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The Listing Department
National Stock Exchange of India Limited
Exchange Plaza, 5th Floor, Plot No. C/1
G Block, Bandra-Kurla Complex, Bandra (E)
Mumbai – 400 051, India

Symbol: YATHARTH
ISIN: INE0JO301016

Dept. of Listing Operations
BSE Limited,
Phiroze Jeejeebhoy Towers,
Dalal Street,
Mumbai - 400001, India

Scrip Code: 543950
ISIN: INE0JO301016

Subject: Earnings Call Transcripts Q1FY27

Dear Sir/Madam,

Pursuant to Regulation 46(2)(oa) of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015, please find enclosed the transcript of Investors' conference call organized on August 11, 2026, post declaration of Unaudited Financial Results (Standalone & Consolidated) of the Company for the quarter ended June 30, 2026.

The transcript will also be available on the website of the Company at https://www.yatharthhospitals.com/investors/corporate-announcements

This is for your kind information and records.

Thanking You

Yours Faithfully,
For **Yatharth Hospital & Trauma Care Services Limited**

RITESH MISHRA

Digitally signed by RITESH MISHRA
Date: 2026.08.18 17:06:40 +05'30'

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

Encl.: A/a

"Yatharth Hospitals and Trauma Care Services Limited

Q1 FY27 Earnings Conference Call"

August 11, 2026

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

MODERATOR: **MR. VISHAL MANCHANDA – SYSTEMATIX INSTITUTIONAL EQUITIES**

Corporate Office: Second Floor, Sovereign Capital Gate, FC-12 Sector 16A, Noida – 201301
CIN: L85110DL2008PLC174706

Moderator: Ladies and gentlemen, good day, and welcome to Yatharth Hospital and Trauma Care Services Limited Q1 FY27 Earnings Call. As a reminder, all participant lines will be in the listen-only mode, and there will be an opportunity for you to ask questions after the presentation concludes. Should you need assistance during the conference call, please signal an operator by pressing star then zero on your touchtone phone. Please note that this conference is being recorded.

I now hand the conference over to Mr. Vishal Manchanda. Thank you, and over to you, sir.

Vishal Manchanda: Thank you Atharva. Good morning everyone. On behalf of Systematix Institutional Equities, we welcome you all to the Q1 FY27 Earnings Call of Yatharth Hospital and Trauma Care Services Limited.

We have with us the senior management of the company represented by Mr. Yatharth Tyagi, Whole-Time Director; Mr. Amit Kumar Singh, Group Chief Executive Officer; Mr. Nitin Gupta, President, Finance and Group Chief Operating Officer; Mr. Pankaj Prabhakar, Group Chief Financial Officer; Mr. Ashutosh Kumar Jha, Group Chief Strategy, M&A and Investor Relations; Mr. Sonu Goyal, Group Chief Financial Controller. I now hand over the call to the Yatharth management for opening remarks. Over to you, sir.

Yatharth Tyagi: Yatharth Tyagi this side, good morning and welcome to Yatharth Hospital and Trauma Care Services Limited's Earnings Conference Call for the quarter ended June 30, 2026. Joining me today are Mr. Amit Kumar Singh, our Group CEO; Mr. Pankaj, Group CFO; Mr. Nitin, Group COO and President, Finance; and Mr. Ashutosh, Group Chief Strategy, M&A and IR; as well as Mr. Sonu Goyal, Group Financial Controller. Our earnings presentation has been uploaded on the stock exchanges and on our website and we hope you have had the opportunity to review it.

I'm pleased to report a strong start of FY27. We delivered our highest ever quarterly revenue and profits this quarter. More encouragingly, we achieved a record revenue growth of 51% year-on-year and an EBITDA growth of 39% year-on-year. This performance is a testament to the growth strategy we have been pursuing over the past several quarters.

Our newer hospitals at Greater Faridabad, New Delhi Faridabad Sector 20 and Agra collectively contributed 27% to the mix this quarter, especially our acquisition playbook has delivered signs of early success.

A key highlight was our Faridabad Sector 20 hospital turning EBITDA breakeven within a record period of 9 months. The hospital is now contributing to a monthly revenue rate of INR 12 crores to INR 13 crores with an ARPOB closer to INR 40,000 and the potential to reach INR 45,000 to INR 50,000 as we move ahead.

Our New Delhi hospital has already approached the INR50,000 ARPOB mark, positioning us among the premium hospitals in NCR. The hospital is currently operating at a monthly revenue run rate of INR 8 crores. Importantly, the revenue mix at both these hospitals is 90% plus cash and private insurance patients.

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Our Agra Hospital, which was integrated last quarter, achieved a revenue run rate of INR9 crores to INR10 crores and delivered a strong 20% plus EBITDA within its first full quarter of integration.

The Gurugram construction is progressing as per expectations and we expect the hospital to go live by quarter 1 of the next fiscal with a potential to achieve an ARPOB of INR50,000 plus. Our performance across these hospitals demonstrates the Group's ability, not only to identify and acquire good assets, but also to integrate and turnaround their operations within a very short span of time.

Over the past couple of quarters, our profitability has also improved meaningfully with operating leverage kicking in as reflected in our adjusted EBITDA margin, excluding the impact of New Delhi and Faridabad sector 20 stood at 28.1% this quarter.

In recognition to the above performance, the Board today approved a maiden interim dividend of 5% of face value for all our shareholders, ensuring that shareholders benefit from the growth and investments being done by the group.

