असर्फी हॉस्पीटल
सबके लिए स्वास्थ्य

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To,
The Listing Department
BSE Limited
Mumbai – 400001
Scrip Code: 543943

Through: http://listing.bseindia.com

Subject: Submission of Transcript of Q2 & H1 FY27 Earnings Conference Call

Reference: Regulation 30 of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015

Dear Sir/Madam,
Pursuant to Regulation 30 of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015, we hereby submit the transcript of the Earnings Conference Call held on November 24, 2026, wherein the Audited Standalone and Consolidated Financial Results of the Company for the quarter and half year ended September 30, 2026 (Q2 & H1 FY27) were discussed.
The transcript is also available on the Company's website under the Investors Section.
Kindly take the same on record.

Thanking You.
Yours faithfully,
For Asarfi Hospital Limited
UDAI PRATAP SINGH
Digitally signed by UDAI PRATAP SINGH
Date: 2026.11.26 14:41:11 +05'30'
Udai Pratap Singh
Managing Director
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Asarfi Hospital Ltd. Dhanbad

Encl.: Earnings Conference Call Transcript

“Asarfi Hospital Limited

Q2 FY27 Earnings Conference Call”

November 24, 2026

MANAGEMENT: MR. HARENDRA SINGH – CHIEF FINANCIAL OFFICER AND MANAGING DIRECTOR – ASARFI HOSPITAL LIMITED

Moderator: Ladies and gentlemen, good day and welcome to the Q2 FY27 Earnings Conference Call of Asarfi Hospital Limited. As a reminder, all participant lines will be in the listen-only mode and there will be an opportunity for you to ask questions after the presentation concludes. Should you need assistance during the conference call, please signal an operator by pressing star then 0 on your touchtone phone. I now hand the conference over to Mr. Harendra Singh, Chief Financial Officer, Asarfi Hospital Limited, for the opening remarks. Thank you, and over to you, Mr. Singh.

Harendra Singh: Thank you very much. Good afternoon everyone and a warm welcome to the Q2 FY27 earnings call of Asarfi Hospital Limited. I am Harinder Singh, CFO of the company, and I sincerely thank you all for taking time to join us today. Our investor presentation of Q2 FY27 has already been uploaded on the stock exchange platform as well as on our official website. We hope that you had opportunity to go through the presentation.

As a part of our continued commitment towards transparency and shareholder engagement, we have voluntarily adopted quarterly financial reporting. Before we begin, I would like to remind everyone that certain statements have been made during today's discussion may be forward-looking in nature and are subject to various risks and uncertainties.

For a detailed disclaimer, please refer our Slide Number 2 of investors presentation. Let me begin with a brief overview of our journey and the key developments during the quarter. For over 2 decades, Asarfi Hospital has remained committed to delivering affordable, quality healthcare service to the people of Dhanbad and surrounding regions of eastern India.

From our humble beginning in 2005, we have evolved into one of the leading regional healthcare providers in Jharkhand. Today, we operate 2 hospitals in Dhanbad with a combined bed capacity of 350, comprising of 285 beds in our super specialty and 65 beds in cancer. Our flagship super specialty hospital continues to strengthen its position as a trusted tertiary care center in the region, offering more than 23 specialized departments which includes cardiology, neurosciences, general medicine, pediatrics, neonat, orthopedic, gastroenterology, and several other specialties.

During Q2 FY27, the super specialty hospital maintained an occupancy of 64% while ARPOB improved by 17% year-on-year to INR23,716. We also expanded the bed capacity of this unit from 265 to 285 beds, further strengthening our ability to cater to the growing demand of specialized healthcare services.

Our cancer hospital, which is one of the dedicated cancer hospitals of Jharkhand, continued to provide comprehensive oncology services during the quarter The unit recorded an occupancy of 40% with an ARPOB of INR50,572. We remain focused on strengthening our oncology services and improving patient reach and utilization.

Moving to our overall operational performance, both hospital units together served 4,429 inpatients and 41,285 outpatients during the quarter. IPD patient volume grew by 13% year on year, while OPD volume increased by 25%, IPD revenue grew by 17%, and OPD revenue registered a strong growth of 39% year-on-year. We also witnessed encouraging growth in our surgical volume, and the total number of surgeries increasing by 25% to 2,295 during the quarter.

Moving to our financial performance of Q2 FY27. On a consolidated basis, we are pleased to report our highest ever quarterly revenue, EBITDA, EBIT, and PAT. Revenue from operation stood at INR53 crores, registering a growth of 18.1% year-on-year compared to INR44.89 crores in Q2 FY26.

EBITDA increased by 34% year-on-year to INR11.89 crores compared to INR8.87 crores in the corresponding quarter of last year. Our EBITDA margin improved significantly to 22.4% compared to 19.8% in Q2 of FY26, making our highest ever quarterly EBITDA margin. EBIT increased by 41.6% year on year to INR9.51 crores, with an EBIT margin of 17.9% compared to 15% in the corresponding last year.

On the bottom line, profit after tax increased by 45%, year-on-year to INR6.09 crores compared to INR4.2 crores of Q2 FY26. PAT margin also improved by 11.5% from 9.4% in the corresponding last year. Overall, this performance reflects our continued focus on improving operational efficiency, strengthening our specialized specialty mix, and driving sustainable profitability.

Coming to our specialty-wise performance, the super specialty hospital continued to be the key contributors to the overall revenue. Revenue from super specialty increased to INR41.3 crores from INR32.2 crores in Q2 FY26. Pediatric and neonatology witnessed a strong growth of 78%, followed by neurosciences 42%, obs and gynae 41%, orthopedic 36%, and cardiology, which remains our largest specialty and also recorded a 14% growth.

At our cancer hospital, revenue stood at 11.6 crores during the quarter. We witnessed encouraging growth in haemato oncology and head and neck oncology which grew by 46% and 43% respectively, supported by gradual strengthening of our specialized oncology services. Moving to our key business development, during Q2 FY27, we continued to strengthen our doctors engagement and referral network.

We connected with approximately 1,500 doctors across, Jharkhand and part of West Bengal. We while expanding our promotional coverage from 7 districts to 10 districts. We also strengthened our insurance and institutional network through our PPN tie-up and empanelment with several insurance partners including Magma, ManipalCigna, Galaxy Health, IFFCO Tokio, Niva Bupa, and MD India.

