APOLLO HOSPITALS ENTERPRISE LIMITED

CIN : L85110TN1979PLC008035

3rd September 2019

The Secretary,
Bombay Stock Exchange Ltd (BSE)
Phiroze Jheejheebhoy Towers,
Dalal Street,
Mumbai – 400 001.
Scrip Code – 508869
ISIN INE437A01024

The Secretary,
National Stock Exchange,
Exchange Plaza, 5th Floor
Plot No.C/1, 'G' Block
Bandra - Kurla Complex
Bandra (E)
Mumbai – 400 051.
Scrip Code– APOLLOHOSP
ISIN INE437A01024

The Manager
The National Stock Exchange,
Wholesale Debt Market
Exchange Plaza, 5th Floor
Plot No.C/1, 'G' Block
Bandra - Kurla Complex
Bandra (E)
Mumbai – 400 051.
ISIN INE437A07062, INE437A07070, INE437A07088 & INE437A07093

Dear Sir

Reg: Submission of Notice of 38th Annual General Meeting (AGM) and Annual Report for the FY 2018-19 under Regulation 30 and 34 of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015

Pursuant to Regulation 30 and 34 of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015, please find enclosed the following documents:-

1. Notice of 38th AGM and
2. Annual Report for the FY 2018—2019.
3. Business Responsibility Report for the FY 2018-2019.

The aforesaid documents are available on the website of the company viz., www.apollohospitals.com.

Kindly acknowledge receipt.

Thanking you,

Yours faithfully
For APOLLO HOSPITALS ENTERPRISE LIMITED

S.M. KRISHNAN
VICE PRESIDENT – FINANCE
AND COMPANY SECRETARY

IS/ISO 9001:2000

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Raja Annamalaipuram,
Chennai - 600 028.

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HEART INSTITUTES

CANCER INSTITUTES

INSTITUTE OF NEUROSCIENCES

INSTITUTE OF ORTHOPAEDICS

INSTITUTE OF TRANSPLANTS

EMERGENCY & CRITICAL CARE

PHARMACY

RETAIL HEALTH

HEALTH INSURANCE

ANNUAL REPORT
2018-2019

120,000,000

Lives Touched.

The Difference Between Good & Great.

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Corporate Review

Statutory Section

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* Business Responsibility Report is a separate enclosure and forms a part of this Annual Report.

Note: Patient names have been withheld from all case studies and patient testimonials in this report in order to protect patient privacy.

The Attendance Slip/Proxy Form and AGM Notice are being sent by speed post/email separately.

Is there a difference between a good hospital and a great one?

THERE IS A DIFFERENCE.

A difference between hands that do surgery
And A SYSTEM THAT HEALS.

A difference between 16 stitches
And NONE.

A difference between a nurse on duty
And ONE WHO RENDERS TENDER LOVING CARE.

A difference between a hospital that buys equipment for today
And ONE WHICH INVESTS IN TECHNOLOGY FOR TOMORROW.

A difference between an institution that has a certification
And ONE WHICH SETS CLINICAL BENCHMARKS FOR THE INDUSTRY.

Because when it comes to your health, that difference means a lot.

Great hospitals have a distinguishing and established purpose; one, which their people live to the fullest. Great hospitals know why they exist and are clear about the value they create in the world—a value which goes beyond the cost of care. They are bound to established beliefs and values which shape in their people, a unique culture of care—patient centered, proactive and sustainable. Great hospitals nurture patient relationships through the entire continuum of care. They focus on holistic patient well-being, and embrace ways to prevent illness rather than merely treating disease. They understand patient pain points, and leverage doctor skills, expertise and technology, to provide them optimal solutions. Great hospitals benchmark their practices and performance with the world's best because when it comes to their patients' health, they will stop at nothing short of best.

FUTURE OF HEALTHCARE

HEALTH IS LIKELY TO REVOLVE AROUND SUSTAINING WELL-BEING RATHER THAN RESPONDING TO ILLNESS. PREVENTION AND EARLY DIAGNOSES WILL BE CENTRAL TO THE FUTURE OF HEALTH AND THE ONSET OF DISEASE, IN SOME CASES, COULD BE DELAYED OR ELIMINATED ALTOGETHER.

HEALTH IN 2030 WILL BE A WORLD APART FROM WHAT WE HAVE NOW

Of all the major health threats to emerge, none has challenged the very foundations of population health as profoundly as the rise of chronic non-communicable diseases. Heart disease, cancer, diabetes, and chronic respiratory diseases, once linked only to affluent societies, are now global, and the poor suffer the most.

Risk factors such as a person's background; lifestyle and environment are known to increase the likelihood of certain non-communicable diseases. These include age, gender, genetics, exposure to air pollution, and behaviors such as smoking, unhealthy diet and physical inactivity which can lead to hypertension and obesity. In turn these lead to increased risk of many NCDs. However, the good news is that most NCDs are preventable because they are caused by modifiable risk factors.

Technology will also help break down barriers such as reach and geography that can limit access to health care providers and specialists.

THE FUTURE OF HEALTH WILL LIKELY BE DRIVEN BY DIGITAL TRANSFORMATION ENABLED BY RADICALLY INTEROPERABLE ALWAYS-ON DATA, ARTIFICIAL INTELLIGENCE (AI), AND OPEN, SECURE PLATFORMS.

THE CONSUMER WILL BE AT THE CENTER OF THE HEALTH MODEL RATHER THAN THE INSTITUTION. INTERVENTIONS AND TREATMENTS WILL BE MORE PRECISE, LESS COMPLEX, AND LESS INVASIVE..

Ageing dynamics are changing. Life expectancies keep increasing nearly across the board.†

A large wave of the population will hit age 65+ within the next twenty years. But life expectancies are increasing. This increasing life expectancy changes the cost and health problems of the population of any country. We are going to be faced with the task of managing diseases in the population, especially chronic and lifestyle-based conditions.

Will we have enough doctors?

What new healthcare jobs will emerge? Health Coaches? Genetic Counselors? Patient concierges?

The cost to sequence is dropping, and more genomic information is becoming available.†

As we slowly learn more about our predispositions and diseases,

Will healthy people start wearing medical-grade wearables?

Will monitoring become more passive?

Patented monitoring devices and apps are already in the market.

Will we go a step further and have devices inside of us? Ingestible sensors? Implanted intraocular devices? Artificial pancreas?

AI in healthcare is taking off and the algorithms are getting very good†

AI applications in healthcare are rapidly changing medical specialties including radiology, pathology, dermatology and ophthalmology. In a few countries around the globe, virtual interventional radiologist chatbot is already in use. In the UK, AI is already being deployed to triage, to check symptoms, continuously monitor a person's health and track medication intake.

In the not so distant future, digital technology may improve patient experience by providing real-time access to medical knowledge and assistance. Imagine a voice-activated system for a patient-an AI-powered, bedside virtual care assistant that can answer or direct queries to the most appropriate person at the hospital. This virtual assistant will be able to answer the patient's routine questions about diagnoses, expected recovery time and experiences, and daily medication schedules. It also will be able to direct specific questions to specialists. In addition, the virtual assistant can act as a data repository for the patient's medical history, test results, consultation times, and appointment schedules.

Adoption of AI in healthcare will increase efficiency, improve predictive capabilities, enable greater personalization, and democratize access to enhanced personalized care.

Will the patient-doctor relationship change?†

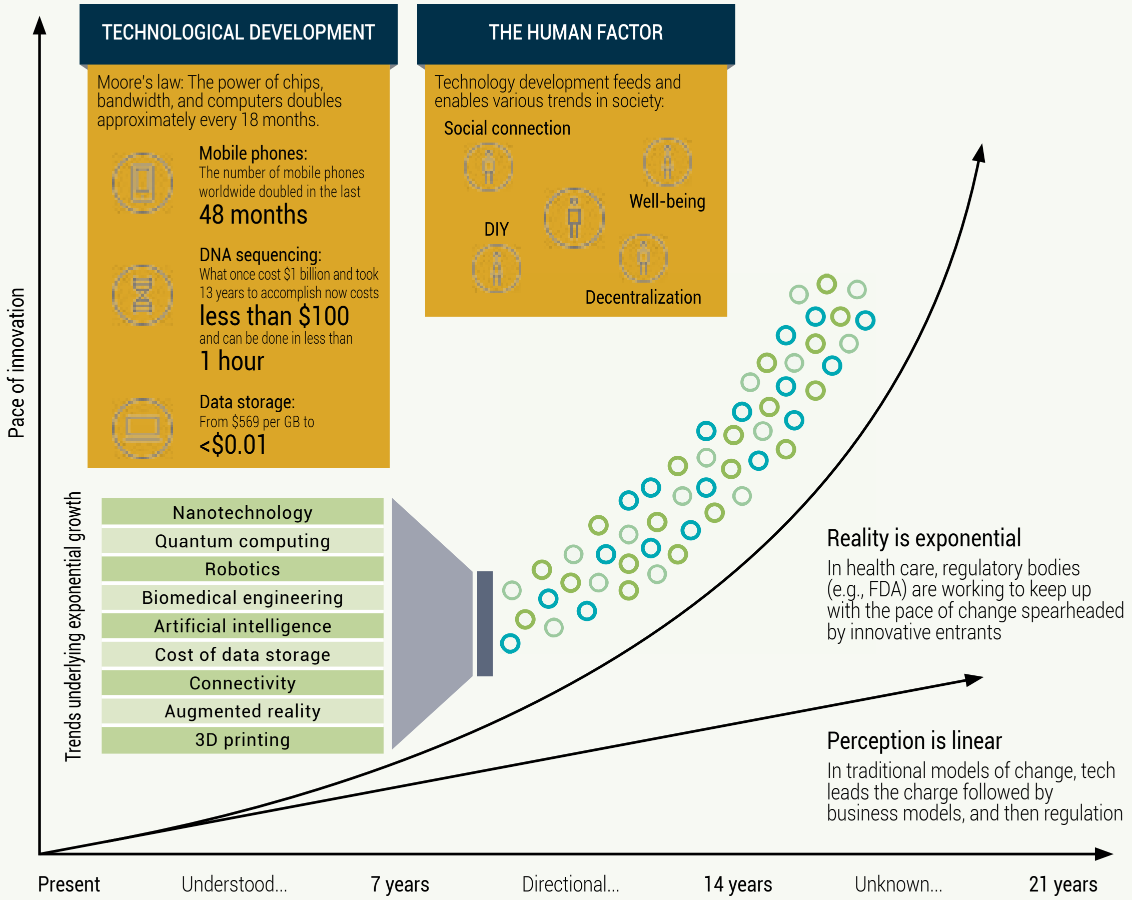
Reactive Health	Proactive Health
1. Consumer seeks health services when feeling ill	1. Data is captured passively via medical-grade wearables
2. Sorts through different care options	2. A provider, nurse, or PA reaches out if there is an anomaly
3. Data is then captured to confirm diagnosis	3. Provider already has historical dataset of relevant biomarkers

Enhancing patient experience is regarded as a potential driver of hospital performance, since it can strengthen customer loyalty, build reputation and brand, and boost utilization of hospital services through increased referrals to family and friends. Standing at the epicenter of the new health care value system will be informed and empowered consumers-change agents and active caretakers of their health who have high expectations of the health care ecosystem. Not only will they have access to detailed information about their own health, they will own their health data and play a central role in making decisions about their health and well-being. These consumers will flip the switch away from a system of sick care, in which we treat patients after they fall ill, to one of health care, which supports well-being, prevention, and early intervention. In such a universe, health will be defined holistically as an overall state of well-being encompassing mental, social, emotional, physical, and spiritual health.

The emergence of digital tools will enhance customer experience†

Perhaps even before 2030, streams of health data will create a multifaceted and highly personalized picture of every consumer's well-being. Today, wearable devices that track our steps, sleep patterns, and even heart rate have been integrated into our lives in ways we couldn't have imagined just a few years ago. The next generation of sensors, for example, will move us from wearable devices to invisible, always-on sensors that are embedded in the devices that surround us. Always-on biosensors and software are being incorporated into devices that can generate, gather, and share data. Advanced cognitive technologies could be developed to analyze a significantly large set of parameters and create personalized insights into a consumer's health. The availability of data and personalized AI can enable precision well-being and real-time micro-interventions that allow us to get ahead of sickness and disease progression.

Exponential change will accelerate the pace of disruption in healthcare delivery



Note: All dollar amounts are given in US dollars.

Source: Deloitte analysis.

TECHNOLOGY LED HEALTHCARE DELIVERY

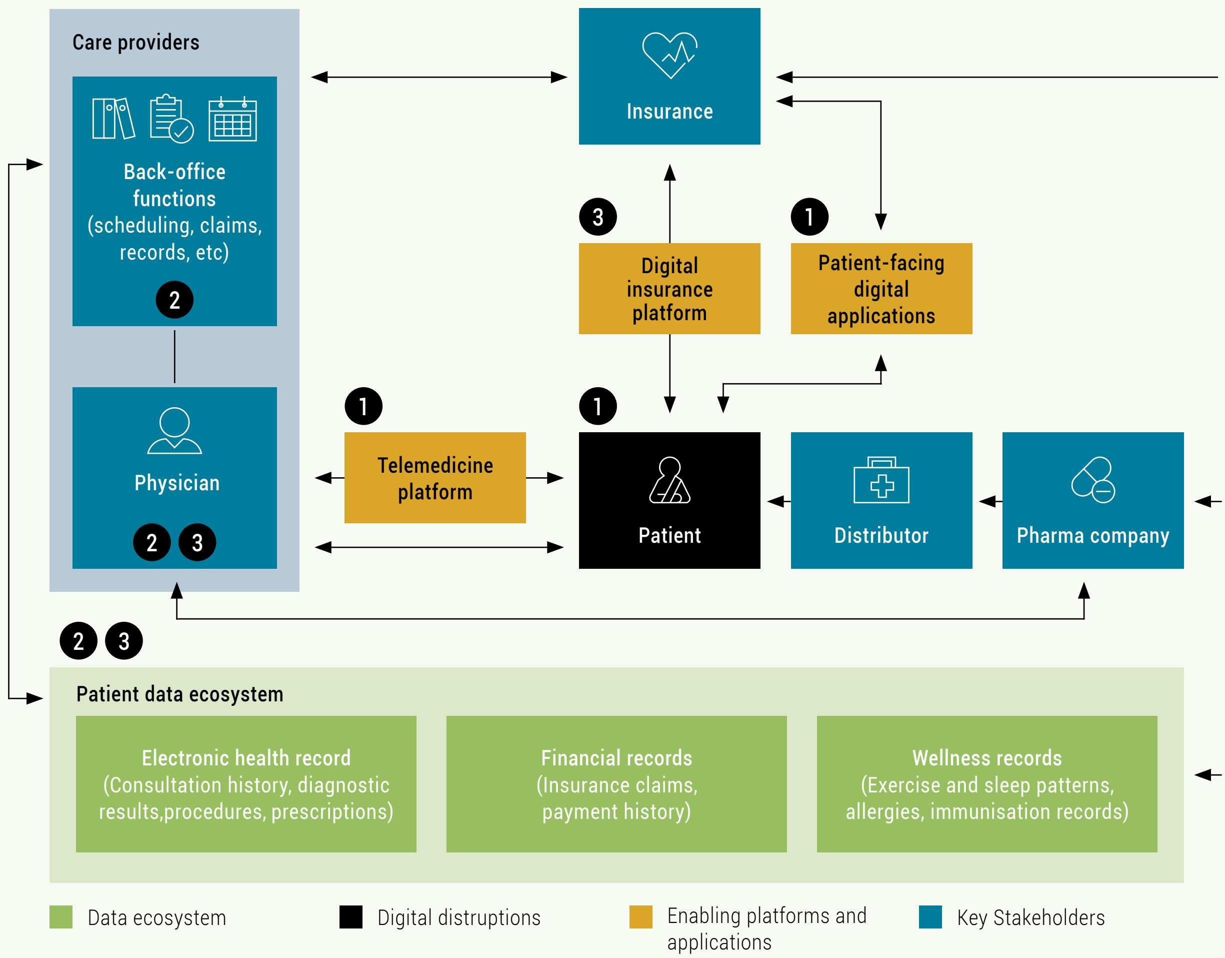
Technological innovations will fundamentally change the nature of healthcare delivery by better connecting people with services, automating routine tasks, and analysing patient data to improve care decisions.

Healthcare in the future: digital technologies enable seamless care centered on patients [1]

1 CONNECT
- Telemedicine
- Remote monitoring w/IoT
- Online doctor comparison

2 AUTOMATE
- Electronic health records
- Applications for chronic disease management
- Automation of claims, scheduling, etc; rural doctor accountability tools

3 ANALYSE
- Evidence-based care analytics
- Data-driven utilisation management and risk-sharing
- Digitised insurance underwriting and claims



[1] This schema imagines how the Indian healthcare landscape could look in five to ten years if digital applications were widely adopted. This would require an open and interoperable electronic health record ecosystem, clear guidelines about data ownership and privacy, the wide availability of broadband connectivity in rural areas, and rules about who can see records.

Note: Applications in italic type are explored in depth in this report.

Source: McKinsey Global Institute analysis

Telemedicine will drive healthcare into every nook and corner of India's rural geography

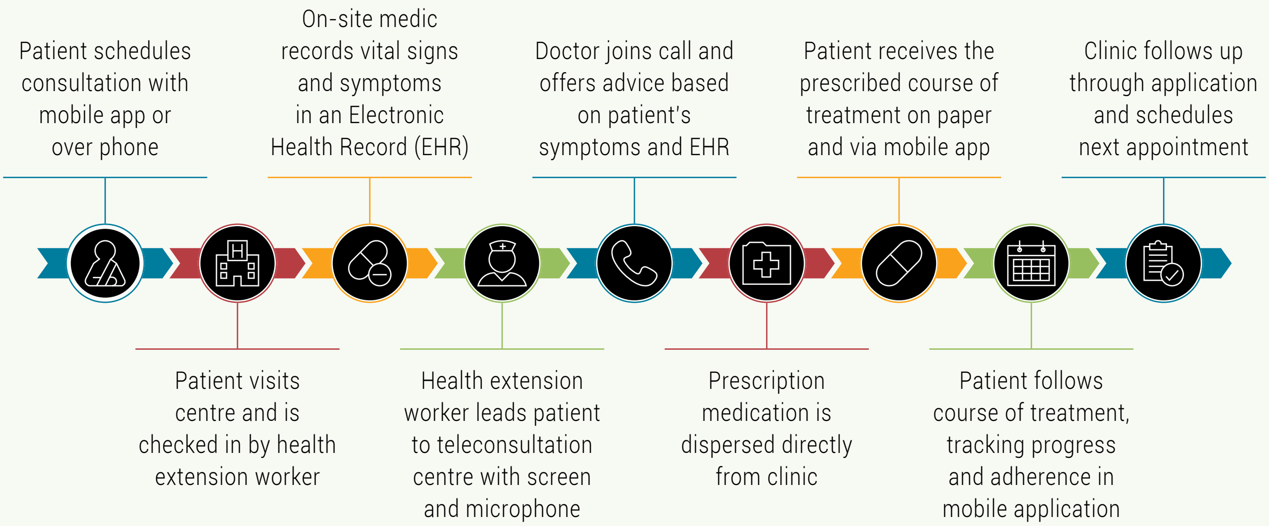
In a small rural hospital, physicians treating stroke victims have one goal: to minimize the damage to their patients' nervous system and avoid permanent disability. Being in a remote location and operating on a limited budget, though, can make it hard for the hospital to attract the talent needed to provide effective care.

But a move toward value-based healthcare is pushing hospitals and health care networks to rethink their business models for improving care, while lowering costs. Instead of ordering tests or opting for multiple treatments, a small rural hospital can tap into a team of highly trained neurologists through a telemedicine program. These doctors can help onsite physicians assess patients and manage treatment plans better, thereby improving results.

Telemedicine technology includes any digital communication between patients, doctors, specialists, and clinical staff, whether via an HQ video link at a local Common Services Centre or a discussion on a mobile phone. These virtual visits offer a cost-effective way to deliver medical care, in rural areas with relatively few hospitals and little or no physical access to specialists. The growth of smartphone ownership and spread of broadband internet connectivity are creating a large untapped market for telemedicine consultations.

Remote consultations can redefine patients' primary healthcare experience

Illustrative patient experience in a rural remote medicine clinic with health-extension worker



Source: McKinsey Global Institute analysis

The Difference between Good and Great

Application-based chronic disease management can help people with diabetes, hypertension, and other ailments adhere to their treatment plans

Affordable smartphones and increased internet connectivity across India provide an opportunity for medical professionals to engage directly with their patients, use digital chronic disease management apps to monitor and measure how well they are following their courses of treatment, and nudge them as needed to take their medicine, exercise, or eat healthy. Applications are not a replacement for doctors but can serve as a powerful complement to doctor-directed courses of treatment.

Evidence-based care enabled by data and analytics can improve outcomes

Lack of suitable diagnostic tools in clinics and rural health centres compromise the quality of healthcare in rural India. Evidence-based care facilitated by the availability of accurate data allows doctors to supplement their clinical expertise with the best recent research. Care delivery will become even more sophisticated through the use of advanced analytics and AI-powered software to diagnose patients by analysing images, blood samples, and genome sequencing, which can provide an optimal and personalised course of treatment.

The future of health will be driven by digital transformation enabled by interoperable data and open, secure platforms

Data about individuals, populations, institutions, and the environment will be at the heart of the future of health. By 2030, highly trained health professionals will be able to devote more time to patients who have complex health conditions. Data and technology will empower consumers to address many routine health issues at home. The consumer—rather than health plans or providers—will determine when, where, and with whom he or she engages for care or to sustain wellbeing.

Healthcare is coming to more everyday places, including into homes†

The Homecare industry has steadily grown and become a key part of the overall continuum of care thanks to its ability to keep older adults safely at home and out of the hospital. Traditionally, “Homecare” has been viewed more as nursing assistance, home services for blood tests, physiotherapy services, etc. But now Homecare offers specialized care programs for heart failure, COPD, dementia and other complex conditions. This trend helps to significantly lower healthcare costs while influencing early recovery and faster recuperation.

Home healthcare is growing in importance, especially for the elderly. As more data is generated at home via consumer diagnostics, wearables, etc. it might become normal to see more health professionals come to the homes of high-risk individuals.

† CB Insights.

Doctors can select the appropriate treatment based on a genetic understanding of the disease

Precision medicine, also called personalized medicine, is an approach to patient care that allows doctors to select treatments that are most likely to help patients based on a genetic understanding of their disease. Precision medicine is "an emerging approach for disease treatment and prevention that takes into account individual variability in genes, environment, and lifestyle for each person." This approach will allow doctors and researchers to predict more accurately which treatment and prevention strategies for a particular disease will work in which groups of people. It is in contrast to a one-size-fits-all approach, in which disease treatment and prevention strategies are developed for the average person, with less consideration for the differences between individuals. The potential long-term benefit of precision medicine is the wider ability it gives doctors to use patients' genetic and molecular information as part of routine medical care. It also improves their ability to predict which treatments will work best for specific patients.

Molecular genomic technologies can characterize genes and inherited disease to provide accurate diagnosis

Molecular diagnostics is a term used to describe a family of techniques used to analyze biological markers in an individual's genetic code (genome) and to analyze how their cells express their genes as proteins. It is the detection of genomic variants aiming to facilitate detection, diagnosis, sub-classification, prognosis, and monitoring response to therapy. Molecular diagnostics is the outcome of the fruitful interplay among laboratory medicine, genomics knowledge, and technology in the field of molecular genetics, especially with significant discoveries in the field of molecular genomic technologies. All these factors contribute to the identification and fine characterization of the genetic basis of inherited diseases which, in turn, is vital for the accurate provision of diagnosis. High-throughput methods, such as next generation sequencing provide invaluable insights into the mechanisms of disease, and genomic biomarkers allow physicians to not only assess disease predisposition, but also to design and implement accurate diagnostic methods and to individualize therapeutic treatment modalities. Molecular diagnostics are increasingly being used to guide patient management, from diagnosis to treatment, particularly in the fields of cancer, infectious disease, and congenital abnormalities.

Risk factors can be minimized favourably by detecting illnesses early

A Preventive Health Checkup aims to identify and minimize risk factors in addition to detecting illnesses at an early stage.

Regular health exams and tests can help find problems before they start or early enough when chances for treatment and cure are better. By getting the right health services, screenings, and treatments at the right time, chances for living a longer, healthier life are better.

DETECTING NCDs EARLY — THE INDIA PERSPECTIVE

India's healthcare sector continues to face increasingly complex challenges. The population is large but access to healthcare is deeply skewed because of low government and public spending. India's per capita healthcare spending (as a proportion of GDP) and specifically public spending, is among the lowest per capita in the world. One reason for this is that, India is severely under-indexed in healthcare delivery infrastructure, especially the government infrastructure, which is woefully inadequate.

The country has grown remarkably fast in the last two decades—a growth that has been punctuated with consistently rising incomes and a shifting disease burden. In 2016, 61.8% of deaths in India were due to Non Communicable Diseases (NCDs) such as cancer, cardiovascular and chronic respiratory diseases. NCDs increasingly threaten the physical health and economic security of many lower- and middle-income people. This burden is one of the major public health challenges all countries are facing, regardless of their economic status. NCDs also threaten the economic and social development of a country.

A significant number of Indian households—estimated at 15 to 20 percent—face unaffordable medical bills each year because of serious illness or accidents. To address this issue, the government recently introduced the National Health Protection Mission (Ayushman Bharat) to subsume current government health schemes and provide up to ₹ 5 Lakh health cover annually to cover the cost of medical specialists and hospital stays for about 100 million vulnerable families. The Government of India is actively taking the lead in the battle against NCDs. While individuals and insurers account for 70 percent of India's health spending (about one-third of the populace has private insurance), the government is now also exerting significant influence over the system through state-funded insurance programmes. Rashtriya Swasthya Suraksha Yojana, for example, pays routine medical expenses for 40 million households below the poverty line, and government schemes spend 1.2 percent of GDP on healthcare.

NCD in India: by 2030

NON-COMMUNICABLE DISEASES ACCOUNTS CLOSE TO THREE-FOURTH OF ALL DEATHS IN INDIA.

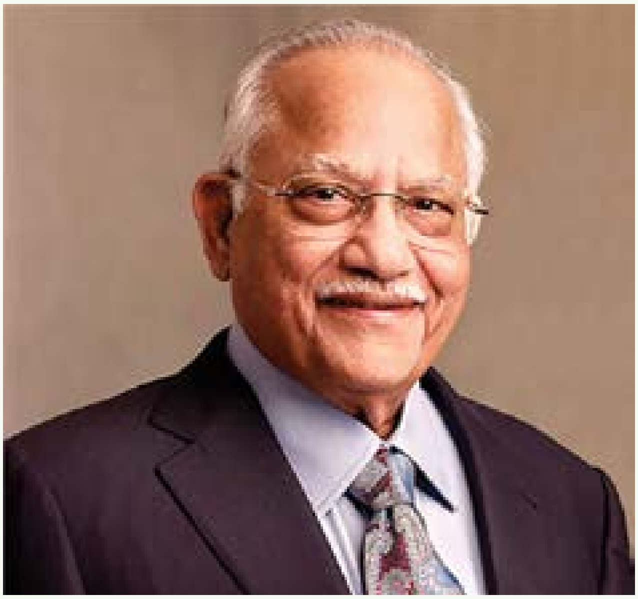
- Deaths due to cardiovascular - 4.0 million
- Deaths due to cancer - 1.5 million
- More than 101 million people (20-79 years) will be living with diabetes

Economic impact of NCDs in India (2012-2030)

Cumulative cost associated with five domains (CVDs, diabetes, chronic respiratory diseases, cancer and mental health) is estimated to be US$ 6.15 trillion (INR 383 trillion)

Source: Re-engineering Indian health care–EY/FICCI

MESSAGE FROM THE CHAIRMAN



Dear Shareholders,

At the outset, allow me to mark the 35-year milestone of Apollo Hospitals – a journey that began for me as a mission to bring top quality equitable healthcare of international standards to Indians. Our commitment to that mission led by consistent and uncompromising standards in clinical practices, quality measures, and patient centric care, has not only heralded the birth of an industry in the country, but has also enabled us to set benchmarks in healthcare delivery as a whole. I am proud that Indian private healthcare is able to serve two-thirds of the Indian population today as well as people from more than 120 countries seeking better healthcare options.

Apollo Hospitals Group is the only global institution with presence in every facet of the healthcare eco-system, encompassing curative health, pharmacies, retail health, diagnostics, telehealth, home health, as well as preventive health and wellness, medical education and skill development, not to mention health insurance and over 3,400 pharmacies. We have touched over 120 million people through our eco-system led by our hallmark clinical excellence tendered with care, compassion and cost benefit – an achievement which no other private institution can claim. Dr. HJ Morowitz, Professor at the Yale University, analyzed various parts of the body and its functions and pegged the value of its creation at six trillion dollars. Such a priceless body needs strong guidance to protect its health and well-being.

I feel extremely privileged that in February this year, the Hon'ble Governor of Tamil Nadu, Shri Banwarilal Purohit, launched a Postal Stamp to mark our pioneering efforts in the area of Preventive Healthcare in India. The Master Health Check which we pioneered is a great tool to help people in the pursuit of wellness. It can pick up abnormal health parameters and help in early diagnosis of potential health problems. I am happy to tell you that we have completed over 20 million health checks till date. Over the years, the Postal Department of India has honoured us with four stamps to mark our achievements-something that no other hospital group in the world can claim.

Non Communicable Diseases or NCDs which include diabetes, cardiac, strokes, infections, and cancer, are soon going to become a major challenge to the physical health and economic security of many lower and middle income people. I would like to add two recently recognized conditions to this list—Obesity and Sleeplessness. The World Economic Forum has predicted that 75% of deaths by the end of this decade will be from NCDs, creating a global cost burden of 30 trillion dollars. India's share in this will be a staggering 4.8 trillion dollars; more than 50% of the GDP. I call this a Tsunami. In our experience, we have realized that early detection is important and NCDs can be prevented or reversed. But we need to take good care of our precious bodies. At Apollo, we have made it our Mission to carry the message of prevention and early detection countrywide and overseas also.

In this regard we have launched ProHealth, a three-year health and wellness programme for our 60,000 plus members of the Apollo family and their dependents, a total of 200,000 people. The programme facilitates early detection and healthy living through health guides, online tools and call doctors. On completion of the program, I plan to send each one a cake to celebrate their health and happiness. I urge captains of industries to extend this beneficial programme to all their employees so that the community as a whole can celebrate health and happiness. I firmly believe when India takes the lead, the world will follow.

We have since inception, underpinned our clinical excellence with superior technology in every discipline, comparable to any hospital in the world. Our most recent addition of the multi-room Proton Centre in Chennai will serve patients not just in India, but also from other countries that do not have this facility. The credibility of the Apollo brand and the cost of treatment which is less than one-third of international prices, attract many medical value travelers to our hospitals and our highly skilled team of medical, surgical, and radiation oncologists and physicists. Our facilities are equipped with the latest technology to enable them in their diagnoses and treatments. This spirit pervades our 70 hospitals.

Our Cardiac Institutes have consistently produced outcomes on par with the best hospitals in the world. The Institutes have completed over 170,000 coronary bypass surgeries and are the single largest establishment for minimally invasive cardiac surgeries. We have completed over 50,000 CABGs just in Chennai.

We continue to focus on growing our Centers of Excellence, with a view to strengthening our leadership position in key specialties in all our geographies. Neurosciences, Orthopaedics, Emergency and Critical Care are identified as COEs, in addition to Cardiac, Oncology and Transplants. Our COE focus spans the entire spectrum of care, starting with the best talent, latest technology, cutting-edge protocols, differentiated product and service portfolio, and benchmarked clinical outcomes.

We opened our 3400th pharmacy store this fiscal. The pharmacy business now contributes 39% to our topline. Our retail business has a robust network of birthing centres, primary clinics, dental clinics, sugar clinics, dialysis centres and diagnostic labs; we remain the leading retail healthcare provider in the country.

The Indian government made a landmark move to launch 'Ayushman Bharat' — the Universal Health Insurance scheme. This resonates with my own personal sentiment that "health is a global right and a global duty". Our PPPs in this regard stand testimony to our commitment to bring affordable healthcare of superior standards to every fellow Indian. We have partnered with several state governments and leveraged technology to improve access to healthcare for the under-served in remote rural areas of our country.

Through initiatives like TeleHealth and TeleMedicine, we are able to run diagnostics and provide specialized consultations for appropriate treatments, creating innovative service delivery models for primary, secondary, and tertiary care.

We piloted our efforts in population health and well-being in Aragonda village, my birth place in Chittoor district (AP) in 2013 to fight the onset of Non Communicable Diseases. The initiative, Total Health, provides "Holistic Health Care" for the community, starting from birth, into childhood, adolescence, adulthood and in the later years of life. Today the program covers the whole of Thavanampalle Mandal with 170 hamlets and 60,000 people and the results are extraordinary. I am proud to announce that Apollo Hospitals in Aragonda has performed 150 Knee Replacement surgeries – the first hospital in India to do so in a remote village.

On the 24th of February, Shri Ram Nath Kovind, the Hon'ble President of India, inaugurated our Multi Specialty Hospital in Lucknow — ApolloMedics. This marks our 70th Hospital with a capacity of 330 beds.

Our FY 19 results show YOY growth of 17% in Revenue with Healthcare Services contributing 55% and Standalone Pharmacies, 39%. Overall, the EBITDA stood at ₹ 10,637 mio, a YOY growth of 34%. I am pleased to announce a dividend of ₹ 6 per share.

I am delighted to tell you that this year, we have received 44 awards and accolades in India and abroad, in recognition of our commitment towards patient centricity, clinical excellence and innovation. We were also awarded the No 1 rank among Indian hospitals, for the 16th year in a row by The Week magazine, a true testimony to our consistency in delivering superior quality healthcare to or patients.

The future of healthcare is dawning on us. A future in which the global health care systems will focus on keeping people well-not just curing them when they are ill; where technology-enabled care will be available when and where people need it; where drugs and devices are personalized and based on an individual's needs; and where people understand the cost, value, and impact of their options for care. The use of Artificial Intelligence in diagnostics, for example, genomic sequencing, is fast gaining ground. The opportunity for us to shape this future is promising and rich. We have partnered with prominent global enterprises to create viable avenues to make healthcare delivery more efficient and sophisticated, and to cater to the evolving needs of our patients.

The success of Apollo Hospitals has always been about teamwork. We want to place on record my sincere appreciation and gratitude for all the hard work my Apollo family has put in to bring us to where we are today. We earnestly ask you to continue in that stride for I am confident that together we can deliver value to all our stakeholders — patients, investors and the community we serve.

I personally place on record my appreciation for our Board Members and investors for the trust they have placed on us. I look forward to that in the coming years as we move forward to achieve our goals.

Our steadfast goal is to bring down the huge burden of NCDs through our comprehensive preventive health programme. Always remember that your body is priceless and it is your duty to maintain and preserve it, towards your Health and Happiness.

Stay Healthy and my warm personal regards to all of you,

Dr. Prathap C. Reddy
Executive Chairman, Apollo Hospitals Group

WHO WE ARE

WE ARE THE LARGEST PRIVATE HEALTHCARE SERVICES PROVIDER IN INDIA; THE FIRST CORPORATE HOSPITAL THAT WAS ESTABLISHED IN 1983. OUR GEOGRAPHIC FOOTPRINT NOW INCLUDES 70 HOSPITALS ACROSS 55 SPECIALTIES. OUR OFFERINGS SPAN THE ENTIRE VALUE CHAIN OF HEALTHCARE SERVICES.

We provide differentiated services through the following entities, which together constitute a fully integrated healthcare ecosystem.

Care Continuum	Patient Access	Diagnostics & Clinics	Provider	Payor & TPA	Pharmacy	Wellness & Advocacy
Offerings	Ask Apollo	Apollo Clinic	Apollo Hospitals	Apollo Munich	Apollo Pharmacy	Life
		Apollo Diagnostics	Apollo Spectra Hospitals	FHPL Sparrow		BPositive
		Apollo Sugar Clinics	Apollo White dental			
		Apollo Cradle	Apollo Dialysis Clinics			
Key Stats	1 Lakh+ activeusers/ month	3.5 L+ OPs in a year	4 L+ IPs 4.1 M+ OPs in a year	5.5 M+ active lives	110 M+ footfalls in a year	

Each has its own identity and commands its own unique specialist experience. That is their individual strength. But at the core and in ideology, each is essentially Brand Apollo.

TO BRING HEALTHCARE OF INTERNATIONAL STANDARDS WITHIN THE REACH OF EVERY INDIVIDUAL. WE ARE COMMITTED TO THE ACHIEVEMENT AND MAINTENANCE OF EXCELLENCE IN EDUCATION, RESEARCH, AND HEALTHCARE FOR THE BENEFIT OF HUMANITY.

OUR MISSION

WHAT WILL NEVER CHANGE FOR US AT APOLLO HOSPITALS

Regardless of changing demographics or consumer demands, we will always:

★ Better identify and create new therapies and treatment options

★ Focus on prevention and the pursuit of wellness

★ Improve access to care for all

★ Identify at-risk patients and intervene earlier

★ Move to a value and outcome-based model of healthcare delivery

★ Create, capture and better analyse data to give our patients best in class treatments

Apollo Hospitals has consistently explored and pioneered new frontiers in patient care. The launch of the Proton Centre in Chennai, a one of a kind in South Asia, is a milestone—evidence of market leadership in cancer treatment and patient care. From Chairman Dr. Prathap C Reddy's entrepreneurial footsteps into the world of healthcare services 35 years ago for enabling quality healthcare access to the common man in India, to redefining standards of care, whether clinical, infrastructure or technological; whether a protocol, technique, diagnostic test or equipment; to supporting in patient well-being through Preventive Health practices, Apollo Hospitals has been the forerunner in heralding the birth of industry standards, leading the way in creating a solid platform for India's next big leap in healthcare delivery. In dedicating ourselves to the service of our patients who place their lives in our hands, we solemnly pledge to lead that leap from the frontline.

GOOD *VS* GREAT

WHY WE ARE WELL POSITIONED TO DELIVER THE FUTURE OF HEALTHCARE

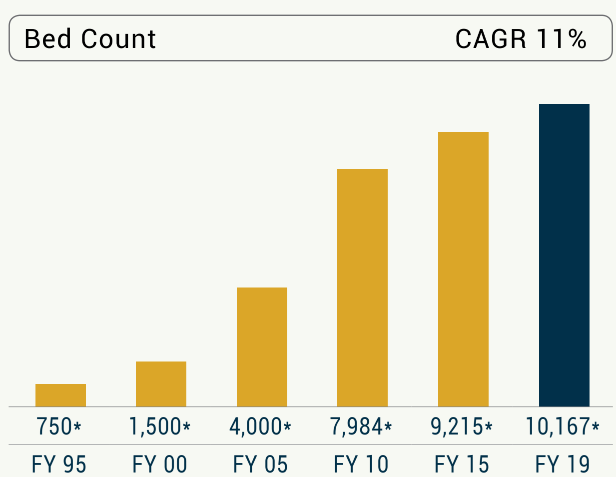
OVER THE SPAN OF 35 YEARS, APOLLO HOSPITALS HAS CONSISTENTLY CONTOURED THE HEALTHCARE LANDSCAPE IN THE COUNTRY AND AUTHORITATIVELY SET BENCHMARKS IN CLINICAL EXCELLENCE AND PATIENT CARE. OVER ALL THESE YEARS, WE HAVE DETERMINEDLY ENSURED THAT OUR PROTOCOLS AND TECHNIQUES ARE AT PAR WITH THE BEST IN THE WORLD. WE HAVE DURING THIS TIME, CONSCIOUSLY PLACED OUR PATIENT AT THE CENTER OF ALL THAT WE DO AND HAVE PURPOSEFULLY BEEN FIRST IN BRINGING THE LATEST TECHNOLOGY, DIAGNOSTIC AND CLINICAL, TO GIVE THEM THE BEST CARE WE POSSIBLY CAN. WE HAVE ALONG OUR JOURNEY, TOUCHED THE LIVES OF MILLIONS OF PEOPLE AND GIVEN THEM A HEALTHCARE ECOSYSTEM THAT ADDRESSES ALL THEIR NEEDS.

The Genesis

1983

- Inauguration of Apollo Hospitals, Chennai, by Shri Giani Zail Singh, President of India
- Inception of Apollo Pharmacy as a Hospital based pharmacy at Chennai
- Launch of Apollo Health Association

Calibrated Growth Strategy



Differentiated Clinical Approach

Our differentiated clinical approach focuses on patient centric care delivery which enhances patient experience while ensuring the highest quality standards and targeting the best possible treatment outcomes.

1985
Cardiac Surgery Programme completes 100 surgeries with 98% success rate.

1987
700+ Open Heart surgeries performed with 98% success rate.

1989
IVF Unit creates medical history with the birth of a baby by the 'GIFT' procedure.

1990
Successful completion of an unprecedented orthopedic surgery—equalizing of limbs and deformity correction by Ilizarov procedure.

1992
Apollo Hospitals introduces Coronary Artery Stenting for the first time in India.

1995
First Bone Marrow Transplantation performed on a patient from Sri Lanka.

First multi organ transplant in the country successfully performed at Chennai.

A three year old is the 10,000th patient to undergo open heart surgery at Chennai.

1998
Accomplished the first successful Cord Blood Transplant in India.

First successful pediatric liver transplant in India on 20-month-old child.

2001
Apollo Hospitals performs a successful heart surgery on a 2-day-old baby

The Hospitals successfully implants a pacemaker on a 97-year-old patient

2005
Apollo Hospitals, New Delhi becomes the first hospital in India to receive accreditation from JCI, USA.

2006
Stroke program at Hyderabad accredited by JCI—first in the World

2008
Launch of ACE@25

2009
Apollo Hospitals, Madurai gets the first NABH accreditation

2010
Coronary Artery Stenting with 6 stents on the same patient was successfully performed at Hyderabad

2012

Apollo completes more than 130,000 cardiac surgeries with a 99.6% success rate

2013

Apollo Hospitals Group becomes the busiest solid organ transplant program in the world after completing 1,456 solid organ transplants

Apollo Childrens' Hospitals, Chennai, successfully performs surgical separation of 11-month old Ischiopygopagus twin boys from Tanzania, with conjoined spinal cord and fused genitals, in an 18-hour procedure. This was the first successful separation of male pygopagus twins with a single phallus, in the country.

2014

Apollo Childrens' Hospital, Chennai, successfully performs surgical separation of 9-month old Thoraco-omphalopagus conjoint twin girls, with a shared liver and two hearts touching each other in one pericardial sac.

A team of surgeons of Apollo Hospitals, Chennai, performed the first simultaneous Liver-Intestine - Pancreas transplant in India

2015

India's First Centre of Excellence in Hip Arthroscopy launched.

Apollo Hospitals saves the lives of 3 individuals by transplanting the liver of a single donor into two adult recipients.

Intestinal transplantation and transplant of the abdominal wall- the first ever case in South India, all from the organs of a single donor.

Apollo Hospitals, Chennai completed the highest number of Combined Heart and Double Lung Transplants in India and also successfully performed a Combined Heart and Lung Transplant on the second oldest patient in the world

Apollo Hospitals, Hyderabad successfully treats a critically ill eleven day old baby with a complex and rare cardiac surgery - a first of its kind in India.

Apollo Hospitals, Chennai, performs First TAVR - Transcatheter Aortic Valve Replacement.

Asia's first en-bloc combined heart and liver transplant performed

Apollo Hospitals inaugurated "The Centre for Colorectal Diseases", a first of its kind, integrated multidisciplinary centre in Asia.

Apollo Children's Hospital, Chennai successfully cures hypertension in a child with rare tumor through a Video Assisted Thoracoscopic Surgery, a first of its kind in India.

Indraprastha Apollo Hospitals, New Delhi, successfully performs a Split Liver Transplant in two adults, a first in the city and second in the country.

Apollo Hospitals, Chennai harvested 23 valuable organs from 5 brain dead donors, and performed 5 liver transplants, 1 heart transplant and 4 kidney transplants, and transported 1 heart, 6 cornea and 6 kidneys safely to other hospitals in a 36-hour team effort

2016

Apollo Hospitals, Greams Road, Chennai launches Apollo Stroke Net, a first of its kind multi city and comprehensive stroke treatment model in India.

Apollo Gleneagles Hospitals, Kolkata successfully performed the first Cadaver Liver transplant in Eastern India.

Apollo Hospitals, Chennai successfully performs "Only Pancreas" transplant for the first time in India.

Apollo Hospitals, introduced OrthAlign, a new technique for knee replacement.

Apollo Gleneagles Hospitals, Kolkata becomes the first in Eastern India to introduce SpyGlass™, a breakthrough innovation in Cholangioscopy.

Apollo Hospitals Group successfully completes 1,50,000 open heart surgeries

1st percutaneous Transcatheter Aortic Valve Implantation (TAVI) successfully performed at Apollo Hospitals, Chennai

Apollo Hospitals, introduced OrthAlign, a new technique for knee replacement.

2017

Apollo Hospitals launches the Healthy Heart Program, India's first Heart disease prevention and reversal program.

Apollo Hospitals achieved the 100 Robotic Myomectomies milestone, the largest in South Asia.

Apollo Cancer Institute, Chennai, performs a life-saving surgery on a 4-year-old child using a new technique called Florescence Guided Surgery

Apollo Spectra Hospitals, Bangalore, invents revolutionary hair re-growth formula, a first of its kind in India.

Apollo Hospitals, Mysore, performs a successful Transnasal Endoscopic Repair, a rare procedure on a 1 day old baby

Apollo Hospitals, Chennai, launches a first of its kind, specialized, one-stop Headache – Migraine and Memory Clinics

Apollo Hospitals, Chennai, successfully performs India's first Transcatheter Mitral Valve Replacement

Apollo Hospitals and RMS REGROW partner to launch the first of its kind innovative cell therapy treatment in India for orthopaedic patients

Apollo Hospitals, Hyderabad, performs a pioneering nose implantation through a complex plastic and microsurgery

Apollo Hospitals, Nashik, performs an 'Awake Bypass' surgery on a critically ill patient suffering from a cardiac condition

Apollo Children's Hospital, Chennai, successfully performs the world's first DUCTAL Stenting on a 2-week-old baby

Apollo Hospitals, Hyderabad, successfully performs a double hip surgery on a Somalian patient using the Direct Hip Anterior Procedure, a first of its kind in India.

India's first minimally invasive Hybrid Revascularization procedure performed at Apollo Hospitals, Chennai

Apollo Children's Hospital, Chennai, performs a life-saving brain decompressive craniectomy procedure to give a new lease of life to a 4-year-old

Apollo Hospitals, Navi Mumbai, performs inguinal hernia surgery on a 101-year-old patient, the oldest person to undergo such a surgery

Apollo Hospitals, Chennai, successfully performs India's First Fusionless Scoliosis Surgery on a 14-year-old girl.

Apollo Hospitals, Chennai hits new Cardiac Surgery milestone by successfully completing over 50,000 heart surgeries

Apollo Hospitals, Chennai, successfully performs India's first Transcatheter Aortic Valve Implantation (TAVI) after in-hospital cardiac arrest on a patient with severe aortic stenosis.

Apollo Children's Hospital, Chennai, launches a first of its kind comprehensive, one-stop Clinic for Rare Diseases.

2018

Apollo Hospitals, Chennai successfully performed India's first liver transplantation using OrganOx Metra, a new organ preservation device.

A team of surgeons at Apollo Speciality Hospital, OMR, performed a first-of-its-kind, Trans Arterial Embolisation surgery, on a 58-year-old lady who sustained traumatic injuries in a car accident and was suffering from severe brain contusions and multiple fractures of the skull base bones

Apollo Children's Hospitals is the first hospital in India to remove a penetrating bullet from the abdomen of a 3-year-old child by laparoscopy

Indraprastha Apollo Hospitals, Delhi successfully operated on a 20-day-old baby diagnosed with Transposition of Great Arteries

Apollo Gleneagles Hospitals, Kolkata performed a rare surgery by removing a tumour from the windpipe of an elderly man

Apollo Hospitals, Chennai, successfully performs Asia's first simultaneous Kidney-Pancreas Transplant on a 38-year-old patient.

Apollo Hospitals, Chennai, successfully performs Transcatheter Aortic Valve Implantation (TAVI) on an octogenarian.

Apollo Hospitals, New Delhi, successfully performs reconstructive surgery enabling a Uzbekistan patient to sit down after 3 decades

Apollo Hospitals, Chennai, treats a patient suffering from Cardiac Arrhythmia using the 3D mapping smart touch technology [CARTO 3 system] in radio frequency ablation.

Apollo Hospitals, Chennai, gives a new lease of life to a 17-year-old patient by performing Plasma Exchange and a live donor liver transplant.

First program in India to complete 3000 liver transplants

Best-in-Class Technology Adoption

Technological innovation, more specifically the digital revolution, is deeply changing the way healthcare processes are being managed. Care for a medical condition often embraces multiple expertise and several interventions and value for the patient is created by the providers' combined efforts over the full cycle of care.

1984

Apollo Hospitals launches Somatom DR3 CT Scan

1994

1ST A Teletherapy Unit and India's first Dose Rate Micro Selectron installed at Apollo Speciality Hospital

2000

1ST Apollo Aragonda inaugurated, first telemedicine facility in the country inaugurated at Aragonda by Bill Clinton, the Hon'ble President of the United States

2005

1ST First 16-slice PET CT Imaging System in South East Asia Is launched at Apollo Hospitals, Hyderabad.

1ST First 64-Slice CT Angio System launched at Apollo Hospitals, Chennai.

2009

Asia Pacific's most advanced Cyber Knife® launched at Apollo Specialty Cancer Hospital.

HealthNet Global is launched and it pioneers integrated telemedicine solutions with connected devices, connected software for tele consultations.

2010

Apollo Hospitals launches m-health services.

Novalis TX inaugurated at Indraprastha Apollo Hospitals by Smt. Sheila Dikshit, the Chief Minister of New Delhi.

2011

1ST Apollo Institute of Robotic Surgery, the first world class robotic centre in Tamilnadu is launched in Chennai in collaboration with the Vattikutti Foundation, USA

1ST World's 1st iPad Navigation Hip-resurfacing surgery performed at Apollo Speciality Hospitals, Chennai

2012

Apollo Introduces Renaissance™ Robotic Technology Asia-Pacific and completes 12 complex spinal surgeries in 10 days

2013

1ST Apollo Gleneagles Hospitals, Kolkata launches the "128-Slice Ingenuity PET CT-Positron Emission Tomography"—the first of its kind in the world

2015

1ST Apollo Gleneagles Hospitals, Kolkata launches India's first Cellvizio System

The Government of India launches a health service—Social Endeavour for Health And Telemedicine (SEHAT) along with Apollo Hospitals, with a goal to connect 60,000 Common Service Centres (CSCs) across the country to a common network

Hon'ble Prime Minister, Shri Narendra Modi inaugurates the first Telemedicine link between India and Central Asia and witnesses Apollo Delhi Teleconsultation

2016

Datar Genetics Ltd joins hands with Apollo Hospitals to embrace Precision Oncology

1ST Apollo Group of Hospitals works with Google to add health information to the Knowledge Graph in India, a first of its kind in the country

2018

Microsoft & Apollo Hospitals make a pact to use Artificial Intelligence for early detection of cardiac diseases—a transformation in healthcare delivery using AI and the Cloud

1ST South Asia's first Proton Therapy centre inaugurated in Chennai

Patient-Centric Initiatives

The primary goal of any patient-centered care plan is to improve individual health outcomes. It is the process of designing a service or solution around the patient.

1993

- Apollo Hospitals launches 24 hours ambulance service with wireless facility

2002

- Apollo Hospitals introduces nationwide single emergency number—1066
- Launch of Apollo Clinics (Franchisee) - Multi-specialty Clinics to bring healthcare closer to home

2004

- Launch of Apollo Cradle—a dedicated mother and child care hospital to provide premium birthing experience with Apollo's proven clinical standards

2010

- 1ST First standalone dialysis centre launched in India by Apollo Hospitals
- Launch of Apollo Clinics (Owned) - Apollo begins operation of Apollo Clinics
- Apollo Hospitals set up stem cell facility

2011

- Dr. Manmohan Singh, Hon'ble Prime Minister of India, inaugurates The Apollo Reach Hospitals at Karaikudi, Tamil Nadu—Taking quality healthcare to the heart of India
- Apollo Hospitals introduces an innovative healthcare delivery model—Apollo Day Surgery, a dedicated facility for minor surgeries requiring short-stay

2014

- Launch of Apollo Sugar Clinics—one stop centre to cater to end-to-end needs of diabetic and pre-diabetic patients

2015

- Dr. Prathap C Reddy launches Apollo Homecare operations in Hyderabad, Chennai and Delhi
- 1ST Apollo Hospitals launches Ask Apollo—a first of its kind medical platform in the country for remote patient care
- Launch of Apollo Diagnostics—a chain providing pathology testing services using state-of-the-art equipment
- Acquisition of Nova Specialty Hospitals (now Apollo Spectra)—short stay, day-care surgery centers

2017

- 1ST Apollo Hospitals partnered with Godrej HIT to launch India's first online Platelet Donor Community for patients suffering from dengue
- Apollo Hospitals announces the extension of its Air Ambulance services to two-tier cities to address the emergency medical needs of patients away from city limits

2018

- Apollo Knowledge City was inaugurated in Chittoor, Andhra Pradesh - a new landmark of excellence in education and healthcare
- Apollo Cradle, Hyderabad launched Pediatric Intensive Care Unit (PICU) with round-the-clock multi-disciplinary care

BUSINESS SNAPSHOT

Largest hospital network in India

HEALTHCARE SERVICES

~55%* of Consolidated Revenues

	Owned		Managed		Total
Beds	9233	+	934	=	10167 Beds
Hospitals	65	+	5	=	70 Hospitals

(Tertiary, Super Specialty & Secondary Care)

10000+ Employed + "Fee for service" Doctors

12000+ Nurses

5000+ Paramedics

Largest pharmacy chain in India

STANDALONE PHARMACIES

~39% of Consolidated Revenues

Outlets **3428** across **20** states & **4** union territories

India's leading retail healthcare network

OTHER BUSINESSES

~6% of Consolidated Revenues

Primary Clinics	99
Sugar Clinics	27
Dental Clinics	69
Birthing Centres – "CRADLE"	12
Spectra**	12
Diagnostics	523
Dialysis	23

Apollo Munich among India's top 3 insurance providers in the private healthcare sector

* Including proforma for Kolkata (50% holding), Delhi (22% holding) and Medics Lucknow (50%) whose Revenues are not consolidated under Ind AS due to joint control

** Earlier known as Apollo Day Care

FY19 at Apollo hospitals*

- **450,000+** Admissions
- **4,100,000+** Out-Patients
- **380,000+** Preventive Health Checks
- **10,000+** Heart Surgeries
- **30,000+** Neuro Surgical Discharges
- **900** Robotic Surgeries
- **230** Liver Transplants
- **1,000** Kidney Transplants
- **200+** Bone Marrow Transplants
- **120** Countries Medical Value Travel
- **175,000+** Radiotherapy Fractions
- **65,000+** Chemotherapy Cycles
- **6,500+** Joint Replacements

* Data for owned hospitals only. Does not include managed hospitals.

OUR STRATEGY IS WELL DEFINED

OUR WELL DIVERSIFIED STRATEGY SEEKS TO SET BENCHMARK STANDARDS IN CLINICAL OUTCOMES, TECHNOLOGY AND PRACTICES. WE ARE FOCUSSED ON DRIVING DOWN COSTS AND ENHANCING EFFICIENCIES. THE LEARNING FROM THE PROGRESS OF THE INITIATIVES TOWARDS DESIGN-TO-COST AND COST OPTIMIZATION AT CHENNAI AND HYDERABAD, WE BELIEVE, WILL SERVE TO MAKE US COMPETITIVE AT MULTIPLE PRICE POINTS AND STRENGTHEN OUR OFFERINGS ACROSS SPECIALTIES. WE ARE SIMULTANEOUSLY PRIORITIZING ASSET UTILIZATION AND IMPROVING SYSTEM EFFICIENCIES. THERE IS ALSO VISIBLE TRACTION IN OCCUPANCY RATES AND IN EQUIPMENT TURNS.

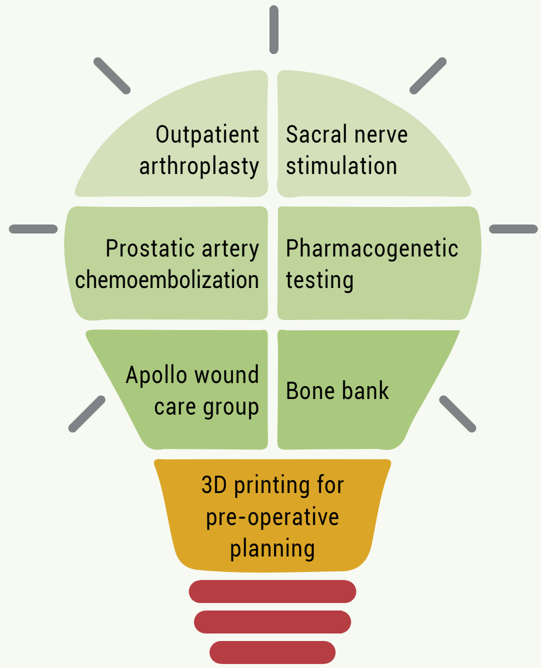
WHILE THESE INITIATIVES WILL CONTINUE TO STRENGTHEN US OPERATIONALLY, WE REMAIN FOCUSED ON MOVING FROM VOLUME TO VALUE BY EMPHASISING KEY SPECIALTIES. BUILDING UP OUR CAPABILITIES AND SCALING OUR MEDICAL TEAMS HAS ENABLED US TO ENHANCE CLINICAL DIFFERENTIATION IN THE SELECTED SPECIALTIES, ELEVATING THEM INTO CENTRES OF EXCELLENCE (COE). WE ASPIRE TO ENHANCE AND GROW THESE CENTRES OF EXCELLENCE, AND EXTEND AND EXPAND OUR ONCOLOGY PRESENCE IN THE COUNTRY TO BE THE BEST IN CLASS DOMINENT CARE-GIVER FOR CANCER. WE ARE NOW FOCUSSED ON TAKING THE COEs TO MORE FACILITIES ACROSS OUR NETWORK INCLUDING THE NEW HOSPITALS.

THIS WILL BE SUPPORTED BY ENHANCED DIGITAL IMPRINT ACROSS OUR OPERATIONS AND CALIBRATED RISE IN AI CAPACITY WHICH WILL SHARPEN AND NUANCE OUR CLINICAL OFFERINGS. WE ARE CONFIDENT THAT THE POTENT COMBINATION OF ALL THESE INITIATIVES WILL ENABLE US TO ENHANCE THE COMPLEXITY AND QUALITY OF OUR CLINICAL WORK, VOLUMES AND REVENUES.

OUR RESULTS REFLECT THE RESILIENCE OF OUR BUSINESS MODEL WHICH IS WELL DIVERSIFIED ACROSS SPECIALTIES, GEOGRAPHIES AND MATURITIES.

Apollo's Clinical Superiority through Innovation

Digital innovation is driving quantum improvement in delivering better clinical outcomes and customer experience. Innovations in healthcare delivery are constantly enabling clinical superiority, redefining clinical outcomes, improving patient safety and bettering patient experience overall. They have resulted in more convenient and more effective treatments for today's time-stressed and increasingly empowered healthcare consumers.



