

KOVAI MEDICAL CENTER AND HOSPITAL LIMITED

NABH Accredited Hospital

Excellence in Healthcare



99, Avanashi Road, Coimbatore - 641 014. INDIA | Phone : (0422) 4323800, 4324000, 6803000 Web: www.kmchhospitals.com | CIN No: L85110TZ1985PLC001659

Ref: KMCH/SEC/SE/2023-24/&089

23.01.2024

To Corporate Relationship Department BSF Limited 1st Floor, New Trading Ring Rotunda Building, P.J. Towers Dalal Street, Fort Mumbai - 400 001

Dear Sirs.

Sub: Disclosure under Regulation 30(2) of the Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015.

Ref: Security ID: KOVAI, Security Code: 523323

Dear Sir(s),

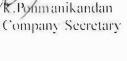
Pursuant to regulation 30(2) of the Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 (LODR Regulations) read with clause 20 of Para A of Part A of Schedule III of the LODR Regulations, the details of Show Cause Notice received by the Company from Income Tax Department are enclosed herewithas Annexure A.

You are requested to kindly take note of the above information on your records.

Thanking you.

Yours truly

For Kovai Medical Center and Hospital Limited







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Annexure A

Show Cause Notices received from Income Tax Authority.

Show Cause Notice	Notice
Name of the authority	Income Tax Department
Nature and details of the action(s) taken, initiated or order(s) passed	Issuance of Show cause Notice for penalty under section 271(1)(e) of Income Tax Act, 1961.
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Date of receipt of direction or	11.01.2024
order, including any ad-interim or interim orders, or any other	
communication from the authority	
Details of the violation(s)/ contravention(s)	Demand Notice has been issued for the assessment year 2016-2017 alleging that ineligible claim in
committed or alleged tobe committed	revised return of Income.
Impact on financial, operation or	The Company filed a reply to the Show Cause
other activities of the listed entity, quantifiable in monetary terms to	Notice on 12.01.2024
the extent possible.	