Additionally, we continued to organize roundtable meeting and continued medical education programs in the district towns to strengthen our engagement in the medical fraternity. We have also initiated outreach clinic at multiple locations where our consultants conduct OPD sessions, improving accessibility to our healthcare services across surrounding region.

Alongside these initiatives, we are strengthening our digital promotional activity, local branding campaigns, and call center operations. Our call center is increasingly being developed as a business generation channel, while area-wise and agency-wise tracking is helping us to monitor the effectiveness of our promotional efforts.

Looking ahead, we remain focused on strengthening our position as a leading healthcare provider in Eastern India. Our priorities continue to be improving capacity utilization, enhancing our specialty mix, expanding our geographical reach, and maintaining operational efficiency. We believe that our established regional presence, growing doctor referral network, advanced medical infrastructure, and increasingly accessibility through outreach initiatives provide a strong foundation for sustainable growth.

We will continue to focus on delivering quality healthcare services while creating a long-term value to all our stakeholders. With that, I would like to hand over the call to the moderator to open the floor for question-answer session. Thank you once again for your continued trust and support. Thank you very much. Over to you, ma'am.

Moderator: Thank you very much, sir. We will now begin the question-and-answer session. The first question is from the line of Subash From Value Investments. Please go ahead.

Subash: Hello, am I audible?

Harendra Singh: Yes, Mr. Subhas.

Subash: Hi, I have 2 questions. So my first question is about your guidance. So the guidance for FY27 was INR260 crores, right? Until now, I think you have achieved close to INR100 crores. So is it possible to, achieve the remaining INR160 crores in just 2 quarters? Considering that Q1 was only INR47 crores revenue and Q2 was INR53 crores, so we have INR160 crores to cover.

Harendra Singh: It appears a little difficult, but we are still trying. We are not -- we don't think that it is impossible task. We are making our efforts. Basically, the growth which was envisaged through the acquisition and the growth in the cancer unit. We are slightly lagging behind, but we are still hopeful.

Subash: All right, so last time I think I emailed your CS, and, the update that I got was, I mean, the guidance that you had given was inclusive of the acquisition. So I mean, in what stage is the acquisition? Would you be able to close it before FY27 end?

Harendra Singh: We have decided, because there is some technical issue as we had discussed last time, that the share transfer is not taking place. We have decided that if it is not possible, then from the next year first quarter we will be taking over that unit on an operational management contract basis. So that discussion is closed. And if we fail to acquire it, we will go for O&M model.

Subhash: Okay. So it's still not decided whether you're going to totally acquire it or…

Harendra Singh: If that share transfer -- because we had said that some of the shareholders have died and share has not been transferred to the family members or legal heirs. So if that remains a problem, they

are very minor shareholders, minority shareholders. So if that is not materialized, we will go for O&M model from 1st of April.

Subhash: Settle up next year. Okay. So without the acquisition what would be your guidance for FY27?

Harendra Singh: Sir, we are still making a strong effort and we believe that we should be very near to what we have committed.

Subhash: No, what I said was, say, your guidance was INR260 crores including the acquisition, right? So if the acquisition doesn't happen, then what is your guidance for FY27?

Harendra Singh: It should be affecting us with at least INR15 crores.

Subhash: INR15, okay.

Harendra Singh: Yes.

Subhash: So your revenue could still be INR240 crores to INR245 crores then?

Harendra Singh: Yes, INR240 it should reach, yes.

Subhash: Okay, great. So, next 2 quarters should be really strong, right?

Harendra Singh: Yes, definitely.

Subhash: And I wanted to ask about the status of the mainboard migration as well from SME. I know that the board complete and it is approved?

Harendra Singh: Formality has been started. They say that it takes 3 months. So before closing of this FY27, we should be able to -- we will be migrating to mainboard.

Subhash: Okay. Sorry for the additional question.

Harendra Singh: The formality will be completed before FY27, yes.

Subhash: Okay, sorry for the additional question. I think I -- just one second. Yes, so the receivables, I think out of the INR100 crores revenue in H1, INR75 crores is stuck in receivables. Like, do you want to comment anything on that?

Harendra Singh: Yes, the receivables are really giving us trouble. We are making sincere effort, because all the receivables are from the government agencies, government PSUs, and State of Jharkhand. So we are trying to reduce this. We have increased our number of people involved in the recovery. So we believe that we should be doing good in this regard, because it is an identified issue that somehow…

Subhash: Because almost like 75% of your revenue is stuck in recievables.

Harendra Singh: It increases our cost of funding also. So we are into it and we are trying to -- we have to deal with the system, PSU and government agency. These are systemic issues are there, but we are still trying to resolve it.

Subhash: Okay. By the year-end maybe it could be better then?

Harendra Singh: Yes, definitely, it should be better.

Subhash: That's all. Thank you.

Harendra Singh: Okay. Thank you, Subhash.

Moderator: Thank you. Next question is from Manish Kela, an Individual Investor. Please go ahead.

Manish Kela: Thank you, ma'am, for the opportunity. Sir, couple of questions. One is, in the super specialty unit, we saw good increase of average revenue per bed. And this is in light of the additional 20 beds that were added. So what contributed to the increase and what do you say, such good performance across the super specialty unit?

Harendra Singh: Actually, after opening cancer hospital, our activities and branding is being done in nearby 10 districts of Jharkhand, which is neighboring district to our town. So first of all, the super specialty hospital gets benefit because it is established for quite long time, and cancer is not able to see that kind of jump because initially those who are paying cash for the treatment tries to go to some metro cities for initial treatment. So we are trying to build a rapport and creating a trust in the mind of the people of Jharkhand. And we hope that same impact will be visible on the cancer hospital in coming days.

Manish Kela: Performance sustainable, the increase in average revenue that we saw per bed across these both specialty units?

Harendra Singh: Yes, it is sustainable. Why not?

Manish Kela: Okay, great. And sir, again, I think you partially answered this question. On the cancer unit, why was our occupancy impacted during this quarter?

