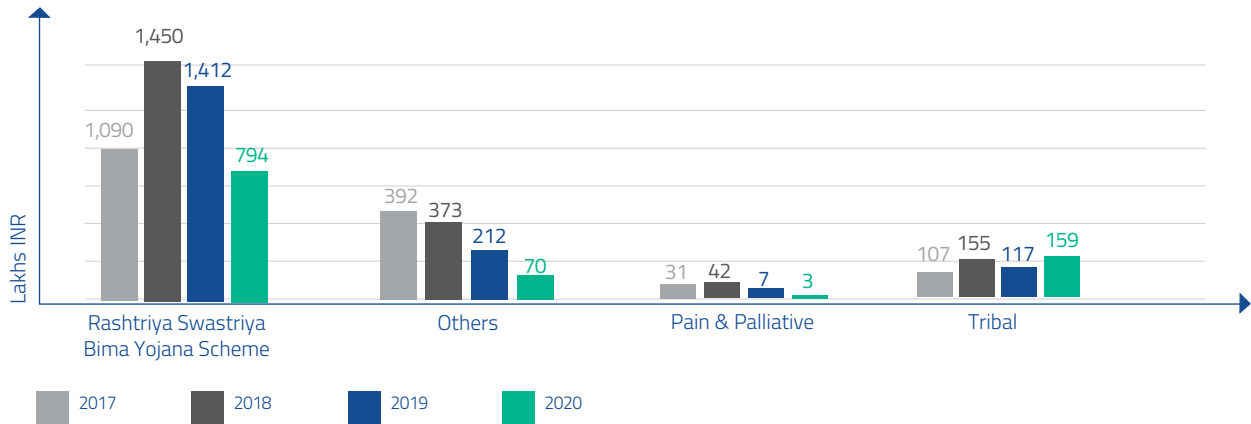
Figure 29 : Aster Volunteers Treatment Aid in Millions INR



# Aster Volunteers Treatment Aid Through Various Schemes at Wayanad

Financial Aid for medical treatment for the financially weaker section is one of the important ways to give back to the society. Below are the various schemes of Aid provided by aster volunteers channelized through our Aster Wayanad Specialty Hospital, India.

Figure 30 : Aster Volunteers Treatment Aid Provided in Lakhs INR



## Story of Ms Anooora Antony

Ms. Anooora Antony, a 3-year-old girl, was brought to Aster Medcity with multiple holes in her heart. The condition, aptly called multiple ventricular septal defect, results in the child having several holes in the wall separating both the ventricles of her heart. This is a very difficult condition to treat and results in expensive hospital bills.

Her father and grandfather are fishermen. Aster DM Foundation gave a sizeable amount of support to help pay Anooora's hospital bills. She underwent successful open-heart surgery at **Aster Medcity**.

Save the little hearts"

## Story of Muhammaed Raihan

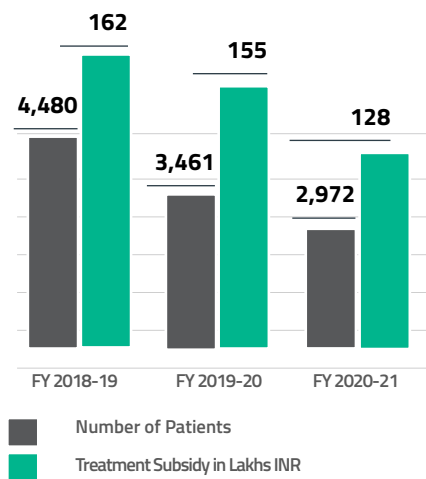
Muhammed Raihan, an 8-year-old boy, suffered from blood cancer. He required several cycles of chemotherapy and radiation to be able to survive.

This amounts to around Rs. 10 lakhs worth of treatments. His fisherman father did have enough money to support Raihan's treatment. Aster DM Foundation donated generously towards Raihan's treatments.





Figure 31 : Aster DM Foundation Patient Support in Lakhs INR



Each year we spend crores of INR through Aster DM Foundation as treatment aid for people in need.

In the last 3 years, more than 11,000 people have benefited through treatment aid provided by Aster DM Healthcare.

Story of Feyruza

Feyruza Bintah Althani, a 1-year-old baby, was admitted at Aster Medcity with Tethered spinal cord with transitional Lipoma. She underwent complex surgery for the same.

Her father works at a juice shop, and his monthly earnings are meagre. ASK made a sizeable donation to the child's treatment costs.



Story of Alamkritha V M

Baby Alamkritha V M, a 9-month-old baby, got admitted at Aster Medcity Kochi due to liver failure from biliary atresia and was advised of liver Transplant. A liver transplant is estimated at 16 lakhs.

The child belongs to an impoverished family from Palakkad. They survive on the earnings of her father, who is a semi-skilled labourer. ASK facilitated support for the patient from our prestigious "State government's Kerala Social Security Mission, and the patient got 10 lakhs to cover for her treatment.



Story of Ahmmed Faizy

Ahmmed Faizy, a 6-year-old boy, suffers from Beta-Thalassemia. He was treated at Aster and had an extended stay at our PICU. His siblings were also affected by the same disease and are undergoing blood transfusion once every 3 weeks. He is scheduled to undergo a bone marrow transplant in the near future. His father drives a corporation van that collects garbage. ASK provided a huge amount of money to support his treatment.

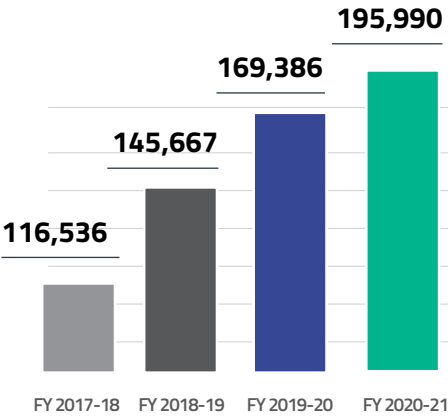


# Aster Volunteers Dialysis Programme

Aster DM Foundation, a division of DM Foundation, has established a network of dialysis centres in Kerala to improve the quality of life of kidney patients who require regular dialysis and cannot afford the medical expenses incurred.