Behind this execution is a significant effort by the entire organization. In reward to this effort by our people, we have also approved our first ESOP grant and launched a new ESOP scheme 2026 to attract, retain and align quality talent. These are meaningful steps for us, reflecting our confidence in the business that we are building and a commitment to sharing the value created with both our shareholders and our people. We are also in the process of identifying ESG priorities across our network of hospitals with the objective of building a more sustainable and future-ready organization.

Our focus on strengthening our international collaborations continued this quarter. Expanding our global outreach, we opened the Yatharth Information Center in Uzbekistan and have also leveraged our partnerships with health care institutions as well as undertook many OPD initiatives across key markets like Asia, Africa and Middle East. With the infrastructure built over the last 12 months, we have expanded our network to 2,555 beds, setting the foundation for record growth this year.

Looking ahead, we remain committed to our road map of doubling our bed capacity to 5,000 beds target over the next few years. The upcoming 250-bedded Gurugram facility expected to commence operations by Q1 of next fiscal will further strengthen our positioning in the premium NCR market and add another high potential platform to the network.

The opportunity now is to fill these beds; improve utilization and allow earnings to catch up with the capacity we have created. Overall, we believe Yatharth is entering an exciting phase. We are continuously expanding capacity. Our speciality and payer mix is continuously improving, and we have substantial installed capacity to utilize, drive a stronger cash generation in the years ahead.

With that, I shall hand over the call to our CFO, Pankaj, for further updates.

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Pankaj Prabhakar: Good morning, everyone. I will take you through the financial performance for Q1FY27 and the key drivers behind the quarter. The group reported its highest ever quarterly revenue of INR3,927 million, up 51% year-over-year and 15% quarter-over-quarter.

Our existing 3 hospitals in Noida and Jhansi-Orchha, collectively contributed INR2,862 million, growing 22% year-over-year. Our existing hospital occupancy reached approximately 75% as inpatient volume improved 15% year-over-year. As far as hospital-wise occupancy is concerned, Noida and Jhansi-Orchha Hospital achieved 90% plus occupancy.

Greater Noida Hospital is currently operating at 74%, while Noida Extension stood at 56%. We expect occupancy level at Greater Noida and Noida Extension to improve further in coming quarters. The newer hospital at Greater Faridabad, New Delhi, Faridabad Sector 20 and Agra collectively contributed INR1,067 million in revenue, accounting for 27% to the group's revenue.

This shift in revenue mix reflects the rapid scaling of our newer capacity alongside continued growth for our established base. The group's ARPOB reached an all-time high of INR34,758 in quarter 1, up 7% year-on-year. Importantly, our premium NCR hospitals at Noida Extension and New Delhi crossed INR50,000 ARPOB mark for the first time in quarter 1, which is a strong indication of the improving case mix.

This was followed by Greater Noida, which achieved an ARPOB of INR43,000, Faridabad Sector 20 approaching INR40,000, Greater Faridabad and Noida at INR35,000 and Agra closer to INR30,000. This performance is largely driven by the benefits of a stronger speciality mix across our network.

We are continuing to invest in advanced clinical capabilities and infrastructure as we believe deeper speciality capabilities are essential to building a differentiated hospital network and improving the quality of our revenue over time. Oncology has already started contributing close to 10% to the group's revenue with only one LINAC machine currently at Noida Extension Hospital.

We are in the process of adding another LINAC at our Faridabad Sector 20 hospital soon, followed by the New Delhi facility, which will meaningfully strengthen the oncology sales at the group level in the coming years.

With newer hospitals demonstrating higher ARPOB level, we expect a meaningful uplift in overall group's realization as these facilities continue to scale up. EBITDA for the quarter was highest ever at INR917 million with PAT stood at INR454 million, while the consolidated EBITDA stood at 23.3%, the adjusted EBITDA margin, excluding the impact of New Delhi and Faridabad Sector 20 stood at 28.1%.

With newer hospitals progressively moving up, the profitability curve at Agra delivers a 20% plus EBITDA margin, while Faridabad Sector 20 achieves EBITDA breakeven in Q1. We expect our blended EBITDA margin to improve from the current level. The increase in depreciation and finance costs have been following the significant capacity addition made over the past 12

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months, despite which our cash profit, which is PAT plus depreciation increased significantly by 32% year-on-year, largely reflecting a noncash impact on the PAT growth.

With the upcoming Gurugram facility and brownfield expansion plan at Noida Extension and Greater Noida, our total bed capacity will reach over 3,200 beds. We remain confident of achieving our target of 5,000 beds over the next few years. FY27 has started on a strong note and the early success of our newer facilities gives us a confidence in sustaining this momentum. Thank you for your attention.

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

Moderator: Thank you very much. We have the first question from the line of Shubhi Gupta from Trinetra Asset Managers. Please go ahead.

Shubhi Gupta: Good morning, sir. So, my first question is that, in the PPT its mentioned 5,000 beds target by 3 years. And you just mentioned 5, is this is a 3 or 5? Also, just second part of that question, we have like one big cluster, which is Haryana and Delhi and second would be UP and MP. So, are we targeting any more cluster, another cluster to add? Or are we going to add beds in this cluster only?

Yatharth Tyagi: So, I think, yes, definitely, the road map ahead is to double our capacity. In fact, our announced capacity, which includes Gurugram and the brownfield expansions at Greater Noida and Noida Extension are already upwards of 3,200 beds. So, from there, if you look at the 5,000-bed capacity, we feel that we would be even reaching it much earlier than the 3-year target announced. This would be primarily within North, the cluster that you mentioned, yes. But we are also evaluating different clusters.