Harendra Singh: As you know that this cancer unit is a new establishment. And whenever anybody is affected by cancer, they try to seek their initial treatment in the metro cities or city which they feel that they are going to get better treatment. So initial phases of trust building we are passing through. We are trying very hard. We are monitoring our disease-free survival rates.

We are trying to connect with the patients even after they go back home. We are trying to establish good -- we are trying to establish network with the doctors also. I think it is natural time, and this is just a matter of gestation period. Once the trust building is there, we believe that it will have a significant impact. We look forward.

This cancer hospital has a great potential, and that is why we are not taking any step in a hurry to expand our presence in different locations by acquiring different hospitals, but to focus on the

hospital which is very close to us and it is very easy to monitor, and we believe that it will bring good revenue and margin.

Manish Kela: What is your forecast for the occupancy percentage for the rest of the quarters, the other 2 quarters? Because cancer hospital occupancy has kind of varied, right? Last year it was 46 percentage in Q1?

Harendra Singh: Cancer occupancy, we are looking for 65%. We should be able to achieve 60% to 65%, but occupancy is not directly related as it affects the super facility directly. But occupancy in cancer hospital is not that way of related to revenue, because there are so many daycare procedures. Like chemo you take, it is a daycare procedure. Radiotherapy is a daycare procedure. So occupancy, we are looking at a 40%-60% in cancer.

Manish Kela: Understood. And the number of operational beds, right, across the cancer hospital is currently 65. So given that we have sufficient capacity for this, and occupancy is also between, say, 40 to 50 percentage across quarters, are we looking at scaling it up, or we'll stay at this level for now?

Harendra Singh: I had stated earlier also, we definitely wish to expand, but time has not matured. So at present, we are not looking for, increasing number of beds, rather, we are looking for increasing the occupancy rate and the business, because even radiation and chemo picks up, things will be different.

Manish Kela: Got it. And one final question, if I can squeeze in, sir. Your Healthcare Research Institute, I guess that was supposed to go live post March 2027 next year. So again, are we on track?

Harendra Singh: We have applied for the approval of MAP. It is not yet -- boundary and other things have been made. But it is not going to be operationalized in March.

Manish Kela: Okay. So this means, it will take one other year, right?

Harendra Singh: Definitely, because there was some hindrance on the site, so it could not be completed.

Manish Kela: And that obviously cannot be started during the -- sorry, during the middle of the year because it is an educational institute?

Harendra Singh: Yes, yes.

Manish Kela: Got it. Got it, sir. Thank you so much.

Harendra Singh: Okay, thank you. Thank you, Mr. Manish.

Moderator: Thank you. Next question is from Piyush Jain from Nivriddhi Wealth. Please go ahead.

Piyush Jain: Yes, good afternoon. Am I audible?

Harendra Singh: Yes, yes, Mr. Piyush, you're audible.

Piyush Jain: Yes. So sir, just wanted to continue the first participant. We have given some guidance for 2027. Which you said right now, that is not possible considering our H1 number. And '28 also we had some vision related to number of beds, revenue. So where we are heading right now for a medium-term growth? Because current year H1 is already done, we have done INR100 crores. You have given some clarity that you should do INR230 crores to INR240 crores in the 2027. Correct, sir.?

Harendra Singh: Yes.

Piyush Jain: So earlier we have also given a guidance with respect to bed expansion, because what I remember, even said this, super specialty will become a 350-bed and cancer unit will become 150-bed. And 2028 we would be operating around 500 beds. So since cancer itself is running at 40% utilization, so what is the expansion right now, what we want to achieve first, where we are heading towards expansion in super specialty as well as cancer unit?

Harendra Singh: So with regard to beds, we -- that 350-bed was, guidance was given including the acquisition. We have...

Piyush Jain: And how much was acquisition bed? How much was acquisition bed?

Harendra Singh: 80 beds.

Piyush Jain: Okay, so let's, let's figure out that...

Harendra Singh: That 350 bed was, 285 plus 65. So 350 was there. 285 of the super specialty existing beds, and 65 was cancer unit. So this was the number of 350 beds.

Piyush Jain: Correct, correct. So, what is the plan for 2028? Forget about acquisition. Organically, what is our bed expansion plan? Because we wanted to increase the cancer unit hospital bed also from 85 -- 65 to 150.

Harendra Singh: Yes, so as we had clarified that addition of bed in the existing super specialty unit is not possible at this moment on the basis of the building constraint, but definitely cancer unit expansion will be in the pipeline. But because it is in the consolidation phase, we are looking for bed utilization first, and then we should go for expansion of the bedside cancer hospital.

Piyush Jain: So, okay. And so what will be the '28 revenue guidance, which we think, without considering the acquisition organically, what would the number we should -- we will be able to achieve?

Harendra Singh: I would request you to drop a mail in this regard. We are still figuring out that where we are going to reach. And after considering the important factors relating to cancer and other factors, we will be able to answer you correctly.

Piyush Jain: Okay, sir, no issue. I'll drop a mail on this. Sir, second question is, what I see, our cancer units, our RPOB is quite fluctuating and volatile. At one of the quarter, we have done around INR60,000 RPOB also. Sometimes we have done 27,000 to 31,000 also. Now current quarter the number is 50,000.

So is there a calculation-wise something else in this? Or since you said the cancer hospital also includes so much of daycare activities which is not considering the occupation of bed, so is this a revenue simply divided by bed and because of this, the RPOB is fluctuating. How to consider this steady-state sustainable RPOB going forward?

Harendra Singh: Yes, you have asked very right. Actually, our 90% plus patients are cashless patients under some kind of scheme like Ayushman Bharat or CGHS scheme or government PSUs or Jharkhand government. So when even if you are admitting patient, coming patient on daycare basis, you are required to admit those patients. So when this mix changes, this calculation of once you admit the patient, so if even if it is in daycare, you have to consider it as admitted patient.

So that is why it sometimes changes because we received the letter from our PSUs that admission has to be -- even in the daycare basis, admission has to be for 24 hours. So we are discussing with the PSU that once the treatment is over, why to keep that patient for 24 hours. So we are into discussion, but that calculation has that impact.

Piyush Jain: So what as a study state, what type of RPOB number we consider this for your cancer unit? Because sir, we are not able to predict the number. Sometime it is happening 27,000, sometime it is happening 30,000, 32,000, or that also, sir, sometime even the occupancy is 56%, our RPOB is lower. Now our occupancy is 30%, but our AROPB is 50,000. So sometimes...