Best in Medicine

We have undertaken many initiatives to harness the power of our ecosystem

DIGITAL ASSETS & PARTNERSHIPS

- PRISM – system to upload and maintain health records
- Praktice.ai for AI-based symptom checking and specialty identification
- Internal digitization efforts - AskApollo and Digital OPD
- Partnering with Microsoft to develop AI-based cardiac score
- IBM Watson for Oncology/Genomics
- DXC as Technology partner

LEADING PRESENCE IN TELEMEDICINE

- Proprietary capabilities in Telemedicine
- 2000+ teleconsultations per day
- Point-of-care centers across Andhra Pradesh, Jharkhand and other states as a part of Public Private Partnerships
- Advanced device integration and CDSS
- B2B capabilities for corporates

DATA ANALYTICS (AI) PILOTS

- 30+ use-cases identified across the Apollo group and a few prioritized pilots executed, e.g.
  - Advanced algorithms and data mining for identifying patient personas requiring repeat health checks /IP/ OP visits
  - Pilots conducted resulted in 250% increase in conversion of pharmacy customers to hospitals

GROUP-LEVEL LOYALTY PROGRAM

- ~25 million total customers of Apollo group
- 15+ million tiered customers in OneApollo (rapidly increasing to 20 million)

Source: Apollo team analysis

Comprehensive Medical Diagnosis

Diagnosis has always played a pivotal role in medical practice. In recent years, that role has become more central to medicine-it has become increasingly technical, specialized, and bureaucratized. Diagnosis is now inextricably related to disease specificity and clinical practice and also influences healthcare delivery.

The diagnostic process is a complex transition process that begins with the patient's individual illness history and culminates in a result that can be categorized. Diagnostic tests are very important at every step for the purpose of diagnosing, monitoring, screening and prognosis. Diagnosis is the process of finding out if a patient has a specific disease, the stage of the disease, its progress, and whether it is stable or in regression. Diagnostic tests make it possible to identify the microorganism causing an infectious disease and to perform susceptibility testing to prescribe the most appropriate treatment. They also make it possible to detect non-infectious diseases. Diagnostic tests improve patient care and contribute to consumer safety.

Diagnosis is a collective effort that often involves a team of health care professionals, from primary care physicians, to nurses, to pathologists and radiologists.

Accurate diagnosis can determine which disease or condition explains a person's symptoms and signs. Laboratory medicine is able to provide meaningful clinical diagnostic insights for health initiatives that result in improved short- and long-term patient outcomes and drive cost-effective care. Laboratories will need to leverage the skills and knowledge of their multidisciplinary staff, along with their extensive patient data sets, through innovative analytics to meet these objectives.

Telehealth

Information Technology (IT) has transformed the way healthcare is being delivered today. The revolutionary impact has greatly improved the quality and access to healthcare. Quality improvement and clinical decision support is being powered through Health IT and is not just enabling patient monitoring but also specific and targeted recommendations for improving patients' health.

Telehealth or telemedicine, or virtual healthcare allows patients and doctors to touch base remotely using technology such as video conferencing or mobile apps. Many patients are also becoming comfortable using wearable technology to monitor any changes in their health – and sharing that data with their physicians. Convenience, ease of use, and travel times to their closest doctor are main reasons why patients choose virtual care.

Homecare

Apollo is the leading player in the Indian hospital segment by geographic presence, business span and breadth of service offerings.

We want to ensure that access to quality care is not restricted to the hospital setting, but is available also outside of it or in a post hospitalization scenario. The healthcare 'Internet of Things' uses sensors, apps, and remote monitoring to provide continuous clinical information. Ambulatory monitoring devices and cloud-based solutions are enabling doctors to access the information they need to care for patients from their home or surroundings they are comfortable in.

Preventive Health & Wellness

Proper preventive care is important to live a longer, healthier life. A preventive checkup can help prevent disease before it starts and detect problems early, before they cause serious illness. Preventive care includes routine well exams, screenings, and immunizations intended to prevent or avoid illness or other health problems. Health is a state of complete physical, mental and social well-being. A Preventive Health Checkup aims to identify and minimize risk factors in addition to detecting illnesses at an early stage when chances for treatment and cure are better.

Journey thus far

1983 Apollo Preventive Health care started (Master Health Check)

1994 Master Health Check was termed as Apollo Health Check to add addditional tests & specific checks

2006 Apollo advanced heart check introduced

2009 Apollo platinum & future check introduced

2014 Personalized Health Check introduced Datar genetics tie up for Personal Genome Analysis

2018 3-year Comprehensive Health Management program

Rollout of Comprehensive Health Management Program

1 Two Step Initial assessment

STEP 1—Pathological Assessment

- Evidence based Health Screening Check-ups
- Assessment of health issues/Chronic conditions

STEP 2—Lifestyle Assessment

- Lifestyle, Fitness, Diet & Wellness status

2 Profiling Citizens into different buckets of their health cycle

- Healthy
- At Risk
- Chronic
- Acute

3 Engaging Citizens into Programs

- Citizens assigned into different Programs as per their assessment & health cycle bucket

4 Implementation of wellness calendar driven programs/interventions planned as per the Individual Citizen's Health Profile

- 1st year health assessment, identification of the health risks and advise necessary interventions
- 2nd year reassessment and modifications of interventions if required
- 3rd year re-assess the status with a health report and discuss tangible improvements

Cutting Edge Technologies

Whether it's information-sharing between patients and doctors or aiding in a high-risk surgery, it's clear that dynamic applications of technology are well underway in disrupting the healthcare industry. An enduring challenge in healthcare delivery is the complex balancing act between cost and affordable, equitable access to beneficial treatments. Advances in medical technology and their diffusion across health systems is the principal driver for increasing efficiencies in care delivery. Digital technologies allow the delivery of better-quality care and reduced response times, accruing many benefits for patients. These enormous changes in the healthcare environment are emphatically laying the foundations for value focused care delivery.

- Da Vinci X Robot
- Vacuum assisted biopsy
- Fusion biopsy for prostate cancer
- Automatic breast volume scanner
- Mechanical CPR
- 3D laparoscopy
- EchoNous Vein ultrasound
- Vein viewer
- Shockwave Intravascular lithotripsy
- Arm modular OT set-up
- Handheld fluoroscopy
- PureVu colonoscopy system
- AngelMed guardian cardiac implant

Pioneers in Technology Adoption

2001

1ST

South Asia's first-of-its-kind. **Full-filled digital mammography** with tomosynthesis (3D) system

2008

1ST

First Toshiba **Aquillion ONE 320-slice dynamics** multi-detector computed tomography ("CT") scanner in India

2009

1ST

Philips Gemini TF Time of Flight positron emission tomography computed tomography ("PET-CT") 64 slice scan system—first installed in India

The **G4 Cyberknife** Robotic Radiosurgery System, Asia-Pacific's most advanced cancer treatment

The **Novalis Tx™** Radiotherapy and Radiosurgery system

2010

1ST

Four "**da Vinci Surgical Systems**" that enables robotic precision in minimally invasive surgery.

2013

1ST

The **True Beam STx** set up

2014

1ST

3.0 Tesla MRI system from Philips - model Ingenia 3.0T

First **Ingenuity TF 128 PET CT** at Apollo Gleneagles, Kolkata in the world

2015

1ST

Toshiba's first 160 slice CT scanner in India

2018

1ST

For the first time in India, a dedicated **Pediatric Cathlab Suite**.

2019

1ST

First in South East Asia: The 3 gantry comprehensive **Proton Beam Therapy**

Service Excellence, The Mintmark of Apollo

TENDER LOVING CARE	TLC is visible in every Apollo hospital, every single day. Its objective is simple and clear to ensure the best patient experience possible. This focus transcends beyond just the soft and emotional aspects. It consists of a deck of best practises that encompass all patient touch points. A wide range of systems have been perfected to ensure that every process at Apollo is patient-centric.
APOLLO SERVICE STANDARDS	▸ Focus on 'critical customer' touch points ▸ 1006 important standards spread over five areas (In Patient, Out Patient, House Keeping, Grooming and Preventive Health Check) ▸ Certified Service Professional program initiated in all units
APOLLO INSTANT FEEDBACK MECHANISM	▸ 208 Android devices strategically installed in 20 locations to improve the capture ratio of patient feedback ▸ Patients can voice out their experience in less than 20 seconds using icons
VOICE OF CUSTOMER	▸ Application generates more than 26 reports instantly with various data cuts ▸ Monthly Customer Intelligence report helps to drive improvements and innovations in the health system
WARDS AS A UNIT CONCEPT	▸ Culture of Patient Centricity ▸ Fundamental Concept – 'Doctor' is decision maker and acting CEO for the ward ▸ All allied health care professionals and administrators report to "Ward Doctor" ▸ Promotes close working between clinical and non-clinical teams with one line of command to resolve patient related challenges
DIAL 30	▸ A unique one touch button "Dial 30" tracks all non- clinical patient requests (Food & Beverage/Housekeeping/Engineering).

The Apollo Standards of Clinical Care (TASCC)

AQP
Apollo Quality Programme

The Apollo Quality Program was started in December 2010 to implement patient safety practices in all our Apollo Hospitals irrespective of the accreditation status. It covers and supports standardization in five broad areas: Safety during Clinical Handovers, Surgical Safety, Medication Safety, the Six International Patient Safety Goals of JCI and Standardisation of Minimum Content of Medical Records. The programme also supports processes for patient identification, verbal orders, handwashing compliance and falls prevention.

ACE 1
Apollo Clinical Excellence score card

Earlier known as ACE @25, this renamed clinical balanced scorecard with revised indicators and benchmarks incorporates 25 clinical quality parameters belonging to various COE specialties. The parameters cover complication rates, mortality rates, hospital acquired infection rates, one-year survival rates and average length of stay after major procedures. These parameters have been benchmarked against published results of reputed international institutions including Cleveland Clinic, Mayo Clinic, National Healthcare Safety Network, AHRQ US, NY State Dept. of Health, National Kidney Foundation, University of California and the US National Average.

RACE
Balanced score card for COEs

Parameters involve complication rates. Morality rates, infection rates & ALOS after major procedures, compared with international benchmarks.

ACPP
Apollo Clinical Policies, Plans & Procedures

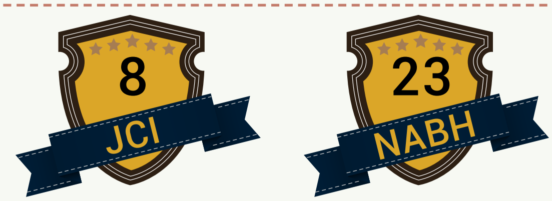
25 Policies covering clinical care, nursing care, managerial processes & infrastructural requirements

AMR
Apollo Morality Review

Standardized methodology of identifying deaths in hospital which may have occurred from an error through trigger criteria. Systematic peer review through a checklist & categorization to identify preventable deaths

AIRS
Apollo Incident Reporting System

Mechanism for tracking incidents that pose a safety risk to patients



Awards

MANAGEMENT AWARDS

Outstanding Institution Builder Award (2019)

Dr. Prathap C Reddy, Chairman, Apollo Hospitals Group was conferred with Outstanding Institution Builder award by the All India Management Association.

Lions Humanitarian Award (2018)

Dr. Prathap C Reddy, Chairman, Apollo Hospitals Group is the fifth Indian and the second medical doctor to be conferred with the prestigious Lions Humanitarian Award by Lions Club International Foundation for making international standards of healthcare accessible and affordable to millions across India and around the world.

GROUP AWARDS

India's Most Admirable Brand Award (2019)

Apollo Hospitals, Group has been awarded as India's Most Admirable Brand 2019 by The Brand Story.

AHPI – Patient Friendly (2019)

Apollo Health City, Hyderabad has been awarded by AHPI as Patient Friendly Hospital.

Times All India Lifestyle Hospital and Clinic Ranking Survey (2018)

Apollo Hospitals, Chennai and Indraprastha Apollo Hospitals, Delhi bagged top 5 positions across the categories in the All India Lifestyle Hospital and Clinic Ranking Survey 2018 conducted by Times Health Survey

Express Healthcare Excellence Awards (2018)

Best Patient Safety Practices—Apollo Health City, Hyderabad

HMA Awards (2018)

Innovations in Hospital Management Project (EXCELLENCE AWARD): Apollo Hospitals Group (India) – *Hardwiring Safety-The Apollo Quality Program*

FICCI – Medical Value Travel Awards (2018)

Medical Value Travel Specialist Hospital, Cardiology – Cardiac Surgery—Apollo Health City, Hyderabad

Medical Value Travel Specialist Hospital, Oncology—Apollo Cancer Centre, Chennai

Medical Value Travel Specialist Hospital, Oncology—Apollo Hospitals, Ahmedabad

Medical Value Travel Specialist Hospital, Liver Transplant—Indraprastha Apollo Hospitals, Delhi

Medical Value Travel Specialist Hospital, Kidney Transplant—Indraprastha Apollo Hospitals, Delhi

Best Medical Tourism India Award (2018)

Apollo Health City, Hyderabad won the Best Medical Tourism Facility award, presented by Shri. K. J. Alphons, Minister of State (IC) for Tourism, Government of India at the Vigyan Bhawan, New Delhi

Times All India Multispecialty Hospitals Ranking Survey 2018

Apollo Hospitals, Chennai and Indraprastha Apollo Hospitals, New Delhi ranked at the top 2 positions in the All India Multi-Specialty Hospital Survey 2018 conducted by Times Health Survey.

CENTRES OF EXCELLENCE

Apollo Hospitals has dedicated Centers of Excellence (COEs) for several key specialties and superspecialties. These Centers of Excellence are unique in terms of their service spectrum and are spread across the various Apollo Hospitals locations.

1. Cardiac Sciences
2. Orthopedics
3. Neurosciences
4. Oncology
5. Transplant
6. Emergency

Key differentiating factors for Centers of Excellence

HEART INSTITUTES

~300

CLINICIANS ACROSS THE NETWORK

10,000+

HEART SURGERIES IN FY19

REACHED A NEW CARDIAC SURGERY MILESTONE BY SUCCESSFULLY COMPLETING OVER 50,000 HEART SURGERIES WITH SUPERIOR OUTCOMES AT PAR WITH INTERNATIONAL STANDARDS.

THIS NUMBER INCLUDES 22,300 BEATING HEART SURGERIES SINCE THE INCEPTION OF THE BEATING HEART SURGERY PROGRAMME IN 1997.

Services offered*

Primary Preventive Care

- Comprehensive diagnostic assessment of Heart health
- Lipid management
- Hypertension management
- Teleconsulting service
- Cardiac Risk Score assessment and tracking
- Weight management
- Diet management

Out Patient Services

- Online appointment scheduling portal
- Clinician driven investigation recommendations
- Detailed treatment plan provision
- Digital access to medical records
- Cross referral services in the hospital network
- Personalized review and investigations schedule management

Sub-Speciality

- Devised to contain the progression of heart disease; Reversal of heart disease
- Complex cases requiring further evaluation and treatment
- Dedicated clinical experts across a range of speciality Clinics
- Structural Heart Disease Clinic
- Arrhythmia Clinic
- Advanced Hypertension management

In-Patient Service

- Advance care planning
- Specialized Inpatient cardiovascular care
- Superior patient outcomes
- Cutting edge technology to aid cardiac care
- Coronary Angiography
- 640 slice CT
- First biplane interventional Cath lab suite- Philips Allura Clarity 20/15
- IVUS

Advanced Therapies

- Minimally Invasive Coronary Artery Surgery
- MitraClip
- TAVI/TAVR
- Heart failure assist devices
- Hybrid procedures
- Heart Transplant
- Heart Lung Transplant
- En-bloc combined heart & liver transplant
- Off-pump and beating-heart surgeries
- Pediatric cardiac surgery
- Neonatal cardiac surgery
- Stent less heart valve bio prosthesis

* We also offer secondary preventive care services

Advanced Therapies (Non Invasive Services)

- Transcatheter Aortic Valve Replacement (TAVR) and Transcatheter Mitral Valve Replacement (TMVR/MitralClip)
    - TAVR/TMVR is ideal for patients with a prior history of stroke, chest radiation, open heart surgery, COPD, frailty, renal insufficiency, advanced age and other conditions
    - Also for patients who are intermediate or high risk for traditional open heart surgery

Advanced Therapies (Invasive Services)

- Minimally Invasive Direct Coronary Artery Bypass Surgery (MIDCAB)
    - CABG is usually performed on patients with symptoms of heart disease and who are at risk of a heart attack
    - CABG may be recommended for patients with disease involving multiple coronary arteries, or involving the left anterior descending artery, or if other treatments are not feasible

Heart Transplant

- The selections of cardiac transplantation conditions continue to evolve. As new therapies become available and implantation of Left Ventricular Assist Device (LVAD) becomes more routine, there will be continued changes in the selection process. Presently, cardiac transplantation remains a life-saving therapy for patients with intractable heart failure not amenable to conventional surgeries.
- With scarcity of donor organs, it is likely that transplantation for only the very sick patients requiring continuous inotropic and/or mechanical support will prevail.

Apollo Hospitals, Chennai performed Minimally Invasive-Hybrid Revascularisation Surgery to treat a Triple Vessel Coronary Artery block and improve blood flow to the heart. The cutting-edge procedure gave a new lease of life to a 57-year-old male patient.
— First centre in India to perform this procedure

A 20-day old baby, weighing 2.2 kg was born with a rare heart defect–'Transposition of Great Arteries'. An arterial switch operation was successfully performed by the Pediatric Cardiothoracic Team.

A 22-day old infant girl, underwent a balloon angioplasty to treat a narrow heart valve just 12 hours after she was born blue.

A very rare surgery reported in medical literature as "REDO ALCAPA" was done on a 35-year-old male, suffering from a rare congenital anomaly, known as ALCAPA (Anomalous Left Coronary Artery from the Pulmonary Artery).

INSTITUTES OF ORTHOPAEDICS

~250

CLINICIANS ACROSS THE NETWORK

6,500+

JOINT REPLACEMENTS IN FY19

THE FIRST 'ROBOTIC RETROAURICULAR APPROACH EXCISION OF A BRACHIAL CYST FROM THE NECK WAS PERFORMED SUCCESSFULLY ON A 17-YEAR-OLD GIRL. —VERY FEW CENTRES IN THE WORLD USE THIS TECHNIQUE.

Services offered

Joint replacements including hip resurfacing and knee replacements [primary, complex primary and revision replacements)

Articular Cartilage Implantation

Dedicated units for Traumatology which involves treatment for dislocations and fractures with very minimal down time for the patient

Orthopedic Oncology for treating bone cancers

Modern Sports medicine centres where most sports injuries (like damage to ligaments, meniscus, cartilage etc.) can be treated with key-hole (arthroscopic) surgery

Specialised Pediatric Orthopedics units offering the whole range of Pediatric Orthopedics

Physical Therapy units to provide rehabilitation and pain management

Cartilage regeneration surgery, including micro-fracturing, mosaic-plasty

The Apollo Cartilage School is leveraging developments in Orthobiologicals and growth factors to herald a new age of regenerative medicine

Orthopedic Oncology for treating bone cancers

Using a revolutionary combination of CT imaging/mapping, modelling software (virtual) and 3D printing technology, medical miracles like the True Personalized Knee are becoming a reality

Robotic-Guided techniques are also becoming routine at our hospitals

Joint replacements

- Unicondylar knee replacement
- Revision knee replacement
- Total knee replacement
- Total hip replacement
- Total shoulder replacement
- Total elbow replacement
- Hand joint (small) replacement surgery
- Ankle joint replacement
- Minimally Invasive Knee Replacement Surgery (MIKRS)
- Total knee replacement using Patient specific zigs

Arthritis care

- Osteoarthritis
- Rheumatoid arthritis
- Infective arthritis
- Traumatic arthritis

Pediatric Orthopaedics

- Congenital limb and spinal deformities corrections
- Bone and joint infections management
- Juvenile arthritis management

Clinical Differentiators

- The ideal knee- future of Total Knee Replacement through a new technique- Attune
- First in the country to offer Total Knee Replacement and Hip Replacement Surgeries
- First to perform Birmingham Hip Resurfacing procedure in India with 99% success rate
- Arthroscopic Branchial Plexus leading to pain free postoperative recovery after shoulder surgery
- One of the very few centres in Asia which provide Robotic Spinal Intervention
- Pioneers of Illizarov procedure for limb lengthening in India
- For bilateral (on both the knee) revolutionary Minimally Invasive Knee Replacement (Resurface) Surgery (MIKRS) using Ortho Glide Medical Knee System
- First in Asia to offer Robotic Spine Surgery, Robotic Rehabilitation
- First to offer 3rd generation spinal implants, Lumber disc replacement, Resorbable Screw Usage to correct congenital spine problem
- World's 1st iPod Navigation Hip Resurfacing Surgery was successfully performed at Apollo

Successfully conducted "Quadruple" joint replacement surgery that involved replacement of four joints in a 16-year-old boy suffering from ankylosing spondylitis.
—First of its kind in South India

Autologous Chondrocyte Implantation (Chondron-Regrow) stage II was performed through Arthroscopy (Dry arthroscopy using CO_2) by the Orthopaedics team.
—First time in India

Fusion less scoliosis surgery was conducted successfully on a 14-year-old girl, affected by Scoliosis.
—India's first surgery that transformed a teenager's life.

Apollo Hospitals, Hyderabad successfully performed a double hip surgery on a Somalian patient using the Direct Hip Anterior Procedure.
—First of its kind in India

CANCER INSTITUTES

~180
CLINICIANS ACROSS THE NETWORK

1,000
BMTs SINCE INCEPTION

9
CANCER CENTRES

17
OPERATIONAL LINACS

Services offered

Medical Oncology

- Comprehensive suite of Chemotherapy services
- Paediatric Oncology services
- Tumour Board
- Bone Marrow Transplantation Services–mostly Autologous transplants
  - Matched related donor
  - Matched unrelated adult
  - Matched unrelated UCB
  - Haploidentical
- Immunotherapy
- Hematological malignancy treatment
- Molecular Profiling: which predicts patient's response to cancer drugs and assists with customised medical treatment
- Genetic Profiling: Analysis of gene mutation of the cancerous cells and effective classification of cancers
- Hormonal Therapy: Helps with cancers that grow in hormone sensitive tissues. Often used in combination with Chemotherapy
- TACE
- Comprehensive suite of Palliative care services
- Psycho – Oncology Clinical services
- Neutropenic Ward services
- Targeted therapy

Surgical Oncology

- Breast Conservative surgery program along with Sentinel Lymph Node Biopsy
- Surgical Gastroenterology services
- Mandiblectomy and and advance Plastic surgery services. Oral cavity composite resection with reconstruction
- Radical neck dissection
- Radical Nephrectomy and Radical Cystectomy
- Limb surgeries for peripheral solid tumours with reconstruction/ Amputation
- Limbo salvage surgery
- Minimally invasive Oesophagectomy
- Robotic intervention specially for Urology and Colorectal cancers
- HIPEC and HIVEC Procedures
- Endoscopic and skull base surgeries.
- Lobectomy/ Pnemonectomy
- Mediastinal mass excisions and Chest wall tumour excision with reconstruction
- Liver resections – staged Hepatectomy and ALLPS
- Retroperitoneal Lymph node dissection
- Total/ Partial Penectomy with Groin node sampling/ dissection
- Cytoreduction with HIPEC.
- Vulvectomy and GND with reconstruction
- Bio Bank

Radiation Oncology

- Stereotactic Surgery suite using Cyber Knife
- Image Guided Radiation Therapy (IGRT)
- Intensity Modulated Radiation Therapy (IMRT)
- Stereotactic Radio Surgery (SRS) with Brainlab, Stereotactic Radio Therapy (SRT) and Stereotactic Body Radiation Therapy (SBRT)
- Conformal Radiation Therapy
- Rapidarc Radiosurgery or Volumetric Radiotherapy (VMAT)
- Brachytherapy –
  - Intra Cavitary Brachytherapy (ICBT)
  - Interstitial Brachytherapy (ISBT)
  - Intraluminal High Dose Rate Brachytherapy (ILBT)
- Palliative Radiotherapy
- Total Body Irradiation
- Extra Corporeal Radiotherapy
- Respiratory Gated Radiotherapy
- SPECT Fibroscan
- 99 Tc Bone Scan
- CELLVIZIO – Endomicroscopy system which generates Optical biopsy
- Digital Mammography
- 128 slice PET scan

First Proton Centre in South Asia

Advanced organ specific radiation treatment with state-of-the-art pencil beam Proton therapy

Clinical Differentiators

- "Precision Oncology"—precise treatment and outcomes
- Major presence of Brand Apollo across India and South East Asia
- Special focus on Preventive Outsmart activities
- Ethical Treatment Protocols
- The only Proton Therapy system in this part of the world
- Patient Centric therapy decisions
- Organ specific work
- Concept of Group Tumor Board under implementation
- High end equipment to support all specialties
- Highly experienced Clinicians with world class credentials
- Academic program graduating quaternary care specialists
- Group wide clinical trial program
- 1,500+ successfull Bone Marrow Transplants

Successful limb salvage surgery was done on a 45-years old female patient from Oman, a case of recurrent Chondrosarcoma Proximal Tibia, (size 13 cm by 15 cm). The patient had earlier been advised to opt for amputation as treatment of choice by various centres across the world.

Stem cell collection, cryopreservation and reinfusion treatment for a 6-month old infant diagnosed with neuroblastoma, a malignant condition. The tumour mass was surgically removed, but it was necessary to give chemotherapy to induce remission. As the dose of chemotherapy was myeloablative, it was necessary to resort to stem cell infusion.

Patient centric comprehensive cancer care

All aspects of cancer care under one roof using cutting edge technology and dedicated expert specialists.

Full time consultants model for round-the clock patient care.

The Apollo Cancer Opinion platform allows patients access to a personalized treatment regimen by leading oncologists.

Personalized Oncotherapy

Cognitive computing platforms with IBM Watson for Oncology & Genomics to provide personalised cancer care

Integration of Service, Education & Research

Spearheading innovations and education in cutting edge technologies & therapies

INSTITUTES OF NEUROSCIENCES

~200

CLINICIANS ACROSS THE NETWORK

30,000+

NEURO SURGICAL DISCHARGES FY19

Services offered

Clinical Expertise

- Surgery for Epilepsy
- Deep Brain Stimulation (DBS) for Parkinson's disease and movement disorders
- Thrombolysis- intravenous intra-arterial, and mechanical for Acute stroke
- Mechanical Thrombectomy for Acute stroke
- Botulinum toxin injection for neurological disorders
- Auditory Brain-stem implant (ABI) – for children born deaf or patients who lose hearing later in life and not likely to be benefited by cochlear implant
- EC-IC bypass (Extracranial-intracranial bypass) – where the brain's blood supply is augmented by diverting blood from blood vessels of face to brain

Clinical Expertise

- Micro - Neurosurgery
- Complex Spinal Surgeries & Minimal Access Spine Surgery
- Surgery for Spinal Cord Tumors
- Surgery for the Acute Head Injury and Spinal Injuries
- Stroke Prevention / Stroke Treatment
- Epilepsy Surgery
- Skull Base Surgery
- Surgery for Parkinson's Disease
- Neuro-Endoscopic Surgery for Pituitary Tumors and CSF Leaks
- Endovascular Coiling of Aneurysms and Vascular Malformations
- Pediatric Neurosurgery
- Vertebroplasty

Performed a first of its kind rare surgery on a 54-year-old man, who was suffering from a condition where a part of his brain was oozing out through a hole in the ear.

The successful treatment and recovery of a 24-year-old patient who had a 3.5 feet long rod go right through his forehead and come out through the back of his skull in a car crash.

A rare procedure was performed by neurosurgeons for the correction of a 'bilateral direct carotid cavernous fistula' on a 58-year-old female patient who had suffered brain contusions and multiple fractures of the skull base bones.

A complex Brain Aneurysm (a giant left internal carotid artery bifurcation aneurysm) was managed by an advanced minimally invasive procedure on a middle aged patient. The patient was treated with a flow diverter device on the left side and coming from the right side, going across the anterior communicating artery, coiled the aneurysm and right A1 segment.

INSTITUTES OF TRANSPLANT

1,000 KIDNEY TRANSPLANTS IN FY19

230 LIVER TRANSPLANTS IN FY19

18,000 TRANSPLANTS SINCE INCEPTION

The family of a 26-year-old brain dead road accident victim consented for organ retrieval which led to a multi organ transplant—heart, kidney and liver—simultaneously on three patients at Apollo Hospitals, Delhi

Services offered

Clinical Expertise

- Kidney transplant
- Liver transplant
- Heart transplant
- Lung transplant
- Combined Heart and Lung
- Pancreas transplant
- Intestinal transplant
- Multi-organ transplant
- Cornea transplant
- ABO incompatible transplants

Innovative procedures

- First successful liver transplant in the country in 1998
- First in Asia—Apollo Hospitals Performs Asia's First Simultaneous Pancreas-Kidney Transplant
- Successful liver transplants in three babies less than 4.5 kgs
- First program to perform more than 3300 liver transplants including more than 310 in children
- First in Asia—Use of OrganOx metra which can keep a liver 'alive' for up to 24 hours after donation. The device maintains liver for transplant at optimal body temperature.

Apollo Hospitals, Chennai, performed a simultaneous Pancreas-Kidney transplant with pancreas from a cadaveric donor and kidney from a live donor, saving the life of a 38-year-old man.
—First in Asia

Apollo Hospitals celebrated the 20th anniversary of India's 1st successful Liver Transplant on 15th November 2018—a unique example of clinical excellence and one of the best outcomes of liver transplant performed at Indraprastha Apollo Hospitals, Delhi

200,000

EMERGENCY FOOTFALLS ANNUALLY

160+

AMBULANCES

NATIONAL EMERGENCY PHONE NUMBER

1066

Clinical Expertise

- Air Ambulance
- Golden Hour concept for early management of stroke—Code FAST Protocol
- Acute MI management—primary angioplasty
- Trauma management
- Sepsis management
- E-ICU services

A 70-year-old male came to the ED with abdominal pain and distension. He was diagnosed to have a huge aneurysm, size 15x12 cms, of the Abdominal Aorta with a leak. The outcome for such patients is usually fatal with or without surgery. However, he was carefully resuscitated with blood products, intubated and shifted to OT for a surgical repair. He was discharged after 2 weeks in the ICU.

A 68 year-old man was brought into Emergency in an autorickshaw with a cardiac arrest. He had undergone Coronary Bypass many years earlier. Out of hospital cardiac arrest without bystander CPR usually has a dismal survival rate. He was successfully resuscitated in the ED after 10 mins of CPR and underwent stenting of one of the vessels. He was discharged from CCU neurologically intact after 4 days.

A 28 year old male IT professional who was a smoker, had Cardiac arrest at work after brief chest pain. He was brought into ED with on-going CPR. Return of spontaneous circulation(ROSC) was obtained, but there was recurrent arrest. He was moved to the Cath Lab with continuing CPR. The LAD was stented and he went back home after 3 days.

Services offered

Pre-Hospital Care Services (1066)

24 x 7 ACLS Ambulance Services—Road, Bike and Air Ambulance with Emergency Physicians

Procedures done in Emergency Department

- Airway Management—Endotracheal Intubation, Surgical and Needle Cricothyroidotomy, Foreign Body removal (Ear, Nose, Eyes, throat),
- Ventilator Management—Non-invasive and Invasive Ventilator Management
- Peripheral Lines, Arterial Lines, Central Line cannulation, HD Catheter cannulation (Dialysis)
- Trauma Management—C Spine and Log roll—Lumbar, Thoracic spine immobilisation and Protection, ICD insertion, Needle decompression (Pneumothorax), Haemorrhage control, Pelvic binder application, Splinting,
- Fracture Management—All fractures reduction and Splinting, POP slab / Cast application, Reduction of shoulder, Elbow, Patella joints with procedural sedation
- Cardiac—Cardio version, Cardiopulmonary Resuscitation (Neonate, Paediatric and Adult), Temporary Pacemaker insertion, Transcutaneous Pacing, Chemical cardio version
- Suturing's—Adult and Paediatric suturing's. Staples for scalp wounds, Glue applications for minor wounds
- Lumbar Puncture, Abdominal and Pleural fluids aspiration, tapping's
- 24 x7 Burns centre

In–Hospital

- Cardiac Emergencies
- Respiratory Emergencies
- Abdominal Emergencies
- Neurological Emergencies
- Neurosurgical Emergencies
- Trauma
- Endocrine Emergencies
- Toxicological Emergencies
- Paediatric Emergencies
- ENT, Ophthalmology, Dermatology Emergencies
- Gynaecological Emergencies
- Oncological emergencies
- Geriatric Emergencies
- Haematological emergencies
- Urological Emergencies
- Surgical emergencies
- Renal and Metabolic Emergencies
- Pain Management Specialists
- Medical Emergencies
- Medico Legal Specialists (RTA, Burns, Fall from height, Workplace injuries, Assault, Poisonings, Animal bites, Child and sexual Abuse)
- Poly Trauma Management Specialists
- Acute Stroke and Cardiac Thrombolysis Centre and Radiological Intervention
- Infectious Disease specialist centre
- Bedside Ultrasound and Echo procedures - For FAST scan, Central Lines, HHD catheters, Lung Ultrasound and 2 D Echo

A 50 year old male was picked up by ambulance from a nearby nursing home with severe on-going chest pain for 2 hours. He had a Cardiac Arrest en route. The was defibrillated by the paramedic, and the patient was brought in with ongoing CPR. ROSC was obtained in the ER and PTCA was done.The patient walked home after 5 days.

WE HAVE A STRONG POSITION IN THE HIGH-GROWTH SEGMENTS OF RETAIL HEALTHCARE

Retail Healthcare meets consumer healthcare needs right in their neighborhoods. Proximity to healthcare services over distance, reduced waiting time, same-day scheduling and extended opening hours (including weekends) are some consumer preferences that have made neighborhood retail healthcare settings popular. These preferences and increasing use of technology have successfully spearheaded the advent and transition to retail healthcare which aims to provide several quality services at lower costs in convenient settings. Retail Healthcare begins with a focus on preventive health and extends to treatment of low complexity cases. The growing mindset of people to maintain good health and stay medically fit, supports this seamless healthcare delivery format for treating minor illnesses within a relaxed environment.

Apollo Clinic – Expertise. Closer to you.

- **99 multi specialty clinics**
- 1,018 doctors
- ~41,000 health checks per month

Apollo Diagnostics – Expertise. Empowering you.

- B2C focused pathology business; Hub-and-spoke model.
- **523 centers**
- 141 doctors

Apollo Cradle – For Women & Children

- Women and children focused hospital
- **12 Centers**
- 514 doctors
- 185 room beds
- 98 NICU/PICU beds

Apollo Spectra Hospitals – Touching Lives

- Expertise across specialties
- **12 planned surgery centres**
- 915 doctors
- ~1,700 surgeries per month

Apollo Sugar Clinics – Proven Diabetes Care

- Provides treatment solutions for Diabetes
- **27 clinics**
- 65 doctors
- 36 dieticians

Apollo White Dental

- Combination of stand-alone, in-hospital and in-clinic models.
- **69 clinics**
- 398 doctors
- 153 chairs

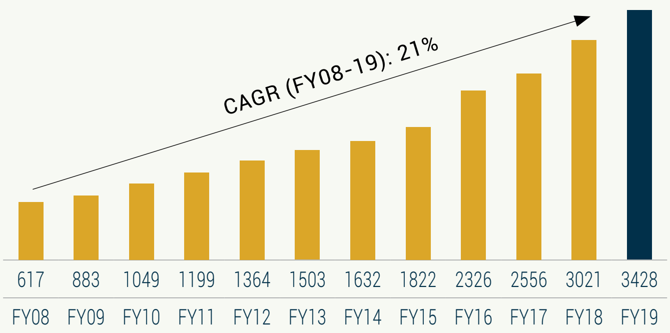
Apollo Dialysis Clinics

- Dialysis services
- **23 centers**
- 40 doctors
- ~7,600 sessions per month

INDIA'S LARGEST ORGANIZED RETAIL PHARMACY NETWORK

Apollo has been a key market player in the Standalone Pharmacy Business for over two decades and is the largest organised retail pharmacy chain in India. The product offering has evolved from being focused on pharmaceutical products to a wide variety of wellness and private label products. Value added services such as home deliveries, prescription refill reminders, diagnostic reminders as well as loyalty discounts are offered to customers.

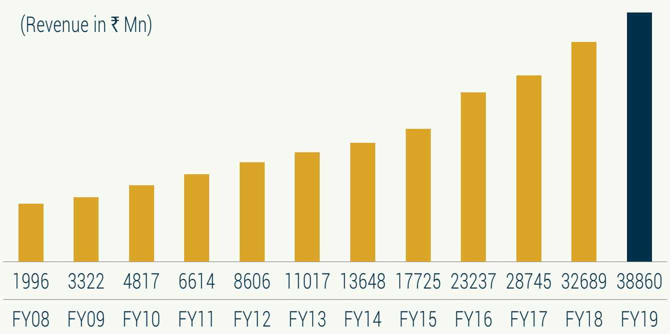
Proven ability to expand the store network



Overview

- Presence in ~400 cities/ towns spread across 20 States and 4 union territories.
- 3,428 Operating Stores (FY19)
- 22,000 people serving ~ 300,000 customers 365 x 24 x 7
- Own brand private labels (FMCG & OTC drugs) constitute over 6% of turnover.
- Attractive, best-in-class ROCE at 19% (FY19)

Well established track record of growth



Pharmacy Restructuring

Recognising that AHEL's standalone pharmacy business stands at an inflection point, requiring greater focus and attention independent of the hospital business to fully leverage its potential and growth opportunity, the Apollo Hospitals Board approved its restructuring in November 2018. The restructure will maximize Shareholder Value and set the platform for "Value Discovery" of the pharmacy business at a later stage, through a regulatory compliant structure.

Under this arrangement, the front-end retail pharmacy business carried out in the standalone pharmacy segment will be segregated into a separate Company - Apollo Pharmacies Ltd. (APL). APL will be a wholly-owned subsidiary of Apollo Medicals Pvt. Ltd. (AMPL). Apollo Hospitals will own 25.5% of APL and the remaining stake will be held by three private investors. Post this transaction, the back-end business related to the standalone pharmacies and ~85% of business economics will continue to be with Apollo Hospitals. Apollo Hospitals will be the exclusive supplier for APL under a long term supplier agreement and will also enter into a brand licensing agreement with APL to license the "Apollo Pharmacy" brand to front-end stores and online pharmacy operations.

The proposal for the restructuring is currently in the process of regulatory approval. All approvals are expected to be in place by the end of November 2019, and the structure will be effective from 1st April 2019.

Public Private Partnerships (PPP)

Formulating effective national & state-level policies and developing sustainable delivery models are the biggest challenges for India in ensuring door step healthcare delivery. Partnering with private healthcare providers through PPP provides a viable solution. Apollo Hospitals partners with many state governments to bridge the gap in healthcare service delivery to the under-served and populations in remote areas.

Apollo TeleHealth focuses on using Healthcare IT in innovative ways to deliver quality healthcare services. It provides cost effective access to skilled medical doctors for primary and expert Tele consultations. Apollo TeleHealth has touched more than 10 million lives in the last 18 years through various pilots, CSR projects and PPP.

Telemedicine has been practised by Apollo since 2000 when it launched India's first VSAT enabled virtual hospital in Aragonda, Andhra Pradesh. Apollo has evolved its usage from delivering medical opinions using Tele-mentoring to where it currently uses advanced technology to operate Tele-ICU. Technology driven healthcare delivery is poised to become the spinal cord of the healthcare market. Apollo TeleHealth will continue creating innovative service delivery models in Preventive Healthcare, primary, secondary and tertiary care.

World's **1st V-SAT** enabled telemedicine centre set up in 2000 More than **1,000** Emergency cases stabilized

1st ever set up of **Tele Emergency & Tele-Specialty** services in remote locations in the Himalayas at **14,000'** above sea level. **15,000+** Tele-consultations till date.

Bridging the Healthcare Service Delivery Gap

Andhra Pradesh – Electronic Urban Primary Health Centres (e-UPHC)

182 CENTRES

- ~1.8 million — PATIENTS TREATED
- >6 million — CONSULTATIONS
- >550 thousand — SPECIALIST CONSULTATIONS
- >4.3 million — LABORATORY TESTS
- >630 thousand — IMMUNIZATIONS
- >260 thousand — ANC

Andhra Pradesh – Tele-Ophthalmology (MeEK)

115 CENTRES

- >8 lakhs — LIVES TOUCHED
- ~6 lakhs — SPECTACLES DISTRIBUTED
- ~40,000 people — REFERRED FOR FURTHER INTERVENTIONS
- >8 lakhs — REFRACTION CHECKS
- >2 lakhs — FUNDUS EXAMINATION
- ~200 people — DIRECT EMPLOYMENT

Himachal Pradesh – Tele-Emergency

3 CENTRES

>14,000 — TELE CONSULTATIONS IN KAZA & KEYLONG IN 17 SPECIALTIES

>1,000 — EMERGENCY CASES STABILIZED ACROSS 17 SPECIALTIES

>90 patients — TELE-SCREENED FOR CERVICAL CANCER

~10,000 — LAB TESTS THROUGH TELE-LABORATORY SERVICES

National Thermal Power Corporation (NTPC)

~1,200 — OUTPATIENT TELE-CONSULTATIONS ACROSS MAJOR MEDICAL SPECIALTIES

>500 — TELE-EMERGENCY CONSULTATIONS THAT HAVE STABILIZED PATIENTS

>500 — HEALTH PROFILING OF PATIENTS

Uttar Pradesh – Tele-Radiology Services

134 CENTRES

Within two years of its existence, Apollo Tele-Radiology is already providing reporting services for about 50 imaging departments in India and overseas. Radiologists working flexible hours provide these services 24/7. Apollo TeleHealth along with the Government of Uttar Pradesh, will be providing Tele-Radiology services across 134 Community Health Centres for reading X-Rays, CT & MRI remotely. In another collaboration, Telemedicine services will be provided across 120 Community Health Centres for catering to tele-consultations across 13 specialties. Both projects together will serve a population of 23 million.

Jharkhand – Telemedicine

100 CENTRES

This project will cater to ~2 million people delivering 3 million Tele consultations. It will provide services to 320 new patients every month per Digital Dispensary. Apollo Hospitals in association with Government of Jharkhand commenced operations at these centres in mid January 2019.

Bhopal Smart City – eClinic

The e-Clinic set up by Apollo TeleHealth in collaboration with Bhopal Smart City Development Corporation Limited will give a strong impetus to e-healthcare in Bhopal.

FINANCIAL SNAPSHOT

Standalone Financial Performance

Rupees million, except for share data	FY 2019	FY 2018
Revenue from operations	83,367	71,830
Operating EBITDA (Earnings before Interest, Tax & Depreciation)	10,181	8,297
Operating EBIT (Earnings before Interest & Tax)	7,182	5,577
Profit Before Tax	4,625	3,301
Profit After Tax	3,028	2,332
Earnings per share (EPS)-Basic (₹)	21.76	16.76
Earnings per share (EPS)-Diluted (₹)	21.76	16.76

Revenue growth **16%**

EBITDA growth **23%**

PBT includes effect of higher depreciation and interest from new hospitals

Standalone Financial Position

Rupees million	FY 2019	FY 2018
Application of Funds	**84,285**	**78,121**
Fixed Assets	46,939	43,651
Goodwill	948	948
Non-Current Investments	10,727	8,983
Net Current Assets & Long term Advances	25,671	24,539
Sources of Funds	**84,285**	**78,121**
Shareholders Fund	38,834	36,935
Loan Funds & Long term Provisions/ Liabilities	42,347	38,720
Deferred Tax Liability	3,104	2,466

Consolidated Financial Performance

Rupees million, except for share data	FY 2019	FY 2018
Revenue from operations	96,174	82,435
Operating EBITDA (Earnings before Interest, Tax & Depreciation)	10,637	7,932
Operating EBIT (Earnings before Interest & Tax)	6,681	4,342
Profit Before Tax	3,735	1,715
Profit After Tax	2,360	1,174
Earnings per share (EPS)-Basic (₹)	16.97	8.44
Earnings per share (EPS)-Diluted (₹)	16.97	8.44

Revenue growth **17%**

EBITDA growth **34%**

Consolidated Financial Position

Rupees million	FY 2019	FY 2018
Application of Funds	**91,831**	**86,128**
Fixed Assets	54,572	51,389
Goodwill	3,462	3,462
Non-Current Investments	3,929	2,942
Net Current Assets & Long term Advances*	29,868	28,335
Sources of Funds	**91,831**	**86,128**
Shareholders Fund	33,335	32,515
Minority Interest	1,355	1,324
Loan Funds & Long term Provisions/ Liabilities	53,992	49,724
Deferred Tax Liability	3,149	2,565

* includes cash and investment in liquid mutual funds of ₹ 3,550 million in FY19 and ₹ 3,642 million in FY 18.

WELL POSITIONED TO PROVIDE THE HEALTHCARE OF TOMORROW

THE INDIAN HEALTHCARE MARKET IS FORECAST TO GROW AT 12-16% UP TO 2025

The Indian economy is a bright spot in a palling world

- The $2T Indian economy—the fastest growing major economy in the world;
- Economy focused on domestic consumption, which has been steadily growing with GDP
- A massive working population, dominated by younger individuals, with increasing empowerment of women
- Increasing rural penetration and per capita consumption

Healthcare is currently under-penetrated and fragmented across various formats

- Shortage of accessible healthcare in spite of rising disease burden
- Large population affected by tropical diseases and NCDs like diabetes
- Lowest public spending on healthcare (~1% of GDP) across all developed and emerging economies
- Shortage of hospital beds (~2M shortfall) and doctors (only 0.7 per 1000 vs. ~2 for China)
- Poor quality of healthcare with <1% facilities accredited by national/ international agencies

Indian healthcare is an attractive and growing market

- Large headroom for growth as India is tremendously under-served and under-consumed
- Indian healthcare market expected to be ~$500 billion in 2025
- Rising GDP and incomes
- Healthcare and insurance, policy priorities for the government. Investment in healthcare will increase affordability and consumption across urban and rural areas

Context of Apollo Hospitals in the Indian Healthcare Market

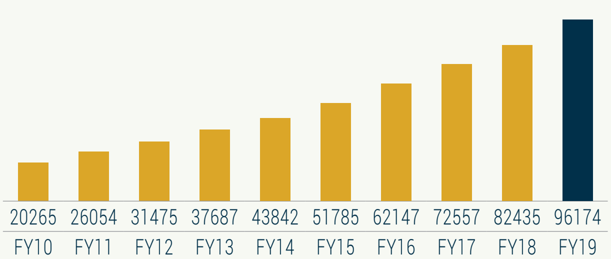
LEADERSHIP POSITION WITH A PAN-INDIA PRESENCE

- Apollo's hospitals are among the best in the country and attract patients from all over the world
- Well-positioned to capture the growth in the India HC market
  - Doubling down on key metro markets and increasing bed capacity
  - Largest footprint in Tier II cities with ambitious expansion plans
- Making forward-looking investments to shape the Indian healthcare environment
  - Home Health Care, Tele Health, Digital Health, Education Investments

MARKET LEADER CONSISTENTLY DELIVERING SUPERIOR RETURNS

- Consistent high revenue growth
- EBITDA, ROCE higher than comparable peers
- Historic rise in stock price over last ten years
- Continued growth on this trajectory will make Apollo a leader among Asian players

Total Consolidated Revenues (₹ in million)



APOLLO HAS DELIVERED CONSOLIDATED REVENUE CAGR OF 17% (FY13–FY19)

Many of our flagship facilities are ranked among the best in the country

Ranking of best Multi-Speciality Hospitals by city

Voted best Multi-Specialty Private Hospital in India

CHENNAI	KOLKATTA	HYDERABAD	DELHI	BENGALURU
1	1	2	3	5

Source: *The Week-Nielsen Best Hospital Survey (2015).*

International markets provide another vector for growth with a successful track record

GCC
- Establish Apollo Cradle / Sugar Clinics across GCC in major cities
- Create Centers of Excellence in multiple specialties in Saudi Arabia
- Operate & manage a tertiary care hospital in Dubai
- Primarily asset-light models

AFRICA
- Leverage India experience to serve fast-growing populations in areas with limited healthcare infrastructure
- Hub-and-spoke model–
  - 2 hubs offering tertiary care – in E&W Africa
  - Spokes of primary clinics, diagnostics centers & skill development centers

SAARC
- First mover in relatively under-served region
- Tertiary care hospitals in Myanmar, Sri Lanka and Nepal
- Mostly through asset-light model

Grounded in a successful repeatable business model

1 **Market selection:** Targets markets where Apollo brand name is strong
- Based on medical tourist inflows, Indian expat population

2 **Facilities:** World-class facilities & medical staff
- Specialised in-house doctors covering multiple critical care specialties with visiting consultants from Apollo India

3 **International accreditation**
- Dhaka hospital is the only hospital in Bangladesh with the JCI accreditation

4 **Aggressive marketing & brand-building**
- Free healthcare check-up plan to attract patients in Muscat
- Network of primary health medical centres being built to drive traffic (hub-and-spoke)

Firmly Placed to Accelerate

CAPACITISED FOR GROWTH

Mature Hospitals	New Hospitals
31 Hospitals, including units in major Tier 1 cities	**13 Hospitals**, including units in major Tier 1 cities & hospitals in Tier 2 cities
5,960 capacity beds, 5,449 operational beds; **70% occupancy**	**2,723 capacity beds**, 1,797 operational beds; **63% occupancy**

MATURE HOSPITALS
- FY19 performance: ₹39,279 Mio consolidated revenues
- 11% YOY revenue growth, and 21.5% EBITDA margins
- Potential to accelerate >10% CAGR for revenue growth

NEW HOSPITALS
- Potential to grow revenues at >20% CAGR for next 3 yrs with >15% EBITDA margins
- 23% YOY revenue growth, and 7% EBITDA
- FY19 performance: ₹12,142 Mio revenue

We have leadership position in a number of emerging retail healthcare formats and is well poised to ride the growth curve

	Business	Start Year	Current Scale#
HOSPITALS AND CLINICS	Apollo Clinics	2002	99
	Apollo Sugar	2008	27
	Apollo Spectra Hospitals	2011	12
	Apollo Cradle	2004	12
	Apollo Diagnostics	2012	523
	Apollo Dialysis	2010	23
	Apollo Dental	2011	69
OTHER BUSINESSES	Apollo Munich Health Ins.	2007	N/A
	Apollo Pharmacy	2002	3,428
	ADDITIONAL INVESTMENTS: Apollo Hospitals Educational & Research Foundation; Lifetime Wellness Rx	Health Net Remote Care; Apollo Home Health	Apollo Knowledge

OUR WINNING STRENGTHS

- Apollo has multiple capabilities that differentiate it from peers
- Clinical Quality
  - Multiple JCI and NABH accredited hospitals
  - World-class outcomes across specialties
- Cost Efficiencies
  - Lowest cost per procedure vs. other countries
- High patient and referral doctor advocacy
- Investments in talent
  - Investments in skilling courses and medical school to build a pipeline of talent
  - Continuous learning programs for staff
- Healthcare network
  - Large network with >30 years of experience
  - Access to one of the largest clinical databases
- Building capabilities on brand, specialty portfolio and digital initiatives

We have several differentiators that give us a competitive advantage versus other players

MANAGEMENT CAPABILITIES	1* Clinical Strategy	M&A, JVs & Partnering	Specialty Portfolio & Strategy	Facility Portfolio & Footprint	5* Talent & Org
OPERATING CAPABILITIES	2* Operational Efficiencies	Physician Model & Engagement	3* Patient Experience & Relationship Management	4* Marketing & Referral Network Management	Digital Strategy
PROPRIETARY ASSETS	Health Information Systems	Market Specific Clinical Pathways/IP	Scale	Healthcare Network & Assets	6* Brand & Positioning

Number of Centres / Clinics   * Key Focus Areas

1 Apollo offers world-class clinical quality across specialties

EXPERIENCE IN HANDLING COMPLEX CASES IN ALL SPECIALITIES AND SERVICE AREAS

Apollo HEART INSTITUTES	Over 1.5 lac cardiac surgeries, 99.6% success rate in cardiac bypass.
Apollo CANCER INSTITUTES	1st in India to introduce Stereotactic Radiotherapy and Radio surgery for cancer treatment. And 1st in SE Asia to introduce Proton Beam Therapy
Apollo INSTITUTES OF TRANSPLANT	1400+ solid organ transplants in 2013, 350+ liver transplants in 2014, one of the highest in the world by any hospital
Apollo INSTITUTES OF ORTHOPAEDICS	1st time use of restorable screws for congenital spine problems and 1st ceramic coated knee replacement in South India
Apollo 24 EMERGENCY	<10 mins to pick up, 160+ ambulances, 500+ calls daily, 900-1000 Monthly pick ups, 1.2lac+ emergency footfalls p.a
Apollo ICU MANAGEMENT	Low ALOS comparable to global benchmarks

EXAMPLE – NEUROLOGY: OUTCOMES COMPARABLE TO TOP GLOBAL CENTERS

In	Apollo's performance metric	Comparator
Neuro Surgery	Mortality	Johns Hopkins
Micro Discectomy	Avg. Length Of Stay	University of California, SF
Stroke cases in ICU	Avg. Length Of Stay	Cleveland Clinic
Ischemic stroke	Door to Thrombolysis time comparable to	Massachusetts General Hospital

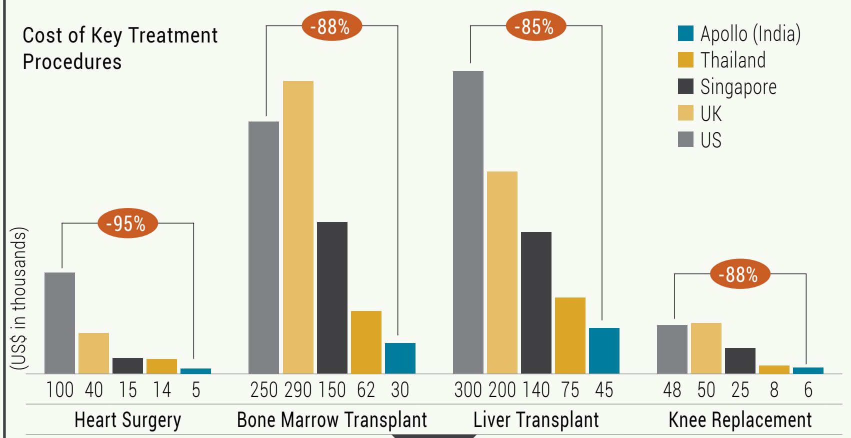
Source: ACE@25, RACE parameters; http://www.hopkinsmedicine.org/quality/performance/mortality/uhc.html#neurosurgery; http://campus.neurochirurgie.fr/IMG/pdf/hernie%20discale6.pdf; http://portals.clevelandclinic.org/Portals/52/LAK%20Outcomes%202006.pdf; http://www2.massgeneral.org/stopstroke/protocolIVIAThrom.aspx

2 Operational efficiencies allows a marked cost-quality paradigm; clinical treatments provided at a fraction of the cost in developed markets

COST EFFICIENCIES, BETTER PROCESSES . . .