The aim of this initiative is to cover the recurring hemodialysis cost for the survival of the people in need. Similar facilities were established across the state by like-minded people with the support of Aster Volunteers. These centres receive technical support from Aster MIMS, Multi-Specialty Tertiary Care Hospital, Calicut, India. This initiative has become an inspirational model for others to establish many numbers of dialysis centres across the state.

Figure 32 : Number of Free and Subsidised Dialysis



## World Diabetes Day 2020 Free HbA1c Tests and Awareness

We at Aster believe that ‘Awareness is the key to good health.’ Therefore, for World Diabetes Day, Aster Volunteers started a campaign to provide free first level assessments and HbA1c tests (Average glucose level in the blood for the past 3 months) for our community members. This will help in the early diagnosis and management of diabetes in patients.



## Aster Mims Kottakkal Screening Camp at School

We organised a five days Thermal screening camp at PKMHSS School Edarikode during their SSLC Model examination. Hundreds of students were screened as precautionary measures to contain the spread of COVID-19.





### Crowd Funding for Baby Suffering from Deadly Tumor

A 1-year-old baby girl suffers from embryonal rhabdomyosarcoma and is undergoing treatments at Aster Medcity. This is a deadly tumour affecting the side of her face. The treatment costs are estimated to be upwards of Rs.10 lakhs. Her parents are separated owing to her mother's declining mental health. ASK facilitated a crowdfunding campaign and raised 10 lakhs for her treatment.



### Supporting Treatment of a Child Suffering from Meningitis

Diya Fertal, a 6-year-old, was admitted at Aster Medcity due to meningitis and had to undergo costly medical management.

Meningitis is a swelling (inflammation) of the thin membranes(meninges) that cover the brain and the spinal cord. Meningitis is most often caused by a bacterial or viral infection that moves into the cerebral spinal fluid (CSF). CSF is the fluid that protects and cushions the brain and spinal cord.

The family of 6 reside in a small house in 4 cents of land in an interior part of Kochi. Her father, an electrician, is the only breadwinner of the family. ASK supported 50% of the child's treatment costs.



It is our belief that quality health care services should be accessible to all strata of society. Through our CSR initiatives, we are committed to providing medical care to those in need. Through consistent efforts of our people and partners we have been able to support the medical needs of thousands of beneficiaries.

### Dr. Azad Moopen

Founder Chairman & Managing Director



### Financial Support for 3 Year Old Child

3-year-old Dewan Hafeez was admitted at Medcity with a congenital hernia, and he had a surgical repair at Aster Medcity.

The child has developmental issues too. He has regular therapy sessions with Aster's Neurodevelopmental clinic, which is being supported by ASK.

The treatment costs were expensive for his parents to bear. His father is an Imam and is the only earner in their family. ASK Supported them financially.







## Medical & Financial aid for our People

Aster has been providing medical aid and financial support to several beneficiaries throughout the year. In this section, we have provided how Aster Volunteers and its partners have extended life-changing support to the community.

Mr Gokul has been part of the insurance department at Aster MIMS for around 3 years. He lost his leg in a gruesome car accident in 2012, but the encouragement and support of his family kept his spirit alive.

He had been using a Jaipur leg which had been worn out. The doctors and staff of Aster came together to donate a new prosthetic leg to Mr Gokul. He is now ready to take on life with his new leg and new determination.



## Supporting People of Determination

### Fazza International Championship for People of Determination

The Fazza International Athletics Championships is being organized since 2009 by the Dubai Club for the People of Determination. It is one of the most popular competitions globally.

Aster Volunteers supported this championship last year and contributed to the necessary first aid for the players of the 2021 International Athletics Championships Dubai.



### Common Ground Event

Aster Volunteers hosted Common Ground, an event that celebrates people of determination and their achievements. The fashion show called Beyond labels saw some real showstoppers take the ramp, and the music and dance performances enthralled everyone in the audience. The Aster Volunteers Sign Language Training Program was also launched at the event.



### Al Amal Program

The program is conducted every year in UAE to support special needs people. The program consists of medical camps, games and activities for special needs people.





Aster Volunteers Qatar Blood Donation Drive in association with VIWA Qatar on 6th November 2020 at VIWA Office, Doha. Total registration: 105 Total units of blood taken: 87



Aster Volunteers conducts Blood Donation Drives regularly in GCC. Recently Aster Volunteers conducted two blood donation camps with Lalcones Qatar at Aster Medical Centre, Al Hilal. The camp was successful in collecting 64 units of blood with 82 Registrations. Another Blood Donation Drive associated with INCAS Qatar took place at Hamad Blood Donor Centre. The camp successfully managed 92 units of blood with 118 Registrations.

# Blood Donation Camps

Aster Volunteers and Dubai Health Authority held a number of blood donation drives during FY 2020-21. Our blood donation camps are held with the highest safety standards so everyone can donate blood safely

and risk-free. The blood donation drives were organised at Aster Hospitals Mankool, Cedars and Quasis. A Total of 160 donors came forward to donate blood.

## Recent Blood Donation Camps

57

Donors – Aster Hospital Cedars

47

Donors – Aster Hospital Quasis

56

Donors – Aster Hospital Mankool







## Livelihood Support by Aster Volunteers



### Supporting Women Entrepreneurs

Jaseena, Thasni & Fathima, residents of Thottumugham had a successful business selling coconuts. They began their startup with financial aid, which was thriving well. In August, floods washed away all their stock. Their business and livelihood came to a stand-still.

Hearing their plight, Aster DM Foundation, with the support of Aster Volunteers, decided to extend a helping hand. One truckload of coconuts was donated, enabling them to get their business back on its feet.