Harendra Singh: Yes, yes, please.

Piyush Jain: Sir. So normal hospital, you can consider occupancy increase will eventually help in your operating leverage and your RPOB should increase. In our case, both are happening in contradictory fashion. So as for -- as an analyst for us, we are not able to predict what is the real percent -- percentage occupancy basis, which what is the real RPOB we can consider and we can build our projections.

Harendra Singh: We are discussing with our PSUs and other government also. Once this clarification is received from there this daycare treatment of this daycare patients, if settles down and this daycare is considered as daycare and it is not considered in the RPOB, then this RPOB should be around INR35,000 approximately.

Piyush Jain: Sir, going forward, can you give this bifurcation in your investor presentation? See, what is your daycare revenue and what is your cancer revenue? So that we can consider this accordingly, how much the projection we can consider?

Harendra Singh: Yes, definitely, we will give this detailed -- detail on the next presentation.

Piyush Jain: Sir, my next question is...

Harendra Singh: Yes, sir.

Piyush Jain: Sir, my next question is -- Yes, sir, my next question is largely related to our government business. Your high receivable and what we are doing. Because, in the last 1 or 2 quarter back calls, what I understood from you that we are reducing a little bit of government business because

of the high receivable. But in numbers, I am not seeing this because again, at INR100 crores revenue, our INR75 crores is receivable within stock.

So what is our mix of government business and non-government business? How much is our cashless, non-cashless business, and how we are tackling this to diversify from non-government business? Because, in this fashion, whichever way we will grow, our receivable will continue to grow, and then we have to depend on the external funding only.

Harendra Singh: Yes, when we talk about the super specialty hospital, our cash and cashless is 50-50. In this 50 cash 10% increase. but when we talk about the cancer hospital...

Piyush Jain: 50 cash -- 50 cash made 10%?

Harendra Singh: TPA. Insurance cash or cash.

Piyush Jain: Okay. Yes, Yes, I understood. TPA insurance.

Harendra Singh: When we talk about cancer hospital, we have inquired from Ranchi HCG, which is our nearest competitor. We have discussed with the Tata's also, and same is the case with the Tata Jamshedpur. So when we talk about cancer hospital, the cash business is approximately 15%. We -- at present, we have 7% to 8% of the cash business and 7% to 8% TPA. But rest of the business is coming from either Ayushman Bharat or government schemes.

We, we never said in our presentation or that we are going to reduce because, you know, you cannot afford to reduce in the initial phase of your establishment, you have to ultimately keep things moving and you have to continue to honor the patients. So, but definitely the receivables are at a high level. We are -- last month I met with the Principal Secretary Health because our fund is in stock. As you know, the government of Jharkhand itself is in, you know, some kind of financial mess, and that is why they are not able to release. Otherwise, other corporates we are discussing and other corporates we are trying to manage, and that is somehow handled.

But the government of Jharkhand is still a problem. But because it is a government, the money will come. We are making our efforts by meeting the right people who are decision makers, and we hope that we should be, handle this situation. But that is a systemic issue, which is taking some time, and we, we hope that we will be able to solve it.

Piyush Jain: Sir, understood. Sir, what would be our ballpark bifurcation between a INR100 crores revenue of H1 in super specialty and in cancer unit?

Harendra Singh: One minute, sir. Last quarter, INR11.61 crores in cancer unit, INR40.72 crores in, super specialty.

Piyush Jain: So, so if I say around 20%-25% business is coming from, let's say, a cancer unit?

Harendra Singh: Yes.

Piyush Jain: Correct. So 75% to 80% is super specialty. Where you are paying 50% is cash. So still the numbers are not stacking up. If I say my 75% to 80% has a 50% cash, then out of total INR100

crores revenue, INR75 crores receivable is still not justified. Or unless we have a 1-year older payment,

Harendra Singh: That INR75 crores has some opening balances.

Piyush Jain: Opening balances sir consider. What we are trying to say, if you are saying this INR75 crores some opening balances, then the money, something which you have not received even a one year, something older may be a nine month or one year?

Harendra Singh: Detail aging, we will provide you an email. We will give the bifurcation of the aging on e-mail.

Piyush Jain: I'm not getting into number, what I am trying to understand is there a money which is even a pending for more than nine months or more than a year?

Harendra Singh: It will be there in six to nine months.

Piyush Jain: Yes sir, so I am coming to that point. So our business premise is completely dependent on government mercy of when they pay, then how we are making diversifying our business or making a stronger business which can fund its own internal growth rather than depending on working capital or something. What we are trying to do, if the money receivable from the Jharkhand hospital and Jharkhand government is taking so much of time, then as a foolproof business, what yet we will work towards really to make a stronger business?

Harendra Singh: There is, 2 solutions for which we are targeting. We are for super specialty hospital, we are trying to increase our cash business to at least 60%. And for cancer hospital, we are targeting that we should reach at least 30% cash business.

Piyush Jain: But how we will happen?

Harendra Singh: How

Piyush Jain: You will target this now? Because customer comes, that is beyond your control. And if customer coming which is other than cash, then…

Harendra Singh: Definitely customer comes, which is beyond your control, but customer mix where you have to think. So we are thinking on having the right customer mix. Our target is to have 30% cash business in cancer hospital and 60% cash business in super specialty. How it will happen? It will happen because today when you look at it, 50% of our cancer business comes from only one district, that is Dhanbad. And the second highest, business, revenue-wise district is Giridih. So that is 11%.

We are trying to increase the business from other districts from where the cancer proportion will increase. And the same strategy, it is being followed for the super specialty hospital also. And if we do that, the revenue target of cancer forecast business will be achieved because we are affected. We are affected. You can see the numbers and we are dealing with, the situation. We know that where the teething problem is and we are making steps or taking, steps to resolve that.

Piyush Jain: Okay, appreciate, sir. You understood the what is happening and what we need to do. So, what is the time period in which you…

Moderator: I'm sorry to interrupt. You may please rejoin the queue for more questions.

Piyush Jain: Yes, sir.