- Optimized asset Utilizations and Minimum waste of all resources thorough standardized SOP's and Lean Management
- Higher patient turnover by reducing average length of stay and optimized ward processes for faster turnaround time of all diagnostic process
- Improving average revenue per bed day through richer case mix

. . . LEADING TO SIGNIFICANT PRICE ADVANTAGE AGAINST GLOBAL HEALTH CARE MARKETS



Apollo is highly competitive compared to other destinations for medical tourists while offering similar standards and quality care at substantially lower cost (~65-90% savings v/s US)

Note: * Pricing for Apollo is indicative Source: CRISIL Research

3 We have a robust system in place for delivering and improving patient experience, leading to consistent increase in patient loyalty metrics

INITIATIVES TO DRIVE FURTHER UPSIDE

01 Personalized Patient Engagement Services
- Billing transparency
- Personalized entry & Dedicated billing desks
- Admission & Discharge efficiency

02 Superior Patient Ward Experience
- Timely resolution of patient feedback
- Better communication & compassion

03 Improved Management Connect
- Ward rounds by Senior Management for greater connect

Note: NPS data presented for 2014-2015, duration when a specific initiative was undertaken to improve patient experience. Source: Ward Huddle Project Survey Data

4 We are also well placed in terms of advocacy by Referral Doctors who are key influencers of hospital choice

INITIATIVES TO DRIVE FURTHER UPSIDE

01 Clinical Marketing
- Clinical Excellence & collateral on Apollo clinical differentiation
- Refined doctor engagement model
- Referral Patient updates

02 Sales Process Excellence
- Doctor database expansion
- segmentation & mapping
- Revised Bottom Up Sales Targets
- Improved tracking and governance

03 Better governance
- Operationalization cadence of reviews with templates & trackers

Note: Apollo* in Hyd includes JH, Secunderabad & Hyderguda.
Source: Referral doctor survey (N~300 across Chennai & Hyderabad)

5 We have launched initiatives to build a robust pipeline of doctors and nurses in a scarce healthcare talent market

Education
- **Apollo Med Skills** focused on skilling and up-skilling courses in association with the NSDC and various Indian institutions
- **PG medical courses** affiliated to prestigious global institutions
- **Diplomate of National Boards programs** in 30 broad specialties and 14 Super Specialties
- 11 schools of nursing and 2 schools of Hospital Management and Physiotherapy
- Establishing Apollo Health Knowledge City by 2020

Skill Development
- **Apollo Medical Devt. Program** – a structured soft skill and clinical competencies devt. program, covering **more than 1500 junior medical staff**
- Impactful **Nursing Continuous Education** Programs
- **Nursing Leadership Development Program** for 2nd level nursing leaders to prepare them for more responsibilities
- Performance management system linked to measurable outcomes

Partnerships
- Fostered a **network of partnerships** to facilitate global exposure and access to latest ideas for local physicians
- **MoU with health Education England (HEE)** for clinical rotation of doctors, nurses, and undergraduate students
- MoU with Varian Systems to train radiation technologists
- Possibility of establishing a '**global healthcare school**' to ensure opportunities for global learning is available to healthcare workforce in both countries

The Difference between Good and Great

6

We have created a valuable brand based on our experience across multiple attributes of brand equity

APOLLO'S BRAND HAS BEEN BUILT OVER 30 YEARS AND IS EXTREMELY VALUABLE TODAY

- Consistent investment in advertising and marketing
- Multiple accreditations and awards contribute to brand perception
- Brand used consistently across all formats and is considered to be the best medical services brand in India

APOLLO DERIVES POSITIVE IMPACT FROM ALL KEY ATTRIBUTES DRIVING BRAND EQUITY

Attribute Driving Brand Image	Impact on Brand
Geographical Presence: 6 Tier I clusters in India as well as International markets like Sri Lanka, Dubai & Ghana	■■□□
Human Capital: ~10k doctors, ~12k nurses and ~5k paramedical personnel with ongoing initiatives to improve skillsets	■■■□
Medical Services: JCI, NABH and NABL accredited in view of quality of healthcare services	■■■□
Information Systems: Best in Class systems like Medmantra, Apollo Prism with adoption rates higher than Microsoft's health vault	■■■□
CSR: Initiatives like Save a Child's Heart, Billion Heart's Beating and Apollo Reach Hospitals	■■■□
Innovation Awards: Modern Medicare Excellence Award, APAC Bio Business Leadership Awards, Responsible Business Leader Award	■■■□
Scale of Operations: Leading player by geographic presence, business span and breadth of services offered	■■■□

In addition to current differentiators, we have also made investments that will help consolidate and build our future competitiveness

Specialty Portfolio & Strategy

- Building the right specialty portfolio across multiple facilities
- Proposed hub-and-spoke model of primary, secondary and tertiary care facilities

Digital Strategy

Apollo m-health platform: Apollo Prism

Remote Care:

- m-Health
- Medical devices
- eICU
- Tele Consulting
- Tele Radiology
- Tele Cardiology

Health Care Network & Assets

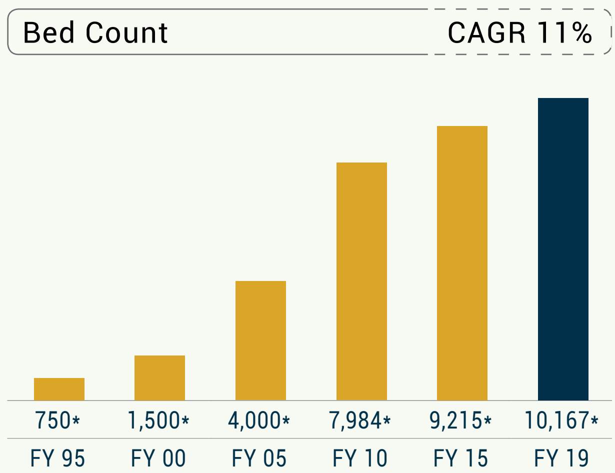
Large and growing presence in segments that are projected to have the fastest growth in healthcare

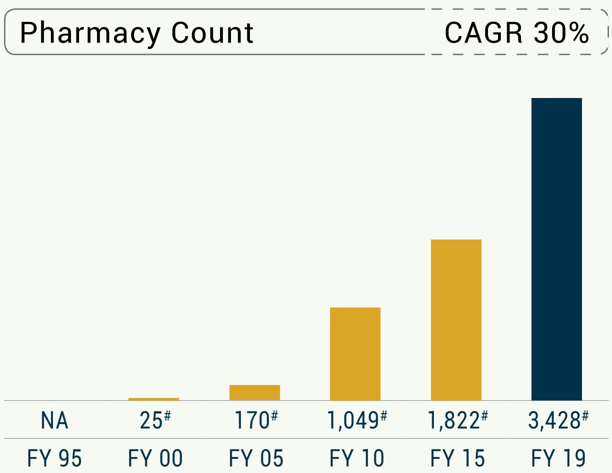
- Large footprint in Tier 2/3 cities
- Market leaders in multiple formats that are in their early stages in India

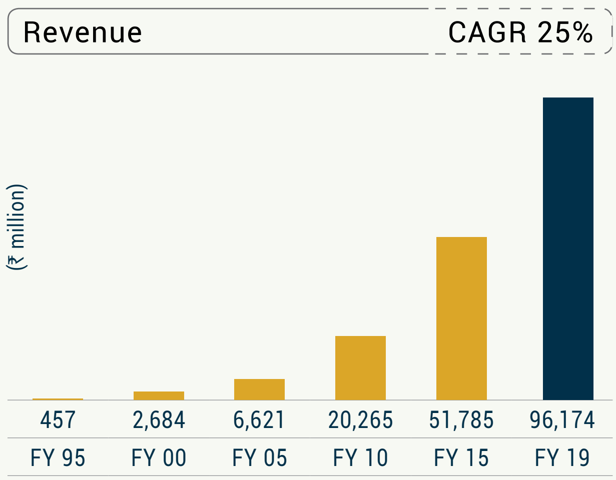
The difference our value proposition makes towards tomorrow's healthcare needs

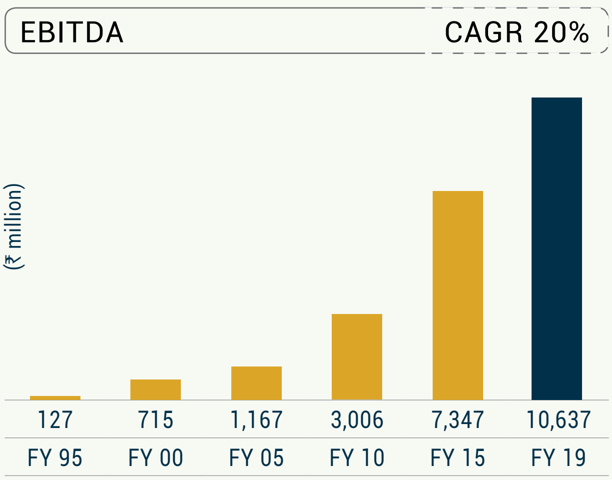
- Market leader in healthcare delivery with pan-India presence
- Capabilities that deliver world-class clinical outcomes at a fraction of cost in the West
- A strong brand name built over 30 years of experience
- Strong customer and doctor loyalty
- Globally recognized brand name driving medical tourism
- Forward-looking investments in education, digital health, etc.
- Consistent track record of double digit revenue CAGR growth over the last ten years
- Changing demographics in India and resultant higher NCD burden
- Underserved and underpenetrated market—large headroom for per capita healthcare spend growth
- Increasing affordability outside of major urban centers
- Government policy push to drive higher healthcare coverage

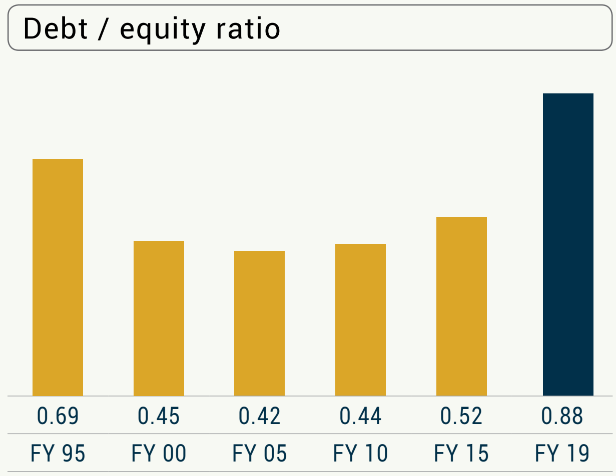
Sustained Growth









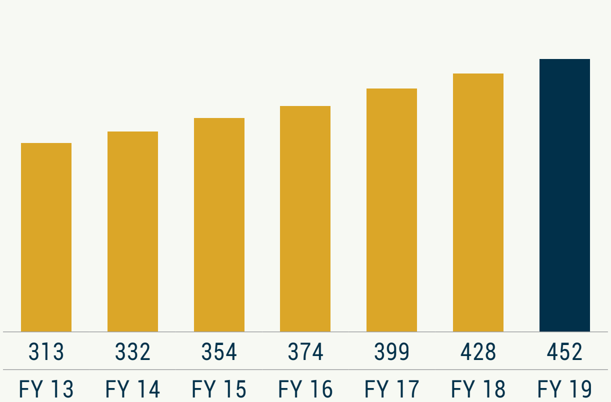


13 new hospitals with 2,700+ beds added over the last 3 years ith a capital invested of Rs. 20,529 mio

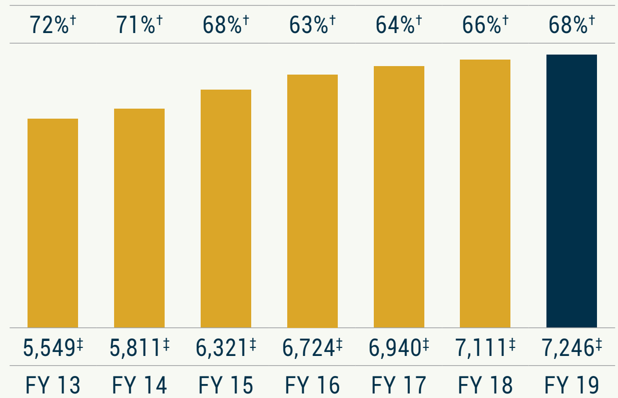
* Bed includes both owned & managed hospitals; # Number of standalone pharmacies. Note: Figures from FY17 onwards been presented on the basis of Ind AS.

Strong Operational Performance

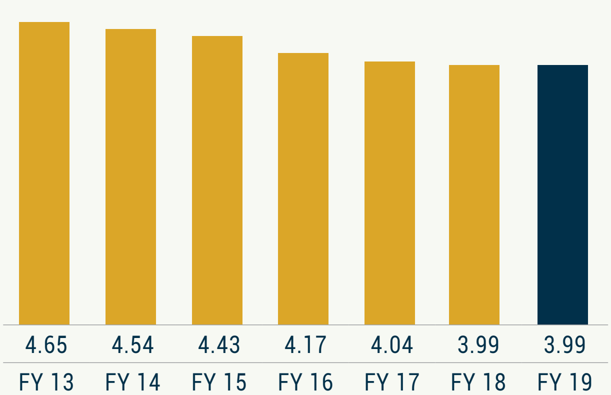
Discharges (in '000s) CAGR 6%



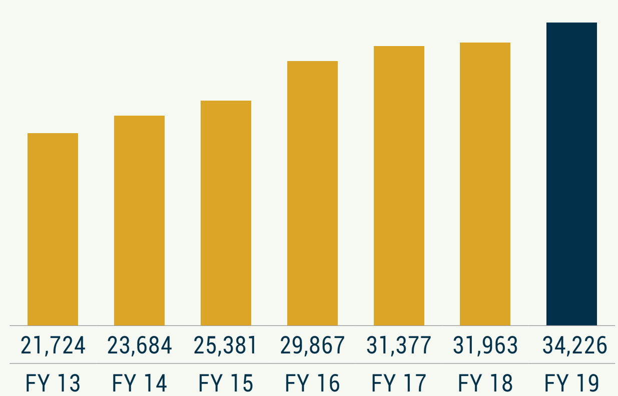
Occupancy



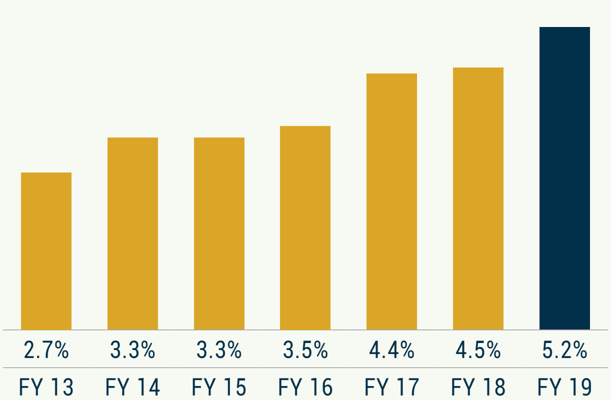
ALOS (Days)



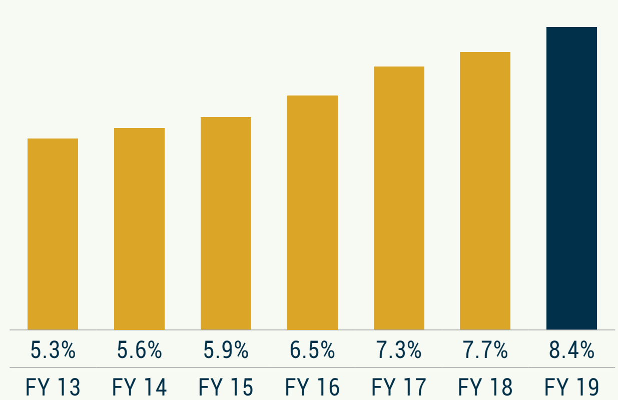
ARPOB (₹ per day) CAGR 8%



SAP EBITDA Margins



Mature Stores (Pre FY08) EBITDA Margins



ALOS – Average Length of Stay; ARPOB – Average Revenue per Occupied Bed. Note: Figures from FY17 onwards have been presented on the basis of Ind AS.

† Occupancy rate. ‡ Operating beds.

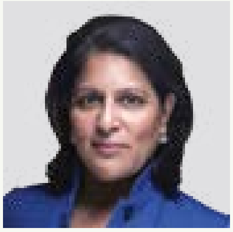
BOARD MEMBERS

Founder Chairman

Dr. Prathap C Reddy
Founder and Executive Chairman

Executive Directors

Smt. Preetha Reddy
Executive Vice Chairperson



Smt. Shobana Kamineni
Executive Vice Chairperson

Smt. Suneeta Reddy
Managing Director

Smt. Sangita Reddy
Joint Managing Director

Independent Directors

Shri. M B N Rao

Shri. Vinayak Chatterjee

Dr. T Rajgopal

Smt. V Kavitha Dutt

Shri. Murali Doraiswamy

CORPORATE INFORMATION

Senior Management Team

Dr. K. Hariprasad
President - Hospitals Division

Shri. Krishnan Akhileswaran
Chief Financial Officer

Shri. S.M. Krishnan
Vice President – Finance
& Company Secretary

Auditors
Deloitte Haskins & Sells LLP
Chartered Accountants
Bengaluru

Bankers
Andhra Bank
Axis Bank
Bank of India
Canara Bank
HDFC Bank
HSBC
ICICI Bank
IDBI Bank
IDFC First Bank
Indian Bank
Indian Overseas Bank
MUFG Bank
Oriental Bank of Commerce
State Bank of India
State Bank of Travancore
Yes Bank

Registered Office
19, Bishop Gardens,
Raja Annamalaipuram,
Chennai – 600 028

Corporate Office
Sunny Side Building,
East Block, 3rd Floor,
8/17, Shafee Mohammed Road,
Chennai – 600 006

Administrative Office
Ali Towers, # 55, Greams Road,
Chennai – 600 006.
(E) investor.relations@apollohospitals.com
(W) www.apollohospitals.com

Board Committees

Audit Committee	Nomination and Remuneration Committee	Stakeholders Relationship Committee	Corporate Social Responsibility Committee
Shri. MBN Rao, Chairman	Shri. Vinayak Chatterjee, Chairman	Smt. V. Kavitha Dutt, Chairperson	Dr. Prathap C. Reddy, Chairman
Dr. T. Rajgopal, Member	Shri. MBN Rao, Member	Smt. Preetha Reddy, Member	Smt. Preetha Reddy, Member
Smt. V. Kavitha Dutt, Member	Dr. T. Rajgopal, Member	Smt. Suneeta Reddy, Member	Smt. Sangita Reddy, Member
	Dr. Murali Doraiswamy, Member		Shri. MBN Rao, Member
			Dr. Murali Doraiswamy, Member

Risk Management Committee	Investment Committee	Share Transfer Committee
Smt. Suneeta Reddy, Chairperson	Shri. Vinayak Chatterjee, Chairman	Smt. V. Kavitha Dutt, Chairperson
Smt. Preetha Reddy, Member	Shri. MBN Rao, Member	Smt. Preetha Reddy, Member
Shri. Vinayak Chatterjee, Member	Smt. Preetha Reddy, Member	Smt. Suneeta Reddy, Member
Dr. Sathyabhama, Member	Smt. Suneeta Reddy, Member	
Dr. K. Hariprasad, Member	Dr. Murali Doraiswamy, Member	

DIRECTORS' REPORT TO THE SHAREHOLDERS

Your Directors are pleased to present the **THIRTY EIGHTH ANNUAL REPORT** and the audited financial statements for the year ended 31st March 2019.

Financial Results (Standalone)

(₹in million)

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
Income from Operations	83,489	71,956
Profit before Exceptional Items and Taxation	4,625	3,301
Profit after Exceptional Items before Tax	4,625	3,301
Provision for Tax	1,597	969
Profit for the Period	3,028	2,332
Earnings Per Share (₹)	21.76	16.76

Results of Operations

During the year under review, the income from operations of the Company increased to ₹83,489 million compared to ₹71,956 million in the previous year, registering a growth of 16%. The profit after tax for the year increased by 30% to ₹3,028 million compared to ₹2,332 million in the previous year.

During the year under review, the consolidated gross revenue of the Company increased to ₹96,488 million compared to ₹82,756 million registering an impressive growth of 17%. Net profit after minority interest for the group increased by 236% to ₹2,001 million compared to ₹595 million in the previous year.

Consolidated Financial Statements

In accordance with Companies Act, 2013 ("the Act") and Ind AS 110 - Consolidated Financial Statements read with Ind AS 28 - Investment in Associates and Ind AS 31 - Interests in Joint Ventures, the audited consolidated financial statements form part of the Annual Report.

In terms of provision to sub section (3) of Section 129 of the Act, the salient features of the financial statements of the Subsidiaries, Associates and Joint Venture Companies are set out in the prescribed Form AOC-1, which forms a part of the Annual Report.

In accordance with Section 136 of the Act, the audited financial statements, including the consolidated financial statements of the Company and audited accounts of the subsidiaries are available at the Company's website: www.apollohospitals.com. The documents will also be available for inspection during business hours at the registered office of the Company.

Material Changes affecting the Company

There have been no material changes and commitments affecting the financial position of the Company between the end of the financial year and the date of this Report. There has been no change in the nature of business of the Company.

Scheme of Arrangement

The Board of Directors at their meeting held on November 14, 2018 have approved a Scheme of Arrangement ("the Scheme") between Apollo Hospitals Enterprise Limited ("AHEL") and Apollo Pharmacies Limited ("APL") and their respective shareholders in accordance with the provisions of Sections 230 to 232 of the Companies Act, 2013, for the transfer of the front-end retail pharmacy business ("the disposal group") carried out in the standalone pharmacy segment to APL by way of slump sale, subject to necessary approvals by stock exchanges, shareholders, National Company Law Tribunal and all other requisite regulatory authorities.

The Company received Observation Letters from National Stock Exchange of India Limited and BSE Limited conveying their no objection / no adverse observations, so as to enable the Company to file the Scheme with the Honourable National Company Law Tribunal (NCLT).

The Company has consequently filed the requisite applications with NCLT seeking direction to convene a shareholders meeting through e-voting process for obtaining their approval.

Dividend

The Board of Directors have recommended a dividend of ₹6/- per equity share (120% on face value of ₹5/-per share) on the paid-up equity share capital of the company for the financial year ended 31st March 2019 amounting to ₹1,004.69 million inclusive of tax of ₹169.94 million, which if approved, at the forthcoming Annual General Meeting on 27th September 2019, will be paid to those shareholders whose names appear in the Register of Members as at the closing hours of business on 13th September 2019. In respect of shares held in electronic form, the dividend will be paid on the basis of beneficial ownership furnished by the depositories viz., NSDL and CDSL for this purpose.

The Register of Members and Share Transfer Books will remain closed from **Saturday, September 14, 2019 to Friday, September 27, 2019 (both days inclusive).**

The Board approved and adopted a dividend distribution policy at its meeting held on 30th May 2017 which is annexed herewith as Annexure – I to this report and also posted on the Company's website: www.apollohospitals.com.

Subsidiaries, Associate Companies and Joint Ventures.

At the beginning of the year, your Company had eighteen direct subsidiaries and seven step down subsidiaries, three joint ventures and four associate companies. As on 31st March 2019, your Company had nineteen direct subsidiaries, ten step down subsidiaries, four joint ventures and four associate companies.

The statement containing the summarized financial position of the subsidiary companies viz., Apollo Home Healthcare (I) Ltd (AHHCIL), A.B. Medical Centres Limited (ABMCL), Samudra Healthcare Enterprises Limited (SHEL), Apollo Hospital (UK) Limited (AHUKL), Apollo Hospitals Singapore Pte Limited (AHSPL), Apollo Health and Lifestyle Limited (AHLL), Western Hospitals Corporation Pvt Limited (WHCPL), Total Health (TH), Imperial Hospital and Research Centre Limited (IHRCL), Apollo Medicals Pvt Limited (AMPL), Apollo Home Healthcare Limited (AHHL), Apollo Nellore Hospital Limited (ANHL), Sapien BioSciences Pvt Limited (SBPL), Apollo Rajshree Hospitals Pvt Limited (ARHPL), Apollo Lavasa Health Corporation Limited (ALHCL), Assam Hospitals Limited (AHL), Apollo

Hospitals International Limited (AHIL), Future Parking Pvt Limited (FPPL), Apollo Healthcare Technology Solutions Limited (AHTSL), Apollo Sugar Clinics Limited (ASCL), Apollo Specialty Hospitals Pvt Limited (ASHPL), Alliance Dental Care Limited (ADCL), Apollo Dialysis Pvt Limited (ADPL), Apollo CVHF Limited (CVHF), Apollo Bangalore Cradle Limited (ABCL), Kshema Healthcare Pvt Limited (KHPL), AHLL Diagnostics Limited (ADL), AHLL Risk Management Pvt Limited (ARMPL) and Apollo Pharmacies Limited (APL) pursuant to Section 129 read with Rules 5 of the Companies (Accounts) Rules, 2014 is contained in Form AOC-1, which forms part of the Annual Report.

1. Apollo Home Healthcare (India) Limited (AHHCIL)

AHHCIL, a wholly owned subsidiary of the Company recorded a revenue of ₹4.31 million, and net profit of ₹1.45 million.

2. A.B. Medical Centres Limited (ABMCL)

ABMCL, is a wholly owned subsidiary of the Company does not have any commercial operations as it has leased out its infrastructure viz., land and building to the company for running a hospital. For the year ended 31st March, 2019, ABMCL recorded an income of ₹7.78 million and a net profit of ₹6.09 million.

3. Samudra Healthcare Enterprises Limited (SHEL)

SHEL, a wholly owned subsidiary of the company, runs a 120 beds multi speciality hospital at Kakinada. For the year ended 31st March, 2019, SHEL recorded an income of ₹381.26 million and a net profit of ₹14.45 million.

4. Apollo Health and Lifestyle Limited (AHLL)

AHLL, is a 70.25% subsidiary of the Company engaged in the business of providing primary healthcare facilities through a network of owned/franchised clinics across India offering specialist consultations, diagnostics, preventive health checks, telemedicine facilities and 24-hour pharmacy all under one roof. For the year ended 31st March, 2019, AHLL recorded an income of ₹5,970.46 million and a net loss of ₹1,329.43 million.

5. Western Hospitals Corporation Private Limited (WHCPL)

WHCPL, is a wholly owned subsidiary of the Company, recorded an income of ₹10.39 million and a net profit of ₹3.68 million for the year ended 31st March 2019.

6. Total Health (TH)

TH, is a wholly owned subsidiary of the Company registered under Section 8 of the Companies Act, 2013, which is engaged in carrying on CSR activities in the field of community/rural development.

7. Apollo Hospital (UK) Limited (AHUKL)

AHUKL, is a wholly owned foreign subsidiary of the Company and has not yet commenced its operations.

8. Apollo Hospitals Singapore Pte Limited (AHSPL)

AHSPL, is a wholly owned subsidiary of the Company and during the year, invested in a venture capital fund which focuses on funding early stage healthcare technology start ups in Asia.

9. Apollo Medicals Private Limited (AMPL)

AMPL, is a wholly owned subsidiary of the Company and yet to commence its operations.

10. Imperial Hospital and Research Centre Limited (IHRCL)

IHRCL, is a 90% subsidiary of the company owns a 290 beds multi-specialty hospital at Bengaluru. For the year ended 31st March, 2019, IHRCL recorded an income of ₹2,495.89 million and a net profit of ₹332.30 million.

11. Apollo Home Healthcare Limited (AHHL)

AHHL, a 58.12% subsidiary of the Company is engaged in the business of providing high quality, personalized and professional healthcare services at the doorsteps of the patients. AHHL recorded an income of ₹359.73 million and a net loss of ₹65.48 million.

12. Apollo Nellore Hospital Limited (ANHL)

ANHL a 79.44% subsidiary of the Company has leased out its land at Nellore to the Company. ANHL recorded an income of ₹8.17 million and a net profit of ₹6.27 million.

13. Sapien Biosciences Private Limited (SBPL)

SBPL, is a 70% subsidiary of the company which is engaged in the business of bio-banking of tissues. For the year ended 31st March, 2019, SBPL recorded an income of ₹24.08 million and a net profit of ₹0.89 million.

14. Apollo Rajshree Hospitals Private Limited (ARHPL)

ARHPL, a 54.63% subsidiary of the company, runs a multi speciality hospital at Indore. For the year ended 31st March, 2019, ARHPL recorded an income of ₹670.79 million and a net loss of ₹0.64 million.

15. Apollo Lavasa Health Corporation Limited (ALHCL)

ALHCL, a 51% subsidiary of the company, runs a hospital at Lavasa. For the year ended 31st March, 2019, ALHCL recorded an income of ₹6.05 million and a net loss of ₹38.17 million.

16. Assam Hospitals Limited (AHL)

AHL, a 62.32% subsidiary of the company, runs a multi speciality hospital at Guwahati. For the year ended 31st March, 2019, AHL recorded an income of ₹1,453.42 million and a net profit of ₹145.32 million.

17. Apollo Hospitals International Limited (AHIL)

AHIL, a 50% subsidiary of the company, runs a multi speciality hospital at Ahmedabad. For the year ended 31st March, 2019, AHIL recorded an income of ₹1,926.99 million and a net profit of ₹44.12 million.

18. Future Parking Private Limited (FPPL)

FPPL, a subsidiary of the company, has been promoted for the development of a Multi level Car parking facility at Wallace Garden, Nungambakkam, Chennai. FPPL recorded an income of ₹43.46 million and a net loss of ₹24.50 million.

19. Apollo Healthcare Technology Solutions Limited (AHTSL)

AHTSL a subsidiary of the Company is yet to commence its operations.

20. Apollo Speciality Hospitals Private Limited (ASHPL)

ASHPL, a subsidiary of Apollo Health and Lifestyle Limited, is engaged in the business of running day surgery centres. For the year ended 31st March, 2019, ASHPL recorded an income of ₹ 3,119.41 million and a net loss of ₹656.39 million.

21. Apollo Sugar Clinics Limited (ASCL)

ASCL, a subsidiary of Apollo Health and Lifestyle Limited, is engaged in the business of running diabetes management centres. For the year ended 31st March, 2019, ASCL recorded an income of ₹270.97 million and a net loss of ₹19.94 million.

22. Alliance Dental Care Limited (ADCL)

ADCL, a subsidiary of Apollo Health and Lifestyle Limited recorded an income of ₹317.45 million and a net loss of ₹98.68 million for the year ended 31st March 2019.

23. Apollo Dialysis Private Limited (ADPL)

ADPL, a subsidiary of Apollo Health and Lifestyle Limited is engaged in the business of running dialysis centers. For the year ended 31st March 2019, ADPL recorded a revenue of ₹ 136.64 million and a net loss of ₹24.59 million.

24. AHLL Diagnostics Limited (ADL)

ADL, a subsidiary of Apollo Health and Lifestyle Limited is yet to commence its operations.

25. AHLL Risk Management Private Limited (ARML)

ARML, a subsidiary of Apollo Health and Lifestyle Limited is yet to commence its operations.

26. Apollo CVHF Limited (CVHF)

CVHF, a subsidiary of Apollo Hospitals International Limited is in the business of providing healthcare services and is yet to commence its operations.

27. Apollo Bangalore Cradle Limited (ABCL)

ABCL, a subsidiary of Apollo Speciality Hospitals Private Limited, is engaged in the business of running Cradle centres. For the year ended 31st March, 2019, ABCL recorded an income of ₹322.40 million and a net loss of ₹0.06 million.

28. Kshema Healthcare Private Limited (KHPL)

KHPL, a subsidiary of Apollo Speciality Hospitals Private Limited is yet to commence its operations.

29. Apollo Pharmacies Limited (APL)

APL, a subsidiary of Apollo Medicals Private Limited is yet to commence its operations.

Corporate Governance

The Company is committed to maintain the highest standards of corporate governance and adhere to the corporate governance requirements set out by SEBI. The report on corporate governance as required under the Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 (hereinafter Listing Regulations), forms an integral part of this report. The requisite certificate from the Auditors of the Company confirming the compliance with the conditions of corporate governance is attached to the report on Corporate Governance.

Management Discussion and Analysis Report

Management Discussion and Analysis Report for the year under review, as stipulated under Regulation 34 of the Listing Regulations is presented in a separate section forming part of the Annual Report.

Business Responsibility Report

As stipulated under the Listing Regulations, the Business Responsibility Report describing the initiatives taken by the Company from an environmental, social and governance perspective is attached as part of the Annual Report.

Sexual Harassment

The Company has adopted a policy on prevention, prohibition and redressal of sexual harassment at the workplace in line with the provisions of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 and the rules framed thereunder. The Company has an Internal Complaints Committee for providing a redressal mechanism pertaining to sexual harassment of women employees at the work place. During the year 6 complaints were received under the policy, all of which were disposed off.

Vigil Mechanism/Whistle Blower Policy

The Company has established a vigil mechanism for Directors and Employees to report their genuine concerns, the details of which are given in the Corporate Governance Report. The policy on Vigil Mechanism and Whistle Blower Policy has been posted on the website of the Company www.apollohospitals.com.

Particulars of Loans, Guarantees and Investments

The details of Loans, Guarantees and Investments covered under the provisions of Section 186 of the Companies Act, 2013 are given in the notes to the Financial Statements.

Fixed Deposits

During the year, your company did not accept any deposits or renew existing deposits from the public. The total outstanding deposits with the Company as on 31st March 2019 were ₹13.42 million (₹94.77 million as on 31st March 2018) which were not claimed by the depositors.

Directors and other Key Managerial Personnel (KMPs)

Board Composition and Independent Directors

The Board consists of the Executive Chairman, four Executive Directors and five Independent Directors.

Independent directors are appointed for a term of five years and are not liable to retire by rotation.

All Independent Directors have given their declarations that they meet the criteria of independence as laid down under Section 149(6) of the Companies Act, 2013 and Regulation 16 (b) of the SEBI Listing Regulations.

Retirement by Rotation

Pursuant to Section 152 of the Companies Act 2013, Smt.Shobana Kamineni, Director retires by rotation at the ensuing Annual General Meeting and being eligible offers herself for re-appointment.

Outgoing Directors

Shri. BVR Mohan Reddy and Shri. Sanjay Nayar, citing existing professional commitments, have resigned from the Board with effect from 20th August 2018 and 9th February 2019 respectively.

As per the recent amendments to the SEBI LODR Regulations, one eligibility criteria that needs to be ensured for a director to continue being treated as an Independent Director is to avoid a "board inter-lock situation" which could arise in a case where there are common non-independent directors on the boards of two listed entities (i.e. a director of a listed company is also on the board of another listed entity in which another non-independent director of the first listed entity is an independent director).

Shri Deepak Vaidya, while being an Independent Director on the Board, was also a non-executive director on the Board of Strides Pharma Sciences Ltd. Smt. Sangita Reddy, Joint Managing Director also serves as an Independent Director on the board of Strides Pharma Sciences Ltd.

Keeping in view the above regulation, Shri. Deepak Vaidya would not have been deemed to be an Independent Director with effect from 1st October 2018 and accordingly, tendered his resignation from the Board as an Independent Director with effect from 5th September 2018.

Pursuant to the provisions of the Companies Act, 2013 ("Act"), the shareholders at the 33rd AGM of the Company held on 25th August 2014 appointed Shri. N. Vaghul and Shri. G. Venkatraman as Independent Non-Executive Directors to hold office for five consecutive years for a term up to 31st March 2019. Though the Companies Act permits for their appointment for a second term of five years, Shri. N. Vaghul and Shri. G. Venkatraman conveyed their intention not to seek re-appointment as Independent Directors of the Company. Accordingly, Shri.N. Vaghul and Shri. G. Venkatraman ceased to be Directors of the Company with effect from 1st April 2019.

The Board places on record its sincere appreciation for the valuable services rendered by the individual Directors during their tenure.

New Directors

Based on the recommendation of the Nomination and Remuneration Committee, the Board has recommended to the members that Dr. Murali Doraiswamy, Smt.V. Kavitha Dutt and Shri. MBN Rao be appointed as Independent Directors for a term of 5 (five) consecutive years, with effect from their respective dates of appointment viz., 27th September 2018, 9th February 2019 and 9th February 2019 respectively.

The Company has received declarations from Dr. Murali Doraiswamy, Smt. V. Kavitha Dutt and Shri MBN Rao confirming that they meet the criteria of independence prescribed under the Act and the Listing Regulations.

Re-appointment of Independent Director

Pursuant to the provisions of the Companies Act, 2013 ("Act"), the shareholders at the 33rd AGM of the Company held on 25th August 2014 appointed Shri. Vinayak Chatterjee as an Independent Non-Executive Director to hold office for five consecutive years for a term up to 31st March 2019. Shri. Vinayak Chatterjee is eligible for re-appointment as an Independent Non Executive Director for a second term of five consecutive years. Pursuant to the provisions of the Act and based on the recommendation of the Nomination and Remuneration Committee, the

Board recommends for the approval of the Members through a Special Resolution at the 38th AGM of the Company, the re-appointment of Shri. Vinayak Chatterjee as an Independent Non-Executive Director for a second term of five consecutive years for a term up to 31st March 2024.

Key Managerial Personnel

Pursuant to the provisions of Section 203 of the Companies Act, 2013, the Key Managerial Personnel of the Company are Smt. Suneeta Reddy, Managing Director, Shri. Krishnan Akhileswaran, Chief Financial Officer and Shri.S.M. Krishnan, Vice President-Finance & Company Secretary. There has been no change in the Key Managerial Personnel during the year.

Board Evaluation

Pursuant to the provisions of the Companies Act, 2013 and in terms of Regulation 17(10) of the SEBI Listing Regulations, the Board has carried out an annual performance evaluation of its own performance, the directors individually as well as the evaluation of the working of the Committees. The manner in which the evaluation has been carried out has been explained in the Corporate Governance Report.

Remuneration Policy

The Board has, on the recommendation of the Nomination & Remuneration Committee, approved a policy for selection and appointment of Directors, Senior Management and their remuneration. The Remuneration Policy is stated in the Corporate Governance Report.

Meetings of the Board

The Board met seven times during the financial year, the details of which are given in the Corporate Governance Report. The intervening gap between the Meetings was within the period prescribed under the Companies Act, 2013.

Risk Management

The Board of Directors had constituted a Risk Management Committee to identify elements of risk in different areas of operations and to develop a policy for actions associated to mitigate the risks. The Committee on a timely basis informed the members of the Board of Directors about risk assessment and minimization procedures and in the opinion of the Committee there was no risk that may threaten the existence of the Company. The details of the Risk Management Committee are included in the Corporate Governance Report.

Internal Financial Controls and their Adequacy

The Company has an Internal Control System, commensurate with the size, scale and complexity of its operations.

The scope and authority of the Internal Audit (IA) function is defined in the Internal Audit Charter. To maintain its objectivity and independence, the Internal Audit function reports to the Chairman of the Audit Committee of the Board. The details of the internal control system and its terms of reference are set out in the Management Discussion and Analysis Report forming part of the Board's Report.

The Board of Directors has laid down internal financial controls to be followed by the Company and the policies and procedures to be adopted by the Company for ensuring the orderly and efficient conduct of its business, including adherence to the Company's policies, the safeguarding of its assets, the prevention and detection of frauds and errors, the accuracy and completeness of the accounting records, and the timely preparation of reliable financial information. The Audit Committee evaluates the internal financial control systems periodically.

Significant and Material Orders passed by the Regulators or Courts

There are no significant material orders passed by the Regulators / Courts which would impact the going concern status of the Company and its future operations.

Directors' Responsibility Statement

Pursuant to Section 134(5) of the Companies Act 2013, the Board of Directors to the best of their knowledge hereby state and confirm:

a. that in the preparation of the annual financial statements for the year ended March 31, 2019, the applicable accounting standards have been followed along with proper explanations relating to material departures, if any;

b. that such accounting policies have been selected and applied consistently and judgement and estimates have been made that are reasonable and prudent so as to give a true and fair view of the state of affairs of the Company as at March 31, 2019 and of the profit of the Company for the year ended on that date;

c. that proper and sufficient care has been taken for the maintenance of adequate accounting records in accordance with the provisions of the Companies Act, 2013 for safeguarding the assets of the Company and for preventing and detecting fraud and other irregularities;

d. that the annual financial statements have been prepared on a going concern basis;

e. that proper internal financial controls were in place and that the financial controls were adequate and were operating effectively;

f. that systems to ensure compliance with the provisions of all applicable laws were in place and were adequate and operating effectively.

Share Capital

The paid up Equity Share Capital as on March 31, 2019 was ₹695.63 million. During the year under review, the Company has not issued shares with differential voting rights nor granted stock options nor sweat equity. As of March 31, 2019, the details of shareholding in the Company held by the Directors are set out in the Corporate Governance Report forming part of the Board's Report and none of the directors hold convertible instruments of the Company.

Contracts and Arrangements with Related Parties

All contracts/arrangements/transactions entered by the Company during the financial year with related parties were in the ordinary course of business and on an arm's length basis. During the year, the Company had not entered into any contract/arrangement/transaction with related parties which could be considered material in accordance with the policy of the Company on materiality of related party transactions.

The Policy on materiality of related party transactions and dealing with related party transactions as approved by the Board may be accessed on the Company's website www.apollohospitals.com. Your Directors draw the attention of the members to the Notes to the financial statements which sets out related party disclosures.

None of the Directors have any pecuniary relationships or transactions vis-à-vis the Company.

Particulars of Employees and related disclosures

In terms of the provisions of Section 197(12) of the Act read with Rules 5(2) and 5(3) of the Companies (Appointment and Remuneration of Managerial Personnel) Rules, 2014, as amended, a statement showing the names and other particulars of the employees drawing remuneration in excess of the limits set out in the said rules are provided in the Annual Report, which forms part of this Report.

Disclosures relating to remuneration and other details as required under Section 197(12) of the Act read with Rule 5(1) of the Companies (Appointment and Remuneration of Managerial Personnel) Rules, 2014 are also provided in the Annual Report, which forms part of this Report.

Having regard to the provisions of Section 136(1) read with the relevant provisions of the Companies Act, 2013, the Annual Report excluding the aforesaid information is being sent to the members of the Company. The said information is available for inspection at the Registered Office of the Company during working hours. Any member interested in obtaining such information may write to the Company Secretary and the same will be furnished free of cost.

Employee Stock Options

No Employee Stock Options have been granted to the employees of the Company and thus no disclosure is required.

Corporate Social Responsibility Initiatives

As part of its initiatives under Corporate Social Responsibility (CSR), the Company has undertaken projects in the areas of Rural Development, Healthcare, Education & Skill Development and Research in Healthcare.

These projects are in accordance with Schedule VII of the Companies Act, 2013. The Report on CSR activities for the financial year 2018-2019 is annexed herewith as “Annexure A”.

Statutory Auditors

The Members at the Annual General Meeting held on 20th September 2017 approved the appointment of Deloitte Haskins & Sells LLP, Chartered Accountants as statutory auditors for a period of five years commencing from the Thirty Sixth Annual General Meeting till the conclusion of the Forty First Annual General Meeting subject to ratification by the Members every year. Pursuant to amendments in Section 139 of the Companies Act, 2013, the requirements to place the matter relating to such appointment for ratification by members at every annual general meeting has been dispensed with effect from 7th May, 2018 and the appointment of Deloitte Haskins & Sells LLP, Chartered Accountants as statutory auditors is valid till the conclusion of the Forty First Annual General Meeting to be held during the year 2022.

There are no qualifications, reservation or adverse remarks made by the statutory auditors in the audit report.

Cost Auditors

Pursuant to Section 148 of the Companies Act, 2013 read with the Companies (Cost Records and Audit) Amendment Rules, 2014, the Directors on the recommendation of the Audit Committee, appointed M/s. A.N. Raman & Associates, Cost Accountants, Chennai (FRN 102111) to audit the cost accounts of the Company for the financial year 2019-2020 on a remuneration of ₹1.50 million.

As required under the Companies Act, 2013, the remuneration payable to the cost auditor is required to be placed before the Members in a general meeting for their ratification. Accordingly, a resolution seeking Member's ratification for the remuneration payable to M/s. A.N. Raman & Associates, Cost Accountants, Chennai (FRN102111) is included at Item No. 14 of the Notice convening the Annual General Meeting.

The Company has maintained cost records in accordance with the provisions of the Companies Act, 2013 read with the Companies (Cost Records and Audit) Amendment Rules, 2014 in respect of healthcare services.

Secretarial Auditors

The Board had appointed Smt. Lakshmmi Subramanian, Senior Partner, M/s. Lakshmmi Subramanian & Associates, a firm of Company Secretaries in Practice, to conduct Secretarial Audit for the financial year 2018-2019. The Secretarial Audit Report for the financial year ended March 31, 2019 is annexed herewith as "Annexure B". The Secretarial Audit Report does not contain any qualification, reservation or adverse remark.

Statutory Auditors and Secretarial Auditors Report

The Directors hereby confirm that there is no qualification, reservation or adverse remark made by the statutory auditors of the company or in the secretarial audit report by the practicing company secretary for the year ended 31st March, 2019.

Particulars regarding Conservation of Energy, Technology Absorption and Foreign Exchange Earnings and Outgo.

Information as required to be disclosed on conservation of energy, technology absorption and foreign exchange earnings and outgo stipulated under Section 134(3)(m) of the Companies Act, 2013 read with Rule 8 of The Companies (Accounts) Rules, 2014, is annexed herewith as "Annexure C".

Extract of Annual Return

The details forming part of the extract of the Annual Return in Form MGT-9 is annexed herewith as "Annexure D".

Acknowledgement

Your Directors wish to place on record their appreciation of the contribution made by the employees at all levels, towards the continued growth and prosperity of your Company.

Your Directors also wish to place on record their appreciation of business constituents, banks and other financial institutions and shareholders of the Company for their continued support.

For and on behalf of the Board of Directors

Place : Chennai
Date : May 30, 2019

Dr. Prathap C Reddy
Executive Chairman

ANNEXURE I

DIVIDEND DISTRIBUTION POLICY

Background

This policy is being adopted and published in compliance with the Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) (Second Amendment) Regulations, 2016.

SEBI vide its notification dated July 8, 2016 introduced a new regulation 43A which prescribed that the top five hundred listed entities based on market capitalization (calculated as on March 31 of every financial year) shall formulate a dividend distribution policy which shall be disclosed in their annual reports and on their websites.

The regulation further prescribes that, the dividend distribution policy shall include the following parameters:

a. the circumstances under which the shareholders of the listed entities may or may not expect dividend;

b. the financial parameters that shall be considered while declaring dividend;

c. internal and external factors that shall be considered for declaration of dividend;

d. policy as to how the retained earnings shall be utilized; and

e. parameters that shall be adopted with regard to various classes of shares.

Provided that if the listed entity proposes to declare dividend on the basis of parameters in addition to clauses (a) to (e) or proposes to change such additional parameters or the dividend distribution policy contained in any of the parameters, it shall disclose such changes along with the rationale for the same in its annual report and on its website.

Objective

Apollo Hospitals Enterprise Limited (the "Company") has always strived to enhance stakeholder value. The Company believes that returning cash to shareholders is an important component of overall value creation.

Parameters/Factors considered by the Company while declaring dividend

The Board of Directors of the Company shall consider the following parameters before declaring or recommending dividend to the shareholders:

A) Financial Parameters / Internal Factors

(a) Financial performance including profits earned (standalone), available distributable reserves etc;

(b) Cash Balance and Cash Flow;

(c) Current and future capital requirements such as

- Business Expansion/Modernisation
- Mergers and Acquisitions
- Additional Investment in JVs/Subsidiaries/Associates

(d) Fund requirement for contingencies and unforeseen events with financial implications;

(e) Past Dividend trend including Interim dividend paid, if any; and

(f) Any other factor as deemed fit by the Board.

B) **External Factors**

- (a) Macro-economic conditions
- (b) Financing costs
- (c) Government Regulations
- (d) Taxation

After meeting internal cash requirements and maintaining a reasonable cash balance towards any strategic investments, the Company will endeavour to return the rest of the free cash generated to shareholders through regular dividends.

Circumstances under which the shareholders of the Company may or may not expect dividend

There may be certain circumstances under which the shareholders of the Company may not expect dividends, including the following

- (a) Adverse market conditions and business uncertainty;
- (b) Inadequacy of profits earned during the financial year;
- (c) Inadequacy of cash balance;
- (d) Substantial forthcoming capital requirements which are best funded through internal accruals;
- (e) Changing government regulations etc.

Even under such circumstances, the Board may at its discretion, and subject to applicable rules, choose to recommend a dividend out of the Company's free reserves.

Utilisation of Retained Earnings

Growth : The Company will utilise its retained earnings for the growth of the Company. The Company can consider venturing into new markets/geographies/ verticals.

Research and Development : The Company will utilise its retained earnings for research and development of new products in order to increase market share

Capital Expenditure : The Company will utilise its retained earnings for capital expenditure by way of physical and technology infrastructure etc.

Mergers and Acquisitions : The Company will utilise its retained earnings for mergers and acquisitions, as it may deem necessary from time to time

Multiple classes of shares

Currently, the Company has only one class of shares. In future, if the Company issues multiple classes of shares, the parameters of the dividend distribution policy will be appropriately addressed.

Policy Review

The Board of Directors may review this policy periodically, by taking into account the national and global economic conditions, Company's growth and investment plans and financial position etc., and in accordance with any regulatory amendments.

Website

The Policy has been posted on the website of the Company www.apollohospitals.com.

For and on behalf of the Board of Directors

Place : Chennai
Date : May 30, 2019

Dr. Prathap C Reddy
Executive Chairman

ANNEXURE - A TO THE DIRECTORS' REPORT

Report on Corporate Social Responsibility (CSR) activities for the financial year 2018 - 2019

1.	A brief outline of the Company's CSR policy, including overview of projects or programmes proposed to be undertaken and a reference to the web-link to the CSR policy and projects or programmes	Your Company has undertaken CSR activities during the year to create a meaningful and lasting impact on the communities in remote areas by helping them transcend barriers of socio-economic development. Your company wishes to extend comprehensive integrated healthcare services to the community. Your company is also committed to developing the skills of the youth through high quality education and research in healthcare services. Your company continues to focus on CSR activities under the following broad segments : 1. Rural Development 2. Healthcare 3. Education and Skill Development 4. Research in Healthcare The CSR Policy can be assessed on the company's website. Weblink:https://www.apollohospitals.com/apollo_pdf/csr-policy.pdf
2.	Composition of the CSR Committee	• Dr. Prathap C Reddy, Chairman • Smt. Preetha Reddy • Smt. Sangita Reddy • Shri. MBN Rao and • Dr. Murali Doraiswamy
3.	Average net profit of the Company for the last three financial years	₹3,848.84 million
4.	Prescribed CSR Expenditure (two percent of the amount as in item 3 above)	₹76.98 million
5.	Details of CSR spent for the financial year	2018 - 2019
	Total Amount to be spent for the financial year 2018-19	₹76.98 million
6.	Total Amount spent during the year	₹83.75 million
	Amount unspent, if any	Nil
7.	Manner in which the amount was spent during the financial year is detailed below	

The Company undertook CSR activities in line with the CSR policy approved by the Board of Directors focussing on the following themes.

1. Rural Development.
2. Healthcare encompassing free health screening camps.
3. Education and Skill Development.
4. Research in Healthcare.

Manner in which the amount was spent during the financial year is detailed below:

Sl No.	CSR Project or activity identified	Sector in which the project is covered	Projects or Programs (1) Local area or other (2) Specify the State and district where Projects or Programs were undertaken	Amount of Outlay (Budget) project or program wise ₹ in million	Amount spent on the project or programs ₹ in million	Cumulative Expenditure upto the reporting period ₹ in million	Amount spent directly or through implementing agency
1.	Providing safe drinking water Extension of Sanitation facilities, Setting up of Nutrition Centres, Vocational Training Centres facilitating skill development Training Mobile Medical Units – primary and preventive healthcare including diagnostics, Promotion and revival of rural sports	Rural Development	Andhra Pradesh, Chittoor District, Aragonda	102.42	20.00	102.42	Implementing Agency: Total Health
2.	Health Check-ups - Free Medicines and Medical Check-ups for poor people Health Care activities, Health awareness camps for primary and preventive Healthcare including diagnostics	Promoting healthcare including preventive care	**Free medical Clinics at:** 1. Tirumala Tirupathi Devasthanam (TTD), Tirupathi, Andhra Pradesh. 2. Koyambedu Bus Stand, Chennai 3. Research Centre at Tambaram, Chennai 4. Rural Community Centre, Ayanambakkam, Chennai. 5. Medical Camps at Sabarimala, Pamba, Pathanamthitta District, Kerala.	133.00	19.26	133.00	Direct
3.	Free Medicines to Geriatric Centers	Promoting healthcare including preventive care	Tamil Nadu	56.94	15.00	56.94	Implementing Agency : Direct

The Difference between Good and Great

Sl No.	CSR Project or activity identified	Sector in which the project is covered	Projects or Programs (1) Local area or other (2) Specify the State and district where Projects or Programs were undertaken	Amount of Outlay (Budget) project or program wise ₹ in million	Amount spent on the project or programs ₹ in million	Cumulative Expenditure upto the reporting period ₹ in million	Amount spent directly or through implementing agency
4.	Free Medical Treatments to the employees of World Wild Life Fund for Nature India; WWF is focusing on conservation of species through field level activities in 10 landscapes in India as well as through direct interventions aimed at conserving a particular species	Promoting healthcare including preventive care	Pan India	12.77	5.00	12.77	Implementing Agency : Apollo Hospitals Charitable Trust registered under the Indian Trust Act.
5.	Free Medicines	Promoting healthcare including preventive care	Delhi	9.46	2.35	9.46	Implementing Agency: Billion Heart's Beating Foundation registered under the Trust Act.
			Tamil Nadu Chennai	29.90	7.00	29.90	Implementing Agency: Apollo Hospitals Educational and Research Foundation
6.	Research	Research	PAN India	6.73	1.34	6.73	Implementing Agency : Harvard Global Research Support Centre India Harvard T.H. Chan School of Public Health India Research Centre

Sl No.	CSR Project or activity identified	Sector in which the project is covered	Projects or Programs (1) Local area or other (2) Specify the State and district where Projects or Programs were undertaken	Amount of Outlay (Budget) project or program wise ₹ in million	Amount spent on the project or programs ₹ in million	Cumulative Expenditure upto the reporting period ₹ in million	Amount spent directly or through implementing agency
7.	Donation to Tamil Nadu Chief Minister Relief Fund	Disaster Management	Tamil Nadu	10.00	10.00	10.00	Implementing Agency: Government of Tamil Nadu
				4.50	3.50	4.50	Implementing Agency : MRT No. 1 Charitable Trust
8.	Education and other related Initiatives	Promoting Education & Healthcare to under privileged children		0.30	0.30	0.30	United Way of Chennai
	Total			366.02	83.75	366.02	

Responsibility Statement by the Corporate Social Responsibility Committee:

The implementation and monitoring of the CSR Policy, is in compliance with the CSR objectives and policy of the Company.

Sd/-
Dr. Prathap C Reddy
Chairman, CSR Committee

sd/-
Suneeta Reddy
Managing Director

Place : Chennai
Date : 30th May 2019

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ANNEXURE - B TO THE DIRECTORS' REPORT
SECRETARIAL AUDIT REPORT
for the financial year ended 31st March 2019

[Pursuant to section 204(1) of the Companies Act, 2013 and Rule 9 of the Companies (Appointment and Remuneration of Managerial Personnel) Rules, 2014]

To

The Members
Apollo Hospitals Enterprise Limited
No. 19 Bishop Gardens,
Raja Annamalaipuram
Chennai – 600 028

We have conducted the secretarial audit of the compliance of applicable statutory provisions and the adherence to good corporate practices by Apollo Hospitals Enterprise Limited (hereinafter called the Company). Secretarial audit was conducted in a manner that provided us a reasonable basis for evaluating the corporate conducts/ statutory compliances and expressing our opinion thereon.

Based on our verification of the Company's books, papers, minute books, forms and returns filed and other records maintained by the company and also the information provided by the Company, its officers, agents and authorized representatives during the conduct of secretarial audit, we hereby report that in our opinion, the Company has, during the audit period covering the financial year ended on 31st March, 2019, complied with the statutory provisions listed hereunder and also that the Company has proper Board-processes and compliance mechanism in place to the extent, in the manner and subject to the reporting made hereinafter:

We have also examined the following with respect to the new amendment issued vide SEBI Circular number CIR/ CFD/CMD1/27/2019 dated 8th February, 2019 (Regulation 24A of SEBI(LODR)).

(a) all the documents and records made available to us and explanations provided by Apollo Hospitals Enterprise Limited ("the Listed Entity"),

(b) the filings/submissions made by the listed entity to the Stock Exchanges,

(c) website of the listed entity,

(d) books, papers, minute books, forms and returns filed with the Ministry of Corporate Affairs and other records maintained by Apollo Hospitals Enterprise Limited ("the Company") for the financial year ended on 31st March, 2019 according to the provisions as applicable to the Company during the period of audit and subject to the reporting made hereinafter and in respect of all statutory provisions listed hereunder:

i. The Companies Act, 2013 (the Act) and the Rules made there under;

ii. The Securities Contracts (Regulation) Act, 1956 ('SCRA') and the Rules made there under;

iii. The Depositories Act, 1996 and the Regulations and Bye-laws framed there under;

iv. Foreign Exchange Management Act, 1999 and the Rules and Regulations made thereunder to the extent of Foreign Direct Investment and External Commercial Borrowings;

v. The following Regulations and Guidelines prescribed under the Securities and Exchange Board of India Act, 1992 ('SEBI Act'):-

(a) The Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 as amended;

(b) The Securities and Exchange Board of India (Substantial Acquisition of Shares and Takeovers) Regulations, 2011;

(c) The Securities and Exchange Board of India (Prohibition of Insider Trading) Regulations, 2015 as amended;

We hereby report that

a. The Listed Entity has complied with the provisions of the above Regulations and circulars/guidelines issued thereunder.

b. The Listed Entity has maintained proper records under the provisions of the above Regulations and circulars/ guidelines issued thereunder in so far as it appears from our examination of those records.

c. There were no actions taken against the listed entity/its promoters/directors/material subsidiaries either by SEBI or by Stock Exchanges (including under the Standard Operation Procedures issued by SEBI through various circulars) under the aforesaid Acts/Regulations and circulars/guidelines issued thereunder.

We have also examined the compliance with the applicable clauses of the following:

(i) The Listing Agreements entered into by the Company with the Stock Exchanges, where the Securities of the Company are listed and the uniform listing agreement with the said stock exchanges pursuant to the provisions of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015

(ii) Secretarial Standards with respect to Meetings of Board of Directors (SS-1) and General Meetings (SS-2) issued by the Institute of Company Secretaries of India.

In our opinion and as identified and informed by the Management, the Company has adequate systems to monitor and ensure compliance (including the process of renewal/fresh/pending applications with Government Authorities), the following laws are specifically applicable to the Company.

1 Atomic Energy Act, 1962
2 Birth and Death and Marriage Registrations Act, 1886
3 The Air (Prevention and Control of Pollution), Act, 1981
4 The Water (Prevention and Control of Pollution), Act, 1981
5 Gas Cylinder Rules, 2016
6 The Dentists Act, 1948
7 Drugs and Cosmetics Act, 1940 and Rules made thereunder
8 Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 and Rules made thereunder
9 Drugs and Magical Remedies Rules, 1955
10 Epidemic Diseases Act, 1897
11 Ethical guidelines for Biomedical Research on Human Subjects
12 Excise Permit (For Storage of Spirit) under Central Excise Act, 1956
13 Infant Milk Substitute, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 and Rules made thereunder

14 State Lift and Escalators Act
15 Legal Metrology Act, 2009
16 Legal Metrology Rules, 2011
17 Medical Termination of Pregnancy Act, 1971
18 Indian Boilers Act, 1923
19 Petroleum Act, 1934
20 NACO Guidelines
21 Mental Healthcare Act, 2017, State Rules, 2018
22 Narcotic Drugs and Psychotropic Substances Act, 1985
23 Hazardous Waste and other Wastes (Management and Transboundary Movement), Rules, 2016
24 Pharmacy Act, 2015
25 Food Safety and Standards Act, 2006 and Rules made thereunder
26 Poisons Rules (State specific)
27 Pre-Conception and Pre-Natal Diagnostic Techniques Act, 1994
28 Prevention of Illicit Traffic in Narcotics Drugs Act, 1988
29 Prohibition of Smoking Act, 2008
30 The Static and Mobile Pressure vessels (Unfired) (Amendment), Rules, 2018
31 The Bio Medical Waste (Management and Handling) (Amendment), Rules, 2018
32 Transplantation of Human Organs and Tissues Act, 1994 and Rules made thereunder
33 Clinical Establishments and Registration Act, 2010.

It is reported that during the period under review, the Company has been regular in complying with the provisions of the Acts, Rules, Regulations and Guidelines, as mentioned above.

We further report that there were no actions/events in the pursuance of

1. The Securities and Exchange Board of India (Share Based employee Benefits) Regulations, 2014 and the Employees Stock Option Scheme, 2007 approved under the provisions of the Securities and Exchange Board of India (Employee Stock Option Scheme and Employee Stock Purchase Scheme) Guidelines, 1999;
2. The Securities and Exchange Board of India (Delisting of Equity Shares) Regulations, 2009
3. The Securities and Exchange Board of India (Buyback of Securities) Regulations, 1998
4. The Securities and Exchange Board of India (Issue of Capital and Disclosure Requirements) Regulations, 2009;
5. The Securities and Exchange Board of India (Issue and Listing of Debt Securities) Regulations, 2008;

   requiring compliance thereof by the Company during the Financial Year under review.

We further report that, based on the information provided by the Company, its officers and authorized representatives during the conduct of the audit, and also on the review of quarterly compliance reports by respective department heads/Company Secretary taken on record by the Board of Directors of the Company, in our opinion, adequate systems and control mechanism exist in the Company to monitor and ensure compliance with other applicable general laws including Human Resources and Labour laws.

We further report that the compliance by the Company of applicable financial laws, like direct and indirect tax laws, has not been reviewed in this Audit since the same have been subject to review by the Statutory financial auditor and other designated professionals.

We further report that

The company is well constituted with a proper balance of Executive Directors, Non-Executive Directors and Independent Directors. The changes in the composition of the Board of Directors that took during the period under review were carried out in compliance with the provisions of the Act.

Adequate notice is given to all directors to schedule the Board Meetings, agenda and detailed notes on agenda were delivered and a system exists for seeking and obtaining further information and clarifications on the agenda items before the meeting and for meaningful participation at the meetings.

All decisions at Board Meetings and Committee Meetings are carried out unanimously as recorded in the minutes of the meetings of the Board of Directors or Committees of the Board, as the case may be.

We further report that during the audit period no events have occurred, which have a major bearing on the Company's affairs, except the following:

1. During the year under review, the Company had entered into a Scheme of Arrangement with Apollo Pharmacies Limited whereby the front end retail pharmacy division of the Company would be demerged and transferred to Apollo Pharmacies Limited. The Company is awaiting In-Principle Approval from the Stock Exchanges.
2. During the year, the Company has invested in equity shares of M/s. Medics International Life Sciences Limited, Lucknow, up to the extent of 50%, consequent to which the said Company became an Associate Company to Apollo Hospitals Enterprise Limited.
3. Two of the Company's Independent Directors, Shri. N. Vaghul and Shri. G. Venkatraman have not opted for re-appointment and hence were not appointed for a further term.
4. The Company has incorporated a Wholly Owned Subsidiary namely M/s. Apollo Medicals Private Limited during the year.
5. The Company has inaugurated the Apollo Proton Therapy Centre on 21st January, 2019.
6. The Company has transferred dividend unclaimed on 23,470 shares of ₹5/- each to the Investor Education and Protection Fund (IEPF) Account under Section 125 of the Companies Act, 2013 pertaining to the year 2010-2011.
7. The Company has, during the year, transferred to IEPF the unclaimed dividends, amounting to ₹3.66 Million. Further, 23,470 shares of the Company in respect of which dividend has not been claimed for 7 consecutive years or more, have also been transferred to the demat account of the IEPF Authority.

For **LAKSHMMI SUBRAMANIAN & ASSOCIATES**
Sd/-

Lakshmmi Subramanian
Senior Partner

Place : Chennai — FCS No. 3534
Date : 28.05.2019 — C.P.No. 1087

ANNEXURE

To

The Members
Apollo Hospitals Enterprise Limited
No. 19 Bishop Gardens,
Raja Annamalaipuram, Chennai - 600 028

1. Maintenance of secretarial records is the responsibility of the management of the Company. Our responsibility is to express an opinion on these secretarial records based on our audit.

2. We have followed the audit practices and processes as were appropriate to obtain reasonable assurance about the correctness of the contents of the secretarial records. The verification was done on the random test basis to ensure that correct facts are reflected in secretarial records. We believe that the processes and practices, we followed provide a reasonable basis for our opinion.

3. We have not verified the correctness and appropriateness of financial records and Books of Accounts of the Company.

4. Where ever required, we have obtained the Management representation about the compliance of laws, rules and regulations and happening of events etc.

5. The compliance of the provisions of Corporate and other applicable laws, rules, regulations, standards is the responsibility of the management. Our examination was limited to the verification of procedures on a random test basis.

6. The Secretarial Audit report is neither an assurance as to the future viability of the company nor of the efficacy or effectiveness with which the management has conducted the affairs of the Company.

For **LAKSHMMI SUBRAMANIAN & ASSOCIATES**
Sd/-

Lakshmmi Subramanian
Senior Partner

FCS No. 3534
C.P.No. 1087

Place : Chennai
Date : 28.05.2019

ANNEXURE - C TO THE DIRECTORS' REPORT

Energy Conservation, Technology Absorption and Foreign Exchange Earnings and Outgo

Conservation of Energy

The operations of the Company are not energy-intensive. However, significant measures are being taken to reduce the energy consumption by using energy-efficient equipment.