### Mobile Shop for Late Mr Saidu's Family

Mr Saidu was diagnosed with terminal cancer a few months ago. This did not shatter his hopes. He kept at his business, a mobile phone repairing shop at Thottumukham, Aluva. The income from this would help him cover his anti-cancer drugs and hospital bills. The massive floods then hit Kerala in August, and his shop was flooded. Saidu lived his final days in a relief camp. His cancer had spread beyond control. Rescue workers and doctors visiting camps helped Saidu through his final passing hours. Saidu's family were left impoverished. Like all who leave this world, he also had a last wish.

Aster D. M. Foundation took up the cumbersome task of reconstructing Saidu's shop. The mobile shop was revived and all the equipment replaced.



### Tailoring Machine to 10 Women:

Aster volunteers supported ten tailors whose tailoring shops were based alongside the banks of the Periyar river. They had approached the foundation after having lost their sewing equipment during the floods. Aster DM Foundation, along with Aster Volunteers, took the initiative to purchase 10 Brand new sewing machines. Now, their lives are humming again along with the machines.



### A Cart and Tender Coconuts to Mr. Sajan C L

Mr Sajan C.L., his wife and their 2 children live out of a rented house. Mr Sajan ran a popular tender coconut cart at Cherai beach. He catered to the tourists visiting the beach and made his income. Sajan's cart was washed off in the 2018 deluge. His distressing situation came to the attention of Aster volunteers. ADMF provided his business with an upgrade. A cart was purchased with new features. The tools required to prepare tender coconuts were bought. Over 2000 INR worth of tender coconuts were provided.

### Supporting Mr. Shakthan with Peanut Cart

Mr Shakthan has been selling roasted peanuts from his cart at his humble town of Kadungallur. As Shakthan ran from his home during the Kerala deluge, he forgot to safeguard his peanut cart. All the tools that helped him roast peanuts were lost. Aster DM foundation realised Shakthan's woes. A brand new cart was arranged for and fabricated. A gas stove, utensils and cutlery required to roast peanuts were purchased for Shakthan.







## BELONG

### Aster Volunteers Village Adoption - MILES

Moopen Institute for Local Empowerment (MILES) was the result of a lifelong dream of the founder of Aster DM Healthcare, Dr Azad Moopen. MILES conducts regular activities for education and socio-empowerment, which is a great impetus for the village folks to aim for a higher standard of life.

Teaching critical livelihood skills in Kalapakanchery, this pioneering project serves as a model that can be replicated across rural India, which is full of untapped human potential just like this village.



#### Need Assessment Study

We conducted a need assessment study to understand the local requirements and how we can help.



#### Community Development

Students from the Department of Social Work, Sree Sankaracharya University RC Tirur, visited MILES on 31.03.2021. They had an interactive session with the MILES team. Their visit was to understand and learn about the community development activities implemented by MILES at Kalapakanchery Panchayath.



#### Sustainable Town Management

A Focused Group Discussion on sustainable town management in Kalpakanchery Panchayath was held at the MILES campus Kadungathukundu on 23rd March 2021



#### Women Empowerment

Team Formation and training on Economic Empowerment of Women



# Gift A Gadget Initiative

## Gadgets for Students

Electronic gadgets for 10 needy students were donated by Aster in Mattannur, Kerala.



## Desktops for Students

Aster DM Foundation gifted desktops to students during the pandemic to support them in their studies.



## TV for Charitable Organisation

Aster DM Foundation gifted a TV to a charitable organisation working for children in Kerala.

# Aster AKCAF Wellness Program

AKCAF is the parent organization of 200+ Kerala colleges alumni living in the UAE. The AKCAF Wellness Program was launched on February 19, 2021, in association with Aster DM Healthcare's Aster Volunteers program.

The virtual event conducted by video conference was attended by over 500 patrons and was inaugurated by the Hon Minister of Health for the State of Kerala, Smt K. K. Shailaja. The wellness program was a memorial tribute to Ahmed Ashraf, a senior and active member of AKCAF who passed away recently.

The various programs implemented for the health and wellness of AKCAF members and their families

to support wellness with women webinars, lifestyle disease awareness and health packages were delivered to the member.



Wellness for Women Webinar



Awareness on Life Style Disease



Health Package for AKCAF.







## Aster Green Choices Initiative

### Sapling Plantation on World Environment Day

On world environment day, we organized a plantation drive across our operations in India. Several groups of volunteers were formed in different areas who planted hundreds of saplings. This step would help improve the biodiversity of the region, provide clean air for people and also sequester carbon dioxide, thus supporting climate change mitigation as well.

### Toy Recycling and Distribution

We organized a toy recycling and distribution campaign. We called in our volunteers and communities to donate as many toys as they can, which shall be distributed amongst kids in partnership with Human Appeal International. Volunteers from across Aster, including our Deputy MD, Dr Alisha Moopen, contributed towards donation, collection and repacking of the toys and gifts as an initiative under the Green Choices programme. More than ten thousand toys were collected, bringing joy to thousands of kids across the UAE.



### Ecotales a nature conservation initiative

Eco tales is a storytelling initiative to spread lasting awareness amongst school children on conserving nature. And who better to listen to these than the custodian's of the future - the children. Aster Volunteers & Greenstorm Foundation's Eco tales was kicked off by our chairman Dr Azad Moopen in the presence of a large number of student volunteers and a host of other dignitaries. Hopefully, this initiative shall set the wheels in motion for nurturing generation which cares for nature and the environment.



### Clean Up Al Wakrah Beach In Qatar

18 Aster Volunteers took it upon themselves to help clean up Al Wakrah beach in Qatar of all disposable rubbish from the beach and its surrounding areas. We would like to thank all the volunteers who helped generously with their time and effort in this difficult but critical endeavour.

### Aster Mims Calicut Bucket Programme at CDA Colony Calicut.

Aster Volunteers, in association with NIRAV Vengeri, Corporate of Calicut and Aster MIMS Charitable Trust, has contributed to providing a healthy and hygienic living to over 168 families. This has been possible through the completion of Project BUCKET – a beautification initiative of CDA colony which includes families from poor financial backgrounds. The beautified houses were handed over to the respective families at an event.