Moderator: Thank you. We will take the next question. Thank you, sir. We will take the next question from Mr. Abhijit, from Paul Asset. Please go ahead.

Abhijit: Thanks for the opportunity. Just a follow-up question to the previous participant. When you say that you plan to reach or you are targeting 30% cash in cancer and 60% cash in super specialties, so can you help us understand how exactly will you achieve this? Because I mean, from what I understand, you cannot deny the patient, right? So will you be limiting the share of the field beds, or, how exactly this will happen?

Harendra Singh: This is not about the denial of patient. What I said that you need to focus on the mix of the patients. So when I am talking about the mix of patients, that means it is not the mix of patient of different specialties, it is the mix of patient from the neighboring target, 10 districts. As I said that today we have 50% plus business from Dhanbad district itself and 11% from neighboring district, that is Giridih. Other districts are running at 5%, 6%, 3%, 2%.

We are -- because we are the only hospital of having comprehensive cancer care hospital in neighboring 10 districts. So our catchment area is 10 districts. We are trying to create a balance of 10 districts. So our -- if business percent from all 10 districts equalizes to some extent, then this cash business will increase because Dhanbad is having a, different kind of demography. Whereas Giridih and other remote districts having different kind of demography.

And when people come travel from distant place to Dhanbad, they are mentally ready to pay cash. But when people from neighboring -- from Dhanbad, when they come to nearby hospital, they are not ready to pay cash. So that is, the dynamics how it, it is functioning. When we see that patient coming from Dhanbad, they try to figure out, they try to search some connection and ask for some kind of discount. But when people is coming from Giridih or other distant location, nobody asks that how much you are charging, or they are not connecting to anybody there for the discount purpose also.

So we feel that if we continue to make effort increase the business from distant districts, our cash business will pick up, and we believe that this 30% target is achievable and it will be achieved.

Abhijit: Any timeline that you have in your mind?

Harendra Singh: This -- we should reach this 30%. At present we are 15%. 30%, we should be able to do it in next 12 months.

Abhijit: So by FY28, you mean to say that the, case mix would…

Harendra Singh: Yes, by the end of 2027, we should be reaching this number.

Abhijit: Okay, so the other question is on your revised guidance of INR240 crores. So we did about INR100 crores in the first half, so the second half needs somewhere around INR140 crores. On a quarterly basis, it just comes somewhere around INR70 crores. So this, you know, kind of looks like a big step up from what we are doing right now. So, can you help us understand what will drive that jump?

Harendra Singh: Sir, the cancer hospital, the guideline was given, was given based on the projections of, cancer hospital. We were bullish and aggressive on cancer hospital. Cancer hospital, we are not happy the way cancer hospital has, has been performing because as we understand, we keep on meeting with the doctors, we keep on traveling to districts, we try to understand why, why occupancy is not picking up as quickly as possible or as we desire, the issue of trust comes into the picture.

People don't, you know, easily -- when, when cancer, so we are trying to build trust and we believe that cancer hospital has lots of potential. We have, fully, UK is the cancer hospital. We are trying, trying to attract patient for cancer, and with cancer patient, picks up, our guidance which is given in terms of revenue will be fulfilled.

Abhijeet: Okay. So the other question is on the number of doctors. This is in 2 parts. So in the last quarter's presentation, Q1 FY27, we had around 103 doctors, out of which 70 were full-time. In the latest presentation, Q2 FY27, the number of doctors have increased to 107, out of which 86 are full-time.

So this is an increase from 70 in the last quarter. So while there is a, you know, moderate increase in the number of total number of doctors the number of full-time doctors have increased. So have we converted, you know, some of the visiting doctors to full-time doctors during this…

Harendra Singh: No, we, we have added, the second doctor in some of the departments because, as I said, that we want to increase our reach in 10 neighboring districts. And when you have to go to 10 districts, you need to increase the accessibility and visibility.

So, you need 2 doctors. Like we added the gastroenterologist, we added, we added radiation oncologist. So we have hired a second doctor in some of the departments solely because we have started doing outreach clinic in different locations where one of the doctor, one doctor remains at the existing hospital, and second one goes alternatively to outreach clinics just to increase the accessibility, visibility, and increase in business from those districts.

Abhijeet: So Yes, so, so that's fine, but if that has happened, why has the total number of doctors not increased? In last quarter it was 103, and in this quarter it is 107. So The net increase is only 4…

Harendra Singh: Yes, I got it. The total number of doctors comprises of, resident doctors also. As you know that we have started DNB course, so some of the, requirement of some of the, resident doctor went down because of the availability of the DNB students who are also working. So, that is why this number has not increased in that proportion.

Abhijeet: No, sir, I have a very small confusion. The basic thing is that despite an increase in, you know, number of full-time doctors, our number of total number of doctors that have not increased. So either, you know, the classification has changed, let's say there were certain doctors, those were

visiting, those are not considered full-time. We have, we have converted those visiting doctors as full-time doctors. This is

Harendra Singh: What I know. We have, we have not, we have not converted any visiting doctor in full-time doctors. However, with regard to specific question, as I have said that because of the addition of the DNB students some of the resident doctors -- requirement of resident doctors got reduced. So, from one side, number of, full-time doctors increased, whereas there was a corresponding some decrease in the number of resident doctors. So that is why it has not increased to that extent.

Abhijeet: And that's good. You got it.

Harendra Singh: Okay.

Abhijeet: And so, my last question is, so it's on the -- again, on the cancer volume. You have already talked about this. You know, this segment is, you know, largely flat, over the last few quarters, which is -- so while the guidance, initial guidance was something else, so apart from trust, what is the bottleneck that you are, you know, seeing right now in scaling this division? So, trust is something that you have talked. Apart from that, on the operational front, is there any bottleneck that is, you know, limiting growth in our cancer hospital?

Harendra Singh: Truly speaking, there is no bottleneck as such, but there is an issue of trust. You know, last time my relative had diagnosed with cancer, so he was staying in, Odisha. He went to Apollo, then he went to Max Hospital, and ultimately he got operated in a different, AIIMS Delhi. So when somebody is informed about that he is suffering from cancer, it is very difficult for them to, you know, accept that fact. And because Dhanbad was not having any cancer market, it was not, you know, not only Dhanbad, these neighboring 10 districts, we don't have any cancer hospital.