Your Company constantly evaluates and invests in new technology to make its infrastructure more energy efficient. The following energy saving measures were adopted during the year 2018-2019.

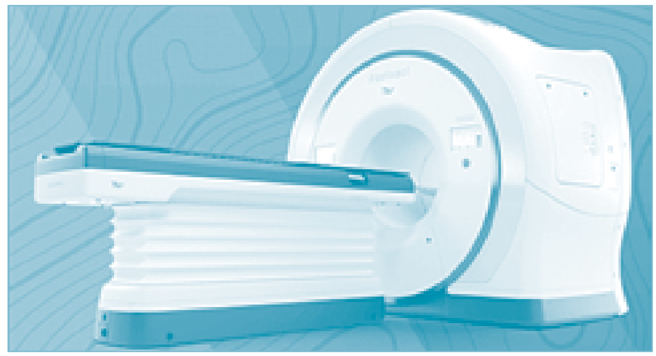
- Phasing out of CFL lamps to LED lights—Navi Mumbai achieved a savings of ₹2.29 million.
- Procurement of electricity from alternative source.
- Bio Gas from food waste achieved a savings of ₹0.20 million per year for Apollo Hospitals Madurai, Trichy, Karaikudi and Karur.
- Wind Power Generators achieved a savings of ₹9.80 million per year for Apollo Hospitals Madurai, Trichy, Karaikudi and Karur.
- Wind Power Generators achieved a savings of ₹1.93 million per year for Apollo Hospital Navi Mumbai.
- Optimization of fuel consumption in boiler operations.
- Introduction of timer based operation of Air handling Units to reduce power, consumption.
- Introducing of micro processing energy saver for AHU Motors.
- Energy optimization practices implemented in Transformer operation.
- VFD installation for AHU motor in a phased manner.
- All Lifts and OT AHUs are operated with VFD panels.
- Introduced timer control for AHU motors to reduce running hours.
- Phasing out of split air conditioner units with chilled water FCU to reduce the power consumption and capital cost.
- Using pre heated water for boilers as primary feed from solar energy, thus resulting in fuel savings of 4 litres per hour.
- PPA for buying power which has been produced through solar energy.
- Installing of occupational sensors in OPD consultant's rooms.
- Introduction of motion sensors for lighting automation.
- Introduction of heat pie in AHUs thus saving in energy.

As energy costs comprise a very small portion of your Company's total expenses, the financial implications of these measures are not material.

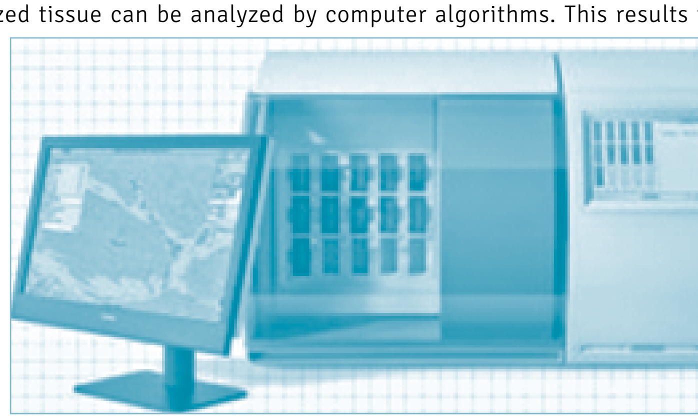
Technology Absorption

Over the years, your Company has brought into the country the best that the world has to offer in terms of technology. In its continuous endeavour to serve the patients better and to bring healthcare of international standards, your Company has introduced the latest technology in its hospitals.

1) **Tomotherapy system :** In order to augment the multiple radiotherapy technologies available in the Apollo Group, the latest generation Tomotherapy system- Radixact has been installed at the Apollo Proton Center, Chennai. This system comes with higher dose rate for better efficiency, higher gantry rotation for quicker imaging and a treatment delivery console for easier navigation through patient treatment. Tomotherapy uses daily CT imaging to guide treatment based on patient anatomy for that day, customizes radiation delivery for each patient with highly precise radiation from all angles, minimizes radiation exposure to healthy tissues and adapts the treatment plan if necessary at any time. The integrated precision treatment planning system provides a complete solution for image fusion, contouring, plan comparison and review for different treatment modes. The unique feature of Tomotherapy is the helical treatment delivery and seamless integration of image-guided and intensity modulated radiation therapy. Side effects are often minimized since less radiation reaches healthy tissues and organs.

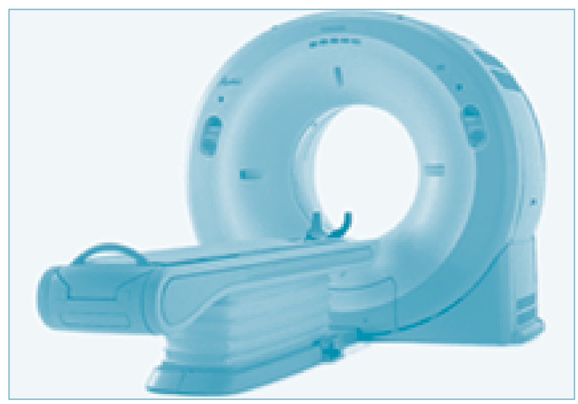


2) **Digital Pathology system :** In keeping with the latest trends in digital technology, the US FDA approved Philips Digital pathology solution has been ordered for Apollo Group Hospitals. The System has been installed in Apollo Hospitals Hyderabad, Chennai and in other hospital units in phases. In this emerging technology, glass slides containing specimen samples are converted into digital images for easy viewing, analysis, storage, and management of the collected data. This is enabled in part by virtual microscopy, a technology that enables successful image posting and transmission over a connected network. The data-rich image forms the base for maintenance of electronic health records of the patient population and compiles the distributed information to build a central database. Digitization of tissue slides offers pathologists ease of diagnosis and detection of disease. Further, digitized tissue can be analyzed by computer algorithms. This results in less human error and high efficiency. The time required for the diagnostic procedures is also significantly reduced. Minimum chances of error in observation and interpretation makes it the most sought after technology in the pathological segment. Apart from this, the digitized tissue can also be stored and further used for educational purposes.

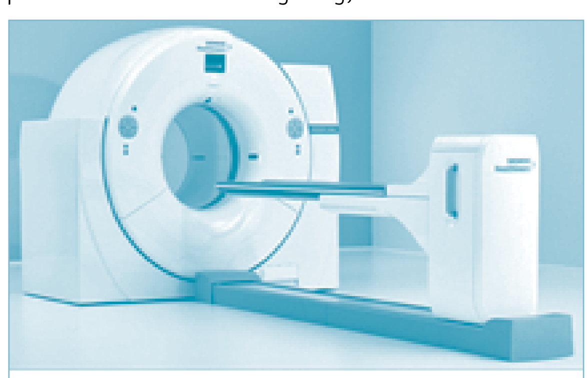


3) **Digital PET/CT scanner :** Apollo has installed the first Digital PET/CT system in the Group for the Proton Center at Chennai. This system has the highest sensitivity reducing the scan time and injected dose to the patient resulting in faster throughput and reduced radiation exposure to patient and lower cost of radioisotope. This system has the fastest time-of-flight for better contrast and signal to noise ratio. The automated self calibration feature does not require an external radioactive source and ensures consistent quantitative accuracy. The system comes with unique flow motion feature for whole body dynamic imaging with continuous bed motion.

4) **MRI System, 3.0 T :** The new Philips Ingenia Elition X 3.0T MRI system with new high-end performance gradient and RF design, combined with innovative imaging solutions helps achieve new levels of precision in anatomical and functional clinical imaging. The Unique Philips Compressed SENSE acceleration technique allows to speed up the entire MRI examination by up to 50%. The new Vital Screen offers guidance and insights on the details of the current patient study. This 12-inch interactive touchscreen provides information on exam duration, patient positioning, physiology signal captors (EEG) and breath hold guidance. Smart Exam supports reproducible planning results for over 80% of procedures. It uses adaptive intelligent software that automatically plans scanning geometries based on validated scanning preferences. 3D APT (Amide Proton Transfer) is a unique, contrast-free, brain MR imaging method that addresses the need for more confident diagnosis in neuro oncology. Ingenia Elition X Vega HP gradients deliver up to 23% higher temporal resolution in MRI studies as well as 30% shorter TR in diffusion imaging for excellent functional imaging at 3.0T. An MR experience that enhances comfort and reduces the likelihood of rescans. With up to 80% acoustic noise reduction, voice guidance, immersive in-bore visuals and a comfortable table, patients are made to feel at ease, resulting in smoother, faster exams. AutoVoice is a fully integrated and automated solution that guides patients through the MR examination. It indicates scan duration, announces table movements and offers breathhold guidance, helping to enhance patient comfort. The unique Ambient Experience lets patients define in-bore lighting, sounds and visuals. "Xtend" design provides the largest FOV of 55 cms in the Industry with imaging from eyes to thighs in as few as two stations .



5) **CT scanner :** The Aquilion LB CT scanner has the industry's largest 90 cm gantry bore for easy patient positioning and for increasing diagnostic anatomical coverage resulting in optimized diagnosis and treatment. Advanced CT technology in a robust system



configuration delivers the highest quality images at the lower doses. The Quantum detector, with a true 85 cm field-of-view enables unparalleled image quality for larger patients. The scanner offers industry best 0.5 mm Slice thickness. 4D acquisition and respiratory gating capabilities which enable motion management in radiation therapy. With exclusive PUREViSION detector technology, Aquilion LB provides consistent image quality with an industry-leading low-contrast resolution. Robust respiratory gating minimizes motion artifacts and provides reliable 4D CT gated images to evaluate respiratory motion and set up radiotherapy plans accordingly.

6) **Digital Mammography system :** The Siemens Digital mammography system Mammomat Inspiration has a flexible modular platform for screening, diagnosis, biopsy and 3D Tomosynthesis. Up to 30 % less dose and uncompromised image quality ensures patient safety. It offers more comfort and ensures efficient and consistent image quality. Single-Touch Positioning and one-click-to-image makes Mammomat Inspiration outstandingly quick and set the standard in ease of use. HD Breast Tomo increases diagnostic certainty with High Definition - Breast Tomosynthesis. Highly defined tissue and lesion morphology in unprecedented detail is obtained to gain deeper insights in both 2D and 3D – leading to more accurate and earlier detection.

7) **Biplane cathlab :** The latest generation Biplane Cathlab, Artis Zee Pure from Siemens has been ordered for Apollo Lucknow. The system enables CT-like cross-sectional imaging (cone beam CT) and soft tissue like brain tissues and high-contrast objects such as stents, clips, bones, and contrast-filled vessels can be visualized inside the cathlab itself. Fusion of 3D and CT like images provide detailed information like feeder blood vessels and soft tissue lesion size and extent more clearly. True 16-bit imaging chain enables a high dynamic range leading to four times greater greyscale resolution for enhanced soft tissue contrast in 3D imaging and Cone beam CT images. The exclusive feature of CARE & CLEAR (combined application to reduce the exposure) can bring down the overall x-ray dose delivered to patients and users up to 85%. The PURE® feature increases process efficiency in the angio suite; thereby reducing the procedure time significantly and increasing the clinical capabilities of the system.

Foreign Exchange Earnings & Outgo

Foreign Exchange Earnings :	₹990.15 million (This is exclusive of rupee payments made by Non-Resident Indian and Foreign Nationals)
Foreign Exchange Outgo :	₹392.33 million towards purchase of medical equipment and capital expenditure.

ANNEXURE - D TO THE DIRECTORS' REPORT

Form No. MGT 9
Extract of Annual Return
for the financial year ended 31st March 2019

Pursuant to Section 92 (3) of the Companies Act, 2013 and Rule 12(1) of the Companies (Management & Administration) Rules, 2014.

I	**Registration & other details:**	
i.	CIN	L85110TN1979PLC008035
ii.	Registration Date	5th December 1979
iii.	Name of the Company	APOLLO HOSPITALS ENTERPRISE LIMITED
iv.	Category/Sub-category of the Company	Public/Company Limited by Shares
v.	Address of the Registered office & contact details	#19, Bishop Gardens, Raja Annamalaipuram, Chennai - 600 028, Tamil Nadu, India Tel : 91-44-28290956, Fax: 91-44-28290956 email: investor.relations@apollohospitals.com
vi.	Whether listed company	Yes
	Name of the Stock Exchanges where equity shares are listed	National Stock Exchange of India Limited, Mumbai Stock Code : APOLLOHOSP
		Bombay Stock Exchange Limited, Mumbai Stock Code : 508869
vii.	Name , Address & contact details of the Registrar & Transfer Agent, if any.	Integrated Registry Management Services Private Ltd Kences Towers, II Floor, No. 1 Ramakrishna Street, North Usman Road, Chennai - 600 017 Ph: 91-44 2814 0801 Fax: 91-44 2814 2479

II Principal Business Activities of the Company

All the business activities contributing 10% or more of the total turnover of the company shall be stated

SL No	Name & Description of main products/services	NIC Code of the Product /service	% to total turnover of the company
	Healthcare Services & Pharmacies	86100	100

The Difference between Good and Great

III Particulars of Holding, Subsidiary & Associate Companies

SL No	Name & Address of the Company	CIN/GLN	Subsidiary/ Associate/ Holding	% of Shares Held	Section Applicable
1	**Apollo Home Healthcare (India) Limited** Ali Towers, I Floor, No. 55 Greams Road, Chennai 600 006	U85110TN1995PLC031663	Subsidiary	100.00	2(87)
2	**A.B. Medical Centers Limited** No. 159 EVR Periyar Salai, Chennai - 600 010	U85320TN1974PLC006623	Subsidiary	100.00	2(87)
3	**Samudra Healthcare Enterprises Limited** No. 13-1-3 Suryaraopeta, Main Road, Kakinada - 533 001	U85110TG2003PLC040647	Subsidiary	100.00	2(87)
4	**Western Hospitals Corporation Private Limited** Ali Towers, Ground Floor, No.55 Greams Road, Chennai - 600 006	U85110TN2006PTC061323	Subsidiary	100.00	2(87)
5	**Total Health** Aragonda Village, Thavanampalle Mandal, Chittoor District, Andhra Pradesh - 517129	U85100TN2013NPL093963	Subsidiary	100.00	2(87)
6	**Apollo Medicals Private Limited (AMPL)** No. 19, Bishop Gardens, Raja Annamalaipuram, Chennai - 600 028	U85300TN2018PTC124435	Subsidiary	100.00	2(87)
7	**Apollo Hospital (UK) Limited** First Floor, Kirkland House, 11-15, Peterborough Road, Harrow, Middlesex, HA1 2AX, United Kingdom	NA	Subsidiary	100.00	2(87)
8	**Apollo Hospitals Singapore Pte Limited** 50, Raffles Place, Singapore Land Tower # 30, Singapore-048623	NA	Subsidiary	100.00	2(87)
9	**Imperial Hospital and Research Centre Limited** No. 154/11 Bannerghatta Road, Opp. IIM, Bengaluru 560 076	U85110KA1991PLC011781	Subsidiary	90.00	2(87)
10	**Apollo Nellore Hospital Limited** No. 16/111/1133, Muthukur Road, Pinakini Nagar, Nellore - 524004	U85110TN1986PLC072193	Subsidiary	79.44	2(87)
11	**Sapien Biosciences Private Limited** 8-2-293/82/J-III/DH/900, 1st Floor, AIMSR Building, Apollo Health City, Jubilee Hills, Hyderabad - 500 033	U73100TG2012PTC080254	Subsidiary	70.00	2(87)
12	**Apollo Health and Lifestyle Limited (AHLL)** 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad – 500 016.	U85110TG2000PLC115819	Subsidiary	70.25	2(87)
13	**Assam Hospitals Limited** Lotus Tower, GS Road, Ganeshguri, Guwahati - 781 005, Assam	U85110AS1997PLC004987	Subsidiary	62.32	2(87)
14	**Apollo Home Healthcare Limited** Ali Towers, 3rd Floor, No.55 Greams Road, Chennai - 600006.	U85100TN2014PLC095340	Subsidiary	58.12	2(87)

SL No	Name & Address of the Company	CIN/GLN	Subsidiary/ Associate/ Holding	% of Shares Held	Section Applicable
15	**Apollo Rajshree Hospitals Private Limited** Dispensary Plot, Scheme No. 74C Sector D, Vijay Nagar , Indore, Madhya Pradesh - 452 010	U85110MP2008PTC020559	Subsidiary	54.63	2(87)
16	**Apollo Lavasa Health Corporation Limited** Plot No.13, Parsik Hill Road, Off Uran Road, Sector 23, CBD Belapur, Navi Mumbai - 400 614, Maharashtra	U85100MH2007PLC176736	Subsidiary	51.00	2(87)
17	**Apollo Hospitals International Limited (AHIL)** Plot No. 1A, GIDC Estate, Bhat Village, Gandhi Nagar, Gujarat - 382 428	U85110TN1997PLC039016	Subsidiary	50.00	2(87)
18	**Future Parking Private Limited** 3rd Floor, G Block, No. 55 Greams Road, Chennai - 600 006	U45206TN2009PTC072304	Subsidiary	49.00	2(87)
19	**Apollo Healthcare Technology Solutions Limited** No. 19, Bishop Gardens, Raja Annamalaipuram, Chennai - 600 028	U85100TN2012PLC086247	Subsidiary	40.00	2(87)
20	**Apollo Sugar Clinics Limited** 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad – 500 016.	U85110TG2012PLC081384	Step-down subsidiary (subsidiary of AHLL)	80.00	2(87)
21	**Apollo Speciality Hospitals Pvt Ltd** 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad – 500 016.	U85100TG2009PTC099414	Step-down subsidiary (subsidiary of AHLL)	99.92	2(87)
22	**Alliance Dental Care Limited** No.68/1, Loyal Towers, 4th Floor, East Wing, MNO Complex, Greams Road, Chennai - 600 006	U85120TN2002PLC049414	Step-down subsidiary (subsidiary of AHLL)	69.54	2(87)
23	**Apollo Dialysis Pvt Limited** No.68/1, Loyal Towers, 4th Floor, East Wing, MNO Complex, Greams Road, Chennai - 600 006	U85100TN2014PTC095571	Step-down subsidiary (subsidiary of AHLL)	59.53	2(87)
24	**AHLL Diagnostics Limited** 7-1-617/A, 615 and 616 Imperial Towers, 7th Floor, Ameerpet, Hyderabad – 500 038	U85200TG2018PLC125317	Step-down subsidiary (subsidiary of AHLL)	100.00	2(87)
25	**AHLL Risk Management Private Limited** 7-1-617/A, 615 and 616 Imperial Towers, 7th Floor, Ameerpet, Hyderabad – 500 038	U66000TG2018PTC125224	Step-down subsidiary (subsidiary of AHLL)	100.00	2(87)
26	**Apollo Bangalore Cradle Limited** 1-10-60/62, Ashoka Raghupuli Chambers, 5th floor, Begumpet, Hyderabad - 500 016	U85110TG2011PLC077888	Step-down subsidiary of AHLL	100.00	2(87)
27	**Kshema Healthcare Private Limited** 1-10-60/62, Ashoka Raghupuli Chambers, 5th floor, Begumpet, Hyderabad - 500 016	U85110TG2006PTC119295	Step-down subsidiary of AHLL	100.00	2(87)

SL No	Name & Address of the Company	CIN/GLN	Subsidiary/ Associate/ Holding	% of Shares Held	Section Applicable
28	**Apollo CVHF Limited** Plot No. 1A, Bhat GIDC Estate, Bhat, Gandhinagar, Gujarat – 382428	U74140GJ2016PLC086449	Step-down subsidiary (subsidiary of AHIL)	66.67	2(87)
29	**Apollo Pharmacies Limited** No. 19, Bishop Gardens, Raja Annamalaipuram, Chennai - 600 028	U52500TN2016PLC111328	Step-down subsidiary (subsidiary of AMPL)	100.00	2(87)
30	**Apollo Gleneagles Hospital Limited** No. 58 Canal Circular Road, Kolkata - 700 054	U33112WB1988PLC045223	Joint Venture	50.00	2(6)
31	**Apollo Gleneagles PET-CT Private Limited** Apollo Hospitals Complex, Jubilee Hills, Hyderabad - 500 033	U85110TN2004PTC052796	Joint Venture	50.00	2(6)
32	**ApoKos Rehab Private Limited** 4th Floor, Apollo Hospitals Building, Jubilee Hills, Hyderabad - 500 033	U85191TG2012PTC084641	Joint Venture	50.00	2(6)
33	**Medics International Lifesciences Limited** Plot No. KBC-31, Sector-B LDA Colony, Kanpur Road, Lucknow – 226 012	U85191UP2011PLC043154	Joint Venture	50.00	2(6)
34	**Family Health Plan Insurance (TPA) Limited** Srinilaya Cyber Spazio, Ground Floor, Road No.2, Banjara Hills, Hyderabad – 500034	U85110TG1995PLC133393	Associate	50.00	2(6)
35	**Stemcyte India Therapautics Private Limted** Apollo Hospitals Complex, Plot No. 1A, GIDC Estate, Bhat Village, Gandhi Nagar, Gujarat - 382 428	U85100GJ2008FTC052859	Associate	24.50	2(6)
36	**Indraprastha Medical Corporation Limited** Sarita Vihar, Delhi Mathura Road, New Delhi - 110 044	L24232DL1988PLC030958	Associate	22.06	2(6)
37	**Apollo Munich Health Insurance Company Limited** iLABS Centre, 2nd & 3rd floor, Plot No.404-405, Udyog Vihar Phase-III, Gurgaon - 122106, Haryana	U66030TG2006PLC051760	Associate	9.96	2(6)

IV. Shareholding Pattern (Equity Share capital Break up as % to total equity)

(1) Category - wise Shareholding

Category of Share holders	No. of Shares held at the beginning of the year (As on 1st April 2018)				No. of Shares held at the end of the year (As on 31st March 2019)				% Change during the year
	Demat	Physical	Total	% of Total Shares	Demat	Physical	Total	% of Total Shares	
A. Promoters									
(1) Indian									
a) Individual/HUF	20,556,635	-	20,556,635	14.78	20,556,635	-	20,556,635	14.78	-

Category of Share holders	No. of Shares held at the beginning of the year (As on 1st April 2018)				No. of Shares held at the end of the year (As on 31st March 2019)				% Change during the year
	Demat	Physical	Total	% of Total Shares	Demat	Physical	Total	% of Total Shares	
b) Central Govt. or State Govt.	-	-	-	-	-	-	-	-	-
c) Bodies Corporates	27,285,844	-	27,285,844	19.61	27,296,028	-	27,296,028	19.62	0.01
d) Bank/FI	-	-	-	-	-	-	-	-	-
e) Any other	-	-	-	-	-	-	-	-	-
Sub Total (A) (1)	**47,842,479**	**-**	**47,842,479**	**34.39**	**47,852,663**	**-**	**47,852,663**	**34.40**	**0.01**
2) Foreign									
a) NRI- Individuals	-	-	-	-	-	-	-	-	-
b) Other Individuals	-	-	-	-	-	-	-	-	-
c) Bodies Corporates	-	-	-	-	-	-	-	-	-
d) Banks/FI	-	-	-	-	-	-	-	-	-
e) Any other	-	-	-	-	-	-	-	-	-
Sub Total (A) (2)	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Total Shareholding of Promoter	**47,842,479**	**-**	**47,842,479**	**34.39**	**47,852,663**	**-**	**47,852,663**	**34.40**	**0.01**
(A)= (A)(1)+(A)(2)									
B. Public Shareholding									
(1) Institutions									
a) Mutual Funds	8,810,184	-	8,810,184	6.33	9,883,181	-	9,883,181	7.10	0.77
b) Alternate Investment Funds	-	-	-	-	100,000	-	100,000	0.07	0.07
c) Banks/FI	122,575	3,838	126,410	0.09	24,245	3,838	28,083	0.02	(0.07)
d) Central Govt / State Govt.	323,708	-	323,708	0.23	323,708	-	323,708	0.23	-
e) Venture Capital Fund	-	-	-	-	-	-	-	-	-
f) Insurance Companies	2,271,954	-	2,271,954	1.63	7,934,481	-	7,934,481	5.70	4.07
g) FIIs	67,528,546	-	67,528,546	48.54	61,589,715	-	61,589,715	44.27	(4.27)
h) Foreign Capital Funds	-	-	-	-					
i) Others	-	-	-	-	-	-	-	-	-

Category of Share holders	No. of Shares held at the beginning of the year (As on 1st April 2018)				No. of Shares held at the end of the year (As on 31st March 2019)				% Change during the year
	Demat	Physical	Total	% of Total Shares	Demat	Physical	Total	% of Total Shares	
Sub Total (B)(1)	79,056,964	3,838	79,060,802	56.83	79,855,330	3,838	79,859,168	57.39	0.57
2) Non Institutions									
a) Bodies corporates	893,111	51,250	944,361	0.67	1,252,634	51,250	1,303,884	0.94	0.27
b) Individuals									
i) Individual shareholders holding nominal share capital upto ₹1 lakh	4,426,021	1,684,940	6,110,961	4.39	4,654,248	1,442,215	6,096,461	4.38	(0.01)
ii) Individuals shareholders holding nominal share capital in excess of ₹1 lakh	1,016,770	96,650	1,113,420	0 .80	1,296,365	96,650	1,393,015	1.00	0.20
c) Others	2,677,850	951,420	3,629,270	2.60	1,609,031	880,230	2,489,261	1.78	(0.82)
Sub Total (B)(2)	9,013,752	2,784,260	11,798,012	8.46	8,812,276	2,470,345	11,282,621	8.10	(0.36)
Total Public Shareholding	88,070,716	2,788,098	90,858,814	65.30	88,667,606	2,474,183	91,141,789	65.51	0.20
(B) = (B) (1) + (B) (2)									
Total (A) + (B)	135,913,195	2,788,098	138,701,293	99.70	136,520,269	2,474,183	138,994,452	99.91	0.21
C. Shares held by Custodian for GDRs & ADRs									
i) Promoter and Promoter Group	-	-	-	-	-	-	-	-	-
ii) Public	423,866	-	423,866	0.30	130,707	-	130,707	0.09	(0.21)
Total Public Shareholding (C)	423,866	-	423,866	0.30	130,707	-	130,707	0.09	(0.21)
Grand Total (A+B+C)	136,337,061	2,788,098	139,125,159	100	136,650,976	2,474,183	139,125,159	100	-

(ii) Shareholding of Promoters

Sl No	Shareholders Name	Shareholding at the beginning of the year (As on 01st April 2018)			Shareholding at the end of the year (As on 31st March 2019)			% change in share holding during the year
		No. of Shares	% of total shares of the Company	% of shares pledged/ encumbered to total shares	No. of Shares	% of total shares of the Company	% of shares pledged/ encumbered to total shares	
1	Dr. Prathap C Reddy	5,445,464	3.91	-	5,445,464	3.91	-	-
2	Smt. Sucharitha P Reddy	569,800	0.41	-	569,800	0.41	-	-
3	Smt. Preetha Reddy	2,193,915	1.58	1.46	2,193,915	1.58	1.57	-
4	Smt. Suneeta Reddy	3,381,695	2.43	1.92	3,381,695	2.43	2.34	-
5	Smt. Shobana Kamineni	2,239,952	1.61	1.61	2,239,952	1.61	1.61	-
6	Smt. Sangita Reddy	2,432,508	1.75	1.75	2,432,508	1.75	1.75	-
7	Shri. Karthik Anand	330,600	0.24	-	330,600	0.24	-	-
8	Shri. Harshad Reddy	320,200	0.23	-	320,200	0.23	-	-
9	Smt. Sindoori Reddy	518,600	0.37	-	518,600	0.37	-	-
10	Shri. Aditya Reddy	210,200	0.15	-	210,200	0.15	-	-
11	Smt. Upasana Kamineni	217,276	0.16	-	217,276	0.16	-	-
12	Shri. Puansh Kamineni	212,200	0.15	-	212,200	0.15	-	-
13	Smt. Anuspala Kamineni	259,174	0.19	-	259,174	0.19	-	-
14	Shri. Konda Anindith Reddy	230,200	0.17	-	230,200	0.17	-	-
15	Shri. Konda Vishwajit Reddy	222,300	0.16	-	222,300	0.16	-	-
16	Shri. Konda Viraj Madhav Reddy	168,224	0.12	-	168,224	0.12	-	-
17	Shri. P. Vijay Kumar Reddy	8,957	0.01	-	8,957	0.01	-	-
18	Shri. P. Dwaraknath Reddy	18,000	0.01	-	18,000	0.01	-	-
19	Shri. Anil Kamineni	20	-	-	20	-	-	-
20	Shri. K Vishweshwar Reddy	1,577,350	1.13	0.54	1,577,350	1.13	1.13	-
21	PCR Investments Limited	27,223,124	19.57	15.67	27,223,124	19.57	18.48	-
22	Obul Reddy Investments Private Limited	11,200	0.01	-	11,200	0.01	-	-
23	Indian Hospitals Corporation Limited	51,520	0.04	-	61,704	0.05	-	0.01
	Total	47,842,479	34.39	23.54	47,852,663	34.40	26.88	0.01

(iii) Change in Promoters' Shareholding

Sl No	Shareholders Name	Shareholding at the beginning of the year (As on 1st April 2018)		Shareholding at the end of the year (As on 31st March 2019)	
		No. of Shares	% of total shares of the Company	No. of Shares	% of total shares of the Company
1	Dr. Prathap C Reddy				
	At the beginning of the year	5,445,464	3.91	5,445,464	3.91
	At the end of the year			5,445,464	3.91
2	Smt. Sucharitha P Reddy				
	At the beginning of the year	569,800	0.41	569,800	0.41
	At the end of the year			569,800	0.41
3	Smt. Preetha Reddy				
	At the beginning of the year	2,193,915	1.58	2,193,915	1.58
	At the end of the year			2,193,915	1.58
4	Smt. Suneeta Reddy				
	At the beginning of the year	3,381,595	2.43	3,381,595	2.43
	At the end of the year			3,381,695	2.43
5	Smt. Shobana Kamineni				
	At the beginning of the year	2,239,952	1.61	2,239,952	1.61
	At the end of the year			2,239,952	1.61
6	Smt. Sangita Reddy				
	At the beginning of the year	2,432,508	1.75	2,432,508	1.75
	At the end of the year			2,432,508	1.75
7	Shri. Karthik Anand				
	At the beginning of the year	330,600	0.24	330,600	0.24
	At the end of the year			330,600	0.24
8	Shri. Harshad Reddy				
	At the beginning of the year	320,200	0.23	320,200	0.23
	At the end of the year			320,200	0.23
9	Smt. Sindoori Reddy				
	At the beginning of the year	518,600	0.37	518,600	0.37
	At the end of the year			518,600	0.37
10	Shri. Aditya Reddy				
	At the beginning of the year	210,200	0.15	210,200	0.15
	At the end of the year			210,200	0.15
11	Smt. Upasana Kamineni				
	At the beginning of the year	217,276	0.16	217,276	0.16
	At the end of the year			217,276	0.16
12	Shri. Puansh Kamineni				
	At the beginning of the year	212,200	0.15	212,200	0.15
	At the end of the year			212,200	0.15

Sl No	Shareholders Name	Shareholding at the beginning of the year (As on 1st April 2018)		Shareholding at the end of the year (As on 31st March 2019)	
		No. of Shares	% of total shares of the Company	No. of Shares	% of total shares of the Company
13	Smt. Anuspala Kamineni				
	At the beginning of the year	259,174	0.19	259,174	0.19
	At the end of the year			259,174	0.19
14	Shri. Konda Anindith Reddy				
	At the beginning of the year	230,200	0.17	230,200	0.17
	At the end of the year			230,200	0.17
15	Shri. Konda Vishwajit Reddy				
	At the beginning of the year	222,300	0.16	222,300	0.16
	At the end of the year			222,300	0.16
16	Shri. Konda Viraj Madhav Reddy				
	At the beginning of the year	168,224	0.11	168,224	0.12
	At the end of the year			168,224	0.12
17	Shri. P. Vijay Kumar Reddy				
	At the beginning of the year	8,957	0.01	8,957	0.01
	At the end of the year			8,957	0.01
18	Shri. P. Dwaraknath Reddy				
	At the beginning of the year	18,000	0.01	18,000	0.01
	At the end of the year			18,000	0.01
19	Shri. Anil Kamineni				
	At the beginning of the year	20	-	20	-
	At the end of the year			20	-
20	Shri. K Vishweshwar Reddy				
	At the beginning of the year	1,577,350	1.13	1,577,350	1.13
	At the end of the year			1,577,350	1.13
21	PCR Investments Limited				
	At the beginning of the year	27,223,124	19.57	27,223,124	19.57
	At the end of the year			27,223,124	19.57
22	Obul Reddy Investments Private Limited				
	At the beginning of the year	11,200	0.01	11,200	0.01
	At the end of the year			11,200	0.01
23	Indian Hospitals Corporation Ltd				
	At the beginning of the year	51,520	0.04	51,520	0.04
	14-May-2018-Market Purchase			10,184	0.01
	At the end of the year			61,704	0.05

Note: The cumulative shareholding column reflects the balance as on day end.

(iv) **Shareholding pattern of top ten shareholders (other than Directors, Promoters & Holders of GDRs)**

Sl No	Shareholders Name	Shareholding at the beginning of the year (As on 1st April 2018)		Cumulative shareholding during the year	
		No. of Shares	% of total shares of the Company	No. of Shares	% of total shares of the Company
1	Oppenheimer Developing Markets Fund				
	At the beginning of the year	11,818,039	8.50	11,818,039	8.50
	27-Jul-2018 – Market Sale	(343,119)	(0.25)	11,474,920	8.25
	03-Aug-2018 – Market Sale	(172,306)	(0.12)	11,302,614	8.13
	31-Aug-2018 – Market Sale	(256,416)	(0.18)	11,046,198	7.95
	07-Sep-2018 – Market Sale	(401,848)	(0.29)	10,644,350	7.66
	14-Sep-2018 – Market Sale	(593,931)	(0.43)	10,050,419	7.23
	21-Sep-2018 – Market Sale	(913,197)	(0.66)	9,137,222	6.57
	28-Sep-2018 – Market Sale	(2,135,895)	(1.54)	7,001,327	5.03
	11-Jan-2019 – Market Sale	(525,031)	(0.38)	6,476,296	4.65
	15-Feb-2019 – Market Sale	(1,464,622)	(1.05)	5,011,674	3.60
	22-Feb-2019 – Market Sale	(2,451,603)	(1.76)	2,560,071	1.84
	01-Mar-2019 – Market Sale	(1,482,042)	(1.07)	1,078,029	0.77
	08-Mar-2019 – Market Sale	(771,299)	(0.55)	306,730	0.22
	15-Mar-2019 – Market Sale	(306,730)	(0.22)	-	-
	At the end of the year			-	-
2	Nordea 1 SICAV- Emerging Markets Focus Equity				
	At the beginning of the year	3,020,601	2.17	3,020,601	2.17
	06-Apr-2018 – Market Sale	(66,142)	(0.05)	2,954,459	2.12
	13-Apr-2018 – Market Sale	(58,754)	(0.04)	2,895,705	2.08
	20-Apr-2018 – Market Sale	(25,803)	(0.02)	2,869,902	2.06
	27-Apr-2018 – Market Purchase	12,289	0.01	2,882,191	2.07
	18-May-2018 - Market Sale	(100,395)	(0.07)	2,781,796	2.00
	25-May-2018 – Market Sale	(147,430)	(0.11)	2,634,366	1.89
	01-Jun-2018 – Market Sale	(69,920)	(0.05)	2,564,446	1.84
	06-Jul-2018 – Market Purchase	7,449	0.01	2,571,895	1.85
	27-Jul-2018 – Market Sale	(1,925)	-	2,569,970	1.85
	24-Aug-2018 - Market Sale	(29,998)	(0.02)	2,539,972	1.83
	31-Aug-2018 - Market Sale	(90,725)	(0.07)	2,449,247	1.76
	07-Sep-2018 - Market Purchase	11,935	0.01	2,461,182	1.77

Sl No	Shareholders Name	Shareholding at the beginning of the year (As on 1st April 2018)		Cumulative shareholding during the year	
		No. of Shares	% of total shares of the Company	No. of Shares	% of total shares of the Company
	28-Sep-2018 - Market Sale	(3,206)	-	2,457,976	1.77
	19-Oct-2018 - Market Sale	(42,544)	(0.03)	2,415,432	1.74
	23-Nov-2018 - Market Sale	(75,335)	(0.05)	2,340,097	1.69
	30-Nov-2018 - Market Sale	(129,909)	(0.09)	2,210,188	1.60
	21-Dec-2018 - Market Sale	(32,337)	(0.02)	2,177,851	1.58
	31-Dec-2018 - Market Sale	(26,774)	(0.02)	2,151,077	1.56
	11-Jan-2019 - Market Sale	(6,377)	(0.01)	2,144,700	1.55
	18-Jan-2019 - Market Sale	(42,833)	(0.03)	2,101,867	1.52
	01-Feb-2019 - Market Sale	(4,917)	-	2,096,950	1.52
	08-Feb-2019 - Market Sale	(14,647)	(0.01)	2,082,303	1.51
	01-Mar-2019 - Market Sale	(345,162)	(0.25)	1,737,141	1.26
	08-Mar-2019 - Market Sale	(572,249)	(0.41)	1,164,892	0.85
	15-Mar-2019 - Market Sale	(437,236)	(0.32)	727,656	0.53
	22-Mar-2019 - Market Sale	(229,267)	(0.17)	498,389	0.36
	29-Mar-2019 - Market Sale	(437,297)	(0.32)	61,092	0.04
	At the end of the year			61,092	0.04
3	Schroder International Selection Fund Asian Opportunities				
	At the beginning of the year	2,550,181	1.83	2,550,181	1.83
	15-Feb-2019 – Market Purchase	594,641	0.43	3,144,822	2.26
	At the end of the year			3,144,822	2.26
4	Munchener Ruckversicherungsgesellschaft Aktiengesellschaft In Munchen				
	At the beginning of the year	2,397,380	1.72	2,397,380	1.72
	At the end of the year			2,397,380	1.72
5	Life Insurance Corporation of India				
	At the beginning of the year	2,036,004	1.46	2,036,004	1.46
	06-Jul-2018 - Market Purchase	163,794	0.12	2,199,798	1.58
	13-Jul-2018- Market Purchase	444,607	0.32	2,644,405	1.90
	20-Jul-2018- Market Purchase	383,182	0.28	3,027,587	2.18
	27-Jul-2018- Market Purchase	219,049	0.16	3,246,636	2.34
	03-Aug-2018- Market Purchase	137,102	0.10	3,383,738	2.44
	10-Aug-2018- Market Purchase	128,228	0.09	3,511,966	2.51

Sl No	Shareholders Name	Shareholding at the beginning of the year (As on 1st April 2018)		Cumulative shareholding during the year	
		No. of Shares	% of total shares of the Company	No. of Shares	% of total shares of the Company
	17-Aug-2018- Market Purchase	50,000	0.04	3,561,966	2.55
	31-Aug-2018- Market Purchase	387,264	0.28	3,949,230	2.83
	07-Sep-2018 - Market Purchase	479,197	0.34	4,428,427	3.17
	14-Sep-2018 - Market Purchase	237,467	0.17	4,665,894	3.34
	21-Sep-2018 - Market Purchase	494,133	0.36	5,160,027	3.70
	28-Sep-2018 - Market Purchase	780,770	0.56	5,940,797	4.26
	05-Oct-2018- Market Purchase	326105	0.23	6,266,902	4.49
	12-Oct-2018- Market Purchase	229,069	0.17	6,495,971	4.66
	19-Oct-2018- Market Purchase	234,056	0.17	6,730,027	4.83
	21-Dec-2018- Market Purchase	73,032	0.05	6,803,059	4.88
	28-Dec-2018- Market Purchase	113,923	0.08	6,916,982	4.96
	31-Dec-2018- Market Purchase	23,833	0.02	6,940,815	4.99
	04-Jan-2019- Market Purchase	135,422	0.10	7,076,237	5.09
	11-Jan-2019- Market Purchase	145,056	0.10	7,221,293	5.19
	18-Jan-2019- Market Purchase	64,314	0.05	7,285,607	5.24
	25-Jan-2019- Market Purchase	146,500	0.11	7,432,107	5.35
	01-Feb-2019- Market Purchase	182,815	0.13	7,614,922	5.48
	08-Feb-2019- Market Purchase	178,073	0.12	7,792,995	5.60
	15-Feb-2019- Market Purchase	107,319	0.08	7,900,314	5.68
	At the end of the year			7,900,314	5.68
6	SBI EFT BSE 100				
	At the beginning of the year	1,782,358	1.28	1,782,358	1.28
	18-May-2018- Market Purchase	82	-	1,782,440	1.28
	20-Jul-2018- Market Sale	(63,157)	(0.05)	1,719,283	1.23
	10-Aug-2018- Market Sale	(281,494)	(0.20)	1,437,789	1.03
	17-Aug-2018- Market Sale	(264,748)	(0.19)	1,1730,41	0.84
	24-Aug-2018- Market Sale	(30,000)	(0.02)	1,143,041	0.82
	31-Aug-2018- Market Sale	(20,082)	(0.01)	1,122,959	0.81
	07-Sep-2018- Market Sale	(216,882)	(0.16)	906,077	0.65
	28-Sep-2018- Market Purchase	52,809	0.04	958,886	0.69
	05-Oct-2018 - Market Sale	(19,997)	(0.01)	938,889	0.68

Sl No	Shareholders Name	Shareholding at the beginning of the year (As on 1st April 2018)		Cumulative shareholding during the year	
		No. of Shares	% of total shares of the Company	No. of Shares	% of total shares of the Company
	12-Oct-2018- Market Sale	(51,449)	(0.04)	887,440	0.64
	19-Oct-2018- Market Sale	(35,500)	(0.03)	851,940	0.61
	02-Nov-2018- Market Sale	(578,022)	(0.42)	273,918	0.19
	09-Nov-2018- Market Sale	(72,527)	(0.05)	201,391	0.14
	16-Nov-2018- Market Sale	(200,051)	(0.14)	1,340	-
	30-Nov-2018- Market Sale	(557)	-	783	-
	29-Mar-2019- Market Sale	(440)	-	343	-
	At the end of the year			343	-
7	Sanford C Bernsteim Fund, Inc – Tax Managed				
	At the beginning of the year	1,609,580	1.16	1,609,580	1.16
	22-Jun-2018- Market Sale	(22,499)	(0.02)	1,587,081	1.14
	29-Jun-2018- Market Sale	(192,380)	(0.14)	1,394,701	1.00
	06-Jul-2018- Market Sale	(14,721)	(0.01)	1,379,980	0.99
	28-Sep-2018- Market Sale	(85,085)	(0.06)	1,294,895	0.93
	05-Oct-2018- Market Sale	(157,125)	(0.11)	1,137,770	0.82
	23-Nov-2018- Market Sale	(138,744)	(0.10)	999,026	0.72
	30-Nov-2018- Market Sale	(99,346)	(0.07)	899,680	0.65
	22-Mar-2019- Market Sale	(56,340)	(0.04)	843,340	0.61
	At the end of the year			843,340	0.61
8	Mirae Asset Tax Saver Fund				
	At the beginning of the year	1,531,385	1.10	1,531,385	1.10
	08-Jun-2018 - Market Purchase	15,000	0.01	1,546,385	1.11
	06-Jul-2018- Market Purchase	25,000	0.02	1,571,385	1.13
	13-Jul-2018- Market Purchase	45,500	0.03	1,616,885	1.16
	20-Jul-2018- Market Purchase	174,018	0.13	1,790,903	1.29
	17-Aug-2018- Market Purchase	10,000	0.01	1,800,903	1.30
	24-Aug-2018 - Market Sale	(130,000)	(0.09)	1,670,903	1.21
	31-Aug-2018- Market Sale	(221,198)	(0.16)	1,449,705	1.05
	07-Sep-2018- Market Sale	(10,000)	(0.01)	1,439,705	1.04
	28-Sep-2018- Market Purchase	6,124	-	1,445,829	1.04
	05-Oct-2018- Market Sale	(258,802)	(0.19)	1,187,027	0.85

Sl No	Shareholders Name	Shareholding at the beginning of the year (As on 1st April 2018)		Cumulative shareholding during the year	
		No. of Shares	% of total shares of the Company	No. of Shares	% of total shares of the Company
	12-Oct-2018- Market Sale	(100,000)	(0.07)	1,087,027	0.78
	09-Nov-2018- Market Sale	(100,000)	(0.07)	987,027	0.71
	16-Nov-2018- Market Sale	(500,000)	(0.36)	487,027	0.35
	23-Nov-/2018- Market Sale	(59,662)	(0.04)	427,365	0.31
	30-Nov-/2018- Market Sale	(637)	-	426,728	0.31
	07-Dec-2018- Market Sale	(354,854)	(0.26)	71,874	0.05
	15-Mar-2019- Market Purchase	5,000	-	76,874	0.05
	At the end of the year			76,874	0.05
9	**Morgan Stanley Investment Funds Emerging Lead**				
	At the beginning of the year	1,506,302	1.08	1,506,302	1.08
	13-Apr-2018- Market Sale	(46,416)	(0.03)	1,459,886	1.05
	11-May-2018- Market Purchase	142,462	0.10	1,602,348	1.15
	25-May-2018- Market Purchase	15,520	0.01	1,617,868	1.16
	01-Jun-2018- Market Purchase	25,757	0.02	1,643,625	1.18
	08-Jun-2018- Market Sale	(21,553)	(0.02)	1,622,072	1.16
	22-Jun-2018- Market Sale	(48,126)	(0.04)	1,573,946	1.12
	13-Jul-2018- Market Sale	(37,418)	(0.03)	1,536,528	1.09
	27-Jul-2018- Market Purchase	53,210	0.04	1,589,738	1.13
	17-Aug-2018- Market Purchase	84,262	0.06	1,674,000	1.19
	31-Aug-2018- Market Purchase	13,182	0.01	1,687,182	1.20
	28-Sep-2018- Market Purchase	8,877	0.01	1,696,059	1.21
	12-Oct-2018- Market Purchase	7,583	0.01	1,703,642	1.22
	16-Nov-2018- Market Sale	(66,347)	(0.05)	1,637,295	1.17
	23-Nov-2018- Market Sale	(50,825)	(0.04)	1,586,470	1.13
	18-Jan-2019- Market Sale	(12,709)	(0.01)	1,573,761	1.12
	25-Jan-2019- Market Sale	(28,864)	(0.02)	1,544,897	1.10
	15-Feb-2019- Market Sale	(23,186)	(0.01)	1,521,711	1.09
	01-Mar-2019- Market Sale	(24,894)	(0.01)	1,496,817	1.08
	15-Mar-2019- Market Purchase	30,335	0.02	1,527,152	1.10
	At the end of the year			1,527,152	1.10

Sl No	Shareholders Name	Shareholding at the beginning of the year (As on 1st April 2018)		Cumulative shareholding during the year	
		No. of Shares	% of total shares of the Company	No. of Shares	% of total shares of the Company
10	Vanguard Emerging Markets Stock Fund				
	At the beginning of the year	1,266,947	0.91	1,266,947	0.91
	04-May-2018- Market Sale	(3,320)	-	1,263,627	0.91
	11-May-2018- Market Sale	(3,154)	-	1,260,473	0.91
	01-Jun-2018- Market Sale	(2,490)	-	1,257,983	0.91
	15-Jun-2018- Market Sale	(2,490)	-	1,255,493	0.91
	22-Jun-2018- Market Sale	(7,339)	(0.01)	1,248,154	0.90
	29-Jun-2018- Market Sale	(11,814)	(0.01)	1,236,340	0.89
	06-Jul-2018- Market Sale	(4,833)	-	1,231,507	0.89
	13-Jul-2018- Market Sale	(7,697)	(0.01)	1,223,810	0.88
	12-Oct-2018- Market Purchase	46,709	0.03	1,270,519	0.91
	19-Oct-2018- Market Purchase	22,622	0.02	1,293,141	0.93
	26-Oct-2018- Market Purchase	33,181	0.02	1,326,322	0.95
	16-Nov-2018- Market Purchase	2,460	-	1,328,782	0.95
	23-Nov-2018- Market Purchase	6,396	0.01	1,335,178	0.96
	07-Dec-2018- Market Purchase	3,116	-	1,338,294	0.96
	21-Dec 2018- Market Purchase	8,856	0.01	1,347,150	0.97
	01-Feb-2019- Market Purchase	8,758	0.01	1,355,908	0.98
	08-Feb-2019- Market Purchase	27,935	0.02	1,383,843	1.00
	29-Mar-2019- Market Purchase	3,473	-	1,387,316	1.00
	At the end of the year			1,387,316	1.00

Note: The cumulative shareholding column reflects the balance as on day end.

(v) Shareholding of Directors and Key Managerial Personnel

Sl No	Name	Shareholding at the beginning of the year (As on 1st April 2018)		Cumulative shareholding during the year	
		No. of Shares	% of total shares of the Company	No. of Shares	% of total shares of the Company
	DIRECTORS				
1	Dr. Prathap C Reddy				
	At the beginning of the year	5,445,464	3.91	5,445,464	3.91
	At the end of the year			5,445,464	3.91

Sl No	Name	Shareholding at the beginning of the year (As on 1st April 2018)		Cumulative shareholding during the year	
		No. of Shares	% of total shares of the Company	No. of Shares	% of total shares of the Company
2	Smt. Preetha Reddy				
	At the beginning of the year	2,193,915	1.58	2,193,915	1.58
	At the end of the year			2,193,915	1.58
3	Smt. Suneeta Reddy				
	At the beginning of the year	3,381,695	2.43	3,381,695	2.43
	At the end of the year			3,381,695	2.43
4	Smt. Shobana Kamineni				
	At the beginning of the year	2,239,952	1.61	2,239,952	1.61
	At the end of the year			2,239,952	1.61
5	Smt. Sangita Reddy				
	At the beginning of the year	2,432,508	1.75	2,432,508	1.75
	At the end of the year			2,432,508	1.75
6	Shri. N. Vaghul				
	(ceased to be a director w.e.f 1st April 2019)				
	At the beginning of the year	-	-	-	-
	At the end of the year	-	-	-	-
7	Shri. Deepak Vaidya				
	(ceased to be a director w.e.f 5th Sept 2018)				
	At the beginning of the year	-	-	-	-
	At the end of the year	-	-	-	-
8	Shri. G. Venkatraman				
	(ceased to be a director w.e.f 1st April 2019)				
	At the beginning of the year	-	-	-	-
	At the end of the year	-	-	-	-
9	Shri. Sanjay Nayar				
	(ceased to be a director w.ef 9th Feb 2019)				
	At the beginning of the year	-	-	-	-
	At the end of the year	-	-	-	-
10	Shri. Vinayak Chatterjee				
	At the beginning of the year	-	-	-	-
	At the end of the year	-	-	-	-

Sl No	Name	Shareholding at the beginning of the year (As on 1st April 2018)		Cumulative shareholding during the year	
		No. of Shares	% of total shares of the Company	No. of Shares	% of total shares of the Company
11	Dr. T. Rajgopal				
	At the beginning of the year	-	-	-	-
	At the end of the year	-	-	-	-
12	Shri. BVR Mohan Reddy				
	(ceased to be a director w.e.f 20th Aug 2018)				
	At the beginning of the year	-	-	-	-
	At the end of the year	-	-	-	-
13.	Dr. Murali Doraiswamy				
	(appointed as a Director w.e.f 27th September 2018)				
	At the beginning of the year	-	-	-	-
	At the end of the year	-	-	-	-
14	Smt. V. Kavitha Dutt				
	(appointed as a Director w.e.f 9th February 2019)				
	At the beginning of the year	-	-	-	-
	At the end of the year	-	-	-	-
15	Shri. MBN Rao				
	(appointed as a Director w.e.f 9th February 2019)				
	At the beginning of the year	400	-	400	-
	At the end of the year	-	-	400	-
	KEY MANAGERIAL PERSONNEL				
16	Shri. Krishnan Akhileswaran				
	At the beginning of the year	4	-	4	-
	At the end of the year	-	-	4	-
17	Shri. S.M. Krishnan				
	At the beginning of the year	-	-	-	-
	At the end of the year	-	-	-	-

V INDEBTEDNESS

Indebtedness of the Company including interest outstanding/accrued but not due for payment

(₹in million)

Sl. No	Particulars	Secured Loans	Unsecured Loans	Deposits	Total Indebtedness
Indebtness at the beginning of the financial year					
i)	Principal Amount	25,118	4,796	96	30,010
ii)	Interest due but not paid	-	-	-	-
iii)	Interest accrued but not due	390	6	2	398
Total (i+ii+iii)		25,508	4,802	98	30,408
Change in Indebtedness during the financial year					
	Additions	2,609	2,721	-	5,329
	Reduction	1,164	1,701	83	2,948
	Net Change	1,444	1,020	(83)	2,381
Indebtness at the end of the financial year					
i)	Principal Amount	26,562	5,816	13	32,391
ii)	Interest due but not paid	-	-	-	-
iii)	Interest accrued but not due	309	14	-	323
Total (i+ii+iii)		26,871	5,830	13	32,714

VI Remuneration of Directors and Key Managerial Personnel

A. Remuneration to Managing Director, Whole time director and/or Manager

(₹in million)

Sl No	Particulars of Remuneration	Name of the MD/WTD/Manager					Total Amount
		Dr. Prathap C Reddy	Smt. Preetha Reddy	Smt. Suneeta Reddy	Smt. Shobana Kamineni	Smt. Sangita Reddy	
1	Gross salary						
	(a) Salary as per provisions contained in section 17(1) of the Income Tax Act, 1961	73.42	39.63	39.63	39.63	39.63	231.94
	(b) Value of perquisites u/s 17(2) of the Income tax Act, 1961	-	-	-	-	-	-
	(c) Profits in lieu of salary under section 17(3) of the Income Tax Act, 1961	-	-	-	-	-	-
2	Stock option	NA	NA	NA	NA	NA	NA
3	Sweat Equity	NA	NA	NA	NA	NA	NA

Sl No	Particulars of Remuneration	Name of the MD/WTD/Manager					Total Amount
		Dr. Prathap C Reddy	Smt. Preetha Reddy	Smt. Suneeta Reddy	Smt. Shobana Kamineni	Smt. Sangita Reddy	
4	Commission	23.19	-	-	-	-	23.19
	as % of profit						
	others (specify)	-	-	-	-	-	-
5	Others, please specify	-	-	-	-	-	-
	Total (A)	96.61	39.63	39.63	39.63	39.63	255.13

Ceiling as per the Act, ₹483 million (being 10% of the net profits of the Company calculated as per Section 198 of the Companies Act 2013)

B. Remuneration to other directors:

(₹in million)

Sl No	Particulars of Remuneration	Shri. Deepak Vaidya	Shri. N. Vaghul	Shri. G. Venkatraman	Shri.Sanjay Nayar	Shri. Vinayak Chatterjee	Dr.T. Rajgopal	Shri. BVR Mohan Reddy	Dr. Murali Doraiswamy	Smt.Kavitha Dutt	Shri.MBN Rao	Total Amount
	Independent Directors											
1	(a) Fee for attending Board committee meetings	0.25	0.50	0.85	0.15	0.40	0.60	0.15	0.15	0.10	0.15	3.30
	(b) Commission	0.54	1.25	1.25	1.08	1.25	1.25	0.48	0.63	0.17	0.17	8.07
	(c) Others, please specify	-	-	-	-	-	-	-	-	-		
	Total (1)	0.79	1.75	2.10	1.23	1.65	1.85	0.63	0.78	0.27	0.32	11.37
	Other Non Executive Directors											
2	(a) Fee for attending Board committee meetings	-	-	-	-	-	-	-	-	-	-	-
	(b) Commission	-	-	-	-	-	-	-	-	-	-	-
	(c) Others, please specify.	-	-	-	-	-	-	-	-	-	-	-
	Total (2)	-	-	-	-	-	-	-	-	-	-	-
	Total (B) = (1+2)	0.79	1.75	2.10	1.23	1.65	1.85	0.63	0.78	0.27	0.32	11.37
	Total Managerial Remuneration (A)+(B)											266.50

Overall Ceiling as per the Act ₹531.30 Million (being 11% of the net profits of the Company calculated as per Section 198 of the Companies Act, 2013)

C. Remuneration to Key Managerial Personnel other than MD/Manager/WTD

(₹in million)

Sl. No.	Particulars of Remuneration	Key Managerial Personnel		Total
1	Gross Salary	CFO	Company Secretary	
	(a) Salary as per provisions contained in section 17(1) of the Income Tax Act, 1961.	20.07	6.94	27.01
	(b) Value of perquisites u/s 17(2) of the Income Tax Act, 1961	-	-	-
	(c) Profits in lieu of salary under section 17(3) of the Income Tax Act, 1961	-	-	-
	(d) Stock Option	-	-	-
2	Sweat Equity	NA	NA	NA
3	Commission	-	-	-
4	as % of profit	NA	NA	NA
	others, specify	NA	NA	NA
5	Others, please specify	-	-	-
	Total	**20.07**	**6.94**	**27.01**

(VII) Penalties / Punishment / Compounding of Offences

Type	Section of the Companies Act	Brief Description	Details of Penalty/ Punishment/ Compounding fees imposed	Authority (RD/ NCLT/Court)	Appeal made if any (give details)
A. COMPANY					
Penalty					
Punishment					
Compounding					
B. DIRECTORS					
Penalty					
Punishment					
Compounding			NIL		
C. OTHER OFFICERS IN DEFAULT					
Penalty					
Punishment					
Compounding					

CORPORATE GOVERNANCE REPORT

1. The Company's philosophy on code of governance

The basic objective of corporate governance policies adopted by the Company is to attain the highest levels of transparency, accountability and integrity. This objective extends not merely to comply with statutory requirements but also to go beyond them by putting into place procedures and systems, which are in accordance with the best practices of governance. Your Company believes that good Corporate Governance enhances the trust and confidence of all the stakeholders. Good practice in corporate behaviour helps to enhance and maintain public trust in companies and the stock markets.

Your Company reviews its corporate governance practices to ensure that they reflect the latest developments in the corporate arena, positioning itself to conform to the best corporate governance practices. Your Company is committed to pursuing excellence in all its activities and in maximisation of shareholders' wealth.

The Company's corporate governance policies and practices focus on the following principles:

1. To recognize the respective roles and responsibilities of the Board and management.
2. To achieve the highest degree of transparency by maintaining a high degree of disclosure levels.
3. To ensure and maintain high ethical standards in its functioning.
4. To accord the highest importance to investor relations.
5. To ensure a sound system of risk management and internal controls.
6. To ensure that employees of the Company subscribe to the corporate values and apply them in their conduct.
7. To ensure that the decision making process is fair and transparent.
8. To ensure that the Company follows globally recognized corporate governance practices

Governance Structure

Apollo's Governance structure broadly comprises of the Board of Directors and the Committees of the Board at the apex level and the Management structure at the operational level. This layered structure brings about a harmonious blend in governance as the Board sets the overall corporate objectives and gives direction and freedom to the Management to achieve these corporate objectives within a given framework, thereby bringing about an enabling environment for value creation through sustainable profitable growth.

The Board of Directors plays a pivotal role in ensuring that the Company runs on sound and ethical business practices and that its resources are utilized for creating sustainable growth and societal wealth. The Board operates within the framework of a well defined responsibility matrix which enables it to discharge its fiduciary duties of safeguarding the interests of the Company, ensuring fairness in the decision making process and integrity and transparency in the Company's dealing with its Members and other stakeholders.

With a view to have a more focused attention on various facets of business and for better accountability, the Board has constituted the following committees viz. Audit Committee, Stakeholders' Relationship Committee, Nomination and Remuneration Committee, Risk Management Committee, Corporate Social Responsibility Committee and Investment Committee. Each of these Committees have been mandated to operate within a given framework.

A management structure for running the business of the Company as a whole is in place with appropriate delegation of powers and responsibilities.