## Electronic Waste Management

Electronic waste is considered hazardous as it may contain heavy metals and chemicals that can cause soil and water contamination and can have detrimental health impacts when ingested. We organized an

E-waste collection drive across our operations and collected several significant amounts of the E-waste. The waste was then handed over to recycling facilities and hazardous waste management companies.



## Haritha Arogya Bhavan Initiative

Aster MIMS Calicut partnered with 100 residents associations and conducted campaigns on the health benefits of indoor plants, medicinal plants, homegrown vegetables, handling waste and cancer awareness.

We encouraged the residents to plant these species within their homes so that they can breathe fresh air, eat homegrown vegetables and also avoid several illnesses. The campaign took off in march 2021 and ran for more an 100 days.





## Switching from Plastic Bags to Paper Bags

In 2018 we decided to completely phase out the use of plastic bags in our pharmacies. Being a responsible corporate citizen, Aster is well aware of the havoc plastic causes for marine life and the environment. It takes up to 500 years for plastic to fully disintegrate.

Millions of plastic bags have been avoided through this initiative, as we have substituted plastic bags with paper bags, thus positively impacting our environmental footprint.



Switching to Paper Bags at Aster Pharmacy has increased our operational cost as the volumes are huge. However, to meet our commitment and responsibility towards environment, we decided to implement this initiative irrespective of the financial implications.





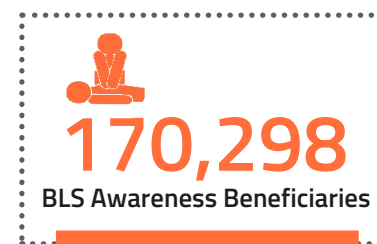


## COACH

### BLS Training Program

Aster provides Basic Life Support (BLS) training to ensure individuals are equipped with the right skills to become lifesavers.

Through our extensive BLS training, we have been able to create 1,70,000+ lifesavers who, at times of need, become crucial responders and save lives.



### BLS Training for Kochi Metro Employees

Aster Medcity has provided training in BLS and first aid to the maintenance staff of Kochi Metro. 21 employees of Kochi Metro attended one-day training given by the

emergency department of the hospital. Certificates in BLS and First Aid course were also awarded for the employees.



Aster Volunteers from CMI, Conducted BLS Training Programme for the Armed Forces in India.



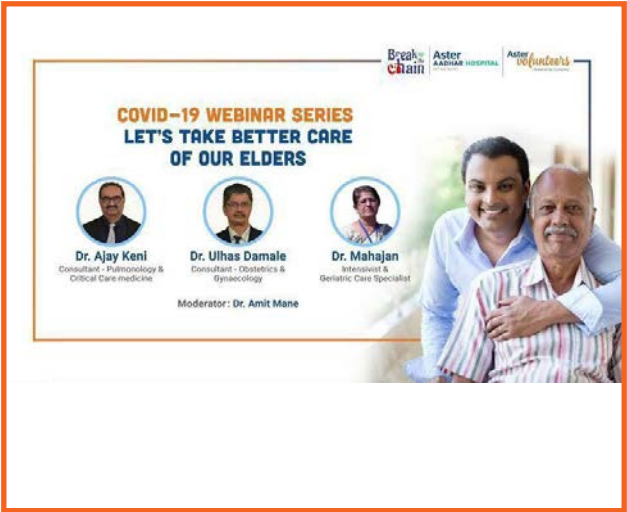
Aster Volunteers conducted BLS training for future RTO officers in India.



Webinars during COVID-19 era

The Covid-19 pandemic is one of the toughest adversities that humanity has faced in modern times, and the impact has left no one untouched.

While our frontline doctors and medical staff are working relentlessly every day to saves lives, our Aster Volunteers and or Doctors are doing everything possible to fulfil their commitment of making a positive difference in the lives of the people by various webinars from time to time. Some of these webinars conducted for the same are mentioned below:







## DISASTER AID

### Support to the Government of Kerala

Aster DM Healthcare has supported the State Government of Kerala in fighting the spread of novel coronavirus (COVID-19) in the subcontinent. Several measures were announced by Dr Azad Moopen, following his conversation with the Kerala Chief Minister Shri Pinarayi Vijayan.

These included donating INR 2.5 crores to Chief Minister's Relief Fund and dedicating 750 beds at hospitals in Kochi, Kozhikode, Kannur, Kottakal and Wayanad for patients referred by government authorities for expert management.



### Flood Relief Activities

Aster volunteers became active in flood relief activities in the area where rain and landslide were destructive. In their leadership, the medicines and other items needed for the victims of the disaster were provided.



### Food Donation

Aster Volunteers ensured that the ones affected by the second wave of the pandemic, mostly migrant workers, orphanages, old age homes, got access to basic nourishments by donating a generous supply of raw food materials. During the holy month of Ramadan, Aster Volunteers reached out to the ones affected by the resurgence of the virus and made their EID special by working for the needy round the clock.

### Stand with Lebanon

Lebanon was suffering the aftermath of the Beirut port explosion that took place in August 2020. Aster Volunteer came together to #StandwithLebanon and packed relief kits. In phase 1 of this initiative, medicines and consumables were sent to Lebanon via The Ministry of Health UAE with the help of our volunteers and contributors.





# Covid -19 Field Hospitals

Field Hospitals are temporary hospitals constructed to treat COVID-19 patients. Aster constructed several field hospitals in UAE and India to support the governments in managing the pandemic.



Field hospital at Delhi



Field Hospital at Calicut

Aster Volunteer Aster CMI initiative to install the 5 bedded Modular ICU at Aster CMI. Appreciate the Sponsors and the efforts taken by Dr Nitish, Ramesh & Team



Aster Volunteers partner with Geojit Foundation to setup Field hospital for Covid patients in Kochi, to be operated by Aster Medcity Hospital. The first 50 beds Aster Geojit Covid Field Hospital is ready to start admitting patients. Overall it will be a 100-bed facility, with the first 50 being supported by Geojit Foundation.