In entire Jharkhand, we have only 3 or 4 cancer units. So, people are not ready immediately to believe that there is a quality treatment available in the field of cancer. We are trying to build the market, entire market for, cancer patients. With regard to our infrastructure and bottleneck, there is no bottleneck as such. We have good quality doctor, we have good infrastructure, we have best of the machines.

And we are taking all possible actions and possible measures to build trust among the doctors. We are doing continuous medical education. Our doctors are going to the market, they are talking to doctors, because cancer patient generally comes through referring of some guy, some doctor. So, we are trying to build a good network on cancer specialists who are going to different referring doctors and explaining them the service and facility. We hope that we will be able to do it.

Abhijeet: And that's all from my side. Thank you.

Harendra Singh: Okay, thank you, Mr. Abhijeet.

Moderator: Thank you. Next question is from Achuth Pabbath from Dachan Capital. Please go ahead.

Achuth Pabbath: Yes, hello sir. Firstly, congrats on a good set of numbers in Q2. So, my second question is on this. So, you told that receivables are higher because 90% of the patients are coming with government scheme. So, I want to understand what is the reason for that.

Is it like, in your area most of the people don't have private health insurance, they don't have willingness to take health insurance, or is it like people who have private health insurance, they are going to well-known hospitals and you're ending up with patients, with people who don't have any insurance?

Harendra Singh: Yes, thank you, thank you, Mr. Prabhat. Actually, when I said that 90%, so 90% is for only cancer units, not for the super specialty unit. Super specialty unit is having 50% cashless and 50% cash, whereas, cancer hospital is having 90% approximately 90%, cashless business because you rightly said that the people of this area is -- in this area insurance penetration is very low, and every day government comes with some kind of scheme.

Now, there is Mukhyamantri Gambhir Bimari Yojana, there is Ayushman Bharat, then government is saying that I will give Abua Yojana, then Nitin Gadkari comes and says that if anybody gets RTA we will give them, treatment up to 1.5 lakhs without explaining as to how the payment will be made. So, government is trying to, attract voters by launching different kind of health schemes.

And health, as you know, that as a matter of policy, it just -- it has been a state matter. So, government is forced and compelled to do this. So, for cancer treatment, because the ticket size of cancer treatment is high, so there is a, there is a considerable difference between the small treatment and treatment of cancer. Because when somebody gets affected with cancer, they, they are a patient for, for next 1 year or 2 years' time. In next 2 years, he will be required to spend at least INR15 lakh, INR20 lakh, INR30 lakhs. So in this area there is a problem. Sometimes it so happens that people have hanging tumor from their mouth and they are saying that, no, I will not get treated.

So this kind of situation prevails. And you rightly said that, in this area, insurance penetration is very low. So that is why to address that, we are focusing on, even if there is 2%, 3%, 4%, 5% people who can pay cash, and if all those 5% or even half of those cash patients are attracted by us, taking all of them together, we will be able to achieve our 30% cash target.

Prabhat: Okay. And my second question is on the occupancy. As you're facing issues with the occupancy, like, what are the steps you are taking to increase the occupancy? Like, are you tying up with any famous doctors in your area to increase the reliability, so that people will blindly come to your hospital when they have some issues? So what are the steps you are taking to increase the occupancy?

Harendra Singh: Truly speaking sir, when occupancy, we talk about the occupancy and specifically we are talking about cancer occupancy. We have tried to bring star doctors from Calcutta. Now, when doctor comes from Calcutta for one day, people either don't believe them or they don't see any value addition as because this doctor is not available, number one.

Number 2, whenever a doctor has started doing OPD or staying even for one day, he does not come to Dhanbad or any place. We have tried doctors from Delhi also. They do not continue to come without any inconsistency. So people don't -- it does not actually help to increase the business. Because cancer is a treatment where all cancer patients are planned patients, there is no emergency.

If I am not going to hospital today, I will go tomorrow. So it is a planned treatment. And for the planned treatment, people don't get attracted mainly because of the availability of these star doctors. They feel that I should continue to have doctor who is available and availability is consistent. So that is not the reason as to, which will help us to increase the occupancy

For occupancy, we need to have a very good, referral system from doctor-to-doctor connectivity. We have 1,575 listed doctors who are connected to us. Out of those, approximately 223 doctors are sending patients on regular basis. We are trying to increase this number of doctors who are sending patients on regular basis to at least 500.

So our focus is primarily on the doctor's network because cancer patient comes through doctor only. It is not that you met an accident and you searched a good hospital and you came to emergency. So here in cancer hospital, primarily, emergency footfall is very low. So going forward, good network, good connectivity with the referring doctor will be the key to success.

Prabhat: Okay, sir, understood. Sir my last question is on the EBITDA margins. I think in the Q2 FY27 you posted somewhere around 22.5% of EBITDA margin, which are the highest in the last few quarters. So I want to understand what is the reason for these better margins even though the occupancy rate is almost same. And also I want to understand, are these margins sustainable or will it become better in the coming quarters?

Harendra Singh: Sir, as we had explained in our last earnings calls also, we are focusing on -- when cash recovery is challenged by systemic issues we are trying to curtail the cost or minimize cost. We have tried to reduce some inventory also. So we are trying to take steps and measures which have impact on EBITDA margin.

Prabhat: Okay. So are these margins are sustainable like, in the coming quarters as well, the 22.5% that you posted in the current quarter?

Harendra Singh: Yes, we believe that it is sustainable, sir.

Prabhat: Okay. Thank you. That's all.

Harendra Singh: Okay. Thank you, Mr. Prabhat. Thank you very much.

Moderator: Thank you. Next question is from Manish Kela, an Individual Investor. Please go ahead.

Manish Kela: Thank you again for the opportunity. Sir, out of the INR75 crores receivables that we have, what is the amount that is raising beyond 6 months?

Harendra Singh: Sir, please drop a mail with this regard. We will send you the detailed data.

Manish Kela: Sure. And I'd request, sir, because…

Harendra Singh: Yes,

Manish Kela: Yes, sure. And maybe because, not only in the previous calls but also in the current call, we've got some questions as to -- I mean, question on receivables, the aging split, and also the payer mix, right, whether its self or cash or government. If you can include a slide in your PPT, I think that would be helpful.

