



# 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



08.11.2024

Ref: KMCH/SEC/SE/2024-25/ 2253

To  
Corporate Relationship Department  
BSE Limited  
1<sup>st</sup> 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**

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 Intimation received by the Company from Employee' State Insurance Corporation are enclosed herewith as Annexure A.

We request you to kindly take the above intimation on record.

Thanking you,

Yours truly  
For Kovai Medical Center and Hospital Limited

R.Ponmanikandan  
Company Secretary





Annexure-A

Intimation received from Employee' State Insurance Corporation:

Name of the authority	Employee' State Insurance Corporation
Nature and details of the action(s) taken, initiated or order(s) passed	Recovery of Interest on delayed payment of contribution.
Date of receipt of direction or order, including any ad-interim or interim orders or any other communication from the authority.	07.11.2024
Details of the Violation(s)/ contravention(s) committed or alleged to be Committed	Delay in Payment of ESI Contributions for the month of Feb-2017,Jul-2017, Nov-2017,Mar-2018, May-2018, June-2018,Sep-2018, June-2019,July-2019, Aug-2019, Nov-2019,Feb-2020,July-2020,Au-2020,Sep-2020,Oct-2020, Nov-2020, Dec-2020,Jan 2021,Feb-2021, Mar-2021
Impact on financial, operation or other activities of the listed entity, quantifiable in monetary terms to the extent possible	Rs.67168/-



**SUB-REGIONAL OFFICE  
EMPLOYEES' STATE INSURANCE CORPORATION  
SRO-Coimbatore**

**Panchdeep Complex, 1897, Trichy Road, Ramanathapuram Coimbatore**

**Regd.A.D.  
C19Interest**

**Date :06/07/2024**

**NO:56561119630021401/6212024453**

**To:  
Recovery Officer ,  
ESI Corporation,  
Coimbatore**

**Subject:Recovery of interest on delayed payment of contribution for the period from  
Feb-2017,Jul-2017,Nov-2017,Mar-2018,May-2018,Jun-2018,Sep-2018,Jun-2019,Jul-2019,Aug-2019,Nov-2019,Feb-2020,Jul-2020 u/s 45 C to  
45 I of the ESI Act,1948(as amended)for Rs. 673 against M/s KOVAI MEDICAL CENTER AND HOSPITAL LTD,**

**Sir,**

**M/s KOVAI MEDICAL CENTER AND HOSPITAL LTD, and the Principal Employer named Shri Dr. NALLA. G. PALANISWAMY resident of NO. 1, KOVAI ESTATE, KALAPATTY, COIMBATORE 641048 have failed to pay the interest payable under section 39(5) of the ESI Act read with Regulation 31 of the ESI(General) Regulations,1950 for the period from Feb-2017,Jul-2017,Nov-2017,Mar-2018,May-2018,Jun-2018,Sep-2018,Jun-2019,Jul-2019,Aug-2019,Nov-2019,Feb-2020,Jul-2020.**

**In accordance with Section 39(5) of the said Act,you are requested to recover an amount of Rs.673( Rupees Six Hundred Seventy-Three Only ) from the-factory/establishment/principal employer and deposit the same in State Bank of India for credit to ESI Fund Account NO.1,under intimation to the undersigned.This may please be done by challan quoting code no.of the employer which is 56561119630021401**

**Yours faithfully,**

**(M.Karthikeyan)  
DY.DIRECTOR  
Authorised Officer**

**Copy To Employer:**

**To,  
Shri/Smt. Dr. NALLA. G. PALANISWAMY  
NO. 1, KOVAI ESTATE,  
✓ KALAPATTY, COIMBATORE 641048**

**M/s KOVAI MEDICAL CENTER AND HOSPITAL LTD,  
No.15, Palaniappa Street,  
Erode 638009**

**(M.Karthikeyan)  
DY.DIRECTOR**





**SUB-REGIONAL OFFICE  
EMPLOYEES' STATE INSURANCE CORPORATION  
SRO-Coimbatore**

**Panchdeep Complex, 1897, Trichy Road, Ramanathapuram Coimbatore**

**Regd.A.D.  
C19Interest**

**Date :06/07/2024**

**NO:56561119630011401/6212024406**

**To:  
Recovery Officer ,  
ESI Corporation,  
Coimbatore**

**Subject:Recovery of interest on delayed payment of contribution for the period from  
Feb-2017,Jul-2017,Nov-2017,Feb-2018,Mar-2018,Jun-2018,Sep-2018,Dec-2018,Jun-2019,Jul-2019,Aug-2019,Nov-2019,Jul-2020 w/s 45 C to  
45 I of the ESI Act,1948(as amended)for Rs. 207 against M/s KOVAI MEDICAL CENTER AND HOSPITAL LTD,**

**Sir,**

**M/s KOVAI MEDICAL CENTER AND HOSPITAL LTD, and the Principal Employer named Shri Dr. NALLA. G. PALANISWAMY resident of NO. 1, KOVAI ESTATE, KALAPATTY, COIMBATORE 641048 have failed to pay the interest payable under section 39(5) of the ESI Act read with Regulation 31 of the ESI(General) Regulations,1950 for the period from Feb-2017,Jul-2017,Nov-2017,Feb-2018,Mar-2018,Jun-2018,Sep-2018,Dec-2018,Jun-2019,Jul-2019,Aug-2019,Nov-2019,Jul-2020.**