One thing that we have done in the past, we have usually formed the cluster. So, it's not a stand-alone independent asset we have gone towards, we have also leveraged the benefits by adding assets within that surrounding similar to what we have done here. So, I think even we feel Gurugram is still a huge cluster for us to further explore. And a new cluster, obviously, within the North, that we can identify. I think UP has certain cities where a good cluster can be formed. So, I think we would still stick to the areas we very well understand, which is North, Delhi NCR and the metro cities in the states that we operate in.

Shubhi Gupta: And these will all be higher average bed pay, right?

Yatharth Tyagi: Yes. So ARPOB would be much higher than the group average. In fact, the newest hospitals which we are doing is already clocking close to INR50,000 ARPOB. So that's clearly the strategy even going forward.

Shubhi Gupta: No, will it be more than INR50,000 or mostly INR50,000?

Yatharth Tyagi: Around INR50,000.

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Shubhi Gupta: Okay. Just my second question quickly. Sir, we are focusing on improving payer mix. So, I think we are focusing on international mix as well. So, if you could just talk about a bit on that? And what kind of benefit are we expecting to get from that? Like if you could just quantify on this?

Yatharth Tyagi: Yes, so yes definitely we are working on how to improve the payer mix and that's the reason if you see in fact there's a dip of few percentage in Noida extension occupancy this is a totally as per expectation because we wanted to restrict the government's business and that's our thought process.

Yes, international mix is considered, there are various activities we are planning in fact, this quarter I think five OPD centres, I mean the information centres we are planning to open in various countries like CIS or African countries. We have posted our very senior marketing person also in the African regions. So, I think that would start in showing the trends and I believe that will help in a better payer mix as well as the ARPOB.

Yatharth Tyagi: Even the new hospitals, both New Delhi Model Town and Faridabad sector 20 already are displaying this playbook. These hospitals are close to 90% cash and private insurance business. So, we are able to demonstrate it.

Faridabad, we are glad that it has break even much before our target, but the way breakeven is also with less than 10% government business. So, I think that the playbook is clearly evident and it's been reflected in all the new hospitals. And as the volumes of these 2 hospitals continue to grow, significant changes will also be visible at the group level payer mix.

Moderator: The next question comes from the line of Akshat Mehta from Seven Rivers Holding.

Akshat Mehta: So, my first question was on the newer hospitals Delhi and Faridabad. What we've been seeing the last 2, 3 quarters, the occupancy has kind of stagnated around similar area. I mean when can we kind of see that occupancy go up in these hospitals? And what is the status of government and insurance for the hospitals?

Yatharth Tyagi: So, I think occupancy is not stagnant it has significantly increased. The reason why you see the numbers is because the occupancy is counted on different bed capacity. Earlier, not all the beds were operational. So now quarter-on-quarter, we are increasing the capacity, and that's where the occupancy is being counted upon.

So, the IPD volumes occupancy is definitely increasing. That's the reason why the revenue is increasing quarter-on-quarter. As far as the empanelments are concerned, I think a lot of empanelments are already completed in these two hospitals. So, it's not that we are waiting for government empanels and only that's why the government business is low.

Even though we have a majority of the government empanels already, we are sticking to our playbook of not increasing the government payer in these hospitals. And in terms of specific numbers, if you can tell them about the occupancy and the beds counted in Faridabad, different to what we were counting last quarter.

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Nitin Gupta: So, if you see in Delhi, the census bed is 150 on which the occupancy has been counted in this quarter, as compared to the 100 beds in the last quarter. Hence the overall percentage is impacting in that manner. However, the census beds at the new Faridabad hospital have increased from 100 beds to 200 bedsOverall we have added 160 new census beds in determining occupancy counting in this quarter.

Akshat Mehta: My second question was on the Delhi hospital overall. So, we started this hospital around three, four months before we did the Faridabad hospital. And if you see after almost a year, so that hospital in terms of scale up, in terms of occupancy has been kind of slower than the Faridabad hospital. So, what is the strategy there to kind of achieve BQ1 and then kind of grow from there?

Yatharth Tyagi: I think Delhi Hospital Model Town is as per our guidance. We are quite happy with the way it is progressing. In fact, it's not that the numbers are slow there. It's just that Faridabad 20 has overperformed than our expectations. We were thinking of Faridabad Sector 20 to breakeven in around 12 to 14 months, but it has broke-even earlier than we expected around 9 months, right?

As far as Delhi is concerned, we are sticking to our guidance. We expect that hospital to break even around 15 to 17 months. And it will 100%. It's on track as far as that is concerned. So, we are quite happy with the way Delhi is progressing. I think we're quite happy with the ARPOB and the monthly revenue run rate that it has reached.

And the same strategy that we are following in Faridabad we are following in New Delhi, which is having one of the most reputed doctors in that area, having star doctors, having a strong brand recall and community connect in those areas with strong visibility within the communities. So, I think both hospitals are progressing on the right track.

Akshat Mehta: Okay. So, if I can ask one more question, sir. On the Agra hospital now since you've reached 90% occupancy, are we planning to operationalize the other census beds as well? Of the 250 beds?

Nitin Gupta: Yes. As of now, on 250-bed capacity, we are running on the census of 110 beds. and we are planning to the stage of increasing the census bed capacity to take the full leverage of the occupancy in the coming quarters.

Yatharth Tyagi: I think the census beds in Agra will definitely increase and I think there is definitely much room headway for Agra hospital to grow in terms of the numbers are concerned.

Akshat Mehta: Okay. Thank you, sir.

Moderator: Thank you. The next question comes from the line of Nishita from Sapphire Capital. Please go ahead.

Nishita: I just wanted to understand this 3,200 beds that we are targeting by when is this going to be operational?