Harendra Singh: Definitely.

Manish Kela: So questions on this front can be avoided.

Harendra Singh: Yes, definitely.

Manish Kela: I'll send an email, sir. And my other question is, sir, there was a discussion on the acquisition point, right, a couple of participants asked that question. So my clarification is, the acquisition that we were referring to, is this the promoter entity hospital or a different hospital altogether?

Harendra Singh: No, sir, it is promoter entity hospital. We had said that we are also looking for acquisitions in other parts of Jharkhand also. We have identified few facilities. One also in Asansol, and that is in West Bengal. We are not very -- we did not pursue it very aggressively because we wanted to focus on the improvement of cancer business.

So now we are settling gradually. And once it is established, definitely this -- we also understand that the valuation will be built only when we try to reach, 1,000 beds, which is our target. So we believe that we will be able to take steps with regard to the proposed acquisition. If it is not materialized, then next year we will be taking it on O&M model. So our initial investment and cost will be very low, and we will be able to add the beds.

Manish Kela: Got it. All right. Thank you, sir.

Harendra Singh: Okay. Thank you, Mr. Manish.

Moderator: Thank you. We will take the next question from Piyush Jain, an Individual Investor. Please go ahead.

Piyush Jain: Sir, just the last thing to understand that you are saying, we are trying to build that trust and increase the cancer unit utilization nearby. So, what is the major roadblock which you think is taking time? Is it because of the doctor's equity, the hospital's equity, or services level? What is the thing which you think needs to be improvised which will help us to achieve the number?

Harendra Singh: It is mix of mix of everything, you know. Dhanbad, in entire Jharkhand, if you could presume, how this map of Jharkhand looks like. You have Ranchi and Jamshedpur and Dhanbad. These 3 are situated on a triangle of 150 kilometers apart. Now Ranchi and Jamshedpur is having cancer hospital. Dhanbad, we established 2.5 years back.

So at present, people of this area is, first of all, not aware that yes, there is a comprehensive cancer care unit has come up. Second, they are not fully aware. Plus, when they are aware, they cannot trust, as the involvement of cancer takes toll on the -- and shakes all the confidence of the person or family. So building a trust is a major issue. You are not only building a trust, you are building the market also.

There is no market exists for the cancer patient in Dhanbad or neighboring districts. We are building market also. That is why it is taking time, and we believe that we are in the right direction. We will succeed.

Piyush Jain: Sir, how much time we take to receive money from your private insurers, a DPA and private insurer?

Harendra Singh: This is 45 to 60 days, sometimes it is 30 days also.

Piyush Jain: So are we trying to government, Jharkhand government something to reduce this payment gap or further do we would also have corporates also in our customer list like sales?

Harendra Singh: PSUs, like Coal India Limited. We have CM.

Piyush Jain: So the money comes from them also take -- the money comes from them also take 6 months or higher time or how you receive money from them?

Harendra Singh: Different corporates have different duration. Like subsidiary of Coal India takes little more time because the subsidiary which is functioning in Dhanbad is having some kind of financial issues, but on an average it is.

Piyush Jain: Sir what we are doing here to improve our cash flow and how we are discussing with this Jharkhand government to improve our payment cycle?

Harendra Singh: Sir see Jharkhand Government say Third Chief Minister Health Minister and then Principal Secretary Health. So he is the highest official of Jharkhand. We are talking to him. We have requested him to help us not only help us because it is in the interest of the patient because sometimes patient comes.

Receives its part treatment and the treatment get – need to stop the treatment because of in availability of the fund, because fund gets exhausted. So we are requesting them in the interest of patient total good outcome of cancer treatment, payments should be released at the earliest. So they are trying to solve the issue. We are in touch with the government officials. We hope that we will figure out some kind of solution.

Piyush Jain: So any improvement happened after September till today? We will still -- 2 months are there. So this INR75 crores number has reduced or can you give some clarity where the number stands? Is the number improved?

Harendra Singh: When March nearing the last quarter, government payment increases you also know that. The government starts paying because their expenditures are not met so government starts paying more towards the end of the quarter. So we believe that it should improve.

Piyush Jain: Sir, just last question I'll conclude. Sir, how we take where the Asarfi Hospital is heading towards for next 2 years, 3 years because we have discussed a lot of problem whatever our problem is there in the business. You also sir taken a note of the problem and you are saying you are working towards it?

And I have a faith on you, okay, in maybe 6 months or 1 year time we will come out stronger from here, but what is our growth path, where we are heading because right now it looks like your guidance is also reduced. 2028 guidance growth also is right now not clear and visible. Acquisition also is right now no clarity. Bed expansion right now also, I don't know, have a clear-cut path. So as an investor, what is the positive we see and we move forward for, let's say, 1 or 2 year objective and goal, where we are heading?

Harendra Singh: Sir, Asarfi is aiming to become 1,000-bed hospital. With regard to the dates and timeline as to how it we have picked the target, but before 2030 we should be a 1,000-bed hospital. So we are working on that. Because the cancer hospital did not pick up to the desired speed, some of the guidance has reduced, but we are still on the path and we are trying hard to stick to our plans.

With regard to, as you said, that there is no clarity on the acquisition. Acquisition as I said that if it is not materialized, discussions are closed and we will be taking on O&M model because we have decided as discussed in the previous earnings calls, that we will be doing our project on asset-light model. So that is the way to grow and we are on that track only.

Piyush Jain: Okay, sir, I got it. Just conclusion thing, sir. I appreciate that we are heading towards a 1,000-bed or something and we will achieve, but sir before that we need to resolve our smaller, smaller issues, which we have discussed. Because currently also, sir, I don't know we don't have enough free cash available?

Let's say this receivable number will keep increasing, today, tomorrow we will do INR400 crores sales. Whenever we will do and we will have a INR150 crores to INR200 crores data, then we need a funding. Either it would be a debt or either it would be some equity dilution. Because today also, whatever the balance sheet I can understand, our larger money has been stuck in the receivable and we have already taken a borrowing over and above on this? So to me a free cash flow, free cash flow available is very limited. So whenever the growth is not backed by cash flows, then either it has to be backed by debt or it has to be backed by a sharp dilution?