It shall be able to cater to the need of 50 additional Covid patients beds with needed Oxygen supports and medical care connected to the existing 40 beds Covid ICU facility in their adjacent 50 beds Al Shifa Multi Speciality Hospital at Okla, Jamia Nagar in Delhi.



## World Health Day at Aster Prime



## Aster Aadhar Supporting the Frontline Warriors



## Food Distribution for the Frontline Warriors







## Aster Homes - Disaster Aid, Kerala

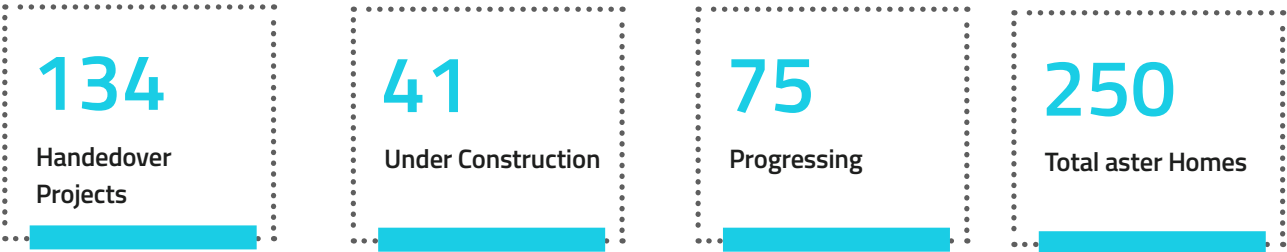
Aster homes are part of our initiatives on disaster relief and were initiated in response to the devastation that occurred during floods in Kerala.

At Aster Volunteers, we decided to rebuild some of these homes and kick-started the Aster Homes initiative with the support of the Government of Kerala and other like-minded institutions and individuals.

**Chief Minister of Kerala Shri Pinarayi Vijayan handed over the keys to the 100th house built by Aster Volunteers to rehabilitate the flood victims of 2018 at an event held at Kochi Municipal Corporation Town Hall.**

This marks the completion of the first set of handovers out of the 250 Aster Homes that was announced as a part of the Aid Kerala initiative to help thousands of people who lost all their possessions.

We now await to welcome the beneficiaries home soon as we have completed 134 projects as of now. 41 more projects are running at present and will be completed soon. We have further set our target for 75 new upcoming projects for Aster Homes.



Aster Homes initiative is a testament to our commitment to UN SDGs specially goal 17 “Make cities and human settlements inclusive, safe, resilient and sustainable”.





Kunjammed, Wayanad District



Shajahan, Wayanad District



Nedumbassery  
Group Housing  
Project



Perumbavoor  
Cluster





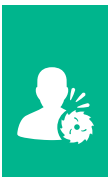
RESPONDING TO THE

# COVID CHALLENGE

We have been at the forefront of managing the epidemic and providing treatment and care to thousands of people through the global healthcare infrastructure we have developed. In these testing times, our Aster Volunteers have also stepped forward and provided humanitarian aid to the communities who suffered from the pandemic.



**7,375**  
patients treated



**100,088**  
patients tested



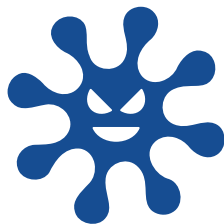
**318,490+**  
food and ration kits  
distributed



**15,486**  
PPE kits has been  
distributed



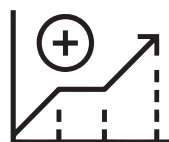
**Telehealth**  
Services established  
across our facilities to limit  
the spread of COVID 19





## RESPONDING TO THE COVID CHALLENGE

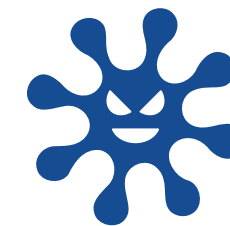
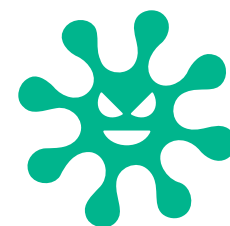
We intended to flatten the curve and maintain business continuity adapting to the new normal through proactive risk management, with a focus on clinical quality. The firm is one of the few in the world with a significant presence in primary, secondary, tertiary, and quaternary healthcare, thanks to its 25 hospitals, 117 clinics, and 220 pharmacies. All these are operated by our 20,000+ employees from throughout the globe, carrying on a simple but powerful promise to the people of the region: "We'll treat you well."



### Managing the Resources

Aster DM Healthcare has been at the forefront of managing the epidemic in the Gulf Cooperation Council nations of the UAE, Saudi Arabia, Qatar, and Oman, as well as five South Indian states since the pandemic struck in mid-March 2020.

Based on WHO, CDC, and National standards, priority measures were selected. After identifying the risk areas, we began our journey with risk mitigation techniques such as severity, probability, and impact analysis, as described on the following page:



### Facility Management

COVID patients were served by a hospital within a hospital facility, created especially for the purpose. To prevent air contamination and cross-transmission, the air and ventilation system was modified by adding extra negative pressure in single rooms and retrofitting existing air handling equipment.

### People Management

We started upskilling and cross-functional training in a timely manner, which included excellent resource management, data monitoring, and a focus on caring, listening, and empathy. Our pandemic-preparedness strategy included ongoing education and constant contact with the infection control staff, doctors, hospital administration, and headquarters.



### Workforce Management



Work from home based on employee risk assessment.



Employee Wellness is handled via the 'Serenity' app for anxiety and burnout.



Learning and Development: Cross-functional training, upskilling and scaling of healthcare professionals' abilities.



Aster Salutes Everyday Heroes- We acknowledged, praised, and celebrated their dedication by encouraging the group's frontline COVID soldiers.