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Yatharth Tyagi: 3,200 beds is announced capacity. So, what we mean by that is it's already under our possession. Only a bit of construction is left. So, it includes the 250 beds in Gurugram, which will be live in the quarter 1 of the new financial year. And it includes around 450 beds of Brownfield addition in the two Noida cluster hospitals, which will be live in somewhere around next 15 months.

Nishita: Okay so the Noida cluster will be operational in next 15 months?

Yatharth Tyagi: Yes, if you start getting operational maybe out of 450 beds, 200 beds would be earlier and 250 beds will be probably in 18 to 19 months.

Nishita: Okay. So, what is our current capacity? I think 2800, right?

Nitin Gupta: So, 2800 capacity includes the new acquisition of the Gurgaon. As I said, that it will happen in quarter one is next fiscal year.

Nishita: Okay. Understood And my next question is on, so we've had quite a human revenue growth, inclusions for 27% or 51%. Do we expect the growth to continue? What sort of growth can we see for the full year FY27?

Yatharth Tyagi: I think for the full year, FY27, we are on track for the guidance that we've already done as far as not just revenue, I think even the revenue, EBITDA and the PAT numbers, what we're guiding for 2027, we will be on track for that. And I think certain parameters, if things continue on the ramp-up is expected, I think we should be surpassing certain of our guided targets. So, I think the company is on track to meet that guidance.

Nishita: Can you reiterate the guidance. I'm actually attending the conference for the first time?

Yatharth Tyagi: I think we have said that last year, we grew 37% Y-o-Y. As you can clearly see this year, we will easily surpass that growth even the EBITDA is concerned. I think the company is on track close to upwards of 24% EBITDA margin for the full FY27 is concerned. And I think similar is the ARPOB growth and the PAT parameters.

Nishita: Right. So ARPOB growth, we can expect around 10%, 15%?

Yatharth Tyagi: I think 9% to 10% is the right estimation to be taken.

Nishita: Okay. Understood. Thank you so much.

Moderator: Thank you. The next question comes from the line of Prinitha from Ready Stock Capital Limited. Please go ahead.

Prinitha: Hi. Am I audible?

Moderator: Yes, please go ahead.

Prinitha: So, could you please walk me through how the quarterly revenues arrived from the ARPOB occupancy and bed count? When I back calculate using these 3 metrics for the last few quarters,

I'm getting a number higher than the reported revenue. I just wanted to understand if there's a component that I'm missing in this calculation?

Nitin Gupta: So, if you see about this quarter with the ARPOB of nearly INR35,000 on the census bed of 1820 with the occupancy of 68%, you'll be able to arrive at these numbers. When we calculate the ARPOB, it includes the total revenue, IPD as well as the OPD revenues.

Prinitha: Would you not recommend doing it for every single hospital separately or just one for the complete chain of hospitals?

Nitin Gupta: So, I can give you the occupancy percentage of each of the hospitals. If you see , the Greater Noida Hospital having occupancy of 74%, Noida Sector 110 have occupancy of 91%, Noida extension having occupancy of 56%, Faridabad sector 88 that is the Greater Faridabad having occupancy of 63%.

Faridabad new hospital having occupancy of 49%, Model Town, Delhi having occupancy of 29%, Agra having occupancy of 89% and Jhansi has occupancy of 91%. But to emphasize here the census bed capacity has been 1,820 which in the previous quarter was 1,655. So, it has increased by 165 beds. However, as we said that there is enough headroom to increase the census bed capacity to build up the case to 2,555 of the existing hospitals.

Prinitha: Could you also highlight the ARPOB of each of these hospitals please?

Nitin Gupta: Yes, surely. So Greater Noida Hospital having the ARPOB of nearly 43,000, Noida extension hospital having ARPOB of more than 50,000, Noida Hospital having a ARPOB of 35,000, Greater Faridabad Hospital having ARPOB of 35,000, New Faridabad Hospital having the ARPOB of nearly 40,000, Model Town having ARPOB of nearly around 50,000, Agra having the ARPOB of 27,000 and Jhansi Hospital having a ARPOB of 13,000 nearly.

Prinitha: Okay. All right. So just to clarify, it would be better to look at all the hospitals together when we are calculating the ARPOB occupancy and bed count when we are calculating the revenue instead of each one of these hospitals. Is that correct?

Nitin Gupta: Yes. When we calculate the hospital occupancy percentage overall, the drivers comes through the overall occupancy percentage and with the blended ARPOB thereby the performance drives at a blended level.

Prinitha: All right. Thank you.

Nitin Gupta: Thank you so much.

Moderator: Thank you. The next question comes from the line of Ashish T from UTI. Please go ahead.

Ashish T: Yes. Thanks for the opportunity. So, excluding this model town in Faridabad, EBITDA margins are pretty high at 28%, but obviously including the losses, they are lower. When do you expect the new assets to fall in line and possibly when shall we start clocking 26%, 27% EBITDA margin again?

Yatharth Tyagi: So, I think if we talk about these 2 specific hospitals, as we said, Faridabad Sector 20 is already break even, but EBITDA drag is there, right, because I think the EBITDA margins, there would be around 4% to 5%, so it will take some time to catch up to the, let's say, 20% EBITDA margin. Model town, we are expecting it to break even, somewhere around, between Q3, Q4 this year, so that will also reduce the drag on EBITDA.

Both these 2 hospitals, from here, we are targeting, let's say, around 15 months, once they get breakeven, the EBITDA there could be somewhere around 15% to 20%. However, at the group level, even though that will significantly reduce the drag, we might have new hospitals continuing to start. So, in 15 months, Gurgaon will also be live.