2. Board of Directors

The Company has an Executive Chairman. As per Regulation 17 of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 (Listing Regulations), in case of an Executive Chairman, at least half of the Board should comprise of independent directors. Independent Directors, including a independent woman director constitute 50 percent of the overall Board. The Board has a healthy blend of executive and non-executive directors, and consequently ensures the desired level of independence in functioning and decision-making. Moreover all the non-executive directors are eminent professionals, and bring the wealth of their professional expertise and experience to the management of the Company.

(a) Composition and category of the Board of Directors, relationship between directors inter se, shareholding of Directors in the Company and Memberships in other Boards.

Director	DIN	Category	Designation	Relationship with other Directors	Shareholding in the Company
Dr. Prathap C Reddy	00003654	Promoter	Executive Chairman	Father of Smt. Preetha Reddy, Smt. Suneeta Reddy, Smt. Sangita Reddy & Smt. Shobana Kamineni	5,445,464
Smt. Preetha Reddy	00001871	Promoter	Executive Vice Chairperson	Daughter of Dr. Prathap C Reddy, Sister of Smt. Suneeta Reddy, Smt. Sangita Reddy & Smt. Shobana Kamineni	2,193,915
Smt. Suneeta Reddy	00001873	Promoter	Managing Director	Daughter of Dr. Prathap C Reddy, Sister of Smt. Preetha Reddy, Smt. Sangita Reddy & Smt. Shobana Kamineni	3,381,695
Smt. Shobana Kamineni	00003836	Promoter	Executive Vice Chairperson	Daughter of Dr. Prathap C Reddy, Sister of Smt. Preetha Reddy, Smt. Suneeta Reddy & Smt. Sangita Reddy	2,239,952
Smt. Sangita Reddy	00006285	Promoter	Joint Managing Director	Daughter of Dr Prathap C Reddy, Sister of Smt.Preetha Reddy, Smt.Suneeta Reddy & Smt.Shobana Kamineni	2,432,508
Shri Vinayak Chatterjee	00008933	Independent	Director	-	-
Dr. T. Rajgopal	02253615	Independent	Director	-	-
Dr. Murali Doraiswamy[6]	08235560	Independent	Director	-	-
Smt. V. Kavitha Dutt[4]	00139274	Independent	Director	-	-
Shri. MBN Rao[4]	00287260	Independent	Director	-	400
Shri. Deepak Vaidya[1]	00337276	Independent	Director	-	-
Shri. N. Vaghul[2]	00002014	Independent	Director	-	-

Director	DIN	Category	Designation	Relationship with other Directors	Shareholding in the Company
Shri.G.Venkatraman[2]	00010063	Independent	Director	-	-
Shri. Sanjay Nayar[3]	00002615	Independent	Director	-	-
Shri. BVR Mohan Reddy[5]	00058215	Independent	Director	-	-

Name of the Director	Number of Directorships (out of which as Chairman) other than AHEL #	Number of Memberships in Board Committees other than AHEL ##	Whether Chairman / Member	Name of other listed companies where he/she is a Director (other than AHEL)	
				Name of the Company	Category
Dr. Prathap C Reddy	5(4)	-	Member	1. Indraprastha Medical Corporation Limited	Non-Executive Director
Smt. Preetha Reddy	9	1	Member	-	-
Smt. Suneeta Reddy	5	1	Member	1. Apollo Sindoori Hotels Limited	Non Executive Director
		-	-	2. Indraprastha Medical Corporation Limited	Non Executive Director
Smt. Shobana Kamineni	8	-	-	1. Indraprastha Medical Corporation Limited	Non Executive Director
		-	-	2. Hero Motocorp Limited	Independent Director
Smt. Sangita Reddy	9	1	Member	1. Strides Pharma Science Limited	Independent Director
Shri. Vinayak Chatterjee	4	1	Member	1. Indraprastha Medical Corporation Limited	Independent Director
				2. KEC International Limited	Independent Director
				3. ACC Limited	Independent Director
Dr. T. Rajgopal	1	-	-	-	-
Dr. Murali Doraiswamy[6]	-	-	-	-	-
Smt. V. Kavitha Dutt[4]	3	2	Member	1. The K C P Limited	Executive Director
	-	-	-	2. DCM Shriram Industries Limited	Independent Director
Shri. MBN Rao[4]	8(2)	4	Member	1. K G Denim Limited	Independent Director
		1	Chairman	2. The Ramco Cements Limited	Independent Director
				3. Taj GVK Hotels and Resorts Limited	Independent Director
Shri. Deepak Vaidya[1]	NA	NA	NA	1. Strides Pharma Science Limited	Non Executive Director
				2. Solara Active Pharma Sciences Limited	Non Executive Director
				3. Indraprastha Medical Corporation Limited	Independent Director
				4. Bombay Oxygen Investments Limited	Independent Director

Name of the Director	Number of Directorships (out of which as Chairman) other than AHEL #	Number of Memberships in Board Committees other than AHEL ##	Whether Chairman / Member	Name of other listed companies where he/she is a Director (other than AHEL)	
				Name of the Company	Category
Shri. N. Vaghul[2]	NA	NA	NA	1. Piramal Enterprises Limited	Independent Director
				2. Wipro Limited	Independent Director
Shri. G.Venkatraman[2]	NA	NA	NA	1. Apollo Sindoori Hotels Limited	Independent Director
Shri. Sanjay Nayar[3]	NA	NA	NA	1. Max Financial Services Limited	Independent Director
				2. Coffee Day Enterprises Limited	Nominee Director
Shri. BVR Mohan Reddy[5]	NA	NA	NA	1. Coromandel International Limited	Independent Director
				2. Cyient Limited	Executive Director

1. Ceased to be a director w.e.f 5th September 2018
2. Ceased to be a director w.e.f 1st April 2019
3. Ceased to be a director w.e.f 9th February 2019
4. Appointed as a director w.e.f 9th February 2019
5. Ceased to be a director w.e.f 20th August 2018
6. Appointed as director w.e.f 27th September 2018
7. Smt. Shobana Kamineni is holding 5 directorships in the companies which are forming part of the Apollo Hospitals Group out of her total directorship in 8 companies.
8. Shri MBN Rao is holding 2 directorships in the companies which are forming part of the Apollo Hospitals Group out of his total directorships in 8 companies.

excluding Directorships in Foreign Companies, Private Companies and Section 8 Companies.

Represents Membership/Chairmanship of Audit Committees and Shareholders'/Investors' Grievance Committee.

As on 31st March, 2019, none of the Directors on the Board hold the office of Director in more than 10 Public Limited Companies, or Membership of Committees of the Board in more than 10 Committees and Chairmanship of more than 5 Committees, across all companies. None of the Independent Directors of the Company serve as an Independent Director in more than seven listed companies and where any Independent Director is serving as whole- time director in any listed company, such director does not serve as an Independent Director in more than three listed companies.

(b) Key Board Qualifications, Expertise and attributes

AHEL's Board is led by the Founder and Executive Chairman, who is considered to be a visionary in modern Indian healthcare and comes with a wealth of knowledge and leadership experience in the healthcare profession/ sector and in healthcare business operations. He actively leads the Company's and Group's business strategy and operations.

As members of the founding family, the four women Executive Directors (EDs) on an average have almost 20 years' experience on AHEL's Board and over 30 years' experience in AHEL. With such leadership experience in healthcare business operations, the EDs actively play their roles of Vice Chairpersons and Managing Director/Joint Managing Director of the Company, driving the Company's / Group's Strategy, Marketing, Finance, Quality Improvement, Research & Innovation, Projects, Human Resources, Talent Management, Technology, Enterprise Risk Management and CSR functions. The Executive Directors also hold active directorships in other large companies across sectors.

AHEL's Board comprises of reputed Independent Directors (IDs) with diverse backgrounds/experience, with three Independent Directors having over 40 years' leadership experience in Financial Services/Banking, two Independent Directors with corporate leadership experience and two Independent Directors with healthcare expertise. The Independent Directors also play active roles on the Boards and Committees of other large companies across various sectors.

With the above mix of Executive Directors and Independent Directors, AHEL's Board currently possesses the core skills / expertise identified which are summarized below :-

Skills/Expertise	Description
Corporate Leadership / Strategy	Experience of playing leadership roles in large businesses, with strong competencies around strategy development and implementation, business administration / operations and organization & people management
Healthcare Experience	Strong knowledge and experience in healthcare practice and research and / or in managing business operations of a sizeable healthcare organization, in delivering curative, preventive and rehabilitative care
Financial Acumen	Practical knowledge and experience in corporate finance, financial accounting and reporting and internal financial controls, including strong ability to assess financial impact of business decision making and ensure profitable and sustainable growth
Diversity	Balanced wholesome Board with diverse representation of gender, culture, educational background, professional experience and other perspectives, to enable informed collective business judgements
Governance	Board-level experience in reputed organizations, with strong understanding of and experience in directing the management in the best interests of the company and its stakeholders and in upholding high standards of governance
Technology	Ability to understand and adapt to technological trends in healthcare and business operations and experience in directing successful development / implementation of technological innovations and improvements (including IT infrastructure and applications)
Risk Management	Strong understanding and experience in risk management, to effectively direct the company's efforts to actively identify, evaluate, prioritize and mitigate risks in its dynamic business environment

(c) Declaration of Independence

Based on the disclosures received from all the independent directors and also in the opinion of the Board, the Independent Directors fulfill the conditions specified in Companies Act, 2013 and SEBI Listing Regulations and are independent of the Management.

(d) Board Meetings and Attendance of Directors.

Seven board meetings were held during the financial year from 1st April 2018 to 31st March 2019. The dates on which the meetings were held are as follows:

30th May 2018, 10th August 2018, 6th September 2018, 27th September 2018, 14th November 2018, 9th February 2019 and 20th March 2019.

Attendance details of each Director at the Board Meetings, at the last AGM.

Name of the Director	Number of Board Meetings held	Number of Board Meetings attended	Last AGM Attendance (Yes/No)
Dr. Prathap C Reddy	7	7	Yes
Smt. Preetha Reddy	7	6	Yes
Smt. Suneeta Reddy	7	7	Yes
Smt. Shobana Kamineni	7	6	Yes
Smt. Sangita Reddy	7	6	Yes
Shri. Vinayak Chatterjee	7	6	Yes
Dr. T. Rajgopal	7	7	Yes
Shri. N. Vaghul[1]	7	6	Yes
Shri. G.Venkatraman[1]	7	7	Yes
Dr. Murali Doraiswamy[2]	3	3	NA
Smt. V. Kavitha Dutt[3]	2	2	NA
Shri. MBN Rao[3]	2	2	NA
Shri. Deepak Vaidya[4]	2	2	NA
Shri. BVR Mohan Reddy[5]	2	2	NA
Shri. Sanjay Nayar[6]	5	3	NA

1. Ceased to be a director w.e.f 1st April 2019
2. Appointed as a director w.e.f 27th September 2018
3. Appointed as director w.e.f 9th February 2019
4. Ceased to be a director w.e.f 5th September 2018
5. Ceased to be a director w.e.f 20th August 2018
6. Ceased to be a director w.e.f 9th February 2019

The Companies Act, 2013 read with the relevant rules made thereunder, now facilitates the participation of a Director in Board / Committee Meetings through video conferencing or other audio visual mode. Accordingly, the option to participate in the Meeting through video conferencing was made available for the Directors except in respect of such Meetings / Items which are not permitted to be transacted through video conferencing.

(e) Availability of Information to Board Members

The Board periodically reviews the items required to be placed before it and in particular reviews and approves quarterly/half yearly unaudited financial statements and the audited annual financial statements, corporate strategies, business plans, annual budgets, projects and capital expenditure. It monitors overall operating performance, progress of major projects and reviews such other items which require the Board's attention. It directs and guides the activities of the Management towards the set goals and seeks accountability. It also sets standards of corporate behaviour, ensures transparency in corporate dealings and compliance with laws and regulations. The Agenda for the Board Meeting covers items as prescribed under Part A of Schedule-II of Sub- Regulation-7 of Regulation-17 of the Listing Regulations to the extent these are relevant and applicable. All agenda items are supported by relevant information, documents and presentations to enable the Board to take informed decisions.

The information made available to the Board includes the following:

1. Annual Operating plans, budgets and any updates.
2. Capital budgets and any updates.
3. Quarterly results of the Company and its operating divisions or business segments.
4. Minutes of meetings of the audit committee and other committees of the Board.
5. Information or recruitment and remuneration of senior officers just below the board level, including appointment and removal of the Chief Financial Officer and the Company Secretary.
6. Show cause, demand, prosecution notices and penalty notices, which are materially important.
7. Fatal or serious accidents, dangerous occurrences any material effluent or pollution problems.
8. Any material default in financial obligations to and by the Company or substantial non-payment for goods sold by the Company.
9. Any issue which involves possible public or product liability, claims of substantial nature including judgments or orders which, may have passed strictures on the code of conduct of the Company or taken an adverse view regarding another enterprise that can have negative implications on the Company.
10. Details of joint venture or collaboration agreements.
11. Transactions that involve substantial payments towards goodwill, brand equity or intellectual property.
12. Significant labour problems and their resolutions. Any significant development on the Human Resources/ Industrial Relations front like signing of wage agreement, implementation of VRS scheme etc.
13. Sale of material nature such as investments, subsidiaries, assets which is not in the normal course of business.
14. Quarterly details of foreign exchange exposures and the steps taken by management to limit the risks of adverse exchange rate movement, if material.
15. Non-compliance of any regulatory, statutory or listing requirements and shareholder services such as non-payment of dividend, delay in share transfers etc.

(f) The Board reviews periodically the compliance reports of all laws applicable to the Company.

(g) Code of Conduct for Board Members and Senior Management Personnel

The Board of Directors had adopted a Code of Conduct for the Board Members and Senior Management Personnel of the Company. This Code helps the Company to maintain the Standard of Business Ethics and ensure compliance with the legal requirements, specifically under Regulation 17(3) of the Listing Regulations. The Code is aimed at preventing any wrongdoing and promoting ethical conduct of the Board and employees.

The Company Secretary has been appointed as the Compliance Officer and is responsible to ensure adherence to the Code by all concerned. A copy of the code of conduct has been posted at the Company's off icial website www. apollohospitals.com

The Code lays down the standard of conduct which is expected to be followed by the Directors and the designated employees in their business dealings and in particular on matters relating to integrity in the work place, in business practices and in dealing with stakeholders. All the Board Members and the Senior Management personnel have confirmed compliance with the Code.

The declaration regarding compliance with the code of conduct is appended to this report.

Code of Conduct for prevention of Insider Trading

The Company has adopted a code of conduct for prevention of insider trading in accordance with the Securities and Exchange Board of India (Prohibition of Insider Trading) Regulations, 2015 as amended. Shri. S.M. Krishnan, Vice President Finance and Company Secretary is the Compliance Officer. All the Directors and Senior Management Personnel and such other designated employees of the Company who are expected to have access to unpublished price sensitive information relating to the Company are covered under the said code. The Directors, their relatives, senior management personnel, designated employees etc., are restricted from purchasing, selling and dealing in the shares while being in possession of unpublished price sensitive information about the Company during certain prohibited periods. All Board Directors and the designated employees have confirmed compliance with the Code.

(h) Familiarization Programmes for Board Members

The Board Members of the Company are eminent personalities having wide experience in the fields of business, finance, education, industry, commerce and administration. Their presence on the Board has been valuable and fruitful in taking business decisions.

The Board Members are provided with necessary documents/brochures, reports and internal policies to enable them to familiarize with the Company's procedures and practices.

Periodic presentations are made at the Board and Board Committee Meetings, on business apart from performance updates of the Company, global business environment, business strategy and risks involved. Updates on relevant statutory changes encompassing important laws are regularly circulated to the Independent directors.

The familiarization policy including details of familiarization programmes attended by independent directors during the year ended March 31, 2019 is posted on the website of the Company at https://www.apollohospitals.com/ apollo_pdf/board-familiarization-policy.pdf.

(i) Independent Directors' Meeting

During the year under review, the Independent Directors met on March 20, 2019 inter alia, to discuss:

- Evaluation of the performance of Independent Directors and the Board of Directors as a whole;
- Evaluation of the performance of the Chairman of the Company, taking into account the views of the Executive and Non-Executive Directors.
- Evaluation of the quality, content and timelines of flow of information between the Management and the Board that is necessary for the Board to effectively and reasonably perform its duties.

All the Independent Directors were present at the Meeting

3. Composition of Board Committees

Audit Committee	Nomination & Remuneration Committee	Stakeholders Relationship Committee	Corporate Social Responsibility Committee
Shri. MBN Rao, Chairman[1]	Shri. Vinayak Chatterjee, Chairman[6]	Smt.V. Kavitha Dutt, Chairperson[12]	Dr. Prathap C Reddy, Chairman
Shri. G. Venkatraman, Chairman[2]	Shri. N. Vaghul, Chairman[7]	Shri. G. Venkatraman, Chairman[13]	Smt. Preetha Reddy, Member
Dr. T. Rajgopal, Member	Shri. MBN Rao, Member[8]	Smt. Preetha Reddy, Member	Smt. Sangita Reddy, Member
Smt. V. Kavitha Dutt, Member[3]	Dr. T. Rajgopal, Member[8]	Smt. Suneeta Reddy, Member	Shri. MBN Rao, Member[14]
Shri. Deepak Vaidya, Chairman[4]	Dr. Murali Doraiswamy, Member[9]		Dr. Murali Doraiswamy, Member[14]
Shri. Vinayak Chatterjee, Member[5]	Shri. Deepak Vaidya, Member[10]		Shri. N. Vaghul, Member[15]
	Shri. BVR Mohan Reddy, Member[11]		Shri. G.Venkatraman, Member[15]
	Shri. G.Venkatraman, Member[7]		

Risk Management Committee	Investment Committee	Share Transfer Committee
Smt. Suneeta Reddy, Chairperson	Shri. Vinayak Chatterjee, Chairman [16]	Smt.V. Kavitha Dutt, Chairperson [21]
Smt. Preetha Reddy, Member	Shri. N. Vaghul, Chairman [17]	Shri. G. Venkatraman, Chairman [22]
Shri. Vinayak Chatterjee, Member	Smt. Preetha Reddy, Member	Smt. Preetha Reddy, Member
Dr. Satyabhama, Member	Smt. Suneeta Reddy, Member	Smt. Suneeta Reddy, Member
Dr. K. Hariprasad, Member	Shri. MBN Rao, Member[18]	
	Shri. Deepak Vaidya, Member[19]	
	Dr. Murali Doraiswamy, Member[20]	

1. Appointed as a Member w.e.f 9th February 2019 and became Chairman w.e.f 1st April 2019
2. Appointed as a Chairman w.e.f 6th September 2018 and ceased to be a member w.e.f 1st April 2019
3. Appointed as a Member w.e.f 1st April 2019
4. Ceased to be a member w.e.f 5th September 2018
5. Appointed as a Member w.e.f 6th September 2018 and ceased to be a Member w.e.f 9th February 2019
6. Appointed as a member w.e.f 6th September 2018 and became Chairman w.e.f 1st April 2019
7. Ceased to be a member w.e.f 1st April 2019
8. Appointed as a member w.e.f 1st April 2019
9. Appointed as a member w.e.f 30th May 2019
10. Ceased to be a Member w.e.f 5th September 2018
11. Ceased to be a member w.e.f 20th August 2018
12. Appointed as Chairperson w.e.f 1st April 2019
13. Ceased to be Chairman w.e.f 1st April 2019
14. Appointed as a member w.e.f 1st April 2019
15. Ceased to be a member w.e.f 1st April 2019
16. Appointed as Chairman w.e.f 1st April 2019
17. Ceased to be a Chairman w.e.f 1st April 2019
18. Appointed as a member w.e.f 1st April 2019
19. Ceased to be a member w.e.f 5th September 2018
20. Appointed as a member w.e.f 30th May 2019
21. Appointed as Chairman w.e.f 1st April 2019
22. Ceased to be Chairman w.e.f 1st April 2019

1. Audit Committee

a) Composition of the Audit Committee

The Company continued to derive immense benefit from the deliberations of the Audit Committee comprising of the following Independent Directors.

1. Shri. G. Venkatraman, Chairman (period from 6th September 2018 to 31st March 2019)
2. Shri. MBN Rao, Chairman, w.e.f 1st April 2019
3. Dr. T. Rajgopal, Member
4. Smt. V. Kavitha Dutt, Member w.e.f 1st April 2019
5. Shri. Deepak Vaidya, Chairman upto 5th September 2018

The Committee comprises of eminent professionals with expert knowledge in corporate finance and healthcare. The minutes of each audit committee meeting are placed before and discussed by the Board of Directors of the Company.

b) Meetings of the Audit Committee

The Audit Committee met five times during the financial year from 1st April 2018 to 31st March 2019. The dates on which the meetings were held are as follows:

29th May 2018, 9th August 2018, 13th November 2018, 8th February 2019 and 19th March 2019

Sl.No	Name of the Member	Designation	Period	Number of Meetings held	Number of Meetings attended
1.	Shri. Deepak Vaidya	Chairman	Upto 5th Sept 2018	2	2
2.	Shri. G. Venkatraman	Chairman	From 6th September 2018 to 31st March 2019	5	5
		Member	Upto 5th September 2018		
3.	Shri. MBN Rao	Chairman	From 1st April 2019	1	1
		Member	From 9th Feb 2019 to 31st March 2019		
4.	Shri. Vinayak Chatterjee	Member	From 6th Sept 2018 to 9th Feb 2019	2	2
5.	Dr. T. Rajgopal	Member	Throughout the financial year	5	5
6.	Smt. V. Kavitha Dutt	Member	1st April 2019 onwards	NA	NA

c) Powers of the Audit Committee

The powers of the Audit Committee include the following:

1. To investigate any activity within its terms of reference.
2. To seek information from any employee.
3. To obtain outside legal or other professional advice.
4. To secure attendance of outsiders with relevant expertise, if it considers necessary

d) Functions of the Audit Committee

The role of the Audit Committee includes the following:

1. Oversight of the Company's financial reporting process and the disclosure of its financial information to ensure that the financial statements are correct, suff icient and credible;
2. Recommendation for appointment, remuneration and terms of appointment of the auditors of the Company;
3. Approval of payments to the statutory auditors for any other services rendered by the statutory auditors;
4. Reviewing, with the management, the annual financial statements and auditor's report thereon before submission to the board for approval, with particular reference to:
    a. Matters required to be included in the Director's Responsibility Statement to be included in the Board's report in terms of clause (c) of sub-section 3 of section 134 of the Companies Act, 2013.
    b. Changes, if any, in accounting policies and practices and reasons for the same.
    c. Major accounting entries involving estimates based on the exercise of judgment by management.
    d. Significant adjustments made in the financial statements arising out of audit findings.
    e. Compliance with listing and other legal requirements relating to financial statements.
    f. Disclosure of any related party transactions.
    g. Modified opinion(s) in the draft Audit Report.
5. Reviewing, with the management, the quarterly financial statements before submission to the board for approval;
6. Reviewing, with the management, the statement of uses/application of funds raised through an issue (public issue, rights issue, preferential issue, etc.), the statement of funds utilized for purposes other than those stated in the offer document/prospectus notice and the report submitted by the monitoring agency monitoring the utilisation of proceeds of a public or rights issue, and making appropriate recommendations to the Board to take up steps in this matter;
7. Reviewing and monitoring the auditor's independence and performance, and effectiveness of the audit process;
8. Approval or any subsequent modification of transactions of the Company with related parties;
9. Scrutiny of inter-corporate loans and investments;
10. Reviewing the utilization of loans and/or advances/investment made by the Company in its subsidiary exceeding a sum of INR 1 billion or 10% of the asset size of the subsidiary, whichever is lower including existing loans/investments/advances:
11. Valuation of undertakings or assets of the Company, wherever it is necessary;
12. Evaluation of internal financial controls and risk management systems;
13. Reviewing, with the management, performance of statutory and internal auditors, adequacy of the internal control systems;
14. Reviewing the adequacy of internal audit function, if any, including the structure of the internal audit department, staffing and seniority of the official heading the department, reporting structure coverage and frequency of internal audit;

15. Discussion with internal auditors on any signif icant findings and follow up there on;
16. Reviewing the findings of any internal investigations by the internal auditors into matters where there is suspected fraud or irregularity or a failure of internal control systems of a material nature and reporting the matter to the board;
17. Discussion with statutory auditors before the audit commences, about the nature and scope of audit as well as post-audit discussion to ascertain any area of concern;
18. To look into the reasons for substantial defaults in the payment to the depositors, debenture holders, shareholders (in case of non-payment of declared dividends) and creditors;
19. To review the functioning of the Whistle Blower mechanism;
20. Approval of appointment of the CFO after assessing the qualifications, experience and background, etc. of the candidate;
21. Carrying out any other function as is mentioned in the terms of reference of the Audit Committee.

The Audit Committee shall mandatorily review the following information.

i) Management discussion and analysis of financial condition and results of operations.

ii) Statement of significant related party transactions (as defined by the audit committee and submitted by management).

iii) Management letters / letters of internal control weaknesses issued by the statutory auditors.

iv) Internal audit reports relating to internal control weaknesses and

v) The appointment/removal and terms of remuneration of the Internal Auditors shall be subject to review by the Audit Committee and such other matters as prescribed.

vi) Statement of deviations

  (a) Quarterly statement of deviation(s) including report of monitoring agency, if applicable, submitted to stock exchanges as per the relevant stock exchange listing regulations

  (b) Annual statement of funds utilized for purposes other than those stated in the offer document/ prospectus/ notice.

In addition to the areas noted above, the audit committee reviews controls and security relating to the Company's critical IT applications, the internal and control assurance audit reports of all major divisions and profit centers and deviations from the code of business principle, if any.

2. Nomination & Remuneration Committee

a) Composition and Scope of the Nomination & Remuneration Committee

The Nomination & Remuneration Committee comprises of the following Independent and Non-Executive Directors.

1. Shri. Vinayak Chatterjee, Chairman (Appointed as a member wef 6th September 2018 and became Chairman wef 1st April 2019)
2. Shri. N. Vaghul, Chairman (upto 31st March 2019)

3. Shri. MBN Rao, Member (from 1st April 2019)
4. Dr. T. Rajgopal, Member (from 1st April 2019)
5. Dr. Murali Doraiswamy, Member (from 30th May 2019)
6. Shri. Deepak Vaidya, Member (upto 5th September 2018) and
7. Shri. BVR Mohan Reddy, Member (upto 20th August 2018)

b) Meetings of the Nomination & Remuneration Committee

Five meetings were held during the financial year from 1st April 2018 to 31st March 2019 and the dates on which the meetings were held are as follows:

30th May 2018, 27th September 2018, 14th November 2018, 8th February 2019 and 20th March 2019

Sl.No	Name of the Member	Designation	Period	Number of Meetings held	Number of Meetings attended
1.	Shri. N. Vaghul	Chairman	Upto 31st March 2019	5	4
2.	Shri. Vinayak Chatterjee	Chairman	From 1st April 2019	4	3
		Member	From 6th September 2018 to 31st March 2019		
3.	Shri. G. Venkatraman	Member	Upto 31st March 2019	5	5
4.	Shri. Deepak Vaidya	Member	Upto 5th September 2018	1	1
5.	Shri. BVR Mohan Reddy	Member	Upto 20th August 2018	1	1
6.	Dr. T. Rajgopal	Member	1st April 2019 onwards	NA	NA
7.	Shri. MBN Rao	Member	1st April 2019 onwards	NA	NA
8.	Dr. Murali Doraiswamy	Member	30th May 2019 onwards	NA	NA

c) Scope of the Nomination & Remuneration Committee

The Scope of the Nomination & Remuneration Committee includes the following:

1. The Committee shall formulate the criteria for determining the qualification, positive attributes and independence of a director and recommend to the Board a policy, relating to the remuneration for the directors, key managerial personnel and other employees.
2. The Committee shall identify persons who are qualified to become directors and who may be appointed in senior management positions in accordance with the criteria laid down, recommend to the Board their appointment and removal and shall carry out evaluation of every director's performance.
3. The Committee shall formulate the criteria for evaluation of performance of independent directors and the board of directors.
4. The Committee shall ensure that the level and composition of remuneration is reasonable and sufficient, relationship of remuneration to performance is clear and meets performance benchmarks, and involves a balance between fixed and incentive pay.
5. Review the policy from time to time for selection and appointment of Directors, Key Managerial Personnel and senior management employees and their remuneration.

6. Review the performance of the Board of Directors and Senior Management Employees based on certain criteria as approved by the Board. In reviewing the overall remuneration of the Board of Directors and Senior Management, the Committee ensures that the remuneration is reasonable and sufficient to attract, retain and motivate the best managerial talent, the relationship of remuneration to performance is clear and meets appropriate performance benchmarks and that the remuneration involves a balance between fixed and incentive pay reflecting short term and long term objectives of the Company.

7. Recommend to the Board on all the payments made, in whatsoever form, to the senior management.

8. Filling up of vacancies in the Board that might occur from time to time and appointment of additional Non-Executive Directors. In making these recommendations, the Committee shall take into account the special professional skills required for efficient discharge of the Board's functions.

9. Recommendation to the Board with regard to re-appointment of directors, liable to retire by rotation and appointment of Executive Directors.

10. To determine and recommend to the Board from time to time

    a) the amount of commission and fees payable to the Directors within the applicable provisions of the Companies Act, 2013.

    b) the amount of remuneration, including performance or achievement bonus and perquisites payable to the Executive Directors.

    c) To frame guidelines for Reward Management and recommend suitable schemes for the Executive Directors and Senior Management.

11. To determine the need for key man insurance policy for any of the Company's personnel.

12. To carry out the evaluation of performance of Individual Directors and the Board.

13. To carry out any function as is mandated by the Board from time to time and/or enforced by any statutory notification, amendment or modifications as may be applicable.

d) Policy for selection of Directors and their remuneration

The N&R Committee has adopted a Charter which, inter alia, deals with the manner of selection of Non-Executive Directors, Independent Directors and Executive Directors and their remuneration. This Policy is accordingly derived from the said Charter.

1. Criteria for selection of Non-Executive Directors and Independent Directors

a. The Non-Executive Directors shall be persons of high integrity with relevant expertise and experience so as to have a diverse Board with Directors having expertise in the fields of healthcare, manufacturing, marketing, finance, taxation, law, governance and general management.

b. In case of appointment of Non-Executive Independent Directors, the N&R Committee shall satisfy itself with regard to the independent nature of the Directors vis-à-vis the Company so as to enable the Board to discharge its function and duties effectively.

c. The N&R Committee shall ensure that the candidate identified for appointment as a Director is not disqualified for appointment under Section 164 of the Companies Act, 2013.

d. The N&R Committee shall consider the following attributes / criteria, whilst recommending to the Board the candidature for appointment as Director.

   i. Qualifications, expertise and experience of the Directors in their respective fields;

   ii. Personal, Professional or business standing;

   iii. Diversity of the Board.

e. In case of re-appointment of Non-Executive Independent Directors, the Board shall take into consideration the performance evaluation of the Director and his engagement level.

2. Criteria for selection of Executive Directors

For the purpose of selection of the Executive Directors, the N&R Committee shall identify persons of integrity who possess relevant expertise, experience and leadership qualities required for the position and shall take into consideration recommendations, if any, received from any member of the Board.

The Committee will also ensure that the incumbent fulfills such other criteria with regard to age and other qualifications as laid down under the Companies Act, 2013 or other applicable laws.

3. Remuneration Policy

a) Executive Directors

The main aim of the remuneration policy is to pay the Executive Directors and senior management competitively, having regard to other comparable companies and the need to ensure that they are properly remunerated and motivated to perform in the best interests of shareholders. Performance related rewards, based on measured and stretch targets, are therefore an important component of remuneration packages.

The Nomination & Remuneration Committee obtains external advice from an independent compensation and benefit consultant firm while finalizing the Executive Directors remuneration including benchmarking based on prevailing market practices.

The main components of the remuneration package for executive directors comprises of base salary and performance related variable annual incentive linked to Company performance.

Base Compensation (Fixed pay)

The base salary or the fixed component has been finalized based on prevailing market standards.

The salaries for executive directors will be reviewed annually having regard to the job size, responsibility levels, performance evaluation and competitive market practice. Also, the annual increments relating to the fixed pay components will be decided by the Nomination & Remuneration Committee based on Company performance and market conditions.

Performance based incentive (Variable pay)

All Executive Directors, other than the Executive Chairman, would be eligible for performance based Variable Pay, linked to the achievement of operating profit targets and job related goals . 50% of the bonus is payable with reference to achievement of the profit targets and the balance 50% is payable with reference to the individual KRAs (Key result areas) as finalized by the Nomination and Remuneration Committee each year. The maximum annual bonus payable to each executive director is 125% of base salary.

In case of the Executive Chairman, 100% of the performance based Variable pay is linked to achievement of operating profit targets. The maximum annual bonus payable is 125% of base salary.

In addition to the variable pay, the Executive Chairman will be eligible for a commission of upto 1% of the net profits before tax of the Company.

This will be determined by the Nomination & Remuneration Committee based on the review of the Executive Chairman's achievement linked to improvement in shareholders returns and brand enhancement which involves evaluation of the following parameters

i) Retaining market leadership through higher patient footfalls

ii) Maintaining best in class clinical outcomes

iii) Attracting and retaining top clinical talent and

iv) Deepening share of business from high end specialties

b) Non-Executive Directors

Compensation to the non-executive directors takes the form of :

1. Sitting fees for the meetings of the Board and Committees, if any attended by them and

2. Commission of Profits

The Shareholders have approved the payment of commission to Non Executive and Independent Directors within the overall maximum ceiling limit of 1% of the net profits of the Company for a period of five years with effect from 1st April 2014 in addition to the sitting fee being paid by the Company for attending the Board/Committee Meetings.

The compensation is reviewed periodically taking into consideration various factors such as performance of the Company, time spent by the directors for attending to the affairs and business of the Company, and the extent of responsibilities cast on the directors under various laws and other relevant factors.

The Board approved the payment of commission of ₹1.25 million to each Non Executive Independent Director of the Company for the year ended 31st March 2019.

The aggregate commission payable to all non-executive directors is well within the limits approved by the shareholders and in line with the provisions of the Companies Act, 2013.

c) Senior Management Employees

In determining the remuneration of Senior Management Employees (ie KMPs and Executive Committee Members) the N&R Committee shall ensure/consider the following:

i) The relationship of remuneration and performance benchmark is clear;

ii) The balance between fixed and incentive pay reflecting short and long term performance objectives, is appropriate to the working of the Company and its goals;

iii) The remuneration is divided into two components viz, fixed component comprising salaries, perquisites and retirement benefits and a variable component comprising performance bonus;

iv) The remuneration including annual increment and performance bonus is decided based on the criticality of the roles and responsibilities, the Company's performance vis-à-vis the annual budget achievement, individuals performance vis-à-vis KRAs/KPIs, industry benchmarks and current compensation trends in the market;

v) The Managing Director will carry out the individual performance review based on the standard appraisal matrix and shall take into account the appraisal score card and other factors mentioned hereinabove, whilst recommending the annual increments and performance incentives to the N&R Committee for its review and approval.

e) Performance Evaluation of the Board and the Directors

Pursuant to the provisions of the Companies Act, 2013 and Regulation 17 of the Listing Regulations, Annual Performance Evaluation was conducted for all Board Members as well as the working of the Board and its Committees.

This evaluation was led by the Chairman of the Nomination and Remuneration Committee with specific focus on the performance and effective functioning of the Board. The Board evaluation framework has been designed in compliance with the requirements under the Companies Act, 2013 and the Listing Regulations, and in consonance with the Guidance Note on Board Evaluation issued by SEBI. The Board evaluation was conducted through a questionnaire having qualitative parameters and feedback based on ratings.

Evaluation of the Board was based on criteria such as composition and role of the Board, Board communication and relationships, functioning of Board Committees, review of performance and compensation to Executive Directors, succession planning, strategic planning, etc.

Evaluation of Directors was based on criteria such as participation and contribution in Board and Committee meetings, representation of shareholder interests and enhancing shareholder value, experience and expertise to provide feedback and guidance to top management on business strategy, governance and risk, understanding of the organization's strategy, risk and environment, etc.

The performance evaluation of the Chairman and the Executive Directors was carried out by the Independent Directors. The performance evaluation of the Independent Directors was carried out by the entire Board. The Directors expressed their satisfaction with the overall evaluation process.

f) Remuneration of Directors

The details of the remuneration paid/accrued to the Directors for the year ended 31st March 2019 is given below:

(₹in million)

Name of the Director	Remuneration paid for the year ended 31st March 2019				Total
	Sitting Fee	Remuneration		Commission	
		Fixed Pay	Variable Pay		
Dr. Prathap C Reddy	-	64.15	9.27	23.19	96.61
Smt. Preetha Reddy	-	29.16	10.47	-	39.63
Smt. Suneeta Reddy	-	29.16	10.47	-	39.63
Smt. Shobana Kamineni	-	29.16	10.47	-	39.63
Smt. Sangita Reddy	-	29.16	10.47	-	39.63
Shri. N. Vaghul	0.50	-	-	1.25	1.75
Shri. G. Venkatraman	0.85	-	-	1.25	2.10
Shri. Vinayak Chatterjee	0.40	-	-	1.25	1.65
Dr. T. Rajgopal	0.60	-	-	1.25	1.85
Shri. Sanjay Nayar	0.15	-	-	1.08	1.23
Shri. Deepak Vaidya	0.25	-	-	0.54	0.79
Shri. BVR Mohan Reddy	0.15	-	-	0.48	0.63
Dr. Murali Doraiswamy	0.15	-	-	0.63	0.78
Smt. V. Kavitha Dutt	0.10	-	-	0.17	0.27
Shri. MBN Rao	0.15	-	-	0.17	0.32

Notes :

(i) The term of the executive directors & independent directors is for a period of 5 years from the respective dates of appointment.

(ii) The Company does not have any service contract with any of the directors.

(iii) None of the above persons is eligible for any severance pay.

(iv) Commission to the Non-Executive Directors for the year ended 31st March 2019 @ ₹1.25 million each per annum will be paid, subject to deduction of tax after adoption of accounts by shareholders at the Annual General Meeting to be held on 27th September 2019. Sitting fee also includes payment of fees for attending Board-level Committee Meetings.

(v) The Company has no stock option plans and hence, such an instrument does not form part of the remuneration package payable to any Executive Director.

(vi) The Company did not advance any loan to any of its directors during the year.

Pecuniary relationships or transactions of Non executive directors vis-à-vis the Company

The Company does not have any direct pecuniary relationship/transaction with any of its Non Executive Directors.

3. Stakeholders Relationship Committee

a) Composition and Scope of the Stakeholders Relationship Committee

The Stakeholders Relationship Committee comprises of the following Independent and Non Executive Directors.

1. Shri. G. Venkatraman Chairman (ceased w.e.f 1st April 2019)
2. Smt. Preetha Reddy, Member
3. Smt. Suneeta Reddy, Member and
4. Smt. V. Kavitha Dutt, Chairperson (appointed w.e.f 1st April 2019)

b) Meetings of the Stakeholders Relationship Committee

Four meetings were held during the financial year from 1st April 2018 to 31st March 2019 and the dates on which the meetings were held are as follows:

12th April 2018, 10th July 2018, 12th October 2018 and 9th January 2019

Sl.No	Name of the Member	Designation	Period	Number of Meetings held	Number of Meetings attended
1.	Shri. G. Venkatraman	Chairman	upto 31st March 2019	4	4
2.	Smt. Preetha Reddy	Member	throughout the financial year	4	4
3.	Smt. Suneeta Reddy	Member	throughout the financial year	4	4
4.	Smt. V. Kavitha Dutt	Chairperson	w.e.f 1st April 2019	NA	NA

Name and designation of the Compliance Officer:

Shri. S.M. Krishnan, Vice President – Finance and Company Secretary.

c) Scope of the Stakeholders Relationship Committee

The Scope of the Stakeholders Relationship Committee includes the following:

1. To resolve the grievances of the security holders of the Company including complaints related to transfer/ transmission of shares, non-receipt of annual report, non-receipt of declared dividends, issue of new/duplicate certificates, general meetings etc.
2. To review the measures taken for effective exercise of voting rights by shareholders.
3. To review the adherence to the service standards adopted by the listed entity in respect of various services being rendered by the Registrar & Share Transfer Agent.
4. To review the various measures and initiatives taken by the Company for reducing the quantum of unclaimed dividends and ensuring timely receipt of dividend warrants/annual reports/statutory notices by the shareholders of the company.

d) Shareholders' Services

The status on the total number of requests / complaints received during the year was as follows:

Sl. No	Nature of Letters	Received	Replied	Remarks
1	Change of Address	97	97	-
2	Revalidation and issue of duplicate dividend warrants	81	81	-
3	Share transfers	124	124	-
4	Split of Shares	6	6	-
5	Stop Transfer	-	-	-
6	Change of Bank Mandate	1,249	1,249	-
7	Correction of Name	5	5	-
8	Dematerialisation Confirmation	736	736	-
9	Rematerialisation of shares	5	5	-
10	Issue of duplicate share certificates	73	73	-
11	Transmission of shares	65	65	-
12	General enquiry	465	465	-

The Company usually attended to the investor grievances/correspondences within a period of 2 days from the date of receipt of the same during the financial year, except in cases that were constrained by disputes and legal impediments.

e) Legal Proceedings

There are three pending cases relating to dispute over the title to shares, in which Company had been made a party. However these cases are not material in nature.

4. Corporate Social Responsibility Committee

Composition and Scope of the Corporate Social Responsbility Committee

The composition of the Corporate Social Responsibility Committee as at March 31, 2019 and the details of Members' participation at the Meetings of the Committee are as under:

Sl.No	Name of the Member	Designation	Number of Meetings held	Number of Meetings attended
1.	Dr. Prathap C Reddy	Chairman	2	2
2.	Smt. Preetha Reddy	Member	2	2
3.	Smt. Sangita Reddy	Member	2	2
4.	Shri. N. Vaghul *	Member	2	2
5.	Shri. G. Venkatraman *	Member	2	2
6.	Dr. Murali Doraiswamy **	Member	-	-
7.	Shri. MBN Rao **	Member	-	-

*ceased to be a member w.e.f 1st April 2019, **Appointed as member w.e.f 1st April 2019

The terms of reference of the Committee include the following :

- To formulate and recommend to the board, a CSR policy, which will indicate the activities to be undertaken by the Company as well as the amount of expenditure to be incurred on the activities referred to in the CSR policy.
- To monitor the CSR activities from time to time.
- To prepare a transparent monitoring mechanism for ensuring implementation of the projects / programmes activities proposed to be undertaken by the Company.
- To report, in the prescribed format, the details of the CSR initiatives in the Directors' Report and on the Company's website.
- The Company undertook the following projects as specified in Schedule VII of the Companies Act, 2013,

  a. Preventive Healthcare encompassing free health and medical screening camps

  b. Education/Vocational skilling initiatives

  c. Rural Development

  d. Research in Healthcare

During the financial year the Company contributed a total amount of of ₹83.75 million to CSR activities as against the amount of ₹76.98 million calculated as per the Companies Act, 2013, being 2%of the average net profits of the Company for the preceding three financial years and constituted a team to monitor its progress. The report on CSR activities is given under Annexure A to the Directors Report.

5. Risk Management Committee

Business Risk Evaluation and Management is an ongoing process within the Organization.

The Company has a robust risk management framework to identify, monitor and minimize risks. The objectives and scope of the Risk Management Committee broadly comprises

- Oversight of risk management performed by the executive management;
- Reviewing the Business Risk Management (BRM) policy and framework in line with legal requirements and SEBI guidelines;
- Reviewing risks and initiating mitigating actions including scrutinizing cyber security and risk ownership as per a pre-defined cycle;
- Defining a framework for identification, assessment, monitoring, mitigation and reporting of risks.

Within its overall scope as aforesaid, the Committee shall review risks trends, exposure, potential impact analysis and mitigation plans.

The composition of the Risk Management Committee as at March 31, 2019 and the details of Members' participation at the Meetings of the Committee are as under :

Sl.No.	Name of the Member	Designation	Number of Meetings held	Number of Meetings attended
1.	Smt. Suneeta Reddy	Chairperson	2	2
2.	Smt. Preetha Reddy	Member	2	2
3.	Shri. Vinayak Chatterjee	Member	2	2
4.	Dr. K. Hariprasad	Member	2	2
5.	Dr. Sathyabhama	Member	2	2

6. Investment Committee

Composition and Scope of the Investment Committee

The Investment Committee comprises of a majority of Independent Directors and consists of the following members.

1. Shri.N. Vaghul, Chairman (ceased to be a member w.e.f 1st April 2019)
2. Smt. Preetha Reddy
3. Smt. Suneeta Reddy
4. Shri. Deepak Vaidya (ceased to be a member w.e.f 5th September 2018)
5. Shri. Vinayak Chatterjee, Chairman (appointed w.e.f 1st April 2019)
6. Shri. MBN Rao (appointed w.e.f 1st April 2019)
7. Dr. Murali Doraiswamy (appointed w.e.f 30th May 2019)

The scope of the Investment Committee is to review and recommend investments in new activities planned by the Company.

7. Share Transfer Committee

Composition and Scope of the Investment Committee

The Share Transfer Committee comprises of the following members.

1. Shri. G. Venkatraman, Chairman (ceased to be a member w.e.f 1st April 2019)
2. Smt. Preetha Reddy
3. Smt. Suneeta Reddy and
4. Smt. V. Kavitha Dutt, Chairperson (appointed w.e.f 1st April 2019)

The Share Transfer Committee, constituted by the Board has been delegated powers to administer the following:-

- To effect transfer of shares
- To effect transmission of shares
- To issue duplicate share certificates as and when required; and
- To confirm demat/remat requests

The Committee, attends to share transfers and other formalities once in a fortnight.

4. General Body Meetings

Details of the location, date and time of the Annual General Meetings held during the preceding three years are given below:

Year	Date	Venue	Time	Special Resolutions Passed
2015-2016	12th August 2016	Kamaraj Arangam, Chennai	10.15 a.m	a. Revision in the borrowing limits of the Company upto a sum of ₹35,000 million.
				b. Mortgaging the assets of the Company in favour of Financial Institutions, Banks and other lenders for securing their loans up to a sum of ₹35,000 million.
				c Offer/Invitation to subscribe to NCDs on a private placement basis
2016-2017	20th September 2017	The Music Academy, Chennai	10.15 a.m	a. Appointment of Dr.Prathap C Reddy as a whole-time Director designated as Executive Chairman
				b. Offer/Invitation to subscribe to NCDs on a private placement basis
2017-2018	27th September 2018	The Music Academy, Chennai	10.15 a.m	a. Revision in the borrowing limits of the Company upto a sum of ₹38,500 million.
				b. Mortgaging the assets of the Company in favour of Financial Institutions, Banks and other lenders for securing their loans up to a sum of ₹38,500 million.
				c. Offer/Invitation to subscribe to NCDs on a private placement basis

Postal Ballots

During the year no ordinary or special resolutions were passed by the members through Postal Ballot.

5. Means of Communication

The unaudited quarterly/half yearly financial statements are announced within forty five days from the end of the quarter. The aforesaid financial statements are taken on record by the Board of Directors and are communicated to the Stock Exchanges where the Company's securities are listed. Once the Stock Exchanges have been intimated, these results are communicated by way of a Press Release to various news agencies/ analysts and published within 48 hours in two leading daily newspapers - one in English and one in Tamil.

The audited annual results are announced within sixty days from the end of the last quarter as stipulated under the Listing Agreement with the Stock Exchanges. For the financial year ended 31st March 2019, the audited annual results were announced on 30th May 2019. The audited annual results are taken on record by the Board of Directors and are communicated to the Stock Exchanges where these results are communicated by way of a Press Release to various news agencies/analysts and are also published within 48 hours in two leading daily newspapers - one in English and one in Tamil. The audited financial results form a part of the Annual Report which is sent to the Shareholders prior to the Annual General Meeting.

The quarterly, half-yearly and annual results of the Company are published in leading newspapers in India which include the Economic Times, Business Standard, The Hindu Business Line and Makkal Kural. The results are also posted on the Company's website "www.apollohospitals.com". Press Releases made by the Company from time to time are also posted on the Company's website. Presentations made to the institutional investors and analysts after the declaration of the quarterly, half-yearly and annual results are also posted on the Company's website.

The Company also informs by way of intimation to the Stock Exchanges all price sensitive information or such other matters which in its opinion are material and of relevance to the shareholders.

Reminder to Investors : Reminders for unclaimed shares/dividend/interest are sent to the relevant stakeholders as per records every year.

NSE Electronic Application Processing System (NEAPS) : BSE Corporate Compliance & Listing Centre : The NEAPS/ BSE's listing centre is a web-based application, designed for corporates. All periodic compliance related filings and other material information is filed electronically on the designated portals.

SEBI Complaints Redress System (SCORES) : Investor Complaints are processed in a centralised web based complaints redress system. The salient feature of this system are a centralised database of all complaints, online upload of Action Taken Reports (ATRS) by the concerned companies and online viewing by investors of action taken on the complaint and its current status.

6. Other Disclosures

a) Related Party Transactions

AHEL appointed PwC (Pricewaterhouse Coopers, India) to undertake a detailed review of its material related party transactions relating to purchase of pharmaceutical products, supply of pharmaceutical products and receipt of various services such as Food & Beverage services, manpower supply services, housekeeping services, etc. PwC relied on data provided by AHEL. The scope was limited to a review from an arm's length price perspective.

The transactions were undertaken in conjunction with the related party transaction policy approved by the Board and the results of the same were presented for analysis by PwC. PwC undertook a comparison of AHEL data with comparable price and observed that transactions are at arm's length.

The details of transactions are disclosed in the notes forming part of the Accounts as required under Indian Accounting Standard (IND AS) 24 notified by the Ministry of Corporate Affairs. All details relating to financial and commercial transactions, where directors may have a potential interest are provided to the Board and the interested Directors neither participate in the discussions, nor do they vote on such matters. The Audit Committee of the Company also reviews related party transactions periodically.

The Board has approved a policy for related party transactions which has been uploaded on the Company's website www.apollohospitals.com.

b) Vigil Mechanism/Whistle Blower Policy

The Apollo Hospitals Group believes in the conduct of affairs in a fair and transparent manner by adopting the highest standards of professionalism, honesty, integrity and ethical behaviour and is committed to developing a culture where it is safe for all employees to raise concerns about any unacceptable practice or any event of misconduct. The organization provides a platform for directors and employees to disclose information internally, which he/she believes involves serious malpractice, impropriety, abuse or wrong doing within the Company without fear of reprisal or victimization. Further, assurance is also provided to the directors and employees that prompt action will be taken to investigate complaints made in good faith.

The Ethics helpline can be contacted to report any suspected or confirmed incident of fraud/misconduct to:

The Chairman, Group Compliance Committee

Apollo Hospitals Enterprise Limited, Mezzanine Floor, Ali Towers, 55, Greams Road, Chennai – 600 006

Tel : 91-44-2829 6716, Email:gcc@apollohospitals.com

c) Subsidiaries

Your Company does not have any Material non-listed Subsidiary Company whose turnover or networth exceeded 20% of the consolidated turnover or networth respectively of the Company and its subsidiaries in the immediately preceding accounting year.

The Company has formulated a policy for determining Material Subsidiaries and the same has been posted on the website www.apollohospitals.com.

d) Acceptance of recommendations made by the Committees

During the financial year 2018-19, the Board has accepted all the recommendations of its Committees.

e) Accounting Treatment

The Financial Statement of the company for FY 2018-2019 have been prepared in accordance with the applicable accounting principles in India and the Indian accounting standards (Ind As) prescribed under section 133 of the Companies Act, 2013 read with the rules made thereunder.

f) Internal Controls

The Company has a formal system of internal control testing which examines both the design effectiveness and operational effectiveness to ensure reliability of financial and operational information and all statutory/ regulatory compliances. The Company has a strong monitoring and reporting process resulting in financial discipline and accountability.

g) Risk Management

Business Risk Evaluation and management of such risks is an ongoing process within the organization.

The Board has constituted a Risk Management Committee headed by the Managing Director which reviews the probability of risk events that adversely affect the operations and profitability of the Company and suggests suitable measures to mitigate such risks.

A Risk Management Framework is already in place and the Executive Management reports to the Board periodically on the assessment and minimization of risks.

h) Proceeds of Public, Rights and Preferential Issues

During the year, the Company had not issued or allotted any equity shares.

i) Management

The Management Discussion and Analysis Report is appended to this report.

j) Certificate from Practicing Company Secretary

A Certificate has been received from Mrs. Lakshmmi Subramanian, Senior Partner of M/s. Lakshmmi Subramanian & Associates, Practising Company Secretary that none of the Directors on the Board have been debarred or disqualified from being appointed or re-appointed as directors for the year ended 31st March 2019 by SEBI/Ministry of Corporate Affairs or any such statutory body.

k) Shareholders

1) Disclosures regarding appointment or re-appointment of Directors

As per the Companies Act, 2013, atleast two thirds of the Board should consist of retiring Directors, of which atleast one third are required to retire every year.

Except the Chairman, Managing Director and Independent Directors, other Directors are liable to retire by rotation as per the provisions of the Companies Act, 2013.

During the year, Smt. Shobana Kamineni will retire and is eligible for re-appointment at the ensuing Annual General Meeting.

Based on the recommendation of the Nomination and Remuneration Committee, the Board has recommended to the members that Dr. Murali Doraiswamy, Smt. V. Kavitha Dutt and Shri. MBN Rao be appointed as Independent Directors for a term of 5 (five) consecutive years, with effect from their respective dates of appointment viz., 27th September 2018, 9th February 2019 and 9th February 2019 respectively.

The Company has received declarations from Dr. Murali Doraiswamy, Smt. V. Kavitha Dutt and Shri MBN Rao confirming that they meet the criteria of independence prescribed under the Act and the Listing Regulations.

Re-appointment of Independent Director

Pursuant to the provisions of the Companies Act, 2013 (“Act”), the shareholders in the 33rd AGM of the Company held on 25th August 2014 appointed Shri. Vinayak Chatterjee as an Independent Non-Executive Director to hold office for five consecutive years for a term up to 31st March 2019. Shri. Vinayak Chatterjee is eligible for re-appointment as an Independent Non Executive Director for a second term of five consecutive years. Pursuant to the provisions of the Act, based on the recommendation of the Nomination and Remuneration Committee, the Board recommends for the approval of the Members through a Special Resolution in the 38th AGM of the Company, the re-appointment of Shri. Vinayak Chatterjee as an Independent Non-Executive Director for a second term of five consecutive years for a term up to 31st March 2024.

The detailed profiles of the Directors are provided as part of the Notice of the Annual General Meeting.

Outgoing Directors

Shri. BVR Mohan Reddy and Shri. Sanjay Nayar, citing existing professional commitments, resigned from the Board with effect from 20th August 2018 and 9th February 2019 respectively.

As per the recent amendments to the SEBI LODR Regulations, one eligibility criteria that needs to be ensured for a director to continue being treated as an Independent Director is to avoid a "board inter-lock situation" which could arise in a case where there are common non-independent directors on the boards of two listed entities (i.e. a director of a listed company is also on the board of another listed entity in which another non-independent director of the first listed entity is an independent director).

Shri Deepak Vaidya, while being an Independent Director on the Board, was also a non-executive director on the Board of Strides Pharma Sciences Ltd. Smt. Sangita Reddy, Joint Managing Director also serves as an Independent Director on the board of Strides Pharma Sciences Ltd.

Keeping in view the above regulation, Shri. Deepak Vaidya would not have been deemed to be an Independent Director with effect from 1st October 2018 and accordingly, tendered his resignation from the Board as an Independent Director with effect from 5th September 2018.

Pursuant to the provisions of the Companies Act, 2013 ("Act"), the shareholders at the 33rd AGM of the Company held on 25th August 2014 appointed Shri. N. Vaghul and Shri. G. Venkatraman as Independent Non-Executive Directors to hold office for five consecutive years for a term up to 31st March 2019. Though the Companies Act permits for their appointment for a second term of five years, Shri. N. Vaghul and Shri. G. Venkatraman conveyed their intention not to seek re-appointment as Independent Directors of the Company. Accordingly, Shri.N. Vaghul and Shri. G. Venkatraman ceased to be Directors of the Company with effect from 1st April 2019.

2) Investors' Grievances and Share Transfer

As mentioned earlier, the Company has a Board-level Stakeholders Relationship Committee to examine and redress shareholders and investors' complaints. The status on complaints and share transfers is reported to the Committee. The details of shares transferred and nature of complaints is provided in this Report.

For matters regarding shares transferred in physical form, share certificates, dividends, change of address etc., shareholders should send in their communications to Integrated Registry Management Services Private Limited, our Registrar and Share Transfer Agent. Their address is given in the section on Shareholders Information.

l) Total Fees paid to Statutory Auditors

Total fees for all services paid by the Company and its subsidiaries, on a consolidated basis, to the statutory auditor and all entities in the network firm/network entity of which the statutory auditor is a part is given below:

(₹ in million)

Type of Service	FY 2018-2019	FY 2017-2018
Audit Fees	30.08	26.86
For other services	3.50	0.10
Reimbursement of expenses	1.72	0.46
Total	**35.31**	**27.42**

m) Disclosures under the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013:

Number of complaints filed during the financial year 2018-19	6
Number of complaints disposed off during the financial year 2018-19	6
Number of complaints pending as on end of the financial year.	-

n) Details of Non-Compliances

There are no non-compliances by the Company and no penalties or strictures have been imposed on the Company by the Stock Exchanges or SEBI or any statutory authority, on any matter related to capital markets, during the last three years.

o) Compliance with Corporate Governance Norms

(a) Mandatory Requirements

The Company has complied with all the mandatory requirements of Corporate Governance norms as enumerated in the Listing Regulations. The requirements of Regulation 17 to 27 and clauses (b) to (i) of sub-regulation (2) of Regulation 46 of the Listing Regulations to the extent applicable to the Company have been complied with as disclosed in this report.

(b) Discretionary Requirements

The Company has duly fulfilled the following discretionary requirements as prescribed in Schedule II Part E of the SEBI Listing Regulations.

1. **The Board**
   There is no Non-Executive Chairman of the Company.
2. **Shareholder Rights**
   Details are given under the heading 'Communication to Shareholders'.
3. **Modified opinion(s) in Audit Report**
   During the year under review, there was no audit qualification in the Company's financial statements.
4. **Separate post of Chairman and CEO**
   The Company has appointed separate persons for the offices of Chairman and Managing Director
5. **Reporting of the Internal Auditor**
   The Company has appointed Internal Auditors who report directly to the Audit Committee.

7. CEO/CFO Certification

The Managing Director and the Chief Financial Officer have issued a certificate pursuant to Regulation 17 of the Listing Regulations certifying that the financial statements do not contain any untrue statement and these statements represent a true and fair view of the Company's affairs. The said certificate from Smt. Suneeta Reddy, Managing Director and Shri. Krishnan Akhileswaran, Chief Financial Officer was placed before the Board of Directors at its meeting held on 30th May 2019.

8. Auditors Report on Corporate Governance

The auditors' certificate on compliance of Corporate Governance norms is annexed to this Report.