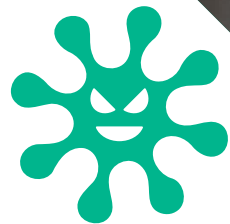


Insights from the Chairman, Dr Azad Moopen, were disseminated through various virtual platforms to raise awareness and understanding about various Covid measures, including how to battle Covid.



We treated 7,375 patients and tested 100,088 suspected cases during the time period. We are really happy to inform that the death rate of patients hospitalised to our hospitals was 0.87 per cent due to effective and immediate treatments.





## Innovative Measures

Because people could not go to hospitals, it was critical to delivering healthcare to their doorsteps. We launched "Aster COVID-19 Tele triage" in March 2020, with a dedicated hotline available 24/7 across the group. In 48 hours, the "Aster COVID Self-assessment tool" was created to assess the risk profile and monitor patients during quarantine.

The "Virtual OPD" programme began in mid-March 2020. For Non-emergency and follow-up care for patients, nearly 850 professional doctors from a variety of specialties were

made accessible for consultation from the comfort of their own homes. "Aster e Consult"- Mobile App was launched within 15 days following the "Virtual OPD" services, and continuity of care was guaranteed through Aster Labs services and other services by 'Aster Home'. Remote ICU (E-ICU): Automation for continuous monitoring of ICU patients, with data transmitted into a central system for continuous collection and alarm. For close monitoring, many sites were monitored through a single platform.

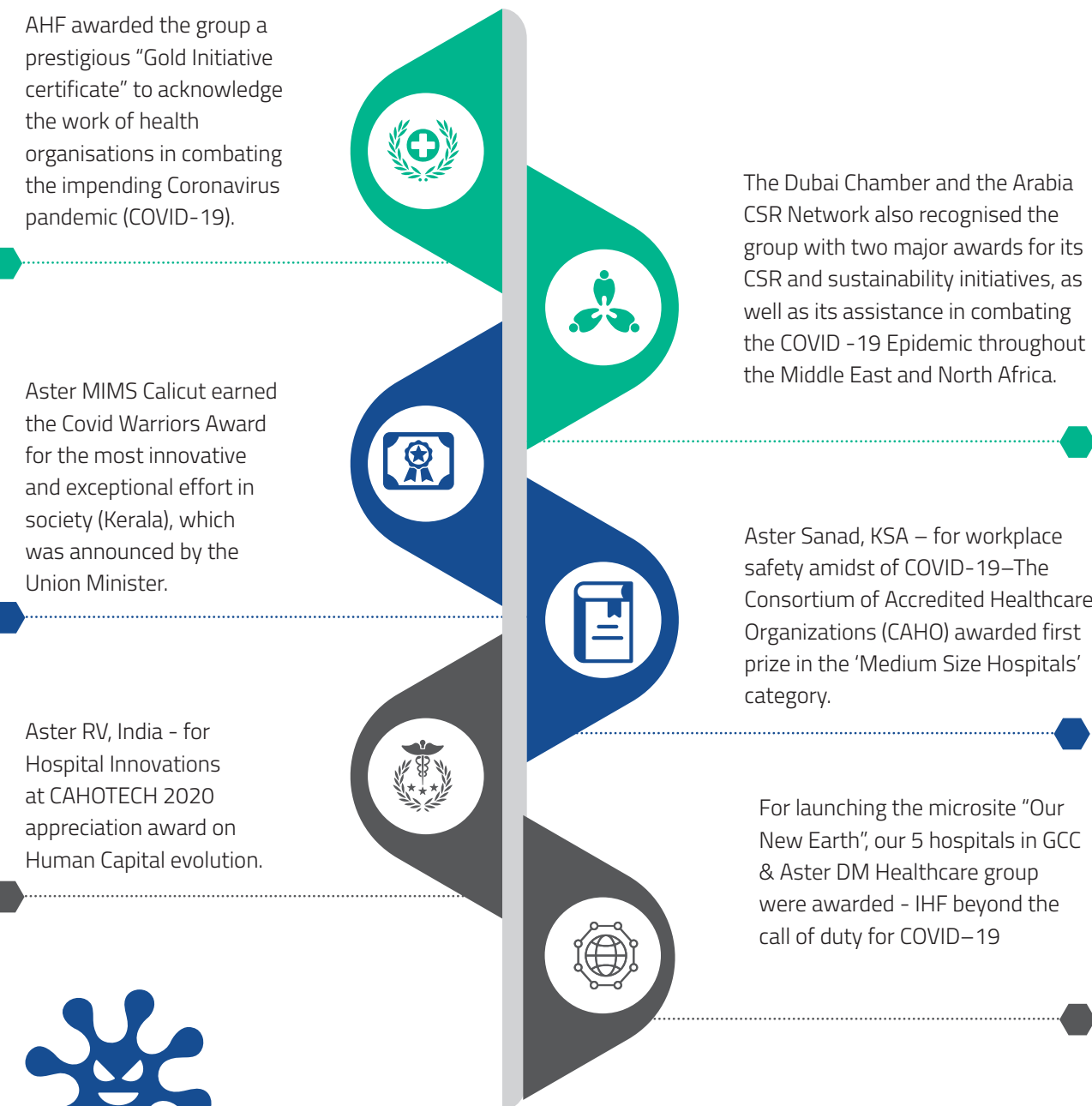


Because of Aster's capacity to anticipate and prepare for the future, it is able to dig deeper into cutting-edge healthcare procedures. Its unwavering commitment to providing the greatest treatment allows it to build additional locations and position itself as a healthcare provider who understands the requirements of the 'new normal'.



## Acknowledgement and Awards

Various forums acknowledged and praised all of the aforementioned management and operational practises.







## Extended Support to the Community

During this pandemic crisis, we all came together armed with our strong values of Compassion, Respect, Passion, Unity, Integrity, and Excellence, saving the lives of millions providing primary to quaternary care and community support across the geographies we operate.