So, I think the EBITDA drag from these 2 hospitals will shift to Gurgaon as well as certain other acquisitions that we do going on. But however, as we said, these 2 specific hospitals will be in line within 15 to 18 months after the breakeven and at a group level, even with the new additions of the continuing EBITDA drag of all the upcoming new hospitals, we would still be closer to 24% of the EBITDA margins.

Pankaj Prabhakar: Yes.

Nitin Gupta: If you see the kind of performance we had delivered and had demonstrated at Agra, when we bought and started the operation at the Agra had EBITDA percentage of 11% yearly. Now we are already reaching much higher to around 24%-25%. So that demonstrates the kind of performance and the turnover performance of our group.

Ashish T: And obviously we are adding new assets, we are planning to double the bed counts to 5,000. So, in the overall scheme of things as we go ahead over the next 3 to 5 years, I specifically had a question on this panel recommending limiting the hospital room charges to 3-star hotel. Would you be worried about such recommendations and if not, so what's your view on this? Some color would be very helpful.

Amit Kumar Singh: Yes, sir, recently got this news, so I think there's a recommendation about the stealing of the room rent. So, as of now, there's no comment, but see, price increase -- there are various regions and various factors on the price increase there. So how this entire ecosystem gets managed, that's very, very important. As of now, we don't want to comment on it. As industry moves on, when we receive some frameworks, then probably it will be appropriate for us to comment and see that.

Yatharth Tyagi: Also see, it's something not for the first time a certain recommendation has been discussed. There have been multiple incidents in the past where center or certain petitions have said to look at the room rents and the rates of the private hospitals. So far, we have always seen that government, in fact, has always supported the growth of private hospitals. In fact, for the first time after a lot of years, CGHS's rates were also revised. So, we feel in the past, government has always backed the private sector as well.

You know, I remember times when even the stent rates were capped for certain cardiac procedures, certain implants were capped for certain orthopedic procedures and as well as certain

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medicines. So, I mean, this is not -- and also possibly in the future, wouldn't cause a significant impact or something to worry about.

In fact, if certain optimization of the cost can be done, I think hospitals will do it. They have continued to do it and always done in the past. But yes, going forward, we'll get more clarity on this. And again, it's just a proposal and think long way than even close to a certain part of it being implemented as of yet.

Ashish T: Perfect. This is very helpful. Thank you so much.

Moderator: Thank you. The next question comes from the line of Satyam Kumar from AAA Holdings. Please go ahead.

Satyam Kumar: Hi. Thanks for the opportunity. I have a couple of questions. First, like, sir can you help me to understand, like, as I see average length of stay of patient has been fallen below 4 days. I think this has been the first time when it's below 4 days. So, can you help me to understand, whether this is going to be new consistent below 4 days or how we should look at it? Is it one-off? So, if you can help to understand on this part.

Yatharth Tyagi: I think it is reflecting in the overall strategy of, first, when the new hospitals are ramping up. The ALOS in those new hospitals is lower than the group ALOS we used to have earlier. But the pure fact that there is very less percentage of government patients in these new hospitals. Government patients typically, traditionally tend to have had higher ALOSs because they come for critical care, they come for lot of medical management procedures.

So, I think as a new hospital is ramping up and also being reflected in the higher ARPOB growth in the new hospital. So, I think it's a reflection of that. And I think going forward also, I think it should be closer to the numbers of the ALOS that we've had this quarter.

Nitin Gupta: And to add on, the way we are moving towards the surgical mix in the new hospitals is actually demonstrated on lowering of the ALOS overall. lesser than 4 days.

Satyam Kumar: Understood. Sir, apart from this, how do you see competitive intensity with regards to your Delhi Model Town Hospital? As I understand, I think 50 new census beds have been added in Model Town Hospital. But overall, how do you see this competitive intensity and how you are seeing that you can increase your rates for procedures or any new procedures you are adding to that hospital.

Amit Kumar Singh: So, Delhi, the area where we operate, there are 2-3 big areas are there within the range of 10 kilometres. But I'll tell you, the Delhi population moves within 2-3 kilometres of range. And the area where we are is very densely populated and very affluent supplies are there. So, it's a huge opportunity for us to have a complete tertiary and quaternary care facility.

In fact, very soon, we're going to have an entire spectrum of oncology treatment, also the transplant program, and of course, team is working on still on-boarding the few eminent doctors on the various specialities. So, I believe we were confident the way Delhi is coming up. And as

you said it, within 15 to 16 months, Delhi will be an operational breakeven. And then that thought process in Delhi is to take an absolutely different level and setting up a complete quaternary care centre in that region.

Satyam Kumar: And sir, just a couple of bookkeeping questions. So, can you share payer mix for this quarter?

Yatharth Tyagi: The payer mix is, government payer mix is close to 40% for the overall company for this quarter, obviously, as I said, in newer hospitals, it is close to not more than 10% of the government business there.

Satyam Kumar: Sir, has the government mix increased because last quarter what I remember the insurance and cash were 32%, 32%, and that means government was 36%, and now you said 40%, so has government mix increased?

Yatharth Tyagi: So, the volume has not increased. I think the impact is 1-2% of the price revision of the CGHS rate that the government did recently. So, because of that, I think there would be an increase of around 2% odd in terms of the overall revenue of the government business, but the volumes are constantly decreasing quarter-on-quarter for us.

Satyam Kumar: So that's why ALOS has decreased understood. Okay, and sir, one last question, if I can squeeze in, this is the last one. So, like just I wanted to understand PAT margins have impacted severely. So, any one off or anything you'd like to highlight the way we should look at PAT margins going forward because it has been severe dip. I understand we are in a ramp up phase, but no new hospitals have been operationalized in this quarter, yet census beds have been added. So how one should look at the PAT margin going forward?