9. General Shareholders' Information

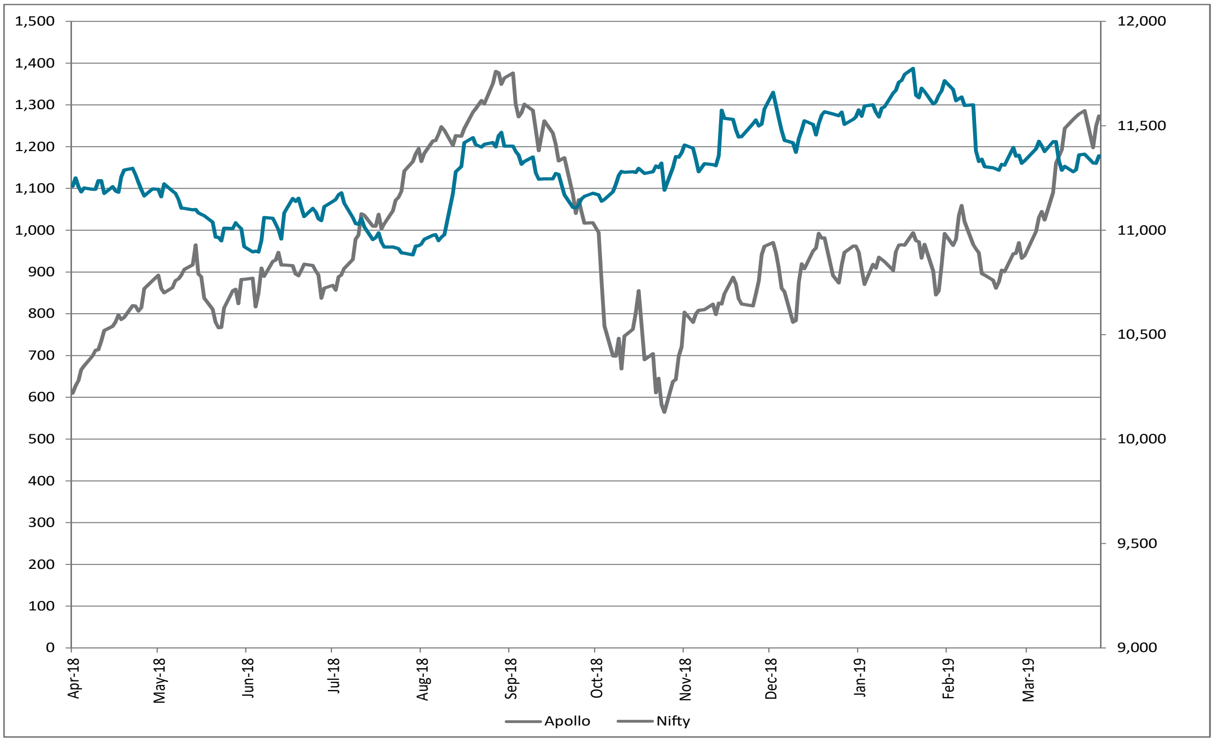
(i)	AGM date, time and venue	27th September 2019 at 10.15 a.m. The Music Academy, TTK Salai, Chennai - 600 014
(ii)	Financial Year	1st April to 31st March
(iii)	Dividend Payment	on or before 5th October 2019
(iv)	Listing of	
	(1) Equity Shares	(i) Bombay Stock Exchange Ltd (BSE) PhirozeJeejeebhoy Towers, Dalal Street, Mumbai – 400 001 Tel :91-22-2272 1234, 1233 Fax : 91-22-2272 3353/3355 Website : www.bseindia.com (ii) National Stock Exchange of India (NSE) Exchange Plaza, Bandra-Kurla Complex, Bandra (E) Mumbai – 400 051 Tel : 91-22-2659 8100 – 8114 Fax : 91-22-26598237/38 Website : www.nseindia.com
	(2) GDRs	EuroMTF of Luxembourg Stock Exchange, BP 165 L-2011 Luxembourg Traded at : Nasdaq – Portal Market
	(3) Non-Convertible Debentures	Wholesale Debt Market Segment of National Stock Exchange of India Exchange Plaza, Bandra-Kurla Complex, Bandra (E) Mumbai – 400 051 Tel : 91-22-2659 8100 – 8114 Fax : 91-22-26598237/38 | Website : www.nseindia.com
	(4) Listing Fees	Paid for all the above stock exchanges for 2018-2019 and 2019-2020
(v)	Address of the Registered Office	No. 19 Bishop Gardens, Raja Annamalaipuram, Chennai – 600 028
(vi)	a) Stock Exchange Security Code	
	(1) Equity Shares	
	(i) The Bombay Stock Exchange Limited, Mumbai	508869
	(ii) National Stock Exchange of India Limited, Mumbai	APOLLOHOSP
	(2) GDRs	
	(i) Luxembourg Stock Exchange	US0376082055
	(ii) Nasdaq – Portal Market	AHELYP05
	(3) Non Convertible Debentures	
	National Stock Exchange of India Limited, Mumbai	APOL28, APOL26, APOL22
	b) Corporate Identity Number (CIN) of the Company	L85110TN1979PLC008035
	c) Demat ISIN Numbers in NSDL & CDSL for Equity Shares	INE437A01024

d) ISIN Numbers of GDRs	Reg. S GDRs - US0376082055 Rule 144a GDRs – US0376081065
e) ISIN Numbers of Debentures	INE437A07104, INE437A07112 & INE437A07120
f) Overseas Depositary for GDRs	The Bank of New York Mellon, 240, Greenwich Street, New York, NY 10286, USA
g) Domestic Custodian for GDRs	ICICI Bank Limited Securities Markets Services, 1st Floor, Empire Complex, 414, Senapati Bapat Marg, Lower Parel, Mumbai – 400 013 Tel. +91-22-6667 2026 Fax +91-22-6667 2779/2740
h) Trustee for Debenture Holders	Axis Trustee Services Limited 2nd floor, Axis Bank Building, Bombay Dyeing, Pandurang Budhkar Marg, Worli, Mumbai – 400025 Tel. +91-22- 24255212

(vii) Monthly High and Low quotations along with the volume of shares traded in NSE & BSE during the year 2018-2019

Month	NSE			BSE		
	High (₹)	Low (₹)	No. of Shares	High (₹)	Low (₹)	No. of Shares
Apr-2018	1,148.00	1,051.60	6,870,098	1,147.35	1,052.55	281,627
May-2018	1,111.00	943.80	6,603,388	1,107.45	938.50	263,065
Jun-2018	1,076.40	915.20	11,875,855	1,075.00	917.00	875,253
Jul-2018	1,089.50	910.10	13,095,234	1,089.00	911.10	685,199
Aug-2018	1,234.40	938.00	32,694,598	1,234.50	938.80	1,770,311
Sep-2018	1,201.30	996.75	14,902,308	1,205.95	997.50	2,431,166
Oct-2018	1,176.00	1,025.25	11,082,882	1,176.25	1,028.05	525,649
Nov-2018	1,289.75	1,112.25	14,915,814	1,288.60	1,113.95	992,662
Dec-2018	1,329.85	1,144.75	11,209,736	1,327.00	1,146.30	526,386
Jan-2019	1,387.25	1,245.55	13,724,224	1,387.00	1,244.25	578,251
Feb-2019	1,357.90	1,083.10	24,519,747	1,356.05	1,083.00	3,114,979
Mar-2019	1,253.35	1,092.00	16,252,283	1,250.00	1,093.00	835,958

(viii) Apollo Price Vs Nifty



(ix) Registrar & Share Transfer Agent:

Integrated Registry Management Services Private Limited
"Kences Towers", II Floor, No.1 Ramakrishna Street, North Usman Road
T. Nagar, Chennai – 600 017 Tel. No.: 044 – 2814 0801, 2814 0803
Fax No.: 044 – 2814 2479 Email : sureshbabu@integratedindia.in

(x) 1) Share Transfer System

Share transfer requests for shares held in physical form received by the Company are processed and the share certificates are returned within the stipulated time under the Companies Act and the Listing Agreement, provided that the documents received are in order and complete in all respects. Delays beyond the stipulated period were mainly due to disputes over the title to the shares.

As per directives issued by SEBI, it is compulsory to trade in the Company's equity shares in dematerialized form. Effective April 1, 2019, transfer of shares in physical form has ceased. Shareholders who had lodged their request for transfer prior to March 31, 2019 and, have received the same under objection can relodge the transfer request after rectification of the documents. Request for transmission of shares and dematerialization of shares will continue to be accepted.

The shares transferred in physical form during the year are as under

	2018-2019	2017-2018
Shares Transferred	24,383	11,040
Total No. of Shares as on 31st March	139,125,159	139,125,159
% on Share Capital	0.02	0.01

The Company obtains from a Company Secretary in Practice a half-yearly certificate of compliance with the share transfer formalities as required under Regulation 40(9) of the SEBI (LODR) Regulations, 2015 and files a copy of the certificate with the Stock Exchanges

2) Change of Address, Bank Details, Nomination etc.

All the members are requested to notify immediately any changes in their address, email id, bank mandate and nomination details to the Company's Registrar and Share Transfer Agent, Integrated Registry Management Services Private Ltd. Members holding shares in electronic segment are requested to notify the change of address, email id, bank details, nomination etc to the depository participants (DP) with whom they maintain client accounts for effecting necessary corrections. Any intimation made to the Registrar without effecting the necessary correction with the DP cannot be updated. It is therefore necessary on the part of the shareholders to inform changes to their DPs with whom they have opened accounts.

3) Unclaimed Dividend/Shares

Pursuant to Sections 124 and 125 of the Act read with the Investor Education and Protection Fund Authority (Accounting, Audit, Transfer and Refund) Rules, 2016 (IEPF Rules), dividends, if not claimed for a consecutive period of 7 years from the date of transfer to Unpaid Dividend Account of the Company, are liable to be transferred to the Investor Education and Protection Fund ('IEPF').

Further, shares in respect of such dividends which have not been claimed for a period of 7 consecutive years are also liable to be transferred to the demat account of the IEPF Authority. The said requirement does not apply to shares in respect of which there is a specific order of Court, Tribunal or Statutory Authority, restraining any transfer of the shares.

In the interest of the shareholders, the Company sends periodical reminders to the shareholders to claim their dividends in order to avoid transfer of dividends/shares to the IEPF Authority. Notices in this regard are also published in the newspapers.

The Ministry of Corporate Affairs notified provisions relating to unpaid / unclaimed dividends under Sections 124 and 125 of the Companies Act, 2013 and the Investor Education and Protection Fund (Accounting, Audit, Transfer and Refund) Rules. As per the new Rules, dividends not encashed / claimed seven years from the date of declaration are to be transferred to the Investor Education and Protection Fund (IEPF) Authority. The Rules mandate companies to transfer shares of shareholders whose dividends remain unpaid/ unclaimed for a continuous period of seven years to the demat account of the IEPF Authority. The shareholders whose dividend / shares are transferred to the IEPF Authority can now claim their shares / dividend from the Authority.

In light of the aforesaid provisions, the Company has during the year, transferred to IEPF the unclaimed dividends, outstanding for 7 consecutive years, of the Company. Further, shares of the Company, in respect of which dividend has not been claimed for 7 consecutive years or more, have also been transferred to the demat account of the IEPF Authority.

The details of unclaimed dividends and shares transferred to IEPF during the year 2018-2019 are as follows:

Amount of unclaimed dividend transferred	Number of shares transferred
₹3.66 million	23,470

The Company has uploaded the details of unpaid and unclaimed amounts lying with the Company on the Company's website https://www.apollohospitals.com/investor relations

4) Distribution of Shareholdings as on 31st March 2019

No. of Equity Shares		Shares				Holders			
		Physical		Electronic		Physical		Electronic	
		Nos.	%	Nos.	%	Nos.	%	Nos.	%
1	500	583,081	0.42	2,410,554	1.73	3,784	8.44	37,939	84.65
501	1,000	261,524	0.19	821,666	0.59	346	0.77	1,088	2.43
1,001	2,000	276,988	0.20	685,373	0.49	165	0.37	449	1.00
2,001	3,000	214,848	0.15	385,134	0.28	80	0.18	153	0.34
3,001	4,000	214,200	0.15	328,163	0.24	61	0.14	93	0.21
4,001	5,000	51,254	0.04	218,451	0.16	11	0.02	47	0.10
5,001	10,000	469,359	0.34	936,860	0.67	58	0.13	125	0.28
10,001	above	402,929	0.29	130,864,775	94.06	15	0.03	407	0.91
Total		**2,474,183**	**1.78**	**136,650,976**	**98.22**	**4,520**	**10.08**	**40,301**	**89.92**
Grand Total		139,125,159				44,821			

5) Categories of shareholders as on 31st March, 2019

Category code	Category of Shareholder	No. of Shareholders	Total number of shares	% to total no. of shares
(A)	Shareholding of Promoter and Promoter Group			
1	Indian			
(a)	Individuals/ Hindu Undivided Family	20	20,556,635	14.78
(b)	Bodies Corporate	3	27,296,028	19.62
	Sub Total (A)(1)	23	47,852,663	34.40
	Total Shareholding of Promoter and Promoter Group	23	47,852,663	34.40

Category code	Category of Shareholder	No. of Shareholders	Total number of shares	% to total no. of shares
(B)	**Public shareholding**			
1	**Institutions**			
(a)	Mutual Funds/ UTI	80	9,883,181	7.10
(b)	Alternate Investment Funds	3	100,000	0.07
(c)	Financial Institutions / Banks	8	28,083	0.02
(d)	Central Government/ State Government(s)	1	323,708	0.23
(e)	Insurance Companies	12	7,934,481	5.70
(f)	Foreign Institutional Investors	336	61,589,715	44.27
(g)	Any Others	-	-	-
	Sub-Total (B)(1)	**440**	**79,859,168**	**57.40**
B 2	**Non-institutions**			
(a)	Individuals			
	i. Individual shareholders holding nominal share capital up to ₹ 1 lakh	41,090	6,096,461	4.38
	ii. Individual shareholders holding nominal share capital in excess of ₹1 lakh.	10	1,393,015	1.00
(b)	Any Others			
(b-i)	Bodies Corporate	628	1,303,884	0.94
(b-ii)	Clearing Member	247	385,883	0.28
(b-iii)	Employees	2	125	0.00
(b-iv)	Foreign Portfolio Investors	2	13,820	0.01
(b-v)	Hindu Undivided Familes	796	75,843	0.05
(b-vi)	I E P F	1	391,928	0.28
(b-vii)	L L P	23	30,652	0.02
(b-viii)	Non Resident Indians	1,537	1,241,849	0.89
(b-ix)	Overseas Corporate Bodies	1	16,099	0.01
(b-x)	Trusts	19	136,178	0.10
(b-xi)	Unclaimed or Suspense Account	1	196,884	0.14
	Sub-Total (B)(2)	**44,357**	**11,282,621**	**8.11**
(B)	**Total Public Shareholding (B)= (B)(1)+(B)(2)**	**44,797**	**91,141,789**	**65.51**
	Total (A)+(B)	**44,820**	**138,994,452**	**99.91**
(C)	**Shares held by Custodians and against which Depository Receipts have been issued**			
(1)	Promoter and Promoter Group	Nil	Nil	Nil
(2)	Public	1	130,707	0.09
	Total Public Shareholding (C)= (C)(1)+(C)(2)	1	130,707	0.09
	Grand Total (A)+(B)+(C)	**44,821**	**139,125,159**	**100**

6) Top Ten Shareholders (other than Promoters) as on 31st March 2019.

Sr. No.	Name	31 March 2019	
		No. of Shares	%
1	Life Insurance Corporation of India	7,900,314	5.68
2	Schroder International Selection Fund Asian Opportunities	3,144,822	2.26
3	Copthall Mauritius Investment Limited	2,424,125	1.74
4	Munchener Ruckversicherungsgesellschaft Aktiengesellschaft in Munchen	2,397,380	1.72
5	Sundaram Mutual Fund	1,756,428	1.26
6	Franklin Templeton Mutual Fund	1,735,097	1.25
7	Kotak Funds - India Midcap Fund	1,718,373	1.24
8	Morgan Stanley Investment Funds Emerging Leaders Equity	1,527,152	1.10
9	Common Trust Funds Trust, Emerging Markets Opportunities Portfolio	1,511,962	1.09
10	Vanguard Total International Stock Index Fund	1,454,764	1.05

GDRs:

The details of high / low market prices of the GDRs at the Luxembourg Stock Exchange and Rule 144 A GDRs at Portal Market of NASDAQ during the financial year 2018-2019 are as under :

Month	Reg S ($)			144 A ($)		
	High $	Low $	Closing $	High $	Low $	Closing $
Apr-2018	17.17	16.07	16.35	17.10	16.10	16.30
May-2018	16.46	14.08	14.08	16.50	14.10	14.10
Jun-2018	15.53	13.82	15.29	15.50	13.90	15.30
Jul-2018	15.51	13.49	13.88	15.70	13.50	13.90
Aug-2018	17.20	13.71	16.68	17.20	13.70	16.60
Sep-2018	16.50	14.01	14.38	16.50	14.00	14.50
Oct-2018	15.83	14.21	15.43	15.90	14.20	15.50
Nov-2018	18.15	15.43	18.15	18.10	15.00	18.10
Dec-2018	18.36	16.42	18.02	18.20	16.20	18.00
Jan-2019	19.21	17.79	18.64	19.20	17.80	18.60
Feb-2019	18.81	15.65	16.04	18.70	15.60	16.10
Mar-2019	17.72	16.08	17.72	17.70	16.00	17.70

Note : 1 GDR = 1 equity share

(xii) 1) Dematerialization of Shares

As on 31st March 2019, 98.22% of the Company's paid up equity capital was held in dematerialized form. Trading in equity shares of the Company is permitted only in dematerialized form as per a notification issued by the Securities and Exchange Board of India (SEBI).

2) Reconciliation of Share Capital Audit Report

As stipulated by the Securities and Exchange Board of India, a qualified Practising Company Secretary carries out an Audit to reconcile the total admitted capital with the National Securities Depository Limited (NSDL) and Central Depository Services (India) Limited (CDSL) with the total listed and paid up capital. This audit is carried out every quarter and the report thereon is submitted to the Stock Exchanges and is also placed before the Board of Directors. The audit, interalia, confirms that the total listed and paid up capital of the Company is in agreement with the aggregate of the total number of shares in dematerialized form held with NSDL and CDSL and total number of shares in physical form.

(xiii) Outstanding GDRs or Warrants or any convertible instrument, conversion dates and likely impact on equity

Pursuant to the resolution passed by the members in an Extraordinary General Meeting held on 24th May 2005, the Company had issued 9,000,000 Global Depositary Receipts (GDRs) and the details of GDRs issued and converted and outstanding (after adjusting the split of face value of ₹5/- per share) as on 31st March 2019 are given below :

No.of GDRs as on 31st March 2018	423,866
Add : No. of GDRs Issued during the year	1,850
Less : No. of GDRs converted into underlying equity shares during the year	295,009
Outstanding GDRs as on 31st March 2019	130,707

There is no change in the issued equity on conversion of GDRs into equity shares

(xiv) Equity Shares in the unclaimed suspense account

In accordance with the requirement of Regulation 34(3) of and Schedule V Part F of the SEBI Listing Regulations, the Company reports the following details in respect of equity shares lying in the suspense account.

The list of unclaimed shares is being posted in the Company's website under the column "Investor Relations".

The voting rights on the shares outstanding in the suspense account as on 31st March 2019 shall remain frozen till the rightful owner of such shares claims the shares.

Aggregate Number of Shareholders relating to the shares lying in the unclaimed suspense account	319
Aggregate Number of the outstanding equity shares lying in the unclaimed suspense account	212,084
Number of shareholders who approached the Company for transfer of shares from the unclaimed suspense account during the financial year 2018-2019	9
Number of shares transferred from the unclaimed suspense account during the financial year 2018-2019	7918
Number of shareholders whose shares were transferred to IEPF account during the financial year 2018-2019	40
Number of shares transferred to IEPF account during the financial year 2018-2019	7,282
Aggregate Number of Shareholders relating to the shares lying in the unclaimed suspense account at the end of the financial year 2018-2019	270
Aggregate Number of the outstanding equity shares lying in the unclaimed suspense account at the end of the financial year 2018-2019	196,884

(xv) Investors Correspondence

a. **For queries relating to shares**
Shri. Suresh Babu, Sr. Vice President, Integrated Registry Management Services Private Limited, "Kences Towers", II Floor,No.1 Ramakrishna Street, North Usman Road, T. Nagar, Chennai – 600 017,
Tel. No.: 044 – 2814 0801, 2814 0803, Fax No.: 044 – 2814 2479
E-mail : sureshbabu@integratedindia.in

b. **For queries relating to dividend**
Shri. L. Lakshmi Narayana Reddy, Sr. General Manager -Secretarial,
Apollo Hospitals Enterprise Limited, Ali Towers, III Floor, No. 55, Greams Road, Chennai -600 006.
Tel. No. : 044 -2829 0956, 2829 3896, Fax No.: 044 -2829 0956,
E-mail : investor.relations@apollohospitals.com, lakshminarayana_r@apollohospitals.com

c. **Designated Exclusive email-id**
The Company has designated the following email-id exclusively for investor grievances/services.
investor.relations@apollohospitals.com

(xvi) Credit Ratings

Name of the Agency	Type of Instrument	Ratings
CRISIL	Fixed Deposit	FAA+/Stable
	Non Convertible Debentures	CRISIL AA/Stable
	Fund-Based Bank Facilities	CRISIL AA/Stable/ CRISIL A1

During the financial year 2018-19, there are no changes in the ratings.

(xvii) Apollo Hospitals Group

Chennai	No. 21 & 24 Greams Lane, Off. Greams Road, Chennai – 600 006 Tel : 044 2829 3333/ 28290200
	320 Anna Salai, Nandanam, Chennai – 600 035 Tel : 044 2433 1741, 2433 6119
	No. 646 T.H. Road, Tondiarpet, Chennai – 600 081 Tel : 044 2591 3333, 2591 6134
	Apollo First Med Hospital, No.159 E.V.R. Periyar Salai, Chennai – 600 010 Tel : 044 2821 1111, 2821 2222
	Apollo Children Hospital, 15-A Shafee Mohammed Road, Chennai – 600 006 Tel : 044 2829 8282, 2829 6262
	Apollo Women Hospital, Shafee Mohammed Road, Chennai – 600 006 Tel :044 2829 6262
	New No. 6, Old No. 24, Cenotaph Road, Chennai – 600 018 Tel : 044 2433 6119
	No. 134, Mint Street, Sowcarpet, Chennai – 600 079 Tel : 044 2529 6080/84
	No.64, Vanagaram to Ambattur Main Road, Chennai-600 095 Tel :044-2653 7777
	2/319 Rajiv Gandhi Salai (OMR), Karapakkam, Chennai – 600 097 Tel : 044-24505700
	No.5/639, Old Mahabalipuram Road, Kandanchavadi, Chennai – 600 096 Tel : 044-2496 1111
Madurai	Lake View Road, K.K.Nagar, Madurai–625 020 Tel : 0452 – 2580 199/2580 892/ 893/894
	Apollo First Med Hospital, No.484, B-West First Street, Near District Court, KK Nagar,Madurai – 625 020. Tel : 0452 2526810, 2520153
Karur	Apollo Hospital, No. 163, Allwyn Nagar, Kovai Road, Karur – 639 002. Tel. : 04324 – 241900,240900,240800
Karaikudi	Managiri Sukkanenthal Village, Thalakkavur Panchayat, Kallal Panchayat Union, Karaikudi – 630 001 Tel.04565-223700,65223711
Tiruchirappalli	Varaganeri Village, Chennai Madurai Bypass Road, Tiruchirappalli, Tel: 0431 3307777, 2207777
Aragonda	Thavanampallee Mandal, Chittoor District, Andhra Pradesh – 517 129 Tel : 08573-283 220, 221, 222, 231
Hyderabad	#8-2-293/82-J-III/DH/900, Phase III - Jubilee Hills, Hyderabad – 500 033 Tel : 040-2360 7777
	H.No. 3-5-836,837 & 838 Old MLA Quarters, Hyderguda, Hyderabad – 500 029 Tel.: 040-2323 1380
	Apollo Hospitals – DRDO, # 18-14, DMRL 'X' Roads, Kanchanbagh, Hyderabad – 500 058, Tel. No. 040 – 2434 2222 / 2211

	PET-CT Scan Centre, Apollo Hospitals Complex, Jubilee Hills, Hyderabad – 500 033, Tel.No. : 040-2360 7777
	H-No. 9-1-87/1, Polisetty Towers, St. Johns Road, Secunderabad – 500 003, Tel. No. 040-2771 8888
Nellore	H.No. 16-111-1133, Muthkur Road, Pinakini Nagar, Nellore – 524 004., Tel.0861 2301066/2358333
Karim Nagar	Apollo Reach Hospital, H.No.G.P.No.4-72, Subhash Nagar, Theegalgutta Pally, G.P.Arepally Rev. Village, Karim Nagar – 505 001. Tel. No.0878 220 0000
Visakhapatnam	No.10-50-80 Waltair Main Road Visakhapatnam – 530 002 Tel.No.0891-272 7272
	APIIC Health City, Near Hanumanthvaka Junction, Visakhapatnam - 530 040, Tel. No. 0891 - 2867777
Kakinada	H-No. 13-1-3 Surya Rao Peta, Main Road, Kakinada – 533 001 Tel.No. 0884 – 2345 700/800/900
Mysore	Apollo BGS Hospitals, Adichunchanagiri Road, Kuvempu Nagar, Mysore – 570 023, Tel. No. 0821 – 256 6666, 256 8888, 4242788
Bilaspur	Lingiyadi Village, Bilaspur – 495 001, Chattisgarh Tel : 07752–248300, 248301
Bhubaneswar	#251, Sainik School, Unit 15, Bhubaneswar – 751 003 Tel.0674 6661016/1066/1030/1018/1025
Nashik	Swamy Narayan Nagar, Off Mumbai Agra Highway, Near Lunge Mangal Karyalaya, Panchavati, Nashik – 422 003, Tel : 0253-2510350/2510450
Navi Mumbai	Plot # 13, Sector 23, Parsik Hill Road, Off Uran Road, CBD Belapur, Navi Mumbai, 400 614, Tel : 022-3350 3350
Indore	Scheme No. 74C, Sector D, Vijay Nagar, Indore - 452 010c Madhya Pradhesh Tel. No. 0731 - 2445566/2445525/ 2445526/ 2445522
Bangalore	154/11 Bannerghatta Road, Opp. IIM, Bangalore – 560 076 Tel. No. 080-4030, 080 - 26304050/26304051
	#1533, 9th Main Road 3rd Block, Jayanagar, Bangalore – 560 011 Tel. No. 080-4020 2222
	New No. 1, old No. 28 Platform Road, Seshadripuram, Bangalore – 560 020 Tel. No. 080-4668 8999/4668 8888
Lavasa	7th Dasve Circle, Darve Village Post, Mulshi Lalukka, Pune - 412 112 Tel No. 020 - 6677 1111
Assam	Lotus Towers, 175 GS Road, Guwahati – 781 005 Tel. No. 0361-2347700
Ahmedabad	Plot No.1A, GIDC Estate, Bhat Village, Gandhi Nagar, Gujarat – 382 428, Tel : 079-6670 1800/ 1801/ 1802
Kolkata	No.58, Canal Circular Road, Kolkata-700 054 Tel : 033-23203040/23202122/44202122
Lucknow	Apollomedics Super Speciality Hospital, Sector B, LDA Colony, Kanpur Road, Lucknow,Uttar Pradesh, Tel :0522 6788 888

New Delhi	Sarita Vihar, Delhi Mathura Road, New Delhi – 110 044 Tel. No. 011-2692 5858/5801
Other Health Centres	Woodhead Tower, No. 12 CP Ramaswamy Road, Alwarpet, Chennai – 600 018 Tel. No. 044-24672200
Apollo Personalised Health Check Centre	No. 20 Wallace Garden, 1st Street, Thousand Lights,Chennai - 600 006 Tel. No. 044-28291066
Apollo Heart Centre	# 156, Greams Road, Chennai – 600 006 Tel : 044 28296903
Apollo Medical Centre	Plot No. C-150, 6th Cross, Thillai Nagar, Trichy – 620 018 Tel. No.0431-2740864
Apollo Emergency Centre	Rajiv Gandhi International Airport, Samshabad Hospital, Tel.:040-2400 8346
Apollo Gleneagles Clinic	48/1F, Leela Roy Sarani, Ghariahat, Kolkata – 700 019, Tel : 033 24618028, 8079, 8451
City Center	Tulsibaug Society, Opp. Doctor House, Ellisbridge Ahmedabad – 380 006 Tel. No. 079 6630 5800
Apollo Clinic	KR 28, VIP Road, Port Blair, Andaman 744 101, Tel : 03192 235669/233550

Declaration under the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 regarding adherence to the Code of Conduct

I, Suneeta Reddy, Managing Director of the Company, hereby declare that the Board of Directors have laid down a Code of Conduct for its Members and Senior Management Personnel of the Company and they have affirmed compliance with the said code of conduct.

For APOLLO HOSPITALS ENTERPRISE LIMITED

Place : Chennai
Date : May 30, 2019

Suneeta Reddy
Managing Director

INDEPENDENT AUDITORS' CERTIFICATE ON CORPORATE GOVERNANCE

TO THE MEMBERS OF APOLLO HOSPITALS ENTERPRISE LIMITED

1. This certificate is issued in accordance with the terms of our engagement letter reference no. VB/AHEL/EL/001A/2018-19 dated November 8, 2018.
2. We, Deloitte Haskins & Sells LLP, Chartered Accountants, the Statutory Auditors of Apollo Hospitals Enterprise Limited ("the Company"), have examined the compliance of conditions of Corporate Governance by the Company, for the year ended March 31, 2019, as stipulated in regulations 17 to 27 and clauses (b) to (i) of regulation 46(2) and para C and D Schedule V of the SEBI (Listing Obligation and Disclosure Requirements) Regulations, 2015 (the Listing Regulations).

Managements' Responsibility

3. The compliance of conditions of Corporate Governance is the responsibility of the Management. This responsibility includes the design, implementation and maintenance of internal control and procedures to ensure the compliance with the conditions of the Corporate Governance stipulated in the Listing Regulations.

Auditor's Responsibility

4. Our responsibility is limited to examining the procedures and implementation thereof, adopted by the Company for ensuring compliance with the conditions of the Corporate Governance. It is neither an audit nor an expression of opinion on the financial statements of the Company.
5. We have examined the books of account and other relevant records and documents maintained by the company for the purposes of providing reasonable assurance on the compliance with Corporate Governance requirements by the Company.
6. We have carried out an examination of the relevant records of the Company in accordance with the Guidance Note on Certification of Corporate Governance issued by Institute of the Chartered Accountants of India (the ICAI), the standards on Auditing specified under Section 143(10) of the Companies Act 2013, in so far as applicable for the purpose of this certificate and as per the Guidance Note on Reports or Certificates for Special Purposes issued by the ICAI which requires that we comply with the ethical requirements of the Code of Ethics issued by the ICAI.
7. We have complied with the relevant applicable requirements of the Standard on Quality Control (SQC 1), Quality Control for Firms that Perform Audits and Reviews of Historical Information, and Other Assurance and Related Services Engagements.

Opinion

8. Based on our examination of the relevant records and according to information and explanations provided to us and the representations provided by the Management, we certify that the Company has complied with the conditions of Corporate Governance as stipulated in regulations 17 to 27 and clauses (b) to (i) of regulation 46(2) and para C and D of Schedule V of the Listing Regulations during the year ended March 31, 2019.
9. We state that such compliance is neither an assurance as to the future viability of the Company nor the efficiency of effectiveness with which the Management has conducted the affairs of the Company.

For DELOITTE HASKINS & SELLS LLP
Chartered Accountants
(Firm's Registration No. 117366W / W-100018)

Vikas Bagaria
Partner
(Membership No. 060408)

Place: Mumbai
Date: May 30, 2019

MANAGEMENT DISCUSSION & ANALYSIS

HEALTHCARE IS MORE THAN MEDICINE AND DOCTORS—IT IS BEING AWARE OF ONE'S BODY AND PURSUING WELLNESS. IT MEANS PREVENTIVE MEDICINE, HEALTH CHECKS, AND ASSURED, EQUITABLE ACCESS TO BASIC HEALTHCARE FACILITIES. ALL OF THESE IN SOME MEASURE, CONTRIBUTE TO A BETTER QUALITY OF LIFE FOR A NATION'S PEOPLE.

Regardless of economic strata or geographical location, nothing is more important to a person than his health. For this reason, people interact with the local healthcare system in various ways and to differing degrees throughout one's life. Until recently healthcare consumers have interacted with the health system only when they were sick or injured. But the future of health is going to usher significant changes to that norm. It is going to focus on well-being and prevention rather than treatment. According to Deloitte Centre for Health Solutions, by 2040, more health spends will be devoted to sustaining well-being and preventing illness while less will be tied to treating illness. Greater emphasis on identifying health risks earlier will result in fewer and less severe diseases, which will reduce healthcare spending and allow the reinvestment of this well-being dividend towards expanding the benefits to the broader population.

The use of actionable health insights will be driven by interoperable data and smart AI. This will help identify illness early, enable proactive intervention and improve the understanding of disease progression. Technology will also help break down barriers such as cost and geography and democratize healthcare. Data and technology will empower the consumer to such an extent that the consumer rather than health plans or providers, will determine when, where, and with whom they will engage to sustain well-being or to seek care.

Understanding India's Healthcare Services Landscape

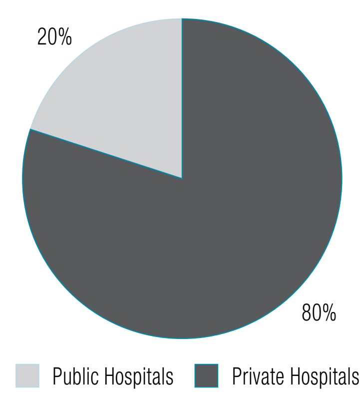
Many studies have shown that health can be a leading factor that affects a country's aggregate level of economic growth. A comparison of the basic health indicators clearly reveals that the developed nations of the world fare far better on healthcare provision and utilization, when compared to developing nations. The allocation of resources—money, infrastructure, people, education, and products, one of the biggest differences between developed and developing countries, is the main reason for this. Countries with low human development have made lower allocations to healthcare infrastructure and as a result, the sector as a whole remains largely untapped and neglected. The primary challenge then for a developing country today, is ensuring universal healthcare—how can access to healthcare be improved, both in terms of reach and affordability; how can the needs of the vulnerable and under-privileged populations be addressed rather than overlooked?

PRIVATE HEALTHCARE INSTITUTIONS IN INDIA PROVIDE WORLD CLASS FACILITIES, EMPLOY HIGHLY SKILLED AND GLOBALLY RECOGNIZED PROFESSIONALS, LEVERAGE ADVANCED TECHNOLOGY IN TREATMENTS, AND MAINTAIN HIGH STANDARDS OF QUALITY.

India's basic and limited healthcare infrastructure is starkly inadequate for meeting the demands of her large and diverse population. The unmet opportunity combined with strong fundamentals in the market, has led to the emergence of private healthcare service providers, giving a fillip to the country's healthcare system. Today, India has one of the largest private health sectors in the world, mainly because the country's Public Healthcare facilities have neither been able to meet the needs of the population adequately nor reach the interiors of the country. Additionally, several of these facilities are understaffed, poorly equipped in terms of basic infrastructure and equipment, and severely lack even basic quality standards. In contrast, private healthcare institutions provide world class facilities, employ highly skilled and globally recognized professionals, leverage advanced technology in treatments, and maintain high standards of quality. Admittedly, this is a phenomenon in the Tier I urban areas of the country, but nevertheless, the private sector has done a commendable job in creating these pockets of excellence while simultaneously generating significant value. The enduring success of the early movers has encouraged the emergence of multiple players in this space and spawned industry diversification and in-depth specialization. The Indian healthcare industry has today become a preferred sector for strategic and financial investments.

Private sector players occupy a major share of nearly 80% of the country's total healthcare market. They also account for almost 74% of the country's total healthcare expenditure. Their share in hospitals alone is estimated at 74% while the share of hospital beds is estimated at 40%.

Share in the Total Health Market



Source: A report on 'Indian Hospital Services Market Outlook' by consultancy RNCOS, Grant Thornton, LSI Financial Services, OECD

Based on the success and breadth of services offered by the private sector hospitals, rural populations are increasingly seeking care from this sector. Of all the levels of care mentioned in the chart below, treatment by a private

The Difference between Good and Great

doctor/clinic is the single most important point of contact for treatment of ailments for rural areas (50.7%) and urban areas (49.3%). This is followed by treatments at private hospitals, public hospitals and Health Sub Centres (HSC) , Primary Health Centres (PHC) & others.

Rural Areas

21.0%

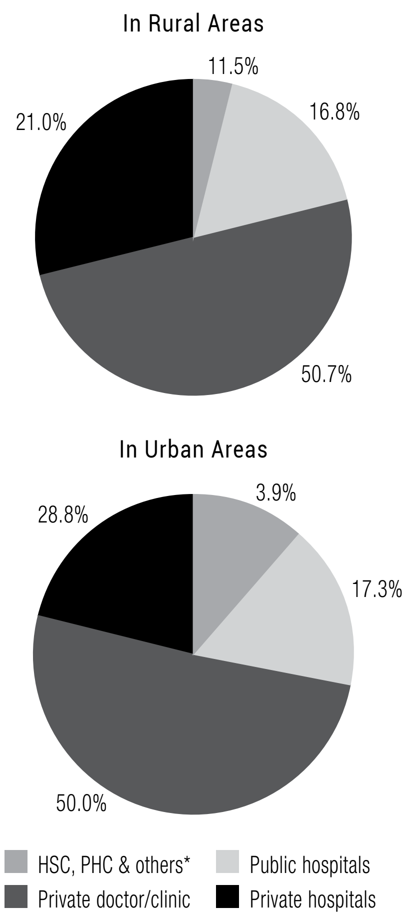
Ailments treated by Private Hospitals

Urban Areas

28.8%

Ailments treated by Private Hospitals

Percentage of ailments treated by different levels of care



Source: MoSPI, NSS 71st Round (January-June 2014)

Note: Public sector includes HSCs, PHCs & others*, and public hospitals. Private sector includes private doctors/clinics and hospitals.

* Others include Auxillary Nurse Midwives (ANM), Accredited Social Health Activists (ASHA), Anganwadi Workers (AWW), Dispensaries, Continuing Healthcare (CHC), and Mobile Medical Units (MMU)

Government initiatives that support sectional growth

It is important to mention that the Country's healthcare sector is strongly supported by the Indian Government which has been undertaking commendable work to develop India as a global healthcare hub. The Government has a goal of raising its healthcare spending to 2.5% of GDP from the current level of 1.1% of the GDP by 2025 under the National Health Policy 2017.

THE AYUSHMAN BHARAT – PRADHAN MANTRI YOJANA (PMJAY), THE LARGEST GOVERNMENT FUNDED HEALTHCARE PROGRAMME TARGETING MORE THAN 500 MILLION BENEFICIARIES, WAS ALLOCATED A SUM OF USD 887.04 MILLION.

Over the years, several initiatives to drive the growth of the healthcare sector in the country have been yielding positive results. These initiatives have gone a long way in not only improving the overall healthcare access for the general population but have also enhanced the quality of healthcare in the country.

Some important healthcare initiatives undertaken in the Union Budget 2019-20 are as follows:

1. The allocation to the Ministry of Health and Family Welfare has increased by 16.28% year-on-year to USD 8.51 billion.
2. The Government of India has allocated a sum of USD 4.40 billion under the National Health Mission.
3. The Government has announced setting up of 24 new Government medical colleges and hospitals by upgrading existing district hospitals in the country.
4. The Ayushman Bharat – Pradhan Mantri Yojana (PMJAY), the largest Government funded healthcare programme targeting more than 500 million beneficiaries, has been allocated a sum of USD 887.04 million.

Additionally, the Government of India has launched a registry with standardized, authentic and updated geo-spatial data of all public and private healthcare facilities called the National Health Resource Repository (NHRR) in June 2018.

India had bilateral trade relations with 53 countries in the healthcare sector, as of August 2018. These relationships will potentially encourage joint initiatives in health manpower development, training, exchange of experts, exchange of information, capacity building, and technical support in establishing laboratories/hospitals and research.

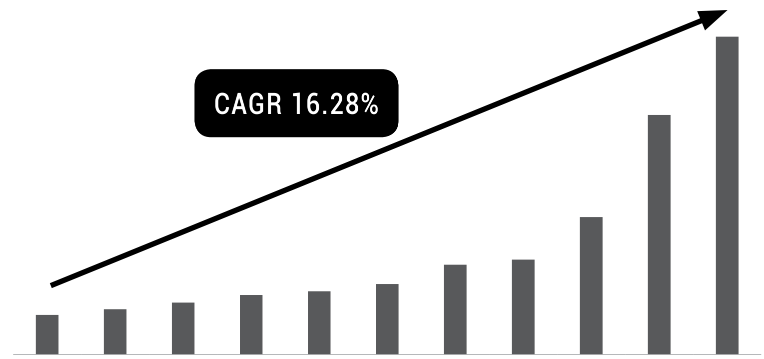
Growing market size

As per a report from the Ministry of Commerce and Industry, the Indian healthcare sector, which stood at a size of USD 110 billion in 2016, is expected to reach a size of over USD 372 billion by 2022, registering a CAGR of 22%. The hospital industry in India stood at USD 61.79 billion in 2017 and is expected to increase at a 16-17% CAGR to reach a size of USD 132.84 billion by 2023. The Country ranks 145 among 195 countries in terms of quality and accessibility of healthcare. These statistics indicate that there is tremendous scope for enhancing healthcare services penetration in India and ample opportunity for the development of the healthcare industry as a whole. Conducive policies for encouraging FDI, tax benefits, and favourable Government policies coupled with promising growth prospects are helping the industry attract private equity, venture capital and foreign players. Today, Indian companies are entering into alliances with domestic and foreign companies to drive growth and gain new markets. Going ahead, strong fundamental factors such as rising income levels, ageing population, growing health awareness and changing attitude towards preventive healthcare are expected to boost healthcare services demand.

The Indian healthcare sector was ranked as the 4th largest employer with a total employee base of 319,780 people in FY17. By 2020, the sector is expected to generate 40 million jobs in India. The Country is also expected to rank amongst the top 3 healthcare markets in terms of incremental growth by 2020.

THE INDIAN HEALTHCARE SECTOR, ONE OF THE FASTEST GROWING INDUSTRIES, WHICH STOOD AT A SIZE OF USD 110 BILLION IN 2016, IS EXPECTED TO REACH A SIZE OF OVER USD 372 BILLION BY 2022, REGISTERING A CAGR OF 22%.

Healthcare sector growth trend (USB billion)



2008	2009	2010	2011	2012	2014	2015	2016	2017F	2020F	2022F
45	51.7	59.5	68.4	72.8	81.3	104	110	160	280	372

Source: Frost & Sullivan, LSI Financial Services, Deloitte, TechSci Research

The Healthcare Service Delivery Landscape in India

The Healthcare sector in India broadly includes Hospitals, Pharmaceutical Companies & Standalone Pharmacies, Diagnostic Services, Medical Equipment and Supplies, Medical Insurance, Telemedicine Companies, Medical Tourism and Retail Healthcare.

Healthcare sector	
Hospitals	Government hospitals – It includes healthcare centres, district hospitals and general hospitals Private hospitals – It includes nursing homes and mid-tier and top-tier private hospitals
Pharmaceutical Companies & Standalone Pharmacies	It includes manufacturing, extraction, processing, purification and packaging of chemical materials for use as medications for humans or animals. Standalone pharmacies include both organized and unorganized standalone pharmacies in India.
Diagnostics Services	It comprises businesses and laboratories that offer analytical or diagnostic services, including body fluid analysis.
Medical Equipments & Supplies	It includes establishments primarily manufacturing medical equipment and supplies, e.g. surgical, dental, orthopedic, ophthalmologic, laboratory instruments, etc.
Medical Insurance	It includes health insurance and medical reimbursement facility, covering an individual's hospitalization expenses incurred due to sickness.
Telemedicine Industries	Telemedicine has enormous potential in meeting the challenges of healthcare delivery to rural and remote areas besides several other applications in education, training and management in the health sector
Medical Tourism	Indian medical tourism is enhancing the prospects of the Indian healthcare market substantially, benefiting its healthcare services' players and increasing the inflow of foreign exchange into India.
Retail Healthcare	Retail healthcare enables opportunities for clinical service in a marketplace other than regular hospitals. The Retail Healthcare business primarily includes Primary care clinics, specialized birthing centers, single specialty clinics, primary health centers and diagnostic chains, apart from Dental, Daycare and Home Healthcare formats.

Source: Hospital Market – India by Research on India, Aranca Research

Structure of healthcare delivery landscape in India

The Healthcare sector is primarily divided into three categories: primary, secondary and tertiary. The primary sector which mainly operates at the grass-root level has minimal involvement of private players. However, a major portion of the secondary and tertiary healthcare institutions which are concentrated in the metros, Tier II and Tier I cities, are run by the private sector.

Healthcare delivery system in India

Public	Private
Tertiary healthcare – Teaching institutes and medical colleges	Tertiary healthcare – Corporate hospitals, trust hospitals, medical colleges
Secondary healthcare – Provided at community health centre and district hospital	Secondary healthcare – Mid-size secondary care hospital and nursing homes
Primary healthcare – Provided at community level eg. Primary Health Centre	Primary healthcare – Private clinics

Source: Frost & Sullivan analysis

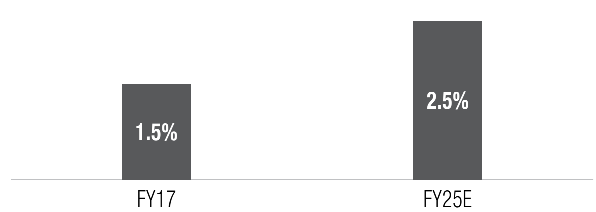
How does India's healthcare infrastructure compare with global benchmarks?

THE GOVERNMENT OF INDIA IS PLANNING TO INCREASE PUBLIC HEALTH SPENDING TO 2.5% OF THE COUNTRY'S GDP BY 2025.

The Government of India's expenditure on healthcare stood at 1.5% of GDP in FY17. In comparison to other countries, this figure not only falls behind those of developed countries such as the US and UK, but also developing countries such as Brazil and Malaysia

Economically weaker States in India are particularly susceptible to low public health investments. The continued disparity of healthcare spends between urban and rural areas has resulted in sharp disparity in healthcare availability across the country. The Government of India is planning to increase public health spending to 2.5% of the Country's GDP by 2025.

Healthcare spending as a percentage of GDP



Source: WHO World Health Statistics 2015, E&Y, LSI Financial Services

Even though the Country is witnessing a rapid expansion in the healthcare sector, the shortage of medical workforce remains a big challenge.

As per World Health Statistics primary data 2007-2016, the density of physicians per 1,000 population for India stands at 0.8 which is very low compared to the number for USA that stands at 2.6. As per the National Health Profile 2018, India has a density of 30.2 skilled health professionals (physicians/nurses/midwives) per 10,000 population and the Sustainable Development Goal (SDG) target is a density of 44.5 per 10,000 population. To achieve the ratio reported by the USA with respect to the density of physicians, India will require an addition of around 24.4 lakh physicians in the country.

HOSPITAL BED DENSITY IN INDIA IS MERELY 0.9 PER 1,000 PERSONS

Additionally, hospital bed density in India is merely 0.9 per 1,000 persons, while the minimum advocated by the WHO is 3.5 beds per 1000 people. It is estimated that an additional 3 million beds will be needed to achieve the target of 3 beds per 1,000 people by 2025. These statistics indicate the alarming healthcare infrastructure gap in the country and the tremendous growth potential of the Indian healthcare industry for the country to progress towards the global mean.

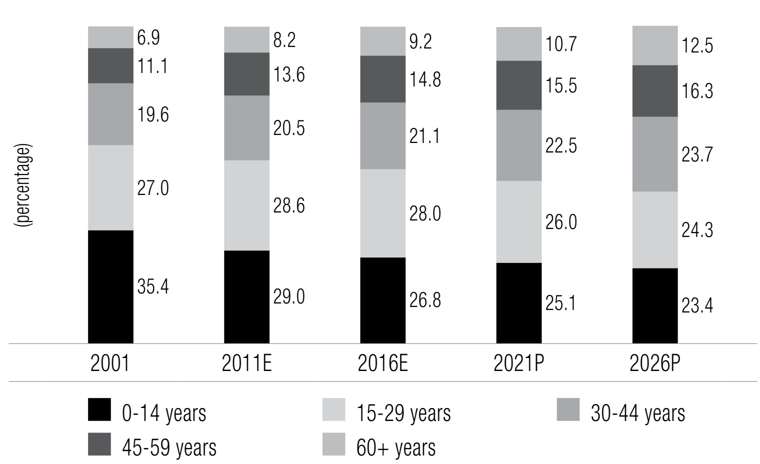
Forces of change and potential growth drivers in India

Strong fundamentals inherent to the sector are expected to accelerate further growth of healthcare demand in India. The industry in India is broadly characterized by the following:

Increase in population and demographic trends

With improving life expectancy, the demography of the country is also witnessing a change. As of 2011, nearly 8% of the Indian population was aged 60 years or more, and this is expected to surge to 12.5% by 2026. However, the availability of a documented knowledge base concerning the healthcare needs of the elderly (aged 60 years or more) continues to remain a challenge, although the higher vulnerability of this age group to health-related issues is an accepted fact.

Break-up of population by age



Source: CRISIL Research

According to the Report on Status of Elderly in Select States of India 2011, published by the United Nations Population Fund (UNFPA) in November 2012, chronic ailments such as arthritis, hypertension, diabetes, asthma, and heart diseases were commonplace among the elderly, with ~66% of the respective population reporting at least one of these. In terms of gender-based tendencies, while men were more likely to suffer from heart, renal and skin diseases, women showed higher tendencies of contracting arthritis, hypertension, and osteoporosis.

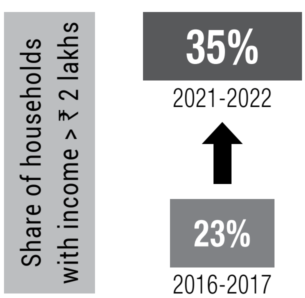
INDIAN POPULATION IS EXPECTED TO GROW TO A SIZE OF ~1.44 BILLION BY 2023.

Source: CRISIL Research

With the Indian population expected to grow to ~1.44 billion by 2023 and considering the above mentioned factors, the need to ensure access to healthcare services for this vast populace is an imperative. This provides an attractive opportunity to expand into a sector with huge potential for growth.

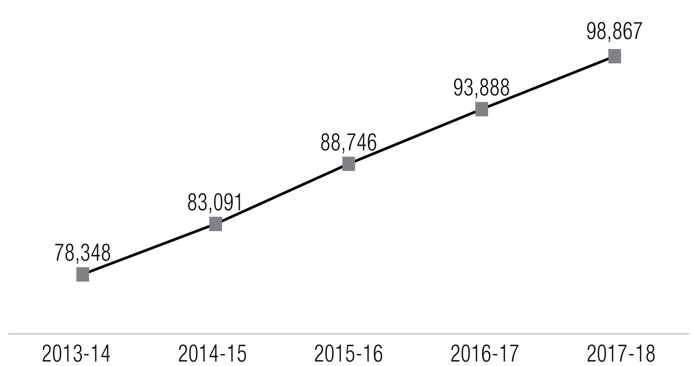
Rising per capita income and widening of income inequalities

According to the IMF, the Indian economy is poised to be one of the top five economies by 2020, following robust GDP growth supported by a strong industry base. The last decade has witnessed remarkable economic development with rise in per capita income which has paved the way for increasing demand of healthcare services and access to better healthcare facilities. However, even as India continues to develop, the difference in earnings is giving rise to wide levels of inequality. The people in the various income slab categories fall into unique baskets typified by varying healthcare needs. Each of these presents a market in terms of the addressable value proposition. The growth in the affordable segment of population, on account of rising income levels, supports the need for quality medical care that comes at a relatively higher price. Growth in household incomes, and consequently, disposable incomes, is, therefore, critical to the overall growth in demand for healthcare delivery services in India. The share of households falling in the income bracket above ₹ 2 lakhs is expected to go up to 35% in 2021-22 from 23% in 2016-17, providing a potential target segment (with more paying capacity) for hospitals.



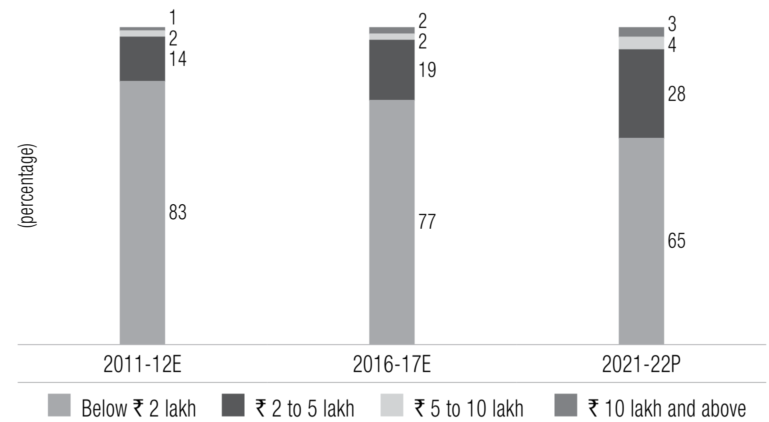
Source: CRISIL Research

Trend in India's per capita Gross Domestic Product (GDP) at constant market prices (in ₹)



Source: CME, Base year 2011-12

Income Demographics



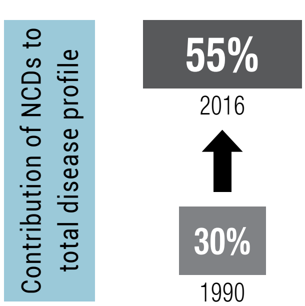
Source: CRISIL Research

ALMOST 70 PERCENT OF INDIA'S 1.3 BILLION PEOPLE, LIVE IN RURAL AREAS.

Under-Served, Under-Consumed

The healthcare service delivery landscape demonstrates a lag with regard to accessibility and geographical reach in meeting the requirements of the nation's 1.3 billion people, almost 70 percent of who, live in rural areas. Public health care institutions—ranging from primary health centers that form the backbone of the system in rural areas to larger district-level hospitals are hampered by a lack of manpower and inadequate resources such as diagnostics, pathology services and stock-outs.

In terms of global comparison, with only 1 bed per 1,050 population, versus a global average of approximately 2.9 beds per 1,000 population, the current hospital infrastructure in India is woefully inadequate. Approximately 1.7 million beds have to be added by 2025 to meet the rising demand and address the current shortage. A combination of unaffordability and minimum access to healthcare facilities, especially for the under privileged people belonging to the lower strata of society has led to a massive under consumption of healthcare services in the country.



Source: CRISIL Research

Transition in disease profile

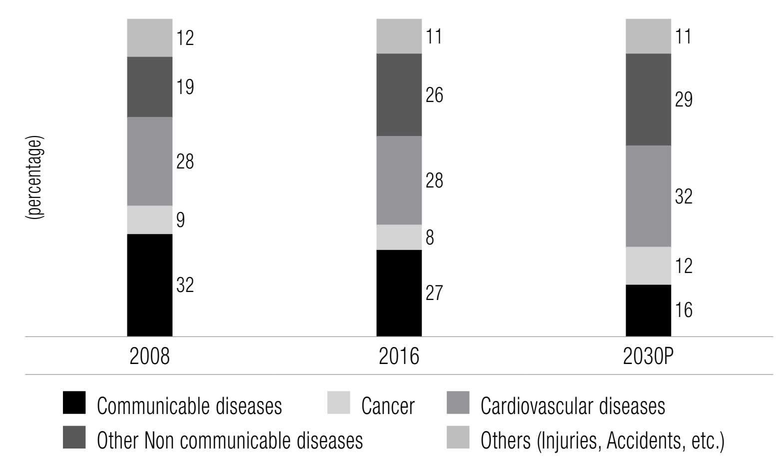
As opposed to the decreasing rate in communicable diseases, lifestyle-related illnesses or non-communicable diseases (NCDs) have been increasing rapidly in India over the last few years. The contribution of NCDs to the total disease profile has risen from 30% in 1990 to 55% in 2016. Statistics show that these illnesses accounted for nearly 62% of all deaths in India in 2016. As per the World Economic Forum, the world will lose nearly 30 trillion USD by 2030 for NCD treatments and India's share of this burden will be 5.4 trillion USD.

The contribution of a group of risks towards this disease burden—unhealthy diet, high blood pressure, high blood sugar, high cholesterol and obesity, which mainly cause ischemic heart disease, stroke and diabetes—has risen to nearly 25% in 2016. Although the combination of these risks was highest for states like Punjab, Tamil Nadu, Kerala, Andhra Pradesh and Maharashtra, it has increased in all other states as well. There were 380 lakh cases of cardiovascular diseases (CVDs) in 2005; this rose to nearly 641 lakh cases in 2015.

WHO PROJECTS AN INCREASING TREND IN NCDS BY 2030, FOLLOWING WHICH CRISIL HAS FORECAST RISING DEMAND FOR HEALTHCARE SERVICES ASSOCIATED WITH LIFESTYLE-RELATED DISEASES SUCH AS CARDIAC AILMENTS, CANCER AND DIABETES.

CRISIL Research believes that NCDs exhibit a tendency to increase in tandem with rising income levels. WHO projects an increasing trend in NCDs by 2030, following which CRISIL has forecast rising demand for healthcare services associated with lifestyle-related diseases such as cardiac ailments, cancer and diabetes. Another emerging market in the country is orthopaedics, which currently comprises a very small proportion as compared with NCDs. The orthopaedics market can be classified into four different segments, viz., knee, hip, trauma, and spine, of which the knee replacement market holds the biggest share, followed by trauma and spine. Contrary to other countries, hip replacement in India is still a very small segment as compared to knee replacements.

Causes of Death in India



Source: WHO Global burden of disease, India: Health of the Nations States, CRISIL Research

Health Infrastructure is skewed towards urban areas

Healthcare infrastructure is very asymmetric between rural and urban India. The current healthcare facilities in Tier II and Tier III cities still remain far behind in comparison to urban areas with many rural areas lacking even basic amenities. Rural infrastructure has largely been supported by public health facilities which are ill equipped to deal with the massive need for healthcare access. The concentrated healthcare facilities in urban areas are not so easily accessible for most of the people living in rural and remote areas of the country.

Low per capita income, low expenditure on healthcare, and low number of doctors coupled with poor insurance penetration in rural areas are reasons for the vast disparity in offerings when compared with urban and semi-urban areas. Apart from these issues, drinking water facilities, nutritional intake, sanitation facilities, awareness about diseases, etc. are also important factors that influence the health of a person. Urban areas are believed to have a better score on these parameters. Today, there exists a substantial demand for high-quality and specialist healthcare services in Tier-II & Tier-III cities.

Changing Nature of Cities and Towns

NEIGHBOURHOOD FACILITIES ARE FAST GAINING FAVOUR AS THEY OFFER EASIER TRAVEL OPTIONS AND OTHER CONVENIENCES.

Earlier, patients travelled from various parts of the country to well-known healthcare centres, usually concentrated in pockets within key urban cities, to access services. Even within the same city, some facilities would be more popular with patients. With cities and metros quickly increasing in size and numbers, large standalone multi-specialty hospitals are being overlooked by residents in favour of neighbourhood facilities as they offer easier travel options and other conveniences. These centres are also less intimidating to consumers and require lower capital to set up. Economic migration has numbed the traditional doctor-patient dynamic. Patients are therefore increasingly found to be accessing healthcare services which are conveniently located near their homes.

Increasing health awareness to boost hospitalisation rate

Although a majority of healthcare enterprises in India are concentrated in urban areas, increasing migration of the people from rural to urban areas, has heightened awareness about the availability of healthcare services for both preventive and curative care. This is bound to increase further. CRISIL Research, therefore, believes that hospitalisation rate for in-patient treatment as well as "walk-in" out-patients will surge with growing urbanization and increasing literacy.

Scaling up of Medical Value Travel (MVT)

A RARE COMBINATION OF WORLD-CLASS HOSPITALS, EQUIPPED WITH BEST-IN-CLASS TECHNOLOGY, SKILLED MEDICAL PROFESSIONALS, LOW COST OF TREATMENT, AND PROCESS IMPROVEMENTS LIKE E-MEDICAL VISA, HAS MADE INDIA A PREFERRED DESTINATION FOR MEDICAL TOURISM.

MVT is a burgeoning multi-billion dollar industry and likely to grow further due to the many benefits offered to patients. India has emerged as a pre-eminent destination for medical tourism and is one of the major hubs in the world (along with Thailand, Singapore, Malaysia and South Korea). A rare combination of world-class hospitals, equipped with best-in-class technology, skilled medical professionals, low treatment costs, and process improvements like e-medical visa, have made India a preferred destination for medical tourism. Treatments that are most in demand include heart surgeries, knee implants, cosmetic surgeries and dental care—all of which are largely driven by the private sector. India had 38 JCI accredited hospitals in 2018, and witnessed close to 5,00,000 medical value travellers in 2017. Nearly 95% of the medical tourists are from countries in Africa, West Asia and South Asia. However, numbers from countries like the UK and Canada are also steadily increasing because of high costs and long waiting periods for treatment in these countries.