**In accordance with Section 39(5) of the said Act,you are requested to recover an amount of Rs.207( Rupees Two Hundred Seven Only ) from the factory/establishment/principal employer and deposit the same in State Bank of India for credit to ESI Fund Account NO.1,under intimation to the undersigned.This may please be done by challan quoting code no.of the employer which is 56561119630011401**

**Yours faithfully,**

**(M.Karthikeyan)  
DY.DIRECTOR  
Authorised Officer**

**Copy To Employer:  
Shri/Smt Dr. NALLA. G. PALANISWAMY  
NO. 1, KOVAI ESTATE, KALAPATTY,  
COIMBATORE 641048**

**M/s KOVAI MEDICAL CENTER AND HOSPITAL LTD,  
Address**

**(M.Karthikeyan)  
DY.DIRECTOR**



**SUB-REGIONAL OFFICE  
EMPLOYEES' STATE INSURANCE CORPORATION  
SRO-Coimbatore**

**Regd.A.D.  
C19**

**Panchdeep Complex, 1897, Trichy Road, Ramanathapuram Coimbatore**

**Date :06/07/2024**

**NO:56561119630011401/6212024403**

**To:  
Recovery Officer ,  
ESI Corporation,  
Coimbatore**

**Subject:** Application for the recovery of contribution under Section 45 C to 45 I of the ESI Act, 1948 (As Amended). Claim of Rs. **44314** plus interest @ 12% per annum from **21/05/2019** by the Employees' State Insurance Corporation against Shri **Dr. NALLA. G. PALANISWAMY** Principal employer of the factory/estt. **KOVAI MEDICAL CENTER AND HOSPITAL LTD**, situated at **Address**

**Sir,**

1. The Factory/establishment M/s **KOVAI MEDICAL CENTER AND HOSPITAL LTD**, is covered under the provisions of ESI Act (hereinafter referred to as the Act.)

2. The provisions of Chapter IV, Chapter V and VI of the Act are enforced in the areas falling within the limits of \_\_\_\_\_ and the factories/establishments covered under the Act and situated within the areas mentioned above are required to pay the contribution under Section 40 through their principal employer and at the rates specified in Rule 51 of the ESI (General) Rules, 1950 as amended in respect of the employees within 21 days from the last day of calendar month in which the contributions fall due, as laid down in Regulation 31 of the Employees' State Insurance (General) Regulations, 1950.

3. The above named factory/establishment and its principal employer were and are required to pay a sum of Rs. **44314** as contributions in respect of employees \_\_\_\_\_ for \_\_\_\_\_ the \_\_\_\_\_ period **Apr-2019, May-2019, Jun-2019, Jul-2019, Aug-2019, Sep-2019, Oct-2019, Nov-2019, Dec-2019, Jan-2020, Feb-2020, Mar-2020, Apr-2020, May-2020, Jun-2020, Jul-2020, Aug-2020, Sep-2020, Oct-2020, Nov-2020, Dec-2020, Jan-2021, Feb-2021, Mar-2021** plus Rs. **21974** as interest at the rate of 12% per annum for each day of delay/default upto the date of this application to the Employees' State Insurance Corporation. The total amount thus works out to Rs. **66288**.

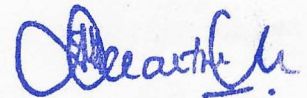
4. The amount of contribution payable as aforesaid has been determined after notice and reasonable enquiry and on the basis of records available with the Corporation.

5. The above named factory/establishment and the principal employer failed to pay the contributions for the above period inspite of reminders. The applicant prays that the total amount of Rs. **66288** ( **Rupees Sixty-Six Thousand Two Hundred Eighty-Eight Only** ) plus further amount of interest @ 12% per annum calculated on the amount, @ Rs. **14.57** per day from **21/06/2024** to the date of recovery (plus collection charges of the bank, if the payment is made by cheque) as being due to Employees' State Insurance Corporation from the said principal employer, may be recovered under Section 45 C to 45 I of the Act and remitted to the credit of the Employees' State Insurance Fund Account No.1 under advice to the applicant. This may please be done by challan quoting Code No. of the employer which is **56561119630011401** . The amount/cheque may be deposited in SBI A/C No. 1, where the Employees' State Insurance Fund Account is operated or may be deposited with the Regional Director concerned where no banking arrangement is in existence.



6. The factory/establishment has been provisionally covered with effect from 01/01/0001 and if it is found to be covered subsequently from any prior date, the Corporation reserves the right to demand recovery of any amount that may be due from the party prior to the provisional date of coverage for which amount has been claimed in this certificate proceedings.

Yours faithfully,



(M.Karthikeyan)  
ASSTT./DY.DIRECTOR  
Authorised Officer

**Copy To Employer:**

Shri. Dr. NALLA. G. PALANISWAMY  
NO. 1, KOVAI ESTATE, KALAPATTY,  
COIMBATORE 641048

M/s KOVAI MEDICAL CENTER AND HOSPITAL LTD,  
Avinashi Road, Coimbatore 641014.

(M.Karthikeyan)  
DY.DIRECTOR