Sonu Goyal: So, if you see, we are adding hospitals okay. So, this year we have a plan to add a Gurgaon hospital. So, there is a pressure of interest cost. This only will add up to the PAT margin. That's it. There's no other impact. If you see what the guidance we are giving for the EBITDA, we are touching from 24 to 25% EBITDA margin as per the guidance.

Yatharth Tyagi: So, I think it's because we have done certain high capex over last few months as far as the acquisition of Gurgaon and the construction is going on. Also, we have recently ordered for oncology machines for both Faridabad and Model Town. So, a lot of capex has been done in this quarter and a bit of bank debt increasing since FY26. So that is why the interest cost is higher for that. And going forward, obviously, this will stabilize, including the depreciation, which was quite high for quarter one.

Satyam Kumar: So furthermore, pressure on the margins or like this is the range we should expect going forward for near term at least?

Yatharth Tyagi: I think the pressure should decrease from here going forward because this much high capex is not being planned any time for any of the coming quarters soon.

Satyam Kumar: Got it, got it. Very clear, understood. Thank you.

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Moderator: Thank you. The next question comes from the line of Disha Parakh from Sunidhi Securities and Finance limited. Please go ahead.

Disha Parakh: Hello? Am I audible? Hello?

Moderator: Yes, please go ahead.

Disha Parakh: Yes, I had two questions. Could you help us understand by when the recently acquired units are expected to turn margin lucrative and start contributing positively to overall profitability?

Yatharth Tyagi: So, I think we've already mentioned that as far as operational breakeven is concerned, Faridabad Sector 20 has achieved it in this quarter and Model Town Hospital is on track to achieve it somewhere between Q3 and Q4 of H2. And we have also just said that in 15 to 18 months, we do expect after breakeven the hospitals to reach around 15% to 20% of EBITDA margins.

So, I think the EBITDA tag of these hospitals will only reduce from here on and the margins should expand further because even technically Gurgaon Hospital will still not be live for the remaining of this financial year. So that's why we feel the pressure on the margins would reduce from here on.

Disha Parakh: Okay. And my second question was separately we noticed the occupancy rate at the New Delhi unit remained on the lower side. Could you share the underlying reason for this like was it driven by specific demand generational challenge or any other like operational factors at play?

Yatharth Tyagi: I think it's a repeat of the earlier question. As we mentioned that the occupancy counted on Model Town of the number of beds, those census beds have increased in this quarter. So technically occupancy has also increased. It's not decreased. That's one thing. Second thing is it is pretty much on a line as far as guidance is concerned. We're quite happy with the progress. We're quite happy with the payer mix and the higher ARPOB. Of course, Sector Faridabad 20 has outperformed and over passed our expectations, but Model Town also will be in line in the coming quarter as far as breakeven is concerned.

Disha Parakh: Okay. Thank you so much. That will be it.

Moderator: Thank you. The next question comes from the line of Vidhi Shah from CRK. Please go ahead. Vidhi, can you hear me? As there is no response, we will move on to the next question. The next question comes from the line of Vedant Kabra from AVN Capital. Please go ahead.

Vedant Kabra: Sir, congratulations on a wonderful set of numbers. I just had one question on the margin front. You've given break-even per hospital, but I wanted to understand the group level picture. Now, given that Model Town is guided to break even in H2 and the other new hospitals are still ramping, at what point do you expect consolidated EBITDA margins to convert back to the 28% mark? Is that an FY28 exit story?

Yatharth Tyagi: I think there has never been a guidance for us at the consolidated level the FY margins to be, EBITDA margins to be 28% because as we earlier mentioned that we'll continue to add new

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hospitals. So once New Delhi and Faridabad 20 are contributing significantly to the EBITDA margins, they would still be Gurugram which is going live.

Then there's a few more acquisitions which will be happening in the coming years. So, we have always mentioned that I think upwards of 24% is what we're targeting for the EBITDA margin this year, and I think going forward, yes, a percentage up or so in few years is expected, but we're not targeting a 28% EBITDA margin anytime soon, even at the consolidated group level.

Vedant Kabra: So, sir, if you could like give a quantification on the possible operating leverage, for example, for a hospital like Faridabad Sector 20, that just hit break-even as it goes from today's occupancy to say a mature 70%, roughly what incremental EBITDA margins do those additional patients carry?

Sonu Goyal: Okay, so we will add, so let's say. Whatever the occupancy is working right now, okay, so incremental EBITDA, let's say we talk about the 70% occupancy, incremental EBITDA will be around 22% to 23% EBITDA.

Vedant Kabra: Okay, okay, sir, got it. And sir, on the capex front, now that we want to go to 5,000 beds, what new geographies are we looking at? And do those geographies also have higher ARPOB up like the Gurugram branch?

Yatharth Tyagi: Yes, that's pretty much the strategy ahead that we will be looking for, metro cities and big cities, where the potential to reach 50,000 ARPOB is there. We are identifying assets. We feel that there's still room within the NCR market and within the cluster where we operate to further add more beds there as well as identify new clusters or new metro and big cities. Let's say UP has been coming up very well as far as that is concerned. There's capital cities of Rajasthan and Haryana who have huge potential and that's what the upcoming areas for expansion could be.

Vedant Kabra: Okay, okay sir. Got it. That's all from my side. Congratulations once again and all the best.

Moderator: Thank you. The next question comes from the line of Anuj Kashyap from A3 Capital. Please go ahead.