The Government estimates that the size of the medical tourism market would be around 9 billion USD by 2020 amounting to 20% of the global share; up from a size of 3 billion USD in 2015.

Country-wise cost of ailments

Treatment	USA US$	Korea US$	Singapore US$	Thailand US$	India US$
Hip Replacement	50,000	14,120	12,000	7,879	7000
Knee Replacement	50,000	19,800	13,000	12,297	6,200
Heart Bypass	1,44,000	28,900	18,500	15,121	5,200
Angiopiasty	57,000	15,200	13,000	3,788	3,300
Heart Valve Replacement	170,000	43,500	12,500	21,212	5,500
Dental Implant	2,800	4,200	1,500	3,636	1,000

Source: CRISIL Research

The Government of India has undertaken several initiatives to support medical tourism which in turn is enhancing India's image as a preferred destination for medical tourists. For e.g. the e-Visa facility now covers practically all the countries of the world (166 countries). E-Medical visa facility for the attendant has also been introduced. Further process simplifications will strengthen India's position as an attractive destination for medical travellers.

AS A UNIQUE VALUE PROPOSITION, INDIA OFFERS HOLISTIC HEALTHCARE OPTIONS INCLUDING YOGA, MEDITATION, AYURVEDA, ALLOPATHY AND OTHER TRADITIONAL METHODS OF TREATMENT.

As a unique value proposition, India offers holistic healthcare options including Yoga, Meditation, Ayurveda, and other traditional methods of treatment. These treatments have been popular with medical tourists from European Nations and the Middle East. With a view of promoting holistic treatments like Ayurveda, Yoga, and AYUSH at an international level, the Government of India has allocated ₹ 923.10 million (US$ 12.79 million) in the 2019-20 budget towards various initiatives. It has also allowed 100% FDI in the AYUSH sector for the pursuit of wellness and medical tourism. An integrated approach to Medical Value Travel will boost India's share in this sector.

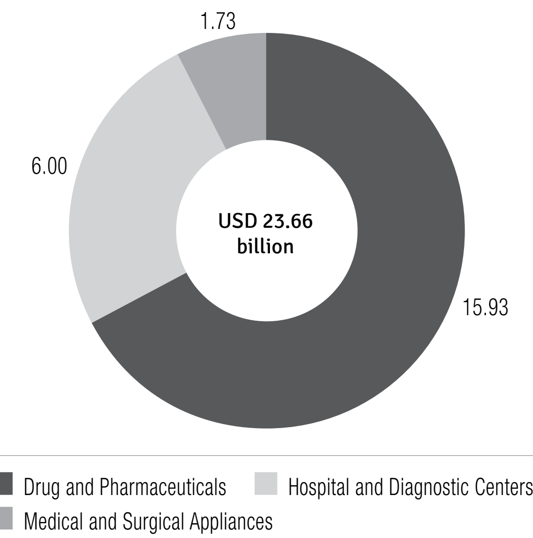
Rising Investments in the Indian Healthcare space:

Today, it is not only important for India to increase its healthcare expenditure but also undertake serious initiatives to build up its health infrastructure and health human resource. Foreign investments in the healthcare space go a long way in strengthening healthcare infrastructure.

Over the past few years, Indian healthcare funding has witnessed a dynamic growth by venture capitalists and private equity funds. Foreign investors have been playing a significant role in the development of the healthcare sectors. These multinational players have been trying to deepen their presence through partnerships and investments. These trends indicate rising investor confidence in the Indian healthcare space and deepen the perception of India as an attractive healthcare investment destination.

FDI in the health care sector has gathered momentum in recent years. During April 2000-December 2018, FDI inflows into the drugs and pharmaceuticals sector stood at a figure of USD 15.93 billion. Demand growth, cost advantages and policy support have played a very important role in attracting FDI in the healthcare sector.

Cumulative FDI inflows from April 2000 up to December 2018 into the healthcare sector (US $ billion)



Source: Department of Industrial Policy and Promotion

Allied formats taking centre-stage

THE INDIAN RETAIL PHARMACY MARKET IS ESTIMATED TO GROW AT A RATE OF 10-12% CAGR OVER THE NEXT DECADE.

The Indian retail pharmacy market will be a bright spot for the Healthcare sector over the next decade. It is estimated to grow at a rate of 10-12% CAGR in this period. Worth ~ USD 18 bn currently, it is expected to reach a size of USD 50 bn by 2025. Retail Pharmacy is one of the most fragmented sub-segments in the entire Healthcare delivery value chain. The total number of retail pharmacies (chemists) in India are estimated to be 850,000 with ~845,000 falling under the unorganized category. Branded, organized pharmacy stores are less than 6,000 and constitute < 5% of the total market size. Therefore, there is tremendous scope for organized players to increase presence and market share.

Organized Retail Pharmacy refers to trading activities undertaken by licensed retailers which include corporate-backed hypermarkets, retail chains and privately owned large retail businesses. Organized pharmacy players are venturing into the market with either wholly owned pharmacies or through franchising. They are scaling up by setting up several service touch points in cities across India, and are changing the face of the pharmacy sector by bridging the service gap. Organized retail pharmacy has been growing at an average of 22-25%, and is expected to grow between 20-22% over the coming decade. Analysts expect investments in excess of USD 1 bn over the next few years in this sector.

ORGANIZED PHARMACY PLAYERS ARE CREATING ROBUST WAREHOUSING AND SUPPLY CHAIN INFRASTRUCTURE.

Organized Pharmacy players like Apollo Pharmacies offer a wide array of pharmaceutical products. In addition to basic services, they offer value-added ones like loyalty programs, tele-consultation, private label products, basic diagnostics and health insurance plans. These services have been received well by consumers. These organized players are creating robust warehousing and supply chain infrastructure, and leveraging technology to make their offerings more consumer friendly. An example of this is the digitization of prescriptions, which has significantly reduced the waiting time for consumers.

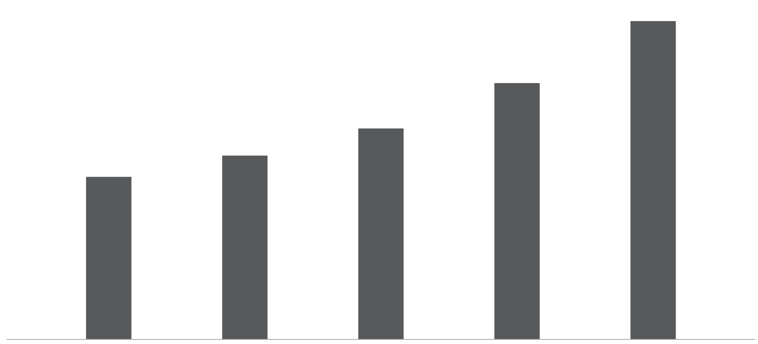
The online purchase of medicines has gained huge momentum with the emergence of several market players in this sector who have successfully penetrated the market and are providing quality services to consumers. With consumers using technology to bridge the service quality gap, digital pharmacies are gaining popularity in Tier I and Tier II cities, as they are banking on scale and better distribution networks. Eventually the online mechanism is bound to spread to Tier III and Tier IV cities which will help generate higher revenues for the sector.

Growing Health Insurance Market

Growing incidence of disease combined with increasing healthcare costs in the face of low Government funding, has created major financial burdens for people and brought into focus the dire need for health coverage schemes. Health insurance encourages the demand for healthcare services as the insured pays a premium covering risk of hospitalisation which is reimbursed by the insurer in case he/she has to undergo treatment on account of illness. As the individual's burden of healthcare costs is largely reduced, an increase in health insurance coverage will drive demand for healthcare services.

PRIVATE INSURANCE COVERAGE IS EXPECTED TO GROW BY APPROXIMATELY 15% ANNUALLY TILL 2020.

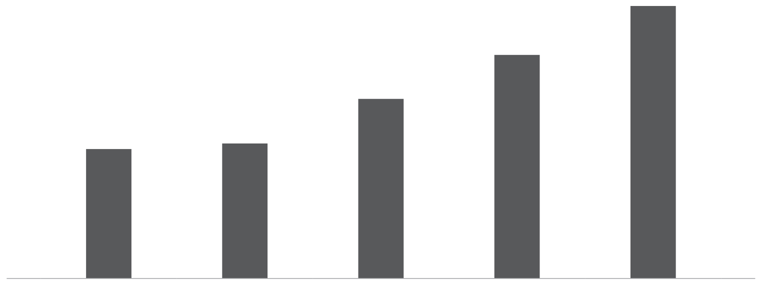
Trend in health insurance premium (in ₹ billion)



2012-13	2013-14	2014-15	2015-16	2016-17
154.53	174.95	200.96	244.48	303.92

Source: Insurance Regulatory and Development Authority, Hospital Market India–By Research on India, LSI Financial Services, World Bank, TechSci Research

Trend in number of persons covered under health insurance (millions)



2012-13	2013-14	2014-15	2015-16	2016-17
207	216	288	359	438

Source: Insurance Regulatory and Development Authority, Hospital Market India–By Research on India, LSI Financial Services, World Bank, TechSci Research

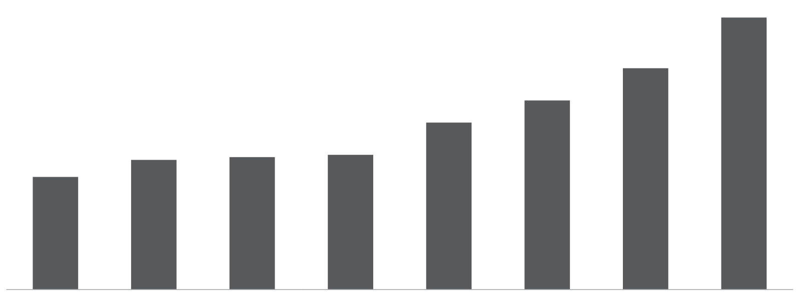
THE RETAIL HEALTHCARE BUSINESS INCLUDES PRIMARY CARE CLINICS, SPECIALIZED BIRTHING CENTERS, SINGLE SPECIALTY CLINICS, PRIMARY HEALTH CENTERS AND DIAGNOSTIC CHAINS, APART FROM DENTAL, DAYCARE AND HOME HEALTHCARE FORMATS.

From the above charts, it can be seen that the market for health insurance is on the rise. Total health insurance premium and the number of persons covered under health insurance almost doubled in 2016-17 as compared to their levels in 2012-13—premium collected was at ₹303.92 billion and the number of persons covered under health insurance stood at 438 million persons.

Schemes providing health insurance coverage to corporate employees are further helping market penetration of insurance players. On a relative basis, Government-funded health insurance programs have proven less attractive, making the market lucrative for private players. Private insurance coverage is expected to grow by approximately 15% annually till 2020.

An increase in demand for quality healthcare services backed by rise in per capita income, favourable demographics, and growing health insurance penetration, augurs well for the growth of the healthcare services sector in India.

Health insurance premium collection (USD billion)



2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
2.42	2.79	2.85	2.90	3.60	4.08	4.78	5.88

Source: Insurance Regulatory and Development Authority, Hospital Market India–By Research on India, LSI Financial Services, World Bank, TechSci Research

Retail Healthcare

CONSUMERS HAVE MADE IT CLEAR THAT THEY ARE LOOKING FOR CONVENIENCE AND FLEXIBILITY, AND HEALTHCARE PROVIDERS CAN OFFER THESE BY DESIGNING LOCALLY RELEVANT SPACES THAT ARE TAILORED TO SPECIFIC NEEDS.

The philosophy of 'Retail Healthcare' is to meet the consumers' healthcare needs right where they are. Convenience has been playing a key role in the decision making process while selecting a healthcare provider. Increasingly, consumers are choosing proximity over distance, opting for reduced waiting time, same-day scheduling and extended opening hours (including weekends). Therefore, locating services in a retail setting within a neighbourhood has become very popular.

These changing consumer preferences and the increased use of technology have successfully spearheaded the transition to retail healthcare. Retail Healthcare begins with a focus on preventive health and extends to the treatment of low complexity cases. The key aim of Retail Healthcare is to provide several quality services at lower costs in convenient settings. The growing mindset of people to maintain good health and stay medically fit, demands a seamless healthcare delivery format to treat minor illnesses within a relaxed environment when compared to a hospital.

Consumers have made it clear that they are looking for convenience and flexibility, and healthcare providers can offer these by designing locally relevant spaces that are tailored to specific needs. The spaces should primarily focus on vaccination, patient education, information sharing, specimen collection and reports, wound dressing and aftercare, injections and tele-consultations. The Retail Healthcare business includes Primary Care Clinics, specialized birthing centers, single specialty clinics, primary health centers and diagnostic chains, apart from Dental, Daycare and Home Healthcare formats.

Globally, Retail healthcare has grown substantially over the last decade. All the verticals under the Retail Healthcare umbrella are emerging as a significant opportunity in the healthcare landscape and providing sizable untapped avenues which will further drive penetration of Indian healthcare service providers into local communities and neighbourhoods. The retail healthcare delivery system supports the service provider for providing cost-effective and quality services to consumers.

Single specialty healthcare centers operating under the Retail Healthcare delivery format have already experienced growing popularity over the past few years in India. The segment now includes multiple treatment categories in areas such as fertility, maternity, ophthalmology, dental health, dialysis and diabetic care.

Where the sector stands—SWOT Analysis

STRENGTHS

- Strong brand position
- Extensive reach
- Resilient business model
- Deep technological expertise
- Top clinical talent and professional management team
- Capacitised for growth

WEAKNESSES

- Capital intensive
- Heavy regulatory burden
- Shortage of experienced doctors and skilled professionals
- Heterogeneous markets

OPPORTUNITIES

- Changing demographics
- Twin disease burden
- Medical Value Travel
- High number of under-served and poorly served markets
- Changing consumer preferences
- Preventive Health and Wellness
- Digital solutions

THREATS

- Rising costs
- Heightened competitive intensity
- Shortage of skilled manpower
- Discontinuance of leases
- Price regulation

Strengths

Strong brand position; Widely acknowledged as a leader

For over 35 years of its existence, Apollo Hospitals has built and sustained a strong leadership brand position. The group is respected as India's foremost integrated healthcare provider. This position is largely due to the pioneering spirit which is exemplified in its effort to be at the cutting edge of clinical protocols and technology. Apollo Hospitals has taken the initiative to bring many Firsts to India, for e.g. First MRI, First PET CT, First Proton Therapy, etc., thereby making sure that Indian patients have access to world-class healthcare. The reputation and trust built by the group is a strong asset, and continues to help the group attract large numbers of patients, as well as the most talented clinicians and staff.

Extensive Reach

70

Hospitals across

55

Specialties

Apollo Hospitals leads the way as the most comprehensive healthcare services provider in the country. Currently its footprint includes 10,167 beds, 3,428 pharmacies and 765 retail healthcare centers across the country, as well as a deep online presence as well. The network is well-spread pan-India and provides services across 55 specialities. Apollo Hospitals has been playing a crucial role in enhancing the nation's overall healthcare standards by providing comprehensive healthcare services in multiple delivery formats at different patient touchpoints to fulfil healthcare requirements across the spectrum—from primary care at neighbourhood clinics, and short stay surgeries, to complex quaternary care at the flagship hospitals. The company has also established newer delivery models such as home care, to complete the continuum of care value proposition.

Resilient business model

Apollo Hospitals has consistently delivered strong operating and financial results, and returns to shareholders higher than industry benchmarks. The diversified business portfolio, and widespread geographical presence, insulates the Group's performance from localised and sporadic events. The size and scale of the Group also gives it strength to transition over periods of regulatory headwinds, without compromising on shareholder value.

Deep Technological Expertise

Apollo Hospitals has been the frontrunner in adopting new technology for its medical procedures. Apollo invests in cutting edge technology to enhance treatment procedures, reduce recovery time and enhance healthcare outcomes.

Top Clinical Talent and Professional Management Team

#PatientFirst

Over 10,000 experienced clinicians, across 55 specialities and 70 hospitals, define Apollo Hospitals' commitment to excellence and exemplify the Group's #PatientFirst approach. The group continues to be a preferred employer, and is able to attract and retain top talent, both clinical and professional, from India and abroad. The Group's Senior Management team comprises proficient professionals with rich industry experience and a proven track record.

Capacitised for Growth

Over the last 5 years, the Apollo Hospitals Group has invested significantly in growing its assets and infrastructure. With 10,167 capacity beds, the Group now has sufficient headroom to achieve accelerated top line and EBITDA growth, without the necessity of making further large capital investments. Also, with an ongoing focus on reducing the length of hospital stays, the Group will be able to utilise existing assets at much faster turns.

Weaknesses

Capital Intensive

The sector is very capital intensive. Land, building, medical equipment etc., require heavy investments along with high operating costs. This creates a significant barrier to entry and expansion, and is one of the key reasons why bed density continues to lag requirements. It is critical that the sector is recognised as a National Priority Sector, and sufficiently incentivised to expand for improving access.

Heavy regulatory burden

Healthcare as a sector, is heavily regulated. While traditionally, regulations have focused on licensing and approvals, recently, the Government has also begun regulating prices of drugs and consumables. While the intent to make healthcare more affordable is laudable, it is important to ensure that healthcare providers are able to remain financially sustainable in the long-term.

Shortage of experienced doctors and skilled professionals

The healthcare industry requires skilled professionals. The quality of doctors and support healthcare professionals is crucial for ensuring high standards of healthcare delivery. Skilled professionals in the healthcare industry enjoy attractive opportunities in India and are in demand in overseas markets as well. In spite of having some of the best educational institutions in the country, gaps in medical education in India are significant. This has resulted in sub-optimal numbers of qualified healthcare professionals and a lacuna in skilled manpower including doctors, nurses and para-medical staff. Intense competitiveness amongst healthcare providers in urban areas has led to unsustainable increases in remuneration for qualified personnel. The shortage of skilled professionals is a potential show stopper for ensuring growth of the sector.

Heterogeneous Markets

With our increasing population, the need for quality healthcare services in India is high. However, these requirements are defined by the unique characteristics of local markets—demographics, disease profiles, customer attitudes, seasonal variations, price sensitivity and so on. Even hospitals in two different cities in the same state or hospitals in the same city and in its suburbs will operate under different sets of parameters. Due to the complexities involved, significant management oversight is required in sustaining clinical standards, balancing case mix, ensuring adequate volumes and upgrading technology regularly.

Opportunities

Changing Demographics

India's twin demographic pattern of significant growth in the number of young and old people, presents an opportunity to serve the healthcare expectations of the young, while attending to the increasing healthcare requirements of the elderly. Alongside, the country is witnessing sharp increases in disposable income for several groups, including a burgeoning middle class, who can afford to pay for quality healthcare. This presents an exciting opportunity for growth to service providers.

Twin Disease Burden

The rise of Non-Communicable Diseases, and their contribution to the country's disease burden presents an important opportunity to healthcare providers. Lifestyle diseases such as Cardiac ailments, diabetes, hypertension, cancer and orthopaedic ailments will drive the need for curative care. The burden of communicable diseases will also continue to be an area of focus, as provision of water, sanitation and nutrition for all citizens is yet to be satisfactorily accomplished.

LIFESTYLE DISEASES SUCH AS CARDIAC AILMENTS, DIABETES, HYPERTENSION, CANCER AND ORTHOPAEDIC AILMENTS WILL DRIVE THE NEED FOR CURATIVE CARE.

Medical Value Travel

India has been a prominent destination for medical value travel. The country is well-known for delivering clinical outcomes of world-class standards, at less than one-tenth of the international cost. Indian doctors are recognised for their competence and expertise, and the quality service they provide. The country's unique value proposition of integrated healing, using alternative forms such as Yoga and Ayurveda, presents ample scope for India to become the leading global destination for healing.

High Number of Under-Served and Poorly-Served Markets

There is a visible disparity in the availability and quality of healthcare between metro cities and urban areas compared to rural and secluded areas in the country. Access to health services is critical for good health, but our rural population faces various barriers to access. Even citizens with the means to pay for quality healthcare are compelled to travel to urban areas to access them. There is an opportunity for healthcare providers to explore newer (e.g. telemedicine) or leaner business models which will enhance access and affordability in more of the poorly-served markets.

Changing Consumer Preferences

The general notion is that hospitals tend to be intimidating to patients, especially those with relatively simple ailments who do not need the acute care facilities of a large hospital. They seem to respond better in a relaxed atmosphere. Healthcare providers have responded to this need, by providing a variety of options such as short stay centres, single specialty centers, neighbourhood clinics, and home services. These healthcare delivery formats are economically attractive as they require lower capital investment, achieve faster breakeven and deliver a better return profile.

Community Development

At Apollo, we support the prestigious global UHC 2030 partnership and are committed to meeting the Sustainable Development Goals. Our Total Health initiative which we launched in 2013 in Aragonda village aims to create an enabling environment at all levels, for sustainable development. This involves building and expanding equitable, resilient and sustainable health systems based on preventive health and primary health care, that deliver integrated, comprehensive, people-centred, quality health services for all. Our PPP initiatives in Andhra Pradesh in the Madanapalle District in partnership with the state government, seek to ensure that all people and communities have access to needed quality health services without risk of financial hardship - all firm steps towards a safer, fairer and healthier world by 2030.

PEOPLE ARE INCREASINGLY WILLING TO INVEST TIME, MONEY AND EFFORT IN THE PURSUIT OF WELLNESS

Preventive Health and Wellness

Health awareness is on an increased trajectory across the country. More and more people are personally aware of the state of their health, and are willing to invest time, money and efforts for improving it and in preventing critical illness. This awareness has led to a promising opportunity in the areas of preventive health and wellness, encompassing preventive health checks, diet and nutrition, exercise and well-being.

Enhanced access and lower cost of delivery through Digital Solutions

The growth of technology in recent decades has opened up possibilities for lowering cost of delivery, and increasing healthcare penetration, by leveraging digital solutions and telemedicine. These solutions will be most effective in expanding access to rural and far-flung areas, and in delivering the first level of care without necessitating long trips to urban centres. Public-private partnerships are also expanding in this area.

Threats

Rising Costs

Input costs in healthcare are rising. Minimum wage revisions are underway in several categories of manpower; real estate continues to inflate; and import costs of equipment and consumables are high. Increased competition has also meant that compensation expectations for skilled manpower is very high. In light of the Government's thrust to reduce prices through regulation, there is a real threat of hospital finances being rendered unviable.

Heightened Competitive Intensity

Competitive intensity and presence has increased, especially in key markets in the country. There are even pockets of over-capacity. Every market player, whether from the organized or the unorganized sector, is striving for market leadership. This could lead to cut-throat competition and unfair practices for survival.

Shortage of Skilled Manpower

There is an acute shortage of skilled healthcare resources across the board. At 8 physicians and 12 nursing personnel per 10,000 population, India alarmingly trails the global median of 14 physicians and 29 nursing personnel. We also lag behind other developing nations like Brazil on these parameters. Unless immediate steps are taken to increase the number of doctors, nurses and paramedics, the shortage of manpower will lead to prohibitive costs and derail the delivery of healthcare services.

Price Regulation

The intrinsic value of a service is more than just the cost of inputs. Any attempt to regulate the prices of healthcare inputs without addressing and providing for the comprehensive costs of providing quality services, will cripple the sector's finances, and compromise quality of care.

DRIVING SYNERGIES ACROSS THE SYSTEM TO IMPROVE EFFICIENCY WILL ENSURE LONG-TERM SUSTAINABILITY

What's ahead. Building the healthcare system of the future

Quality, outcomes, and value, are the watchwords for health care in the 21st century. Sector stakeholders around the globe are looking for innovative, cost-effective ways to deliver patient-centered, technology-enabled "smart" care, both inside and outside hospital walls. Independently and collectively, health care stakeholders are likely to face a number of existing and emerging challenges in this journey.

Creating a positive margin in an uncertain and changing health economy:

For sustained success, healthcare providers will need to increase system efficiencies beyond what is needed to be profitable. Long-term sustainability will require a fundamental transformation of the way healthcare services are organized and delivered. Consolidating where appropriate and looking for synergies across the system can improve efficiency. A strategy to diversify beyond the core hospital set up will also be key, by investing in outpatient services, step-down care, urgent care, etc. Another important aspect will be to improve revenue cycle management, and leverage scale by reducing the number of supply chain vendors.

Strategically moving from volume to value

Healthcare is continuing its transition from fee-for-service (FFS) reimbursement to outcomes, and value-based payment models. While traditional payment systems have focused on volume based payments to physicians, future models envisage maximising the value of healthcare delivered by standardized protocols, transparent information sharing, investment in clinical integration and alignment of incentives.

Engaging with Empowered Consumers

The very definition of the word "patient" has a notion of dependency on the doctors or the health care providers for the person undergoing treatment. The doctor–patient relationship is critical for patients as they rely on the physician's competence, skills and goodwill. Hence, for long, there has been a supply-side dominance in health care, which has defined the way health care systems have evolved and care provided. The nature of this relationship is slowly but surely undergoing a transformation—India is witnessing the emergence of the empowered consumer, who is well-informed and aware of the choices and options available to them. Surveys and research show that Indians want to act as an equal partner in shared clinical decision making; they want to become more health literate, and are increasingly keen on managing their own health. In order to meet the expectations of this new class of consumers, healthcare providers will need to embrace a new paradigm of Consumer Centricity, which focuses on empathy, transparency, clarity in communication and ease of access and convenience.

Focus on health, not sickness

75% of all health costs derive from preventable conditions. It is now the growing belief that the core purpose of any healthcare system is not only to provide treatment to the sick but also to promote health and well-being. Globally, the needle is moving from treatment to prevention as health care costs continue to escalate, and governments, health systems, health plans, and other stakeholders understand that it makes clinical and financial sense to invest in keeping individuals and populations healthy. Value-based payment models that reward health systems for improved quality and outcomes have the potential to enhance margins and reduce total cost of care. Therefore, there is a need to focus on promoting the adoption of healthy behaviour among individuals, through a combination of levers including m-Health, wearables, use of social networks and peer groups, programmes to drive diet, exercise and adherence to therapy, as well as economic incentives to reward desired behaviour.

HEALTHCARE IN 2030 WILL BE A WORLD APART FROM WHAT WE HAVE NOW.

> THE FUTURE OF WORK IS LIKELY TO BE POWERED BY TECHNOLOGY ADVANCEMENTS AND AN AUGMENTED WORKFORCE THAT COMBINES PEOPLE AND MACHINES TO GET THINGS DONE IN A WAY THAT'S NOT ONLY MORE PRODUCTIVE, BUT ALSO MORE REWARDING.

Investing in exponential technologies to reduce costs, increase access, and improve care

Exponential technologies are helping to drive transformational change in healthcare by making care delivery less expensive, more efficient, and more accessible. For example, beginning in 1999, scientists spent five months and approximately USD $300 million to generate the first initial "draft" of a human genome sequence. The cost to do that now is less than USD $1,000, and could eventually drop to less than USD $1. In coming years, exponential technologies have the potential to dramatically disrupt systems and processes that have historically defined the industry. Synthetic biology, 3D printing and nano-technology, Genomics and proteomics, blockchain, gig economy, additive manufacturing, artificial intelligence, data democratization, ambient computing, and bio sensors, are all areas with tremendous potential.

Shaping the workforce of the future

Health care workforce challenges are being felt across more and more countries. Staffing shortages are evident in a number of hospital specialties (emergency medicine and geriatrics) and in general practice; there are also growing nursing shortages across both health and social care. Compounding the problem is a scarcity of leaders who can guide and support the transformation of organizations to become patient-centric, insight-driven, and value-focused. The future of work is likely to be powered by technology advancements and an augmented workforce that combines people and machines to get things done in a way that's not only more productive, but also more rewarding. When planning for the future of work, health care organizations will need to assess the trajectory of specific jobs and workflows, evaluate the mix of factors that combine to operate those jobs and processes, and determine how they can be re-envisioned through enabling technologies and new talent models.

Company Overview

Apollo Hospitals was established in 1983 by Dr. Prathap C Reddy, renowned as the architect of modern healthcare in India. As the nation's first corporate hospital, Apollo Hospitals is acclaimed for pioneering the private healthcare revolution in the country.

Apollo Hospitals has emerged as Asia's foremost integrated healthcare services provider and has a robust presence across the healthcare ecosystem, including Hospitals, Pharmacies, Primary Care & Diagnostic Clinics and several Retail Health models. The Group also has Telemedicine units across 10 countries, Health Insurance Services, Global Projects Consultancy, Medical Colleges, Medvarsity for E-Learning, Colleges of Nursing and Hospital Management and a Research Foundation. In addition, 'ASK Apollo'—an online consultation portal and Apollo Home Health complete the care continuum.

The cornerstones of Apollo's legacy are its unstinting focus on clinical excellence, affordable costs, technology and forward-looking research

& academics. Apollo Hospitals was among the first few hospitals in the world to leverage technology to facilitate seamless healthcare delivery. The organization embraced rapid advancement in medical equipments worldwide, and pioneered the introduction of several cutting edge innovations in India. Recently, South East Asia's first Proton Therapy Centre commenced operations at the Apollo Proton Cancer Centre in Chennai.

Apollo Hospitals has been honoured by the trust of over 120 million patients from over 120 countries. At the core of Apollo's patient-centric culture is TLC (Tender Loving Care), the magic that inspires hope amongst its patients.

Apollo has touched

120 mn

people from

120+

countries

As a responsible corporate citizen, Apollo Hospitals takes the spirit of leadership well beyond business and has embraced the responsibility of keeping India healthy. Recognizing that Non Communicable Diseases (NCDs) are the greatest threat to the nation, Apollo Hospitals is continuously educating its fellow Indians on preventive healthcare as the key to wellness. Likewise, envisioned by Dr. Prathap C Reddy, the "Billion Hearts Beating Foundation" endeavours to keep Indians heart-healthy.

Apollo Hospitals has championed numerous social initiatives—Save a Child's Heart Initiative (SACHi) which screens and provides paediatric cardiac care to underprivileged children with congenital heart diseases, Society to Aid the Hearing Impaired (SAHI) and the CURE Foundation which is focused on cancer care and also assists children from financially challenged homes. To introduce population health into the Indian narrative, Total Health, an initiative of Apollo Hospitals, as envisaged by Dr. Reddy, is piloting a unique model of healthcare in the Thavanampalle Mandal of Andhra Pradesh. It aims to provide "holistic healthcare" for the entire community starting from birth, through one's journey into childhood, adolescence, adulthood and old age.

In a rare honour, the Government of India issued a commemorative stamp in recognition of Apollo's widespread contributions—the first for a healthcare organization. In addition, a stamp was also released to mark the 15th anniversary of India's 1st successful liver transplant performed at Apollo Hospitals. More recently, Apollo Hospitals was again honoured with a postal stamp for having successfully performed 20 million health checks and for its pioneering efforts in encouraging preventive healthcare in the country.

Dr. Prathap C Reddy, Founder Chairman of the Apollo Hospitals Group was conferred with the prestigious Padma Vibhushan, India's second highest civilian award in 2010.

Healthcare Services

Apollo's healthcare services segment consists of hospitals, hospital based pharmacies and projects and consultancy services.

Hospitals

As of March 31, 2019 the Group had a capacity of 10,167 beds in 70 hospitals located in India and overseas. Of the 10,167 beds, 8,683 beds owned in 44 hospitals; 283 beds in 10 cradles; 267 beds in 11 day care/ short surgical stay centers; and 934 beds in 5 hospitals under management through operations and management contracts.

Particulars	31.03.2019	31.03.2018
Number of owned hospitals at the end of the period	65	65
Number of owned beds at the end of the period	9,233	8,910
Number of operating beds at the end of the period	7,246	7,111
In-patient discharges	4,51,894	4,27,661
Adjusted discharges	6,47,120	6,05,605
Average length of stay (days)	3.99	3.99
Average daily census	4,938	4,670
Bed occupancy rate (%)	68%	66%
Average revenue per occupied bed per day	34,226	31,967

Clinical Excellence

Clinical Excellence is the edifice around which Apollo's healthcare operations are structured. The Group consistently endeavours to deliver the highest standards of clinical outcomes across various specialties. Apollo benchmarks itself against institutions with the best clinical performance in the world in their respective specialties and set internal standards with the intention to match or surpass this performance.

ACE @ 25 ASSESSES PERFORMANCE BASED ON 25 CLINICAL PARAMETERS WHICH ARE CRITICAL TO DELIVERING THE VERY BEST CLINICAL OUTCOMES.

In order to ensure sustainable clinical outcomes, the Company follows an internal quality management process known as the "Apollo Clinical Excellence" program which is referred to as "ACE @ 25". This has been implemented across the entire network of hospitals. ACE @ 25 assesses performance based on 25 clinical parameters which are critical to delivering the very best clinical outcomes.

There were 3 revisions of ACE parameters and their bench marks since 2008 during the years 2011, 2013 and 2015. The 4th revision of ACE under ACE 3.0 was done in the year 2017.

This sustained focus of the Apollo Group on Clinical Excellence has enabled it to continuously assess the quality of care provided to its patients and allowed it to objectively measure the consistency and success of its healthcare delivery services. It is a key contributor to the rich track record of the group and has helped it to achieve high success rates even in surgeries of high complexity such as transplants, cardiac care and oncology.

Training and Continuing Medical Education

Apollo encourages its medical professionals and other staff to opt for continuing medical education and upgradation of skills on a periodic basis. The Group ensures that professionals and staff get acquainted with the newest techniques and procedures in the medical field in order to enhance offerings to patients. Partnerships with some of the most renowned institutes in the world facilitates knowledge sharing and deepening the repositories of medical know-how and literature.

Apollo Clinical Knowledge Network (ACKN) and Distinguished Lecture Series have been created as knowledge platforms for an academic exchange across different Apollo institutions.

Academics and Research

India has become a hub for R&D for international players due to the relative low cost of clinical research in the country. In terms of research, Apollo Hospitals currently is India's single largest clinical site solutions organization having undertaken over 850 clinical studies.

As an academic institution, Apollo Hospitals conducts the largest number of DNB/FNB programs under the aegis of the National Board of Examinations (NBE). A total of 781 DNB/FNB candidates are currently undergoing training in 11 Apollo Hospital units. The 452 seats in 2017 were increased to 507 in 2018.

Adjunct titles of Professorships and Associate Professorships of Apollo Hospitals Education and Research Foundation (AHERF) have been conferred upon 115 Apollo Hospitals Consultants.

Currently 79 consultants are holding Adjunct titles of Clinical Tutor, Distinguished Clinical Tutor and Emeritus Clinical Tutor.

To run the Clinical Fellowship program, 48 seats have been approved in 31 specialties across 13 Apollo Hospitals locations.

Accreditations

JCI

8

NABH

23

Eight hospitals in the group have received accreditations from the Joint Commission International, USA for meeting international healthcare quality standards for patient care and management. JCI is the world's premier accreditation body for patient safety and provision of quality healthcare. The hospitals at Chennai, Bengaluru, New Delhi, Dhaka, Hyderabad, Kolkata, Ahmedabad and Navi Mumbai are JCI and NABH accredited. The total number of NABH accredited hospitals in the group are 23.

Strategic Focus Areas

The Company continues to focus on growth with the aim of improving operating efficiency and clinical outcomes simultaneously. The aim is to achieve this through:

1. Driving growth in the hospital network

Apollo Hospitals has facilities located in large urban centers such as Chennai, Hyderabad, Kolkata, Bengaluru, New Delhi, Ahmedabad, Mumbai, Bhubaneshwar, Madurai and Mysore among others. The Group has also invested in other centres in Tier II and Tier III cities, with attractive demographic indicators such as growing population, disposable income potential, and largely under-served with respect to healthcare services. All these markets will continue to demonstrate high demand for high quality tertiary services including transplants, robotics and complex procedures under cardiac, oncology and orthopaedic specialties.

Given the existing capacity and operational beds already created, there is significant headroom for growth in these centres. With a strong focus on asset turns, asset utilisation, clinical differentiation and outcomes, these units are expected to deliver significant top-line growth, as well as expanded margins (given that fixed costs have largely been absorbed).

2. Enhanced focus on Centres of Excellence

One of the key elements of strategy going forward, will be to nurture and grow national Centres of Excellence (COEs) in focus specialities—Cardiac Sciences, Neuro Sciences, Orthopaedics, Oncology, Transplants, Emergency, Critical Care and Preventive Health. Each of these COEs will be comprehensively developed across Clinical Differentiation, Protocols, Outcomes and Benchmarks, Market Share, Talent, Academics and Research, under the supervision of dedicated Service Line Managers. The focus on COEs will lead to enhanced case mix, and thereby a superior margin profile. As occupancy levels improve to optimal levels, such case mix changes and improvements will ensure that topline growth and quality of revenue are fully protected.

3. Retail models to drive discontinuous growth

True to its vision, the Apollo Hospitals group has invested in multiple formats of retail healthcare, to maximise the number of lives touched, and to provide ease of access to consumers across the care continuum. The retail health assets are housed within the subsidiary Apollo Health and Lifestyle Limited (AHLL). These formats cater to the changing profile of healthcare consumers, and hence will be growth models for the future—short-stay surgeries, boutique birthing and ubiquitous access to clinics and diagnostics services. They will strengthen Apollo's efforts to gain top-of-mind recall and market share. The Group has also invested in ensuring that services across all formats are seamlessly delivered, under the One Apollo initiative. This initiative is aimed at building deep relationships with the Apollo consumer across categories—hospitals, pharmacy, clinics, and diagnostics and also unlocking potential for up-sell, cross-sell, and loyalty driven behaviour using advanced analytics.

APOLLO PLANS TO FOCUS ON AND BUILD A STRONG PRESENCE IN THE GROWING MARKET OF ELECTIVE AND LIFE ENHANCING PROCEDURES.

4. Focus on life enhancing procedures and elective surgeries

With increasing health awareness and disposable incomes, there is a growing demand for elective or planned surgeries. Therefore, apart from focusing on 'Centers of Excellence', Apollo plans to build a strong presence in the growing market of elective and life enhancing procedures.

The hospitals are well-equipped to offer various elective procedures like knee replacements, hip replacements, cosmetic surgeries, dental services and other similar procedures. Going ahead, the plan is to increase the volume of such procedures performed in the hospitals by recruiting more specialist surgeons, creating specialized centers, and investing in the latest medical technologies to improve clinical outcomes in these areas.

5. Enhancing operating efficiencies, profitability and optimization of asset utilization in mature facilities and increase in capital efficiency

There is tremendous focus on stabilizing and compressing time-to-maturity at the new facilities. Specialist consultants have joined the COEs, especially in new centres, to ensure superior specialization mix. The phased commissioning of the additional beds linked to occupancy levels at new facilities will keep fixed costs lower to achieve the objective. The aim is to also reduce Average Length of Stay (ALOS). Today, new improvements in medical technology and the advent of minimally invasive surgeries have considerably reduced surgical trauma and patient recovery time. Minimally invasive surgeries and day care surgeries will help reduce ALOS. Additionally, this will also lead to a faster turnaround time, facilitating treatment of more patients from the existing capacity as well as resulting in increased patient turnover rate and revenue per occupied bed per day.

Maximizing operating efficiency and profitability across the network is the crux of the growth strategy. The three essentials for maximizing efficiencies are greater integration, better supply chain management and human resource development. By capitalising on synergies across the network, the goal is to minimize costs of expensive drugs and medical consumables like stents, implants and other surgical materials through standardization across the network, optimizing procurement costs, consolidating suppliers and optimizing the use of medical consumables by establishing guidelines for medical procedures.

THE COMPANY FOCUSES ON DEVISING STRATEGIES TO MANAGE LEANER OPERATIONS AND ENHANCE ASSET TURNOVER.

Lastly, in order to remain competitive and to increase capital efficiency, the Company continues to devise strategies to manage leaner operations. A comprehensive strategy to enhance asset turnover is being implemented.

6. Digital Initiatives

To enhance accessibility and allow a patient the flexibility of making a doctor appointment at their personal convenience, Apollo Hospitals launched AskApollo – a direct-to-patients M-health platform, that guides the patient engagement cycle – from scheduling a doctor's appointment for consultation, health checks and diagnostic services, to virtual consults, anytime-anywhere access to electronic health records, wellness tips and advice, as well as chat-based assistance.

The Group's partnership with Microsoft to develop and deploy new AI and machine learning models to predict patient risk for heart disease and assist doctors on treatment plans, is the first step in the journey towards AI-based predictive health across the disease spectrum. The Oncology hospital in Chennai has deployed IBM Watson for Oncology and Genomics, which leverages cognitive computing to provide insights to oncologists. The Apollo online expert opinion service for Oncology provides convenient and affordable access to Tumour Board Experts in 24 hrs. The Group partnered with Google India to launch a new feature in its Search offering called 'Symptom Search'. These are just a few examples of the deep and exciting digital work being carried out across the Group. These digital initiatives will strengthen brand differentiation and build lasting relationships with consumers.

7. Assured Pricing Plans

One of the key concerns within the private Indian healthcare sector has been the cost of care (although Indian health care costs are already significantly lower than international costs). In order to address patient anxiety on the financial implications of treatment, as well as to deliver on Apollo Hospitals' commitment to fairness and transparency, Assured Pricing Plans have been introduced across several surgical procedures. These plans give complete peace of mind to the patients and their families, and facilitate better marketplace conversations with General Practitioners and Nursing Homes on costs of treatment. The initiative helps drive attention towards the intrinsic value of the delivered service and not on individual inputs.

8. Preventive Health

APOLLO WAS THE FIRST TO INTRODUCE THE MASTER HEALTH CHECK PROGRAMME IN THE COUNTRY, AND TO ADVOCATE TAX EXEMPTIONS FOR EXPENSES ON HEALTH CHECKS.

As a Group, Apollo Hospitals has always embraced wellness and paid attention to the need for comprehensive Preventive Health programs, to keep citizens healthy. The Group was the first to introduce the Master Health Check Programme in the country, and to advocate tax exemptions for expenses on health checks. This important program is a cornerstone of the group's strategy for the next decade, as the country faces the ongoing burden of Non Communicable Diseases, most of which are preventable, or can be easily detected by early—stage screening, controlled or cured.

9. Public-Private Partnerships

In recent years, the Union Government has signalled its strong intent to move forward on Universal Health care for all citizens. Such a grand vision can only be executed with deep collaboration of Private and Public Partners (PPP). PPP models in healthcare have proven to be very effective as they play to the respective strengths of each partner. For e.g., in partnership with the Andhra Pradesh Government, Apollo Hospitals manages over 150 Urban Primary Health Centres (e-UPHCs). Apart from providing primary health services, these centres provide specialist services through connectivity with Apollo Tele-Health Hub. These models are low-cost, can be scaled quickly, and generate world-class outcomes, both for population health and specialist support.

Expansion Plans

The Group recently concluded a large multi-year expansion plan which has enabled the expansion of bed count to 10,167 beds across 70 hospitals as on March 31, 2019. The focus is to now increase occupancy across all units, and enhance specialties at new centres while optimising overall case mix and strengthening infrastructure at existing centres. Given the focus on utilising the existing infrastructure better, the present plan envisages adding only 150 beds in the near future acorss 1 hospital which will expand the overall network of hospitals to 71.

As such, the focus of the investment plan will be to enhance and upgrade existing offerings and undertake specific interventions in areas of special emphasis. The company estimates an investment of ₹ 2 billion over the next one year. This will be towards the addition of the 150 bed Oncology

THE GROUP RECENTLY INAUGURATED THE APOLLO PROTON CANCER CENTRE IN CHENNAI.

hospital at the Apollo Proton Cancer Centre campus which will become fully operational over the next 18 months. The group plans to strengthen its national position in the Oncology COE both in terms of clinical differentiation and volumes.

The recently inaugurated Apollo Proton Cancer Centre in Chennai and the 180-bed Oncology hospital, will become fully operational over the next 18 months. It is important to note that currently, this treatment facility is only available in two countries in the Asia-Pacific region i.e. in China and Japan and India has become only the third country to offer this treatment protocol.

Apollo Hospitals continues to look for favourable opportunities to expand its presence in the healthcare market. As such, any bolt-on opportunities in the existing centres will be considered.

Medical Value Travel

India is among the top three Medical Value Travel destinations in Asia along with Thailand and Singapore. The Apollo Hospitals Group is at the forefront of this initiative to make India the Global Healthcare destination. Over the years, Apollo Hospitals has been able to attract International patients in large numbers due to its state-of-the-art medical facilities and cutting-edge technologies. Apollo Hospitals has a well-established track record of providing clinical outcomes comparable to the best in the world at a fraction of the international costs.

The Group undertakes several camps in overseas markets to build the doctor connect for patients. Further, overseas patients can now easily make appointments for personal consultations for their treatment in India through the Apollo website and dedicated messaging service. In order to gain significant market share of the growing Medical Value Travel segment in India, Apollo has stepped up marketing efforts in International centers and is driving in-person consultations with senior specialists.

The efforts have been successful in attracting a large number of patients from neighbouring countries as well as from Middle East and Africa. Patients from ASEAN countries (Myanmar, Cambodia, Indonesia, Philippines) and the Pacific Islands (Fiji, Samoa and Tonga) also trust Apollo for their healthcare needs. The Group has agreements with Ministries of Health in several countries across the world for treatment of patients referred by them.

The Indian Government is facilitating the entry of International patients into the country by providing special medical visas and undertaking a number of initiatives to encourage Medical Value Travel in the country. Apollo Hospitals has been leading advocacy in this area with the Indian Government, and is working closely with them to ensure seamless implementation of new policy initiatives. The Hospitals has partnered with the Ministry of External Affairs, Government of India, for providing training to doctors and paramedics from Africa and worked hard to ensure that Apollo is the preferred healthcare provider for diplomats of several countries based in India.

Having served patients from over 120 countries, Apollo continues to offer a wide range of high quality services including Preventive Health Checks, Organ Transplantation (kidney, liver and cornea transplantation), Robotic Surgery, Cancer Treatment, Joint Replacement Surgery, cosmetic procedures, eye procedures, brain and spine surgeries, etc. Apollo Hospitals is extremely well positioned to address the needs of the growing Medical Value Travel segment in the country.

Standalone Pharmacies

THE SEGMENT HAS RECORDED IMPRESSIVE GROWTH (28% CAGR) ON REVENUE OVER THE LAST 10 YEARS.

Apollo has been a key market player in the Standalone Pharmacy Business for over two decades. It is by far, the largest organised retail pharmacy chain in India. The segment has recorded impressive growth (28% CAGR) on revenue over the last 10 years. The network has also expanded with presence now in ~400 cities/ towns spread across 20 States and 4 union territories, with a total of 3,428 stores as on 31st March 2019. During the year, net additions to the network was 407 stores.

The product offering across this chain has evolved from being focused on pharmaceutical products, to a wide variety of wellness and private label products. The optimal product mix for each store is consciously designed. A cluster analysis mechanism has been put in place, and each cluster is managed by an independent manager. The Senior Management Team performs ongoing reviews of the viability of each store in terms of its real estate costs, supply chain, cost-benefit ratios and various other operating metrics. Value added services such as home deliveries, prescription refill reminders, diagnostic reminders as well as loyalty discounts are offered to customers.

Steps like increasing the proportion of private label products and rationalizing the store network through the discontinuation of non-viable stores have helped to steadily improve the business profitability profile. Large organized players with superior operating scale have a high potential for significant growth in this sector; and as the undisputed market leader, Apollo Pharmacies has a distinct advantage.

Pharmacy Restructuring

Recognising that AHEL's standalone pharmacy business stands at an inflection point, requiring greater focus and attention independent of the hospital business, to fully leverage its potential and growth opportunity, the Apollo Hospitals Board approved its restructure in November 2018. The proposal for the restructuring is currently in the process of regulatory approval. All approvals are expected to be in place by the end of November 2019.

The reorganization will focus on the following objectives:

Build a multi-year growth platform to achieve 5,000 pharmacy outlets in 5 years and INR 100 Billion in Revenues.	Enhance Private Label Business share to over 12%, by broadening and deepening the product portfolio.
Strengthen the Direct-to-Consumer (D2C) front-end operations to drive same-store growth, prescription fill rates and overall experience; Overall Business ROCE target of 30 + % in 5 years.	Enhance Private Label Business share to over 12%, by broadening and deepening the product portfolio.
Foray into Digital Commerce and execute an Omni-Channel strategy, leading to increased consumer convenience	Build an integrated customer loyalty platform centred around a satisfied and engaged customer, leading to repeat business and higher customer retention.

Most importantly, the reorganization will maximize Shareholder Value and set the platform for "Value Discovery" of the pharmacy business at a later stage, through a regulatories compliant structure.

Under this arrangement, the front-end retail pharmacy business carried out in the standalone pharmacy segment will be segregated into a separate Company—Apollo Pharmacies Ltd. (APL). APL will be a wholly-owned subsidiary of Apollo Medicals Pvt. Ltd. (AMPL). Apollo Hospitals will own 25.5% of APL and the remaining stake will be held by three private investors. Post this transaction, the back-end business related to the standalone pharmacies and ~85% of business economics will continue to be with Apollo Hospitals.

Apollo Hospitals will be the exclusive supplier for APL under a long term supplier agreement and will also enter into a brand licensing agreement with APL to license the "Apollo Pharmacy" brand to front-end stores and online pharmacy operations.

The Company is currently in the process of regulatory approvals for the reorganization proposal. All approvals are expected to be in place by the end of November 2019.

Projects & Consultancy

APOLLO GLOBAL PROJECTS & CONSULTANCY SERVICES IS AMONG THE LARGEST HOSPITAL CONSULTANCY SERVICES IN THE WORLD.

Apollo Global Projects & Consultancy services is among the largest hospital consultancy services in the world. It is the consulting, implementation and operations management arm of the Apollo Hospitals Group. With over 30 years of domain expertise in healthcare, the unit has the distinction of being the trusted advisor of investors, Governments and other entities for establishing world-class healthcare facilities or improving the clinical quality and operating efficiencies of existing ones.

The unit's healthcare consulting assignments across the globe are testimony to its ability to work effectively with the "local" people, respecting their social, cultural and traditional ways. It has worked on establishing and operating healthcare facilities spread across culturally diverse geographies. It has completed over 60+ projects from concept to commissioning, 200+ feasibility studies and commissioned over 2,500 beds over the last 5 years.

Consultancy services can be categorized into:

1. **Setting up a Healthcare Facility:**
   » Business Planning & Clinical Visioning
   » Hospital Planning and Design
   » Medical Equipment Planning and Procurement
   » Human Resources Planning
   » Information Technology and Telemedicine
   » Hospital Commissioning and Start-up assistance

2. Hospital Operations Management

The Unit manages hospitals for partners. Apollo's role as a hospital operator is guided by its commitment to:

» Ensuring that the skill-sets of key clinical and managerial team members are amongst the best
» Achieving and maintain accreditation status and international standards
» Developing a sustainable competitive advantage for the hospital to ensure high levels of quality, customer service and competitiveness

3. Strategic Consultancy

Strategic exercises to review existing systems and operations of healthcare institutions with the objective of enhancing their performance, are also undertaken.

4. Hospital Training

Apollo Hospitals offers custom-built training programs for medical and administrative staff. These physician training / nurse training / technician training programs focus on building capabilities and skills in specific areas.

5. Hospital Quality Management & Consulting

Hospital Quality Consulting services offers clients unparalleled expertise through training, audit and accreditation services so that people throughout the world are benefited with access to the highest quality of healthcare.

Medical Insurance – Apollo Munich Health Insurance

APOLLO MUNICH HEALTH INSURANCE WAS ONE OF THE FIRST STANDALONE HEALTH INSURANCE COMPANIES TO ENTER THE MARKET AFTER LIBERALIZATION OF THE INDIAN INSURANCE INDUSTRY.

A joint venture between Apollo Hospitals Group and Munich Health ushered the Group into the insurance market, bringing into existence, Apollo Munich Health Insurance. This company was one of the first standalone health insurance companies to enter the market after liberalization of the Indian insurance industry. Apollo Munich Health Insurance Company is dedicated to providing a wide range of affordable health insurance plans to cater to the needs of individuals, families and senior citizens.

The company's products are very popular amongst the market participants and are very highly rated by them. Apollo Munich grew its Gross Written Premium (GWP) from ₹17.2 Billion in FY 2017-18 to ₹21.9 Billion in FY 2018-19, reflecting a growth of around 28% year-on-year. It is the fastest insurance company to reach a break-even point and the Company has consistently made profits over the last five years. The profit for the year was ₹69 million in comparison to ₹152 million during FY 2017-18. The Company has achieved an impressive growth rate over the last ten years, at a CAGR of 46.26%.

186

branches pan India

Today, Apollo Munich has over 186 branches pan India with a 9.17% share in the health segment amongst the private players and 18.67% share in the health segment amongst standalone health insurers. Apollo Munich enjoys one of the best claims ratios in the industry. It is known to serve its customers with high quality services and has a very strong loyal customer base. The company is confident of ensuring sustainable and profitable growth in the years ahead.

Retail Healthcare—AHLL

Apollo Health & Lifestyle Limited (AHLL), a subsidiary of the Company, operates in the Retail Healthcare space. As healthcare markets grow and evolve, AHLL is expected to play a defining role in the transformation of healthcare, bringing it closer to every individual, and making healthcare more accessible and convenient in a friendly, user-centric environment. Over the past 5 years, Apollo Health & Lifestyle, has grown significantly, expanding it's geographic and service footprint, as it implemented the vision of the Group Chairman to take Apollo's clinical expertise and Tender Loving Care closer to the home of each family in the country.

From being a 1 billion company with aspirations to touch many lives, AHLL has grown today to become India's leading Retail Healthcare Services Company. AHLL crossed ₹ 6 billion mark in revenues in 2018-2019, across 8 business segments—Clinics, Sugar, Diagnostics, Dental, Dialysis, Cradle, Fertility & Spectra and has spread its wings to over 750 patient touchpoints with 4,500+ people serving patients every day.

Apollo Clinics was the first offering from AHLL, established in 2002. This experience facilitated the selection of geographies, the right doctor mix, product mix and franchising for later set-ups. The formats are run like strategic business units (SBU) as it helps them specialize in customer care, appreciate their requirements, build a range of specialized brands, create visibility for customers within those brands, and ensure accessibility as well as high quality of services.

Apollo Clinics

This represents a very large opportunity with the private primary care market which is estimated to be more than ₹1,800 bn with a major part of it still unorganized. The Apollo Clinic is a trusted brand when it comes to family medicine and primary care. It creates the bridge between patients and Apollo Hospitals. Apollo Clinics will become a platform to address future healthcare challenges in India, particularly in the face of growing non-communicable, lifestyle and chronic diseases. The low penetration of preventive healthcare—adoption of preventive health checks and vaccination, is a key area that needs to be addressed. Apollo Clinics has owned clinics and franchisees in hospital centric clusters, e.g., Chennai, Hyderabad, Bangalore, Delhi, Kolkata. These will act as feeder markets for the tertiary care hospitals, will increase the reach and presence of Apollo Clinics as a brand as well as address the glaring issue of inadequate healthcare accessibility.

Apollo Diagnostics

The Diagnostics market represents a significant opportunity with the market size estimated at ₹450 bn, around 80% of which is unorganized. With the organized sector growing at > 30% p.a., the opportunity to create a retail diagnostics brand is significant. Apart from being a large market, there is a strong synergy with the Group's other businesses.

500+

touch points

80+

cities

12

states

Apollo Diagnostics is building a large network in its geographies and plans to be amongst the top players in this market. The business model at Apollo Diagnostics is focused on building a pathology lab business with a consumer-centric approach by creating a network of company owned labs with frontend franchisee collection centres and networks in Tier II & Tier III towns in each state.

Within the first 4 years of operations, Apollo Diagnostics has already created a network of more than 500 touch points across 80+ cities in 12 states. At the end of March 2019, it runs 40+ laboratories and 19 Hospital Lab Management centers with a network of more than 400 collection centers around them.

Apollo Sugar Clinics

With a rapidly changing health care delivery model, treatment offerings for diabetes are also changing. Apart from the traditional model of personalized treatment offered by doctors, digital solutions targeted at monitoring patient lifestyles and remote monitoring of patient vitals are also gaining popularity and are poised to grow. Apollo Sugar Clinics is well positioned to offer these digital solutions together with its connected Glucometer devices, holistic long term care packages and condition management programs.

Apollo Cradle

12

Cradles network

Apollo Cradle, a line of hospitals for women and children, offers services of international standards in a premium environment while creating an unforgettable experience for the mother and her family. The Apollo Hospitals Group was the pioneer in establishing boutique birthing hospitals in India with the first Apollo Cradle opening in New Delhi in 2004. The concept is well accepted in urban markets and is another stride towards the emergence of specialized hospitals.

Apollo Cradle has been able to differentiate itself by bringing the best clinical care to patients while adding to it all the luxury and experience components which women are looking for today. It is focused on ensuring holistic care for women, right from her early 20's to the late 50's and comprehensive care for the child in the initial years of life. Today, the country presents a huge opportunity for the premium maternity / delivery market. Apollo Cradle has successfully grown the network in the last few years to 12 Cradles.

7

IVF centres

Apollo Fertility offers several specialized investigative and treatment procedures for infertility in men and women. Backed by Apollo's 35 year legacy of clinical excellence and a network of 7 IVF centres, Apollo Fertility brings to the table unparalleled commitment towards successful outcomes.

Apollo Spectra Hospitals

12

centres across

8

major cities

The market for short stay surgeries has grown in India over time, with Apollo Spectra leading the way as being the largest chain of hospitals providing short-stay surgical services across departments—Orthopaedics, General Surgery, Urology, ENT & Bariatric Surgery. The ease of access, faster discharge, access to top-end infrastructure, lower susceptibility to infections within the premise of a much less intimidating environment has made patients choose short-stay format over traditional tertiary care hospitals. The model supports lower overhead costs, faster turnaround, and higher theatre & equipment utilization. Apollo Spectra is a well-known brand in the field with 12 centres spread across 8 major cities of India.

Apollo Dialysis

Apollo Dialysis continues to provide high quality dialysis services through its network of centres. The Group has established 14 dialysis units in the state of Andhra Pradesh (via PPP model), and will now do the same in Assam, and other states.

Apollo White

Apollo White, is a single specialty business offering complete dental services in all areas including general care, cosmetic dentistry and implants. The Group aspires to create a profitable network, position the brand in metro cities and Tier II towns and grow the network through clusters. Apollo White centres exist shop-in-shop in both hospitals and clinics and as standalone centres.

Discussion on Consolidated Financial Performance and Results of Operations

The following table present summaries of results of operations for the years ended March 31, 2019 and 2018: (₹ in million)

Particulars	31.03.2019	%	31.03.2018	%
Operating Revenue	96,174		82,435	
Add: Other Income	314		322	
Total Income	96,488	100	82,757	100
Operative expenses	46,609	48.31	40,327	48.73
Salaries and benefits	15,982	16.56	14,044	16.97
Adminstration and other expenses	22,947	23.78	20,132	24.33
Financial expenses	3,270	3.39	2,951	3.57
Deoreciation and Amortisation	3,955	4.10	3,590	4.34
Profit before Income tax–exceptinal and extraoridinary	3,725	3.87	1,712	2.07
Add: Share of profir of equity accounted investee	10	0.01	2	0.00
Profit before tax	3,735	3.87	1,715	2.07
Provision for taxation	1,734	1.80	1,119	1.35
Profit after tax (inluding minotity interest)	2,001	2.07	596	0.72
Other Comprehensive Income for the period	(291)	(0.30)	(172)	(0.21)
Total Comprehensive Income	1,710	1.77	424	0.51
Less: Minority interest	(358)	(0.37)	(580)	(0.70)
Profit after minority interest	2,068	2.14	1,003	1.21

Revenues

The total operating revenue grew 17% from ₹82,435 million in FY18 to ₹96,174 million in FY19 with healthcare revenues growing by 14% from ₹45,157 million to ₹51,426 million as a result of 5% growth in volumes at existing facilities as well as contribution from new facilities. Revenues at existing hospitals were also supported by case mix improvements and pricing. The standalone pharmacy business witnessed 19% revenue growth from ₹32,689 million to ₹38,860 million in FY19. The number of stores within the network of Standalone Pharmacies was 3,428 in 2019 as compared to 3,021 stores as at March 31, 2018.