The timely launch of agile processes, cross-functional teams, business reviews, empowering frontline teams, and projecting clear data on outputs and outcomes across

our units has helped to achieve positive results in record time. From the beginning, Aster has removed boundaries and has broken down silos to execute the strategy in the form of an efficient contingency plan to restore and resume the critical and essential functions and processes.

Aster Volunteers team played a key role in extending community support during this crisis. Our community support program had a multipronged approach and included the



**318,490+**

**Food and ration kits  
provided to the people**

## Distribution of Food and Ration Kits

As the pandemic struck and lockdowns across the country were announced and extended. Businesses suffered, and people lost jobs. Those who were daily wage earners faced a severe blow as their income stopped suddenly and got stalled for days. We stepped up to the occasion and initiated a program to distribute ration/food kits for those in need.

We were supported by our staff and also external volunteers in the time of need. We were able to mobilize thousands of individuals to support us in the food and ration kit distribution across several states in India as well as in other countries where we have our footprint.

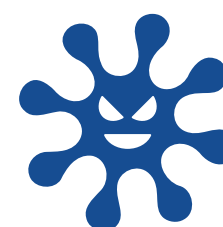
## Distribution of PPE Kits

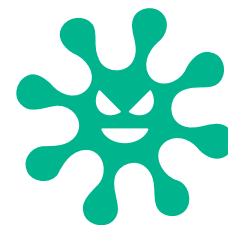
Aster Volunteers team felt the need of making PPE kits available to frontline workers like paramedics, police officers, ambulance drivers, etc. Since Aster has been running several hospitals and clinics and therefore has a well-established supply chain, this supply chain was utilized to procure additional PPE kits and was distributed through our Aster Volunteer teams. Thousands of these PPE kits were distributed to front line workers in India.



**15,486**

**PPE kits has been  
distributed**





**46,402**

Individuals with these camps

## AVMMS Health Camps

Aster Volunteer Mobile Medical Services units (AVMMS) has been providing medical services to far-flung areas and financially weaker sections of society for the past 8 years. During the Covid 19 pandemic, the AVMMS teams has been setting up health care camps for economically weaker sections. These health camps are providing covid screening services, awareness sessions and have also recently started vaccination drives in those areas.

## Organizing Webinars

A series of interactive webinars were hosted and moderated by Aster doctors and medical professionals talking about precautions, preventive measures, special care for people with pre-existing conditions, caring for the elderly and caring for children.

We have been hosting series of webinars on Facebook to help people make the most of their time spent at home during lockdowns by starting a new hobby. Different influencers and practitioners collaborated with us and volunteered to host the webinars.



**500,705+**

Webinar participants



## Distress Call Helpline

We set up a dedicated helpline to support people battling with the pandemic. We received hundreds of distress calls and attended to their requests to the extent possible. Through these calls, we helped people get medical as well as emotional support required during these unprecedented times.



**16,697**

Calls



**19**

Tele triaging was provided

## Tele Consult

We initiated tele consulting in India to support patients during the lockdown. For nearly 45% of the cases, patients were treated free of cost. The Free Covid-19 Tele triaging was provided to nearly 3,400 patients in India. In the Bangalore cluster, service orders for labs and pharmacies were tracked. 21% of Tele consult patients ordered lab services, and 42% of such patients' samples were collected from Home; 80% of Tele consult patients placed pharma orders, and the medicines were efficiently delivered to patients with our logistic services.

In Andhra Cluster, the Teleconsultation resulted in 100 Inpatient admission every month. 80% of the doctors who used the Tele consult platform expressed a satisfaction level of 91%. About 10,000 Patients offered feedback on Tele consult services, and the satisfaction level was 90%.

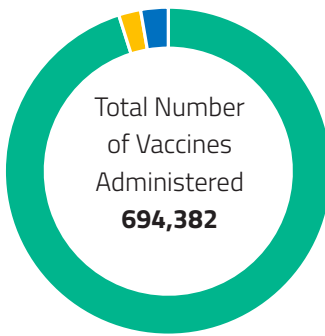




# Vaccination drive in India, Oman and UAE

Aster has initiated its vaccine drive in January this year. Several of our AVMMS units have also started providing the vaccine to far-flung areas.

Currently, our vaccination drives are operational in India, Oman and UAE. Till March 2021, we had conducted close to 20,000 vaccinations which rose to 700,000 by August 2021.



Total Number of Vaccines Administered  
**694,382**

India	660,430
Oman	15,111
UAE	18,841

# Massive COVID-19

## Screening Drive in Dubai

Our Aster Volunteers are doing everything possible to fulfil their commitment to making a positive difference in the lives of the needy during the pandemic.

Even though it meant they had to put their personal safety at stake, the Aster Volunteers

Team, UAE, has been working on the field continuously to help people. The team has been working very closely with Dubai Health Authority and Aster Pharmacy & Clinics team to conduct mass screening camps at various congested neighbourhoods in Dubai and are also supporting isolation facilities.



One of a kind drive in vaccination campaign in Oman.



# Awards and Recognitions 2020

This year we won six sustainability and CSR awards and recognitions, further cementing our position as a corporate leader excelling in sustainable development.