Anuj Kashyap: Sir, I wanted to know sir that what is the attrition numbers regarding the doctors and the ancillary staff we have? Do we keep the record of it?

Nitin Gupta: So, we have attrition rate of nearly 7% overall at a group level.

Nitin Gupta: At the senior level I think the attrition as far as senior doctors is concerned is even lesser than this because, yes there is certain movement of doctors especially within the NCR which is happening but in terms of the total number within a unit of the hospital that's very less that moves so I think attrition within the senior doctors is not even 3% to 4% and at the overall doctor level it is 7%.

It has come down significantly for us by the way in the course of few years because now we are doing DNB courses where let's say even a junior doctor tends to stay in the hospital for three

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years or as part of his degree. Earlier we were not having these programs, so we used to have a lot of JRs, SRs which constantly move. So today that has helped us to reduce our overall doctor attrition close to 7%.

Anuj Kashyap: That is good for us. So, sir, why I was asking this question, sir? Because we have come with an option called ESOPs for our senior teams or the doctors. So, what is the right way of keeping the team intact? Like how Yatharth as an institution rewards its doctors, it is basically monetary or like ESOPs or something else it is? What works for us?

Yatharth Tyagi: I think ESOPs is definitely something that we recently started which does help in it because sometimes a lot of star talent within the clinical and non-clinical certain people are already on ESOPs within their other organizations right. So today it is eight and eight, it has become a necessity rather than a must to have to attract and also retain top talent also it's not always about monetary and ESOPs what also helps us to retain star and clinical doctors.

It's about just pure freedom for them to govern the departments and practice the way they want. There is no typical P&L pressures on certain of these doctors which is quite contrary to the other organizations within the regions where we operate so that does help us and we always pitch to doctors ourselves as a very doctor friendly organization which easiest and it does mean a lot to doctors and clinicians of the level and the respect that they deserve. And it does help us in philosophy to also retain them for a long time.

Moderator: The next question comes from the line of Akshaya Shinde from Centrum Broking. Please go ahead.

Akshaya Shinde: Thank you for the opportunity and congratulations on strong Q1 performance. My question for us to be newer hospitals, with respect to the newer hospital, which is now ARPOB is around INR40,000 to INR50,000, and going ahead, the initiative is like focusing on international patient flow, addition of advanced technologies such as LINAC. How do you see the ARPOB evolving over next two to three years?

Yatharth Tyagi: I think we have maintained that ARPOB will continue to grow somewhere between 8% to 10% Y-o-Y from each year. We are well on track for that. That's also expected for this fiscal year.

Akshay Shinde: Okay. And additionally, what EBITDA margin level do you expect these hospitals to achieve by '28-'29? Most of them are at EBITDA breakeven level.

Yatharth Tyagi: Yes, so I think within two years from today, I think new hospitals should be even upwards of 25% of EBITDA margin, somewhere around 27%, just like our existing mature units. And we are quite confident achieving it with the performances that we've already seen from the recent quarters in these new hospitals. I mean, Agra is already close to 20%-23% of EBITDA margin. There it would be even much earlier than the two-year number that I just said.

Akshaya Shinde: Okay, and this strong growth from the newer hospital, can we take as a new base and expect to continue going there?

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Yatharth Tyagi: Yes, I mean, there's still long room way to grow because there's huge occupancy ramp up, which yet remains. These are good capacity hospitals and each year at least we are going to add one new hospital. Gurugram will be live very soon. So, I think we want to continue with this momentum and still continuing to deliver on the high KPIs of higher ARPOB and low government mix for all these new hospitals.

Akshaya Shinde: Understood. And lastly, do you want to give any revenue growth guidance for FY28-FY29 period?

Yatharth Tyagi: I think what we said that this year will definitely be upwards of last year's revenue growth, and I think that also should be sustainable for the upcoming years ahead of that.

Akshaya Shinde: Understood. Thank you very much. That's helpful. And all the best.

Moderator: The next question comes from the line of Prerana Amanna from Equity Research Program. Please go ahead.

Prerana Amanna: Congratulations on a great set of numbers. So, my question was, you had given in last quarter's PPT that you have a target to reach 5,000 beds in the next three years, that is by FY29. So, can you confirm the same or are you going to increase the timeline to operationalize these beds? Like will it be five years or will it be three years, that is by FY29?

Yatharth Tyagi: I think it should be even less than three years. So, we did mention last time around three years, so as we also mentioned that we will be surpassing that target much earlier as 3200-bed capacity is already visible and it's already announced. So, I think the remaining capacity would be much faster. We've always in the past achieved in lesser time the capacity expansion that we have planned, so definitely it would be lesser than three years, probably somewhere around two and a half years, I think would be a right estimation.

Prerana Amanna: Okay, that's impressive. And the other thing is, are we going to see any more acquisition in this year?

Yatharth Tyagi: We are in talks for certain assets. We are in talks for certain good and premium assets with good and high ARPOB potential. We've always maintained that it's not just the geographies that we want to stay in, but also typically in the cities where we operate, we tend to have largest capacities in those cities, and in Agra when we went, we acquired the best infrastructure of that city.

So is the Jhansi-Orchha Hospital and outside NCR, all acquisitions have been on that playbook. So, we are in talks right now for capital cities within nearby states. We have always said in the past that we like to add one new hospital at least each year. So, on that basis, I think this financial year should see an addition of one new asset.

Prerana Amanna: Okay, so thank you so much.

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Moderator: The next question comes from the line of Virat Pansuriya from Skyridge Wealth Management. Please go ahead.