Harendra Singh: Definitely, that is the teaching problem and we need to before we take major steps, we need to solve this problem. We are trying and we hope that we will be successful.

Piyush Jain: Okay, sir, thank you. All the best.

Harendra Singh: Okay, thank you, Mr. Jain.

Moderator: Thank you. We will take the next question from Aditi Kasbekar an Individual Investor. Please go ahead.

Aditi Kasbekar: Can you hear me, sir? Hello, can you hear me?

Harendra Singh: Yes ma'am.

Aditi Kasbekar: Yes, sir. Yes. Thank you, sir, for the opportunity to ask the question. Sir there are some questions that I have about receivable aging, etcetera for which I will write to your office, but I here wanted to understand what is it? Because we've -- there is a little bit clarity that I don't have on our education piece and how much is the education revenue we are targeting in FY27 and in '28?

Because I think we are running some nursing and allied paramedical courses at the moment and we were also going to, I think, start some B.Com LLB or hospital management or diploma in pharmacy type of courses. So are those batches already on? And if yes, then from education as a vertical, how much revenue are we having in the current year?

Harendra Singh: Yes, ma'am, give me one or two minutes, I'll fetch the data and I'll come back to you. If you have any other question, please ask me. We are fetching the data.

Aditi Kasbekar: Okay, sir. And then the other question.

Harendra Singh: With regard to the education we have started, madam, we have started, revenue has started picking up.

Aditi Kasbekar: Okay. And what I also wanted to understand is did we have these -- all these courses last year also or is this a new stream of revenue?

Harendra Singh: No, we started it from last year, so this is the second batch.

Aditi Kasbekar: Okay. Understood. So if you could also give what was the revenue last year, that is the full year of FY20 takes then it will help put things in perspective. And how much are we targeting this year? Then it will put things in perspective and what are the incremental things that we've started which has led to this?

Harendra Singh: Growth. If you could drop a mail with regard to this, we will give a detailed reply because we need to give you last year, this year.

Aditi Kasbekar: Fair. Surely, sir, I will do that. The other part is with respect to another question which somebody else before me asked, which is this Ranchi Management and Research Institute which I think is currently under construction or maybe it's already complete. And I think there the revenue was expected to come from next year, is it which you're saying is delayed?

Harendra Singh: Yes, initially, madam, there was some issue with regard to the position. So position got delayed, so construction work got delayed. So revenue projection which was started, which was scheduled to start in '28, has a little bit of delay. So it will be another 1 year it will take. So revenue will start from Healthcare Management Research Institute from FY29.

Aditi Kasbekar: Understood, sir. Okay. And sir apart from that, I think there was also a notification where we said that we were planning to set up a medical college under the PPP model. So how are we -- what is I mean I joined I think some 5 minutes late, so I'm not sure if you covered this already there, but would you be able to sort of throw some light on where we stand with respect to that particular project?

Harendra Singh: Yes, madam, we had made bid for Dhanbad. We have been declared L1 and government, but the still letter is not yet issued in our favor or letter is still not -- letter of intent, they say letter of intent has not yet been issued. In this PPP project, the government is scheduled as per the government guideline, a capital grant of INR200 crores will be given to the successful bidder. And rest of the money will be invested by the bidder. So we have made the bid, we have been declared L1 after opening of the financial bid. We are waiting for the government confirmation.

Aditi Kasbekar: Okay, so basically which means and the total project, so INR200 crores will be the capital grant from their side and how much is it that we will have to put?

Harendra Singh: Total project cost is INR352 crores.

Aditi Kasbekar: Understood. Okay. So then how do we plan on funding? I mean, what are the timelines you're expecting for that? That's part one. And secondly, how do we plan on funding it because INR150 crores again is a large number. So is it that their INR200 crores will come first and we'll start building out some basic things and only at a later stage we require?

Harendra Singh: As for the government, government guideline the funding will be proportionate basis. So 60% government is giving, 40% we need to invest. So suppose you invest INR10 crores, the government will -- you invest INR4 crores, government will give INR6 crores. So that is how it is designed. It is designed by the NITI Aayog. And you have to give, you have to fund that project in proportion basis. So 60% will be funded, 30% will be funded by central government, 30% by state government and 40% by the bidder.

Aditi Kasbekar: Understood. And what are the timelines for this?

Harendra Singh: Ma'am, timeline for this is the timeline has to be decided on the basis of once the letter of intent is received, then that letter of -- date of letter of intent will be matched we map with the date of application in the NMC, National Medical Council or accordingly the timeline will be set.

Aditi Kasbekar: Understood. So that's all unclear right now is what you're saying. Once the first letter comes, then you will apply to the National Medical Council?

Harendra Singh: Any date will start only after the first letter will come. After first letter you have to sign an agreement with the state within 1 month of time and once the agreement is in place, the timeline starts ticking.

Aditi Kasbekar: Okay. Got it, sir. Okay sir for the rest, the couple of things that I mentioned, I will write to you for the education and the receivable aging piece?

Harendra Singh: So nice, Aditi. Thank you very much.

Aditi Kasbekar: Thank you so much, sir. Thank you.

Harendra Singh: Thank you, ma'am.

Moderator: Thank you. As there are no further questions from the participants, I would now like to hand the conference over to Mr. Harendra Singh, Chief Financial Officer, Asarfi Hospital Limited for his closing comments. Over to you, sir.

Harendra Singh: Thank you everyone for your valuable time and for participating in today's earnings conference call. We sincerely appreciate your continued interest in Asarfi Hospital and the confidence you have placed in the company. Quarter 2 FY27 has been an encouraging quarter for us with our highest ever quarterly revenue, EBITDA, EBIT and PAT, along with an improvement in our EBITDA margin.

We remain committed to build on this performance through continued operational improvement, strengthening our clinical capabilities and expanding our reach across Eastern India. We will continue to focus on delivering quality and affordable healthcare services while maintaining financial discipline and creating sustainable long-term value for our shareholders.

We would also like to thank our doctors, medical professionals, employees and all our stakeholders for their continued dedication and support. We look forward for your continued participation and support in our growth journey. Thank you once again. Have a great day. Thank you very much. Over to you, ma'am.

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

Harendra Singh: Thank you, ma'am.