# CSR and Sustainability Awards Won in the Previous Years

Awards	Year
Arabia CSR Award	2018, 2019, 2020
CSR Healthcare Award	2019, 2020
Dubai Chamber CSR label	2019
Golden Peacock Global Award for Corporate Social Responsibility	2019
IHF/Bionexo Excellence Award	2019
Best CSR Community Health Award Healthcare Summit Awards	2019
Association of Healthcare Providers India (AHPI) Awards	2019





GRI CONTENT INDEX

GRI Standard	Disclosure	Page number(s) and/or URL(s)	Omission		
			Part Omitted	Reason	Explanation
GRI 101: Foundation 2016					
General Disclosures					
GRI 102: General Disclosures 2016	Organizational profile				
	102-1 Name of the organization	12			
	102-2 Activities, brands, products, and services	12, 13			
	102-3 Location of headquarters	Dubai, UAE			
	102-4 Location of operations	16, 17			
	102-5 Ownership and legal form	Publically Listed			
	102-6 Markets served	16, 17			
	102-7 Scale of the organization	104			
	102-8 Information on employees and other workers	104, 105			
	102-9 Supply chain	Our suppliers include, medical equipment suppliers, pharmaceutical suppliers, utility companies, waste management companies, service providers and consultants.			
	102-10 Significant changes to the organization and its supply chain	NA			
	Precautionary Principle or approach 102-11	74, 75, 82, 83, 92, 93, 98			
	102-12 External initiatives	8, 9			
	102-13 Membership of associations	Joint Commission International (JCI), NABH			
	Strategy				
	102-14 Statement from senior decision-maker	4, 5			
	Ethics and integrity				
	102-16 Values, principles, standards, and norms of behavior	14, 15			
	Governance				
	102-18 Governance structure	33			
	102-21 Consulting stakeholders on economic, environmental, and social topics	38, 39			
	102-22 Composition of the highest governance body and its committees	35,36,37,38			
	102-23 Chair of the highest governance body	35			

GRI 102: General Disclosures 2016	Stakeholder engagement				
	102-40 List of stakeholder groups	41			
	Collective bargaining agreements 102-41	Collective bargaining agreements are not currently permitted in the UAE			
	102-42 Identifying and selecting stakeholders	41			
	102-43 Approach to stakeholder engagement	40,41			
	102-44 Key topics and concerns raised	43			
	Reporting practice				
	102-45 Entities included in the consolidated financial statements	Aster DM Healthcare			
	102-46 Defining report content and topic Boundaries	42			
	102-47 List of material topics	43			
	102-48 Restatements of information	None			
	102-49 Changes in reporting	Not Applicable			
	102-50 Reporting period	April 2020 to March 2021			
	102-51 Date of most recent report	March 2020			
	102-52 Reporting cycle	Annual			
	102-53 Contact point for questions regarding the report	188			
	102-54 Claims of reporting in accordance with the GRI Standards	This report has been prepared in accordance with the GRI standards : Core Optionnn			
	102-55 GRI content index	182			
	102-56 External assurance	Not Applicable			

Material Topics					
GRI 200 Economic Standard Series					
Economic Performance					
GRI 103: Management Approach 2016	103-1 Explanation of the material topic and its Boundary	13			
	103-2 The management approach and its components				
	103-3 Evaluation of the management approach				
GRI 201: Economic Performance 2016	201-1 Direct economic value generated and distributed				
Environmental Standards Series 300 GRI					
Energy					
GRI 103: Management Approach 2016	103-1 Explanation of the material topic and its Boundary	74, 75			
	103-2 The management approach and its components				
	103-3 Evaluation of the management approach				
GRI 302: Energy 2016	302-1 Energy consumption within the organization	76,77,78,79			
	302-3 Energy intensity				
	302-4 Reduction of energy consumption	80,81			
Water					
GRI 103: Management Approach 2016	103-1 Explanation of the material topic and its Boundary	82, 83			
	103-2 The management approach and its components				
	103-3 Evaluation of the management approach				
GRI 303: Water 2016	303-1 Water withdrawal by source	84, 85, 86, 87			
Emissions					
GRI 103: Management Approach 2016	103-1 Explanation of the material topic and its Boundary	92, 93			
	103-2 The management approach and its components				
	103-3 Evaluation of the management approach				

Emissions					
Emissions :305 GRI 2016	305-1 Direct (Scope 1) GHG emissions	94, 95			
	305-2 Energy indirect (Scope 2) GHG emissions				
	305-4 GHG emissions intensity				
	305-5 Reduction of GHG emissions	96, 97			
Effluents and Waste					
Management :103 GRI 2016 Approach	103-1 Explanation of the material topic and its Boundary	88			
	103-2 The management approach and its components				
	103-3 Evaluation of the management approach				
Effluents and :306 GRI 2016 Waste	306-1 Water discharge by quality and destination	88-91, 99-101			
	306-2 Waste by type and disposal method				
	306-4 Transport of hazardous waste	NA			
Environmental Compliance					
GRI 103: Management Approach 2016	103-1 Explanation of the material topic and its Boundary	74,82,92,98			
	103-2 The management approach and its components				
	103-3 Evaluation of the management approach				
GRI 307: Environmental Compliance 2016	307-1 Non-compliance with environmental laws and regulations	No Non-compliance observed during the reporting period			
Social Standards Series 400 GRI					
Training and Education					
Management :103 GRI 2016 Approach	103-1 Explanation of the material topic and its Boundary	109-111			
	103-2 The management approach and its components				
	103-3 Evaluation of the management approach				

GRI 404: Training and Education 2016	404-1 Average hours of training per year per employee	109-111			
	404-2 Programs for upgrading employee skills and transition assistance programs				
	404-3 Percentage of employees receiving regular performance and career development reviews				
Diversity and Equal Opportunity					
GRI 103: Management Approach 2016	103-1 Explanation of the material topic and its Boundary	106			
	103-2 The management approach and its components				
	103-3 Evaluation of the management approach				
GRI 405: Diversity and Equal Opportunity 2016	405-1 Diversity of governance bodies and employees	106-108			
	405-2 Ratio of basic salary and remuneration of women to men				
Non-discrimination					
GRI 103: Management Approach 2016	103-1 Explanation of the material topic and its Boundary	106, 107			
	103-2 The management approach and its components				
	103-3 Evaluation of the management approach				
GRI 406: Non-discrimination 2016	406-1 Incidents of discrimination and corrective actions are taken	106-108			
Non-discrimination					
GRI 103: Management Approach 2016	103-1 Explanation of the material topic and its Boundary	118, 119			
	103-2 The management approach and its components				
	103-3 Evaluation of the management approach				
GRI 413 :Local Communities 2016	413-1 Operations with local community engagement, impact assessments, and development programs	116-165			





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