Virat Pansuriya: Yes, so over the last three years your capex per bed has gone up from INR30.7 lakhs to I guess INR61.4 lakhs. So, I just want to understand what was the reason behind it and what should we project the capex per bed to be for let's say for the next 1800 beds that you will add?

Yatharth Tyagi: 1,800 beds that we're going to add. I think the capex per bed should be around INR75 lakhs to INR80 lakhs capex per bed, which includes the greenfield, the brownfield, the acquisitions. It also includes certain lease-based asset-like models that we are in talks with. In the past, why it was much lesser. See, those are the times when certain of these hospitals were not even fully equipped with the high-end oncology machines or all the equipment started off small, so these hospitals slowly ramped up in capex. Even the land of the Noida cluster hospitals that we purchased was way back and the prices were much lower. The real estate prices today in the cities where we operate has extremely grown.

If we are to construct a same hospital today that we did in Noida cluster around seven, eight years back, I think it would cost us similar to this amount of INR75 lakhs-INR80 lakhs capex per bed only. I mean Gurugram is constructing and that's almost a INR1 crore capex bed for us. So, I think that this is the reason and obviously it's the equipment and the higher land prices and also the scale and size of the hospital, today that what the brand deserves is the reason for this high capex bed.

Virat Pansuriya: And so, what would be the mix of equity and debt structure going forward for the remaining capex that we have for the next year?

Moderator: May I request you to please rejoin the queue for any follow-up questions? Thank you.

Nitin Gupta: I will be giving the answer. I would like to give the answer on that front. If you see that we have a debt in our books in March of nearly around INR210 crores which is now being increased to around INR300 crores. Basically, it has increased because we have partly taken the acquisition fund from the debts around INR80 crores.

However, rest of the money we have paid through our internal accruals so that has been utilized in that front, and we believe that going further we will be utilizing our internal accruals towards the acquisition and maintaining the maintenance as a growth capex in our existing hospitals.

Yatharth Tyagi: As far as we feel quite comfortable with the debt, we still have long room to take that I think somewhere around you know 2x of the trailing last 12 months EBITDA at a group level. We are comfortable with that debt level even in the times ahead. So, I think we have enough internal accruals, we have cash, we have debt to fund easily the capex for this 1800 beds remaining.

Virat Pansuriya: Thank you.

Moderator: We have the next question from the line of Bhagwat from Prosperity Wealth Management. Please go ahead.

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Bhagwat: Thank you for the opportunity. Just one quick question. So, considering the addition of the assets from the recent acquisitions, what should be the expected depreciation for current year? So, do you expect similar to Q1 number to continue for the year?

Sonu Goyal: If you see around INR20 crores to INR30 crores okay and the same trend will maintain so as and when we add in the Gurugram facility the then there is a margin increase in the at a group level group, consolidate level the trend we are projecting right now is around INR29 crores for a quarter.

Bhagwat: And that we expect to continue for the next three quarters of the year yes.

Sonu Goyal: Yes, for next three quarters because we are not going to add Gurgaon in this financial year, okay. It's more or less close to the March or the first quarter of FY2028.

Bhagwat: Okay. And that fixed asset that we have around INR1200 crores plus, so this is the expected depreciation, right?

Sonu Goyal: Can you please repeat the question?

Bhagwat: In the balances, so we have around INR1200 crores fixed assets, considering the recent acquisitions. So, considering that fixed assets, the estimated depreciation will be around 20 and 30 per quarter.

Sonu Goyal: Yes, INR20 crores and INR30 crores per quarter.

Bhagwat: And the increased cost is going to continue, similar that we have in Q1 for the year?

Sonu Goyal: So, if you see, so we have reported around the interest cost of last quarter is INR5 crores. This quarter we have reported around INR6.6 crores. The same will continue as we are not going to take any fresh loan further.

Moderator: We will take the last question from the line of Vicky Wagwani from Guardian Capital. Please go ahead.

Vicky Wagwani: Hello sir, congratulations on great set of numbers. I had two questions first if you could please share progress on brownfield expansion in Noida extension and in greater Noida in their timelines please if you can reiterate?

Yatharth Tyagi: I think the Great Noida construction is up and kicking. The architecture drawings and the maps have all been approved. As you can understand, in Delhi NCR, monsoons are happening right now. So, the construction is just a bit delayed due to the rains. As soon as that season ends, the construction will be fully backlight.

Similar is the trend for Noida extension. We are evaluating all the final drawings and the structural layout. We feel, as mentioned earlier in the fall, somewhere around 15 to 18 months in the capacity will start coming live for the Brownfield capacity expansion.

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Vicky Wagwani: Thank you. So, second question was, are other expenses and the percentage of sales has increased? Is there some one-off, because our gross margin costs have declined but other expenses have increased, is there some one-off change in accounting practice?

Sonu Goyal: So, you're discussing for the Q1. So, if you see, our doctor cost has been increased by 2%. That's the only change. If you see, there's only change of 2% quarter on quarter. And that is only because of the doctor cost. It is a component of other expense. Yes.

Vicky Wagwani: It is specialist charges that you take.

Sonu Goyal: Yes, yes, it's specialist charges. Revenue generating doctors.

Moderator: Thank you. We'll take that as the last question. And I would now like to hand the conference over to the management for closing comments. Thank you and over to you.

Yatharth Tyagi: Thank you everyone for your questions and attending the earnings call of Yatharth Hospital. Thank you.

Moderator: Thank you. On behalf of Systematix Institutional Equities and Yatharth Hospital, that concludes this conference. Thank you for joining us, and you may now disconnect your line.

(This document has been edited for readability purpose)

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