The following table shows the key drivers of our revenues for the periods presented

Year ended March 31, 2019

Particulars	31.03.2019	31.03.2018	Increase (Decrease)	% Increase (Decrease)
Discharges	451,894	427,661	24,233	5.7
Revenues per in-patient (₹)	110,508	103,559	6,949	6.7
Average length of stay (days)	3.99	3.99	0	0.0
Out-patients	4,161,736	3,772,878	388,858	10.3
Revenue per bed day (₹)	34,226	31,967	2,259	7.1

Expenses

Salaries and Benefits

Our salaries and benefits expense of ₹14,044 million during 2018 increased by 13.80% to ₹15,982 million in 2019. This increase was a result of annual compensation increases for our employees, plus the impact of an increasing number of employed physicians within our hospitals and pharmacies for the SAPs and also the compensation increases for our employees during the year.

Year ended March 31, 2019 **(₹ in million)**

Particulars	31.03.2019	% of Revenue	31.03.2018	% of Revenue	Increase (Decrease)	% Increase (Decrease)
Salaries, wages and benefits (excluding managerial remuneration)	15,982	16.56	14,044	16.97	1,938	13.80
No. of employees	60,374		54,698			

Operative Expenses

During 2019, our material cost of ₹46,609 million increased 15.58%, as compared to a figure of ₹40,327 million in 2018. The increase in material cost was in line with the growth in operating revenues.

The Difference between Good and Great

Administrative Expenses

The following table summarizes our operating and administrative expenses for the periods presented.

Year ended March 31, 2019 **(₹ in million)**

Particulars	31.03.2019	% of Revenue	31.03.2018	% of Revenue	Increase (Decrease)	% Increase (Decrease)
Repairs and maintenance	1,826	1.90	1,697	2.06	129	7.57
Rents and leases	3,502	3.64	3,190	3.87	312	9.79
Outsourcing expenses	2,890	3.01	2,310	2.80	580	25.12
Marketing and advertising	1,839	1.91	1,743	2.11	96	5.50
Legal and professional fees	1,213	1.26	939	1.14	274	29.20
Rates & taxes	183	0.19	186	0.23	(3)	(1.85)
Provision for doubtful debts & Bad debts written off	657	0.68	588	0.71	69	11.70
Other administrative expenses	10,837	11.27	9,479	11.50	1,358	14.33
Total	**22,947**	-	**20,132**	-	-	-

Depreciation and Amortization

Our depreciation and amortization expense increased to ₹3,955 million during 2019, as compared to ₹3,590 million during 2018. The increase is largely due to capital improvement projects completed during the year and normal replacement costs of facilities and equipment. On new facilities we were eligible for higher depreciation under section 35AD of the Income-tax Act, 1961.

Financial Expenses

Our financial expenses increased to ₹3,270 million during 2019, compared to ₹2,951 million during 2018. The increase is largely due to interest on funds deployed in commissioning of new hospital projects as well as for construction in progress at other facilities.

Provision for Income Taxes

The provision for taxes during the year ended March 31, 2019 is ₹1,734 million compared to ₹1,119 million in the previous year ended March 31, 2018.

Key Financial Ratios

There is no significant change (i.e change of 25% or more as compared to the immediately previous financial year) in the key financial ratios viz., Debtors Turnover, Inventory Turnover, Interest Coverage, Current Ratio, Debt Equity, Operating Profit and Net Profit Margins (which are calculated on a standalone basis).

Return on Networth ratio increased from 6.31% to 7.80% for the financial year ended 31st March 2019, calculated on a standalone basis.

Liquidity

Our primary sources of liquidity are cash flows generated from our operations as well as long-term borrowings. We believe that our internally generated cash flows, amounts invested in liquid funds and our approved and proposed debt will be adequate to service existing debt, finance internal growth and deploy funds for capital expenditure.

Capital Expenditure

In addition to the continued investments in new hospital facilities, there have also been investments made in new clinics, cradles and dental centres . These investments would help in our efforts to attract and retain physicians and to get more patient footfalls at our hospitals.

Risks and Concerns

Given the multi-fold increase in scale and the expanded area of operations since inception, Apollo Hospitals is automatically exposed to a wider range of risks and uncertainties than earlier. These internal and external factors may affect achievements of the organization's objectives—whether they are strategic, operational, or financial.

The business environment in which Apollo Hospitals operates is characterized by increasing competition and market unpredictability. Apollo is exposed to numerous risks in the ordinary course of business. Risks are unavoidable as there can be no entrepreneurial activity without the acceptance of risks and associated profit opportunities.

Apollo Hospitals believes it is imperative to identify business sustainability risks and opportunities on an ongoing basis and integrate them into the existing risk management framework. The Group adopts processes which continuously enhance risk awareness and promote a culture of risk management.

The Senior Management of each business unit undertakes the practice of Risk Management under the guidance of the Board of Directors. As risks cannot be completely eliminated, adequate actions are taken to mitigate areas of significant risks that have been identified. Also, risk management systems ensure that risks are contained within manageable levels.

In the areas of operational risks, the Management continuously monitors and reviews various units by using an elaborate system of metrics and operational updates. These are reviewed on a periodic basis and urgent attention is given to metrics even before they approach levels which require reporting and corrective action. Multiple platforms have been established to help employees manage, monitor and mitigate risks appropriately.

Risk management programs are run by individual units and centres and these are integrated with the Risk Management Programs of business units and of regional control centres. Finally, the risk management programs at the overall entity level encompass the detailed risk management protocols at the underlying levels. This gives rise to a multi-layered risk management system which comprehensively addresses risks. In the event of failure to identify risk at the primary level, the risks can be identified and contained at subsequent levels. These comprehensive risk management practices ensure sustainability and longevity of the business.

Internal Controls

THE INTERNAL CONTROL FRAMEWORK DEPLOYS A WELL-DESIGNED ROBUST SYSTEM WHICH ALLOWS OPTIMAL USE AND PROTECTION OF ASSETS, FACILITATES ACCURATE AND TIMELY COMPILATION OF FINANCIAL STATEMENTS AND MANAGEMENT REPORTS, AND ENSURES COMPLIANCE WITH STATUTORY LAWS, REGULATIONS AND COMPANY POLICIES.

Apollo Hospitals is committed to maintaining a high standard of internal controls throughout its operations. The internal control framework deploys a well-designed robust system which allows optimal use and protection of assets, facilitates accurate and timely compilation of financial statements and management reports, and ensures compliance with statutory laws, regulations and company policies.

While no system can provide absolute assurance against material loss or financial misstatement, the robust internal control systems which are reviewed periodically provide reasonable assurance that all company assets are safeguarded and protected. The Internal control system is designed to manage rather than to completely eliminate the risk of failure to achieve business objectives.

The system is designed to ensure that all transactions are evaluated, authorized, recorded and reported accurately. In addition to this, extensive budgetary control reviews form the mechanism for timely review of comparison of actual performance with forecasts.

The management is responsible for assessing business risks in all aspects of its operations and for implementing effective and efficient processes and controls while ensuring compliance with internal and external rules and regulations. While reviewing the Group's internal controls, sufficient regard is given to the risks to which the business is exposed, the likelihood of such risks occurring and the costs of protecting against them.

Human Resources

The foundation of outstanding quality care is a highly skilled, caring workforce that is proficiently trained to provide personalized and evidence-based care. Therefore, the success of Apollo Hospitals largely depends on the high level of skills, commitment and professionalism of its people. They form the nucleus of everything that Apollo does, and their contribution in the Group's journey towards touching a billion lives, is significant.

The Group has built an effective Human Resources department which supports the business in achieving sustainable and responsible growth by building the right capabilities in the organization. It continues to focus on progressive employee relations policies, creating an inclusive work culture and a strong talent pipeline. The Human Resources function contributes to the success of Apollo and its employees through leadership, service and excellence in human resources management. Human Resources supports Apollo employees throughout their employment life cycle.

60,374

employees embrace Apollo's signature Tender Loving Care

As on March 31, 2019 the Apollo Group comprised a total employee strength of 60,374 (including subsidiaries, joint ventures and associates). Together, these diverse employees bring their experience, culture and commitment to the work they do every day to improve the health of patients. Every employee of the Apollo family embraces the Group's "Tender Loving Care" philosophy in dealing with patients and are committed to the Group Vision —"To Touch a Billion Lives."

Investment in continuous learning is an integral component of the HR system which empowers employees to be well-prepared for providing superior patient care. Programs related to Talent Attraction, Talent Development and Talent Management continue to be institutionalized for delivering outstanding patient experience. Training has been extensively used as a potent tool to engage and energise talent.

Cultural integration of the workforce has always been a key focus area and the organization's learning initiatives are designed around assimilation and development of individual and team competencies to create a patient centric culture. Commitment and competence of employees are key drivers of overall organizational performance and thus every endeavour is made to strengthen organizational culture and retain the best talent.

Cautionary Statement

Some of the statements in this Management Discussion & Analysis describing the Company's objectives, projections, estimates, expectations and predictions contain certain 'forward looking statements' within the meaning of applicable laws and regulations. These statements and forecasts involve risk and uncertainty because they relate to events and depend upon circumstances that may occur in the future. There are a number of factors that could cause actual results or developments to differ materially from those expressed or implied by these forward-looking statements and forecasts. Important developments that could alter your Company's performance include increase in material costs, technology developments and significant changes in political and economic environment, tax laws and labour relations.

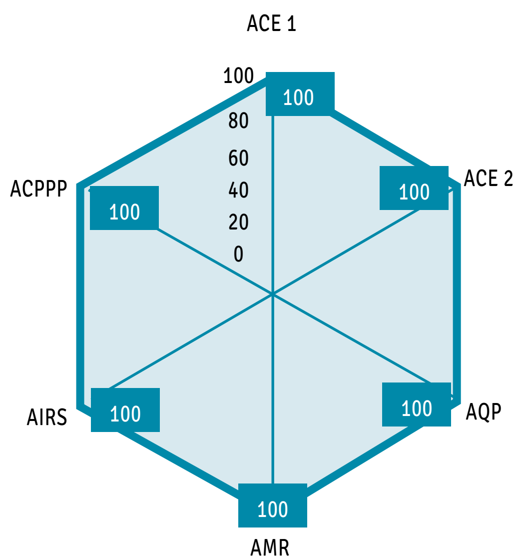
CLINICAL GOVERNANCE

THE APOLLO STANDARDS OF CLINICAL CARE (TASCC)

Apollo Hospitals has established the highest standards of clinical care and patient safety for all its hospitals irrespective of their location and size. The Apollo Standards of Clinical Care (TASCC) were implemented across Apollo Hospitals to standardize processes and measurement of outcomes in 2012.

TASCC seeks to improve patient care and outcomes through systematic review of care against clearly defined criteria. TASCC comprises of six components that include clinical dashboards ACE 1 and ACE 2, Apollo Quality Plan (AQP), Apollo Mortality Review (AMR), Apollo Incident Reporting System (AIRS) and Apollo-Critical-Policies-Plans-and Procedures (ACPPP).

TASCC Monthly Graphical Representation

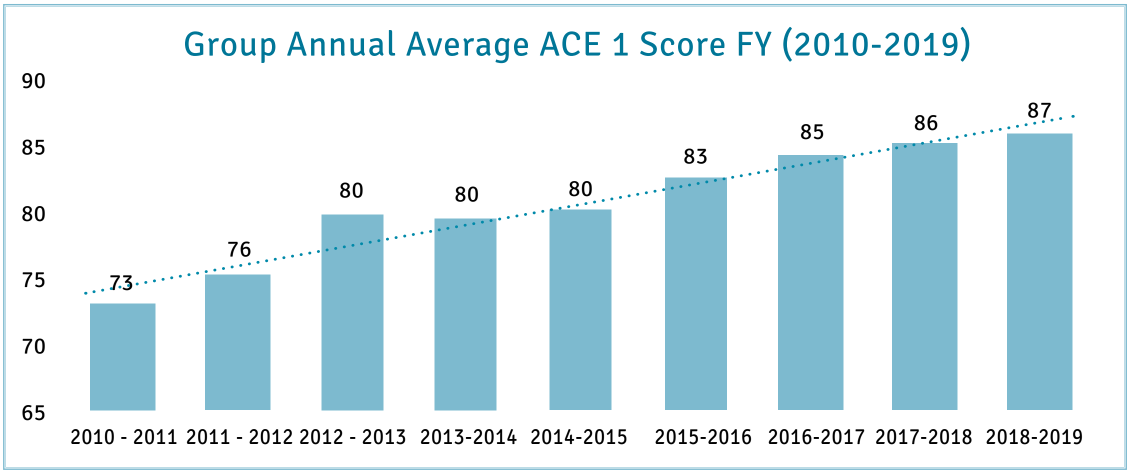


ACE 1

ACE 1 is a clinical balanced scorecard incorporating 25 clinical quality belonging to COEs specialties like Cardiology/ CTVS, Neurology, Neurosurgery, Orthopedics, Transplantation, Oncology, Nephrology, Urology, Gastroenterology and covered complication rates, mortality rates, hospital acquired infection rates, one-year survival rates and average length of stay. These parameters have been benchmarked against published results of reputed international institutions including Cleveland Clinic, Mayo Clinic, National Healthcare Safety Network, AHRQ US, NY State Deptt. of Health, National Kidney Foundation, University of California and US National Average.

The weighted scores for outcomes are colour coded green, orange and red as per performance. The cumulative score achievable is capped at 100. The numerators, denominators and inclusions and exclusions are defined lucidly and methodology of data collection is standardized. Data is uploaded online every month through a unique login ID and password. Action taken reports for parameters falling in red are submitted quarterly by all hospitals and reviewed by the board. A quarterly, half yearly and annual analysis of the trends is done. The collective data for all locations can be viewed by the Group leadership at any point in time.

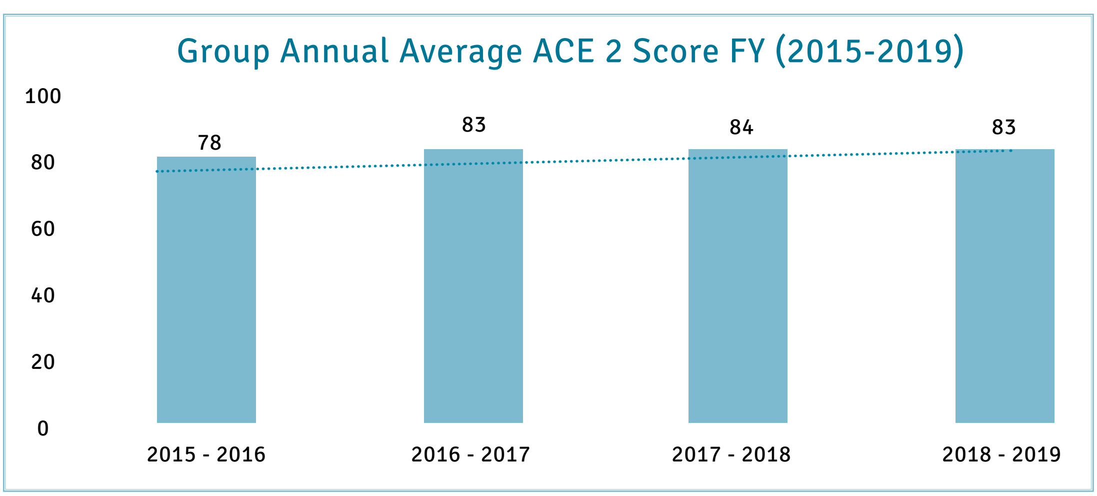
Ahmedabad, Bangalore, Chennai, Delhi, Hyderabad, Kolkata, Dhaka and Navi Mumbai reported data for Group A parameters. Bilaspur, Madurai, Mysore, Pune, Vizag, Bhubaneshwar, Karimnagar, Secunderabad, Hyderguda, Trichy, Vanagaram, Indore, ASH OMR, Nashik, Nellore, Seshadripuram, Health City Vizag, Guwahati reported data for Group B parameters. Aragonda, Apollo First Med Hospitals, Apollo Speciality Cancer Hospital Teynampet, Tondiarpet, Sowcarpet, Kakinada, NMDC Bacheli, Noida, Apollo Children's Hospital, Ambavadi, DRDO, Karur, ASH Jayanagar, Karaikudi, AMC Karapakkam and Apollo Women's Hospital SMR reported data for Group C parameters.



The hospital scoring the highest is awarded the ACE 1 Champion Award. Apollo Main Hospitals, Chennai reporting Group A parameters, Apollo Hospitals, Seshadripuram, reporting Group B parameters and Apollo Reach Hospital, Karaikudi reporting Group C parameters were declared ACE 1 Champions and were awarded the trophies along with cash prizes.

ACE 2

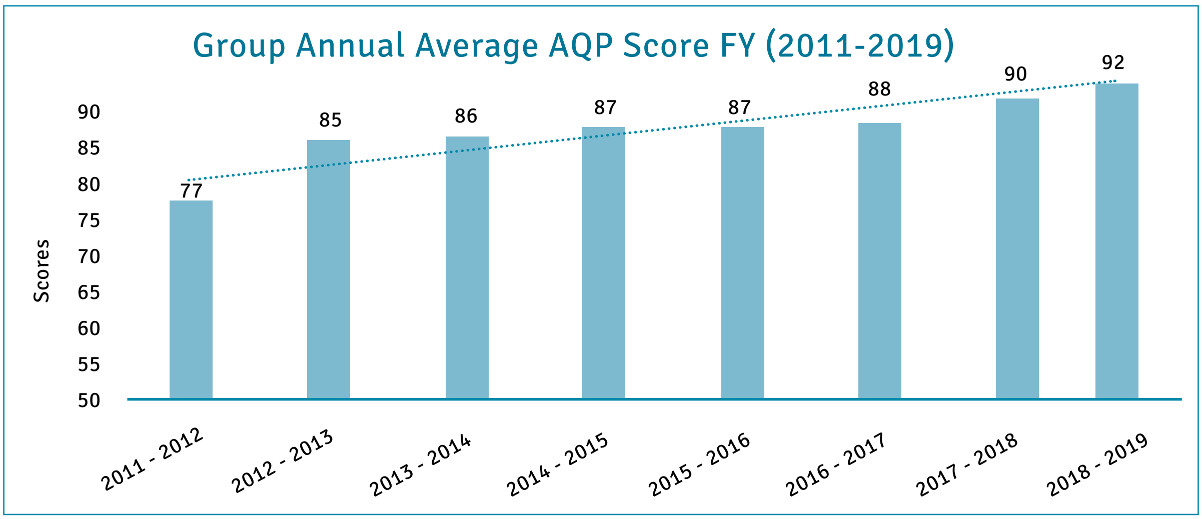
ACE 2 earlier known as RACE, for centers of excellence; Cardiac Sciences, Oncology, Transplantation, Neuro sciences and Orthopedics. A set of 25 clinical parameters other than those covered under ACE 1, was created to assess the outcomes. All parameters were again benchmarked against the best published outcomes of the world's best institutions.



APOLLO QUALITY PROGRAM

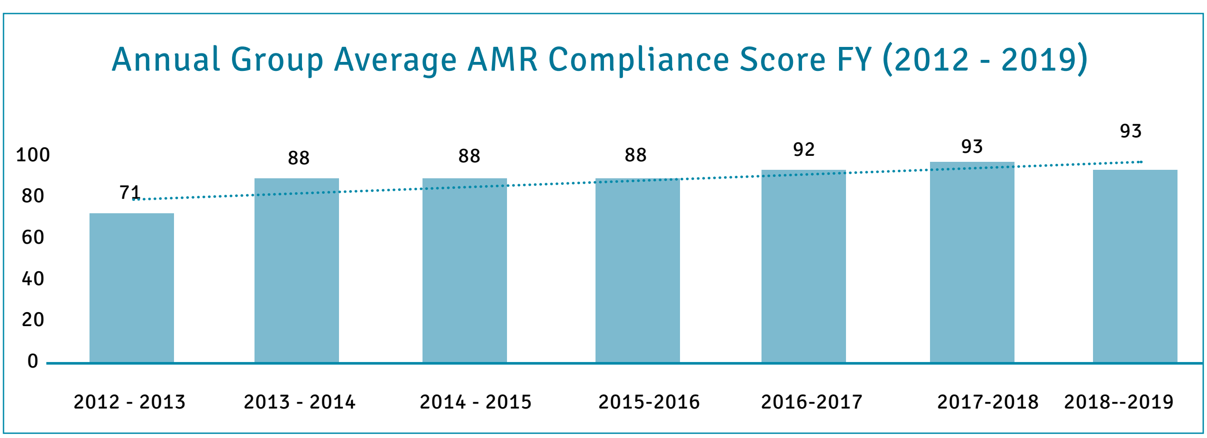
The Apollo Quality Program was started in December 2010 to implement patient safety practices in all Apollo Hospitals irrespective of the accreditation status.

It covers five broad areas: Safety during Clinical Handovers, Surgical Safety, Medication Safety, the Six International Patient Safety Goals of JCI and Standardisation of Minimum Content of Medical Records.



MORTALITY REVIEW

The mortality review in all Apollo Hospitals is standardized with trigger criteria, checklists, peer review processes and mortality meeting formats. Formal, structured review of deaths (not just unexpected deaths) help detect quality issues around every day processes of care.



360 DEGREE REVIEWS

360 Degree reviews were conducted across the Apollo Hospitals. The objectives of these reviews was to identify any fraudulent or unsafe practices, patient specific concerns and assessment of the readiness of quality processes and outcomes 24/7. The review also included spotting behaviours associated with insufficient knowledge, misrepresentation of information and lack of objectivity.

The review included the evidences of everything that was implemented as a part of the Annual Operating Plan (AOP), validation of the data reported and also actual implementation of accreditation standards as applicable.

The review was done for the following disciplines namely- Clinical, Quality, Non-Clinical, Risk Management and Financial.

CHECKLISTS

The WHO Safe Surgery checklist is a proven tool that promotes surgical safety. Having piloted this at some of the Apollo hospitals, inputs were obtained from these locations to standardize the Apollo Safe Surgery Checklist. The checklist comprises of 3 components; sign-in, time-out, sign-out. This forms a part of the patient file and fulfils all accreditation requirements. It has now been implemented across the Group.

The ICU checklist is used in all the ICUs for every patient. The checklist augments the daily, multidisciplinary rounds and alerts the doctor so that important issues are not missed. This is an evidence-based tool to achieve care goals. Both the Safe Surgery Checklist and the ICU Checklist implementation across the Apollo Group are closely monitored using defined indicators.

RECOGNITION

- Apollo Hospitals was recognized and felicitated at various national and international forums for achievements and contributions, in the year 2018.
- The Sixth Asia Pacific HIMSS-Elsevier Digital Healthcare global awards forum recognizes outstanding achievements and innovations towards the implementation and usage of health information and technology. The award was conferred to Apollo Hospitals Enterprises Limited.
- The Asian Hospital Management Awards recognizes and honours hospitals in Asia that implement best practices. It is the accepted hospital management awards program for the Asia Pacific region. For the HMA Awards 2018, held at Bangkok, Thailand, there were 451 entries from 123 hospitals in 18 countries. Apollo Hospitals Group won 11 awards, the highest number of awards won by any organisation.
- The Best Hospital Survey 2018, conducted by THE WEEK in association with Hansa India, ranked Apollo Hospitals, Chennai as the best corporate multi – speciality hospital in the country in 2018. Indraprastha Apollo Hospitals, Delhi was ranked as the third best corporate multispecialty hospital.
- All India Lifestyle Hospital and Clinic Ranking Survey 2018 by Times of India ranked Apollo Hospitals, Chennai as the best hospital in India for the specialties of Bariatrics, Orthopedics and Dermatology. Indraprastha Apollo Hospitals, Delhi was ranked as the best hospital for the specialties of Cosmetic and Plastic Surgery
- All India Critical Care Hospital Ranking Survey 2018 by The Times of India ranked Apollo Hospitals, Chennai as the best hospital for the specialties of Gastroenterology and Hepatology, Nephrology, Neuro Sciences, Emergency and Trauma, Urology in India. Indraprastha Apollo Hospitals Delhi was ranked as the best hospital for the specialties of Paediatrics, Gynaecology and Obstetrics.

- FICCI Medical Value Travel Awards 2018 has emerged as the definitive recognition for contribution to healthcare in the country over the years based on Innovation, Sustainability, Impact and Scalability which forms the four criteria's for evaluation. The Apollo Hospitals Group won 5 awards in 4 categories.
- National Board of Examination (NBE) Award is for 'Excellence in Medical Education' for outstanding commitment to excellence in Postgraduate Medical Education and Clinical Research. The award was conferred on the Apollo Hospitals Group.
- Brand of the Year 2018' was awarded to Apollo Hospitals Group for the category Hospitals and Healthcare and was reckoned amongst the top 35 brands.
- Express Healthcare Excellence Awards serve as a platform for organizations to showcase their innovative operational processes, strategies and techniques that facilitate them to achieve better medical outcomes, reach profitability and improve processes with their organizations. The Apollo Hospitals Group was conferred the award in 3 categories.
- Healthcare Excellence Award 2018 was conferred on Apollo Hospitals, Navi Mumbai for the category Best Multispecialty Hospital.
- Guinness World Record 2018 was conferred on Apollo Hospitals, Navi Mumbai for forming the largest human image of a human bone with 948 participants.
- HR Excellence Award 2018 was conferred on Apollo Hospitals, Mysore for the projects- "Spot Light of Day-U Made My day and Employee Hospital Health Care Cost-refocusing the strategy".
- Dr APJ Abdul Kalam Sadbhawana Award 2018 was conferred on Apollo Hospitals, Kolkata by National Achievers Recognition Forum for the category 'Excellence in Healthcare'.
- Rastriya Chikitsa Samman Puruskar 2018 was conferred on Apollo Hospitals, Kolkata by National Achievers Recognition Forum.
- Medical Excellence Award 2018 was conferred on Apollo Hospitals, Kolkata by Indian Solidarity Council for the category 'Outstanding Achievements and Remarkable Role in the Field of Medical Sciences'.
- World Healthcare Achievers Summit and Awards 2018 was conferred on Apollo Hospitals, Kolkata for the category 'Best Hospital for Innovation of the Year'.
- Best Hospital Award 2018 was conferred on Apollo Hospitals, Madurai by the Consumer Rights Protection Council.
- CII Kaizen Award 2018 was conferred on Apollo Hospitals, Teynampet in the category for 'Service Sector'.
- CII Poke Yoke 2018 was conferred on Apollo Hospitals, Vanagaram in the category for 'Service Sector'.
- AP Green Award 2018 was conferred on Apollo Hospitals, Nellore by Andhra Pradesh Greening and Beautification Corporation, Government of Andhra Pradesh.
- CAHOCON 2018 was conferred to Apollo Hospitals, Bangalore for the categories 'CSSD Practices' and 'Quality'.
- Healthcare Asia Awards 2018 was conferred on Indraprastha Apollo Hospitals, Delhi for the categories: Corporate Social Responsibility of the Year - A Healthy Start, Patient Safety Initiative of the Year-Tracking the patient safety through International Patient Safety Goal (IPSG) and Patient Care Initiative of the Year-Patient and family education- the foundation of patient care.
- Food Safety Award 2018 was given to Apollo Hospitals, Ahmedabad for 'Food Safety' by Equinox Labs.
- Excellent Customer Services Awards 2018 was conferred on Apollo Hospitals, Ahmedabad for the category 'Excellence in Customer Service' by Bajaj Allianz.

- Best Multi-Specialty Hospital 2018 was conferred on Apollo Hospitals, Ahmedabad for 'Clinical Services'.
- Best Critical Care Department 2018 was conferred on Apollo Hospitals, Ahmedabad for 'Best Critical Care Services'.
- Gujarat Best Employer Brand Awards 2018 was conferred on Apollo Hospitals, Ahmedabad for Employee Satisfaction.
- Health Icon Award 2018 was conferred on Apollo Hospitals, Ahmedabad for the category Multispecialty Hospitals–Hub for Medical Tourism.
- Innovative Technology Intervention, HOSMAC Awards 2018 was conferred on Apollo Hospitals, Ahmedabad for their project on Heat Pump.
- LIVES 2018 Abstract Awards- ESICM's annual congress at Paris, LIVES, attracted audiences of over 6,000 physicians, anaesthetists, trainees and nursing and allied health professionals, from 97 different countries. The abstract submitted by Apollo Hospitals, Nashik for Quality Improvement was awarded for being one of the Top 10 Abstracts.
- Best Hospital to work for 2018 was conferred on Apollo Hospitals, Hyderabad by the Association of Healthcare Providers (India).
- ET Now–Rise with India (Modi for Excellence in Healthcare) Award 2018 was conferred on Apollo Hospitals, Hyderabad for the categories: Best Quality Initiative in Healthcare and Best Multispecialty Hospital.
- Healthcare Achiever and Leaders Awards 2018 was conferred on Apollo Hospitals, Hyderabad for Best Quality Initiative in Healthcare.
- Swachh Hospital Competition 2018 - Apollo Hospitals, Navi Mumbai was bestowed the 'Winner Award' for the competition by Swachh Bharat Mission (NMMC).
- Zonal Transplant Centre Mumbai-Appreciation Award 2018 was conferred on Apollo Hospitals, Navi Mumbai for Valuable Contribution towards Organ Donation Program.
- SimWars, Competition a simulation-based competition between emergency teams from across India in various aspects of patient care was organized at the 20th National Emergency Medicine Conference at Bangalore. The first prize was conferred on Apollo Hospitals, Navi Mumbai.
- 4th North East Patient Safety Workshop-Poster Competition 2018 - Apollo Hospitals, Guwahati was the bestowed as the winner for posters presented for Needle Stick Injuries, Patient Falls, Catheter Associated Urinary Tract Infections, and Catheter Associated Blood Stream Infections.
- Times Icon Award 2018 was conferred on Apollo Hospitals, Indore for the category Best Multispecialty Hospitals.
- APSIC CSSD Center of Excellence Award 2018 was conferred on Apollo Hospital, Kolkata.
- Best Hospital Pharmacy Citations 2018- Multispecialty Hospital Chain-Express Healthcare was conferred on Apollo Hospital, Kolkata.
- Dream Companies to work for 8th Edition-Award 2018 was conferred on Apollo Hospital, Kolkata for Managing Health at work.
- Golden Peacock Awards 2018, instituted by the Institute of Directors (IOD), India is considered the hallmark of excellence worldwide. The award was conferred on Apollo Hospital, Hyderabad for HR Excellence.
- India's 15 Best Workplaces in BFSI 2018 was conferred on Apollo Munich by Great Place to Work Institute, India.

- Service Excellence Award 2018 was conferred on Apollo Munich by ASSOCHAM, for providing unprecedented service to customers across different business categories.
- Health Insurance Company of the Year- Large (Private Sector) Award 2018 was conferred on Apollo Munich by ABP News for being the leading health insurer of the country with overall leadership in revenues, product mix, customer mix and business model effectiveness.
- Health Financing Brand 2018 was conferred on Apollo Munich by India Health and Wellness Summit in recognition as the best health financing brand of 2018.
- 7th ACEF Asian Leadership Awards 2018 was conferred on the Total Health Program for the category Corporate Social Responsibility (CSR).
- Smart Health Conference- Top 50 Healthcare Companies Award 2018 was conferred on Apollo Telehealth Services (ATHS).
- WISH Innovation Showcase 2018 - Apollo Telehealth Services (ATHS) was represented in the WISH (World Innovation Summit for Health) in their Innovation Showcase at Qatar, for the projects eUPHC, Tele-Emergency in Himalayas. The WISH 2018 Innovation Showcases represent some of the world's most exciting healthcare innovations.
- CII Industrial Innovation Awards 2018 was conferred on Apollo Telehealth Services (ATHS). ATHS was amongst the top 25 innovative companies to be honoured with this award.
- IHW (India Health and Wellness) Awards platform recognizes well-established brands that have contributed towards health by consistently providing healthcare and related services through direct or indirect medium of delivery. The award was conferred on Apollo Telehealth Services (ATHS) for the category Health Delivery Brand of the Year.
- Indywood Medical Excellence Awards 2018- Each year these awards are organised to recognize and felicitate healthcare practitioners and organisations for their relentless services to the society. Apollo Telehealth Services (ATHS) was conferred the award for the category Largest Telemedicine Network.

ACCREDITATION

Joint Commission International (JCI) Accredited Apollo Hospitals

The following eight Apollo Hospitals are JCI Accredited

Hospital	Locations
Indraprastha Apollo Hospitals	Delhi
Apollo Hospitals	Hyderabad
Apollo Hospitals	Chennai
Apollo Hospitals	Bangalore
Apollo Hospitals	Kolkata
Apollo Hospitals	Dhaka
Apollo Hospitals	Ahmedabad
Apollo Hospitals	Navi Mumbai

National Accreditation Board for Hospitals and Healthcare Providers (NABH) Accredited Apollo Hospitals

The following 23 Apollo Hospitals are NABH Accredited

Hospital	Locations
Apollo Hospitals	Ahmedabad
Apollo Hospitals	Bilaspur
Apollo Speciality Hospitals	Madurai
Apollo BGS Hospitals	Mysore
Apollo Jehangir Hospital	Pune
Apollo Hospitals	Bhubaneswar
Apollo Hospitals	Secunderabad
Apollo Hospital	Hyderguda
Apollo Specialty Hospitals	Vanagaram
Apollo Hospitals	Kakinada
Apollo Hospitals	Noida
Apollo Specialty Cancer Hospital	Teynampet
Apollo Hospitals	Trichy
Apollo Hospitals	Indore
Apollo Hospitals	Nashik
Apollo Medical Centre	Karapakkam
Apollo Hospitals	Navi Mumbai
Apollo Hospitals	Seshadripuram
Apollo Hospitals	Jayanagar
Apollo Children's Hospital	Chennai
Apollo KH Hospitals	Ranipet
Apollo Speciality Hospitals	OMR
Apollo Hospitals	Vizag

DNB/ FNB PROGRAM AT APOLLO HOSPITALS

The National Board of Examinations (NBE) has accredited Apollo Hospitals for training and examinations in 15 Broad Specialities, 19 Super Specialties and 8 Postdoctoral Fellowship (FNB) programs. There are 507 DNB/FNB seats and 781 trainees are pursuing the DNB/FNB programs in 11 Apollo Hospitals.

Broad Specialities (DNB)	
1.	Anaesthesiology
2.	Emergency Medicine
3.	ENT
4.	Family Medicine
5.	General Medicine

6.	General Surgery
7.	Nuclear Medicine
8.	Obstetrics and Gynaecology
9.	Orthopaedics
10.	Pathology
11.	Paediatrics
12.	Radio diagnosis
13.	Radiotherapy
14.	Respiratory Diseases
15.	Transfusion Medicine

Postdoctoral Fellowships (FNB)	
1	Critical Care Medicine
2	Infectious Diseases
3	Interventional Cardiology
4	Minimal Access Surgery
5	Paediatric Gastroenterology
6	Paediatric Haemato Oncology
7	Paediatric Intensive care
8.	Liver Transplant

Super Specialties (DNB)	
1	Cardiac Anaesthesia
2	Cardio Thoracic Surgery
3	Cardiology
4	Endocrinology
5	Gastroenterology
6	Genito Urinary Surgery
7	Medical Oncology
8	Nephrology
9	Neuro Anesthesia and Critical Care
10	Neurosurgery
11	Neurology
12	Paediatric Cardiology
13	Paediatric Surgery
14	Plastic Surgery
15	Rheumatology
16	Surgical Gastroenterology
17	Surgical Oncology
18	Vascular Surgery
19	Hematology

DNB/FNB programs proposed to NBE for 2019	
1.	Anaesthesiology for Minimal Access
2.	Bariatric and Metabolic Surgery
3.	Paediatric Urology
4.	Organ Transplantation
5.	Fetal Medicine
6.	Molecular Biology
7.	Clinical Immunology
8.	Genetics
9.	Disaster Management
10.	Geriatrics

ADJUNCT TITLES OF PROFESSORSHIPS AND ASSOCIATE PROFESSORSHIPS OF AHERF

The policy to grant of Adjunct Title of Professor and Associated Professor of Apollo Hospitals Educational and Research Foundation (AHERF) was implemented in the year 2012.

Senior faculty members from Apollo Hospitals Group, who have an active interest in academics and research are nominated for the grant of these Adjunct Titles.

ADJUNCT TITLES OF CLINICAL TUTORSHIP, DISTINGUISHED CLINICAL TUTORSHIP AND EMERITUS CLINICAL TUTORSHIP OF AHERF

The policy to grant of Clinical Tutorship, Distinguished Clinical Tutorship and Emeritus Clinical Tutorship of AHERF was implemented in the year 2017 in order to boost the state of clinical training across the Apollo Hospitals Group.

Senior faculty members from Apollo Hospitals Group, who have an active interest in clinical training are nominated for an adjunct title post.

79 consultants are currently holding Adjunct titles of Clinical Tutor, Distinguished Clinical Tutor and Emeritus Clinical Tutor respectively in AHERF in various specialties covering Anaesthesia, Critical Care Medicine.

RECOGNITION OF PUBLISHED PAPERS

Apollo Hospitals encourages consultants, junior Medical staff and DNB trainees to undertake research activities in their areas of expertise. Apollo supports the effort of its staff and recognizes their achievements in publishing research papers.

314 papers of Apollo Group consultants were recognized either with cash awards along with citation or only with citation from the Group Chairman during 2018.

ADJUNCT TITLE OF INTERNATIONAL PROFESSOR

The policy to boost the state of research and academics across Apollo Hospitals Group, Adjunct International

Professorship was implemented in January 2019. Senior faculty members from renowned healthcare institutions overseas, who have excellence in academics and research are invited.

15 distinguished doctors working in renowned healthcare institutions overseas were conferred with Adjunct title of International Professor.

RECOGNITION OF BOOKS

Guidelines to recognize books published by consultants were institutionalized in December 2018.

17 books of Apollo Group consultants were recognized with cash awards along with citation from the Group Chairman.

APOLLO INNOVATION AND QUALITY AWARDS

Apollo Innovation and Quality Awards is a platform to highlight the distinctive initiatives and unrelenting efforts undertaken at each location of the Apollo Hospitals Group to recognize the efforts being made to improve quality and safety for patients. Nominations for Apollo Innovation and Quality Awards 2018 were invited from all locations in six categories. In 2018, 219 nominations were received from 31 locations. The nominations were judged by an esteemed panel of independent jury members. The winners in each category were felicitated on 5th February 2019, on the Founders' Day.

APOLLO CLINICAL AWARDS

Apollo Clinical Awards is a platform that felicitates and rewards group consultants for their contributions and achievements. Nominations for Apollo Clinical Awards 2018, were invited from all location in six categories: Distinguished Clinician, Distinguished Academician, Distinguished Researcher, Young Clinician, Young Academician, Young Researcher. 103 nominations were received from 20 locations. The nominations were judged by an esteemed panel of independent jury members. The top two winners in each category were felicitated on 5th February 2019, on the Founders' Day. Dr. Pratap Chandra Rath, Dr. Ravindra M. Mehta, Dr. Rohini Handa, Dr. Mahesh Goenka, Dr. Raju Vaishya, Dr. Sengottuvelu Gunasekaran, Dr. Sai Satish, Dr. Ashish Malik, Dr. Amit Kumar Agarwal, Dr. Dhanya Dharmapalan, Dr. Punit Sharma and Dr. Sujoy Khan were conferred with the Apollo Clinical Award.

LEADERSHIP CONNECT PROGRAM (LCP – VIRTUAL)

Leadership Connect Program (LCP virtual) is an interaction of leading consultants and management team with the Group Chairman through a V-con to energize them. LCP provides an opportunity to consultants to interact with the Group Chairman and share their achievements. At the same time the management team gets an opportunity to share achievements of the Hospitals and their future plans.

APOLLO CLINICAL KNOWLEDGE NETWORK (ACKN)

ACKN has been formalized in order to create a knowledge center for an academic exchange across different Apollo institutions. ACKN provides Consultants an opportunity to showcase their clinical work to clinicians across the Group.

Weekly clinical meetings are conducted for Consultants, DNB trainees and Junior Medical staff across the Group. The various centres are connected for enabling the consultants, JMS and DNB trainees to participate for clinical knowledge enhancement during these interactions.

A clinical meeting is hosted by each of the National Board of Examinations (NBE) approved hospitals by rotation. This 60-minute session is held every Monday and is transmitted live across the Apollo Hospitals Group. As there are 11 NBE accredited hospitals, every hospital organizes a session once in 11 weeks. The hospital hosting the most informative session or case study is recognized with a citation from the Group Chairman. The case deliberations are recorded and made available 24X7 to any clinical staff who might have missed the session. The DNB/FNB Academic Coordinators of each unit are the single point of contact. 30 clinical meetings have been conducted since October 2018.

INNOVATIVE TREATMENTS

Apollo Hospitals, Ahmedabad

- Uterine Fibroid Embolisation (UFE) leading to successful pregnancy in a 37-year-old female patient.

Apollo Hospitals, Bangalore

- Extra-Corporeal Radiation and Re-Implantation Technique (ECRT) successfully conducted on a 9-year-old male child suffering from EWINGS SARCOMA, a very rare type of cancerous tumor that grows in bones or the soft tissue. Extra-Corporeal Radiation and Re-Implantation Technique (ECRT) is a unique procedure for bone cancers. This procedure also avoided the risk of exposure to radiation.
- Re-implantation of right amputated forearm was done successfully for a 9-year old boy.
- In a rare case, a scalp re-plantation surgery was conducted on a 45-year old female patient whose entire scalp and one eyebrow was ripped off when her hair got stuck in a flour mill. This life saving microvascular surgery, took about 10 hours to be completed.
- A bony defect was corrected in a 38-year-old patient, through the cutting edge Autologous Cell therapy -OSSRON therapy. This patient from Iraq had by a gun-shot injury to the left leg.
- Minimally invasive laryngoplasty conducted successfully for a 19-year-old patient who had sustained multiple head and neck injuries due to a road traffic accident.

Apollo Hospitals, Bhubaneshwar

- First successful repair of ruptured abdominal aortic aneurysm was conducted in the state of Odisha.
- Vaginal birth after caesarean (VBAC) conducted successfully on a pregnant lady who was in labour with h/o a previous caesarean and mitral valve replacement 7 months back. Caesarean surgery was risky as she was on Acitrom. There was risk for post-partum haemorrhage PPH.
- A LED bulb was successfully removed from the airway of an 8-month old baby girl.
- A 90-year-old female patient suffering from neuro-toxic snake bite was successfully treated through intensive care interventions.

Apollo Children Hospitals, Chennai

- For the first time in India, successful laparoscopic removal of a bullet was done from the abdomen of a 3- year old child.

Apollo Main Hospitals, Chennai

- Apollo Hospitals Performs Asia's First Simultaneous Pancreas-Kidney Transplant. A premeditated simultaneous transplant was performed with Pancreas from a Cadaveric donor and Kidney from a Live donor that saved the life of a 38-year-old man.

- Apollo Hospitals Chennai successfully performed the India's first Transcatheter Aortic Valve Replacement in a Bicuspid Aortic Valve with the new generation Evolut PRO valve on 22nd April, 2018.
- The first 'robotic retroauricular approach excision of a brachial cyst from the neck was performed successfully on a 17-year-old girl. Very few centres in the world use this technique.
- Announced the use of OrganOx Metra for liver transplant, for the first time in Tamil Nadu. This organ preservation device maintains liver for transplant at optimal body temperature. The procedure done, using this device helped to save the life of a 66-year-old male patient, suffering from Liver Cirrhosis.
- Fusion less scoliosis surgery was conducted successfully on a 14-year-old girl, affected by Scoliosis, India's first surgery that transformed a teenager's life.
- Apollo Hospitals, Chennai became the first center in India to successfully perform a Transfemoral Pulmonary Valve Implantation.
- Successfully conducted "Quadruple" joint replacement surgery that involved replacement of four joints in a 16-year-old boy suffering from ankylosing spondylitis- First of its kind in South India.
- Amongst a select few centres in India and the only center in Chennai accredited to perform the MitraClip procedure for heart failure patients.
- Less invasive TAVR (Transcatheter Aortic Valve Replacement) conducted on a 79 years old male, with severe aortic stenosis with mild LV dysfunction.
- Transcatheter Aortic Valve Implantation (TAVI) for treating aortic stenosis successfully done on an 80-year-old lady.
- A Robotic TLH (Total Laparoscopic Hysterectomy) for a 16 weeks' fibroid uterus was performed as day surgery.
- A complex brain aneurysm (a giant left internal carotid artery bifurcation aneurysm) was managed by an advanced minimally invasive procedure on a middle aged patient. The patient was treated with a flow diverter device on the left side and coming from the right side, going across the anterior communicating artery, coiled the aneurysm and right A1 segment.
- A 17-year-old class XI school student was brought in an unconscious state, a case of Rat Kill poison ingestion. The boy was in need of emergency liver transplantation due to acute liver failure. The boy was saved by performing live donor liver transplantation within 36 hours of admission to the hospital, with help of the State Government authorities.

INDEPENDENT AUDITOR'S REPORT

To The Members of Apollo Hospitals Enterprises Limited, Chennai

Report on the Audit of the Standalone Financial Statements

Opinion

We have audited the accompanying standalone financial statements of Apollo Hospitals Enterprise Limited ("the Company"), which comprise the Balance Sheet as at March 31, 2019, and the Statement of Profit and Loss (including Other Comprehensive Income), the Statement of Changes in Equity, and the Statement of Cash Flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

In our opinion and to the best of our information and according to the explanations given to us, the aforesaid standalone financial statements give the information required by the Companies Act, 2013 ("the Act") in the manner so required and give a true and fair view in conformity with the Indian Accounting Standards prescribed under section 133 of the Act read with the Companies (Indian Accounting Standards) Rules, 2015, as amended, ("Ind AS") and other accounting principles generally accepted in India, of the state of affairs of the Company as at 31 March 2019, and its profit, total comprehensive income, its cash flows and the changes in equity for the year ended on that date.

Basis for Opinion

We conducted our audit of the standalone financial statements in accordance with the Standards on Auditing specified under section 143(10) of the Act (SAs). Our responsibilities under those Standards are further described in the Auditor's Responsibility for the Audit of the Standalone Financial Statements section of our report. We are independent of the Company in accordance with the Code of Ethics issued by the Institute of Chartered Accountants of India (ICAI) together with the independence requirements that are relevant to our audit of the standalone financial statements under the provisions of the Act and the Rules made thereunder, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the ICAI's Code of Ethics. We believe that the audit evidence obtained by us is sufficient and appropriate to provide a basis for our audit opinion on the standalone financial statements.

Key Audit Matters

Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the standalone financial statements of the current period. These matters were addressed in the context of our audit of the standalone financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. We have determined the matters described below to be the key audit matters to be communicated in our report.

Sr. No.	Key Audit Matter	Auditor's Response
1	Evaluation of the recoverable amounts of investments in and advances to certain subsidiaries (Refer to Notes 8 and 12 to the standalone financial statements and accounting policies 3.19). The Company's evaluation of the recoverable amounts of investments in and advances to certain subsidiaries aggregating to Rs. 1,162 Million, involves comparison of their recoverable value and the carrying amount. Management determines the recoverable amount on the basis of value-in-use approach. Management applies significant judgement, assumptions and uses significant unobservable inputs and estimates to determine the recoverable amount.	Principal audit procedures include: a) Evaluated appropriateness of the value-in-use model for the impairment assessment. b) Evaluated the design of internal controls relating to the development of key assumptions used in the value-in-use model and tested operating effectiveness of these controls. c) Assessed the reasonableness of the key business assumptions such as revenue growth and EBIDTA margins, by understanding the management's plan and performing retrospective testing. d) Assessed the reasonableness of the discount rates used with the assistance of our internal valuation experts. e) Evaluated management's sensitivity analysis around the key assumptions, to determine if any reasonably possible changes to key assumptions would impact the recoverable amounts.

Information Other than the Financial Statements and Auditor's Report Thereon

- The Company's Board of Directors is responsible for the other information. The other information comprises the information included in the Annual report, for example, Corporate Overview, Statutory Section (such as Directors' Report to the Shareholders, Corporate Governance Report and Business Responsibility Report), and Business Review (such as Management Discussion and Analysis) but does not include the consolidated financial statements, standalone financial statements and our auditor's report thereon.
- Our opinion on the standalone financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.
- In connection with our audit of the standalone financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the standalone financial statements or our knowledge obtained during the course of our audit or otherwise appears to be materially misstated.
- If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Management's Responsibility for the Standalone Financial Statements

The Company's Board of Directors is responsible for the matters stated in section 134(5) of the Act with respect to the preparation of these standalone financial statements that give a true and fair view of the financial position, financial performance including other comprehensive income, cash flows and changes in equity of the Company in accordance with the Indian Accounting Standards and other accounting principles generally accepted in India. This responsibility also includes maintenance of adequate accounting records in accordance with the provisions of the Act for safeguarding the assets of the Company and for preventing and detecting frauds and other irregularities; selection and application of appropriate accounting policies; making judgments and estimates that are reasonable and prudent; and design, implementation and maintenance of adequate internal financial controls, that were operating effectively for ensuring the accuracy and completeness of the accounting records, relevant to the preparation and presentation of the standalone financial statement that give a true and fair view and are free from material misstatement, whether due to fraud or error.

In preparing the standalone financial statements, management is responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

The Board of Directors are responsible for overseeing the Company's financial reporting process.

Auditor's Responsibility for the Audit of the Standalone Financial Statements

Our objectives are to obtain reasonable assurance about whether the standalone financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these standalone financial statements.

As part of an audit in accordance with SAs, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the standalone financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal financial control relevant to the audit in order to design audit procedures that are appropriate in the circumstances. Under section 143(3)(i) of the Act, we are also responsible for expressing our opinion on whether the Company has adequate internal financial controls system in place and the operating effectiveness of such controls.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the standalone financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the standalone financial statements, including the disclosures, and whether the standalone financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

Materiality is the magnitude of misstatements in the standalone financial statements that, individually or in aggregate, makes it probable that the economic decisions of a reasonably knowledgeable user of the standalone financial statements may be influenced. We consider quantitative materiality and qualitative factors in (i) planning the scope of our audit work and in evaluating the results of our work; and (ii) to evaluate the effect of any identified misstatements in the standalone financial statements.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

From the matters communicated with those charged with governance, we determine those matters that were of most significance in the audit of the standalone financial statements of the current period and are therefore the key audit matters. We describe these matters in our auditor's report unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, we determine that a matter should not be communicated in our report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.

Report on Other Legal and Regulatory Requirements

1. As required by Section 143(3) of the Act, based on our audit we report that:

   a) We have sought and obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit.

   b) In our opinion, proper books of account as required by law have been kept by the Company so far as it appears from our examination of those books.

   c) The Balance Sheet, the Statement of Profit and Loss including Other Comprehensive Income, the Statement of Changes in Equity and Statement of Cash Flows dealt with by this Report are in agreement with the books of account.

   d) In our opinion, the aforesaid standalone financial statements comply with the Indian Accounting Standards prescribed under Section 133 of the Act.

   e) On the basis of the written representations received from the directors as on March 31, 2019 taken on record by the Board of Directors, none of the directors is disqualified as on March 31, 2019 from being appointed as a director in terms of Section 164(2) of the Act.

   f) With respect to the adequacy of the internal financial controls over financial reporting of the Company and the operating effectiveness of such controls, refer to our separate Report in "Annexure A". Our report expresses an unmodified opinion on the adequacy and operating effectiveness of the Company's internal financial controls over financial reporting.

   g) With respect to the other matters to be included in the Auditor's Report in accordance with the requirements of section 197(16) of the Act, as amended,

      In our opinion and to the best of our information and according to the explanations given to us, the remuneration paid by the Company to its directors during the year is in accordance with the provisions of section 197 of the Act.

h) With respect to the other matters to be included in the Auditor's Report in accordance with Rule 11 of the Companies (Audit and Auditors) Rules, 2014, as amended in our opinion and to the best of our information and according to the explanations given to us:

i. The Company has disclosed the impact of pending litigations on its financial position in its standalone financial statements;

ii. The Company has made provision, as required under the applicable law or accounting standards, for material foreseeable losses, if any, on long-term contracts including derivative contracts;

iii. There has been no delay in transferring amounts, required to be transferred, to the Investor Education and Protection Fund by the Company.

2. As required by the Companies (Auditor's Report) Order, 2016 ("the Order") issued by the Central Government in terms of Section 143(11) of the Act, we give in "Annexure B" a statement on the matters specified in paragraphs 3 and 4 of the Order.

For **Deloitte Haskins & Sells LLP**
Chartered Accountants
Firm Registration No. 117366W/W-100018

Vikas Bagaria
Partner
Membership No. 060408

Place : Mumbai
Date : May 30, 2019

ANNEXURE "A" TO THE INDEPENDENT AUDITOR'S REPORT

(Referred to in paragraph 1(f) under 'Report on Other Legal and Regulatory Requirements' section of our report of even date)

Report on the Internal Financial Controls Over Financial Reporting under Clause (i) of Sub-section 3 of Section 143 of the Companies Act, 2013 ("the Act")

We have audited the internal financial controls over financial reporting of Apollo Hospitals Enterprise Limited ("the Company") as of March 31, 2019 in conjunction with our audit of the standalone financial statements of the Company for the year ended on that date.

Management's Responsibility for Internal Financial Controls

The Company's management is responsible for establishing and maintaining internal financial controls based on the "internal control over financial reporting criteria established by the Company considering the essential components of internal control stated in the Guidance Note on Audit of Internal Financial Controls Over Financial Reporting issued by the Institute of Chartered Accountants of India". These responsibilities include the design, implementation and maintenance of adequate internal financial controls that were operating effectively for ensuring the orderly and efficient conduct of its business, including adherence to company's policies, the safeguarding of its assets, the prevention and detection of frauds and errors, the accuracy and completeness of the accounting records, and the timely preparation of reliable financial information, as required under the Companies Act, 2013.

Auditor's Responsibility

Our responsibility is to express an opinion on the Company's internal financial controls over financial reporting of the Company based on our audit. We conducted our audit in accordance with the Guidance Note on Audit of Internal Financial Controls Over Financial Reporting (the "Guidance Note") issued by the Institute of Chartered Accountants of India and the Standards on Auditing prescribed under Section 143(10) of the Companies Act, 2013, to the extent applicable to an audit of internal financial controls. Those Standards and the Guidance Note require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether adequate internal financial controls over financial reporting was established and maintained and if such controls operated effectively in all material respects.

Our audit involves performing procedures to obtain audit evidence about the adequacy of the internal financial controls system over financial reporting and their operating effectiveness. Our audit of internal financial controls over financial reporting included obtaining an understanding of internal financial controls over financial reporting, assessing the risk that a material weakness exists, and testing and evaluating the design and operating effectiveness of internal control based on the assessed risk. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on the Company's internal financial controls system over financial reporting.

Meaning of Internal Financial Controls Over Financial Reporting

A company's internal financial control over financial reporting is a process designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles. A company's internal financial control over financial reporting includes those policies and procedures that (1) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the company; (2) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with generally accepted accounting principles, and that receipts and expenditures of the company are being made only in accordance with authorizations of management and directors of the company; and (3) provide reasonable assurance regarding prevention or timely detection of unauthorised acquisition, use, or disposition of the company's assets that could have a material effect on the financial statements.

Inherent Limitations of Internal Financial Controls Over Financial Reporting

Because of the inherent limitations of internal financial controls over financial reporting, including the possibility of collusion or improper management override of controls, material misstatements due to error or fraud may occur and not be detected. Also, projections of any evaluation of the internal financial controls over financial reporting to future periods are subject to the risk that the internal financial control over financial reporting may become inadequate because of changes in conditions, or that the degree of compliance with the policies or procedures may deteriorate.

Opinion

In our opinion, to the best of our information and according to the explanations given to us the Company has, in all material respects, an adequate internal financial controls system over financial reporting and such internal financial controls over financial reporting were operating effectively as at March 31, 2019, based on the "criteria for internal financial control over financial reporting established by the Company considering the essential components of internal control stated in the Guidance Note on Audit of Internal Financial Controls Over Financial Reporting issued by the Institute of Chartered Accountants of India".

For **Deloitte Haskins & Sells LLP**
Chartered Accountants
Firm Registration No. 117366W/W-100018

Vikas Bagaria
Partner
Membership No. 060408

Place : Mumbai
Date : May 30, 2019

ANNEXURE B TO THE INDEPENDENT AUDITOR'S REPORT

(Referred to in paragraph 2 under 'Report on Other Legal and Regulatory Requirements' section of our report of even date)

(i) (a) The Company has maintained proper records showing full particulars, including quantitative details and situation of fixed assets.

(b) Some of the fixed assets were physically verified during the year by the Management in accordance with a programme of verification, which in our opinion provides for physical verification of all the fixed assets at reasonable intervals. According to the information and explanations given to us no material discrepancies were noticed on such verification.

(c) According to the information and explanations given to us and the records examined by us and based on the examination of the registered sale deed / transfer deed / conveyance deed/ title deeds pledged with banks, we report that, the title deeds, comprising all the immovable properties of land and buildings, are held in the name of the Company as at the balance sheet date

In respect of immovable properties of land and buildings that have been taken on lease and disclosed as fixed asset in the financial statements, the lease agreements are in the name of the Company, where the Company is the lessee in the agreement.

(ii) As explained to us, the inventories were physically verified during the year by the Management at reasonable intervals and no material discrepancies were noticed on physical verification.

(iii) According to the information and explanations given to us, the Company has granted unsecured loans, , to companies covered in the register maintained under section 189 of the Companies Act, 2013, in respect of which:

a) The terms and conditions of the grant of such loans are, in our opinion, prima facie, not prejudicial to the Company's interest.

b) The schedule of repayment of principal and payment of interest has been stipulated and according to the terms of the agreement, no amounts towards principal and interest have fallen due during the current year.

(iv) In our opinion and according to the information and explanations given to us, the Company has complied with the provisions of Sections 185 and 186 of the Companies Act, 2013 in respect of grant of loans, making investments and providing guarantees and securities, as applicable.

(v) In our opinion and according to the information and explanations given to us, the Company has complied with the provisions of Sections 73 to 76 or any other relevant provisions of the Companies Act, 2013 and the Companies (Acceptance of Deposits) Rules, 2014, as amended, with regard to the deposits accepted. According to the information and explanations given to us, no order has been passed by the Company Law Board or the National Company Law Tribunal or the Reserve Bank of India or any Court or any other Tribunal.

(vi) The maintenance of cost records has been specified by the Central Government under section 148(1) of the Companies Act, 2013 in respect of healthcare services rendered. We have broadly reviewed the cost records maintained by the Company pursuant to the Companies (Cost Records and Audit) Rules, 2014, as amended prescribed by the Central Government under sub-section (1) of Section 148 of the Companies Act, 2013, and are of the opinion that, prima facie, the prescribed cost records have been made and maintained We have, however, not made a detailed examination of the cost records with a view to determine whether they are accurate or complete.

(vii) According to the information and explanations given to us, in respect of statutory dues:

(a) The Company has generally been regular in depositing undisputed statutory dues, including Provident Fund, Employees' State Insurance, Income-tax, Sales Tax, Service Tax, Customs Duty, Value Added Tax, Goods and Service Tax, cess and other material statutory dues applicable to it to the appropriate authorities.

(b) There were no undisputed amounts payable in respect of Provident Fund, Employees' State Insurance, Income-tax, Sales Tax, Service Tax, Customs Duty, Value Added Tax, Goods and Service Tax, cess and other material statutory dues in arrears as at March 31, 2019 for a period of more than six months from the date they became payable.

(c) Details of dues of Income-tax, Service Tax, Customs Duty, and Value Added Tax which have not been deposited as on March 31, 2019 on account of disputes are given below:

Name of Statute	Nature of Dues	Forum where Dispute is Pending	Period to which the Amount Relates	Amount (Rs. million)
Income Tax Act, 1961	Income Tax	Honorable Supreme Court	AY: 2000-01	136.76
Customs Act, 1962	Customs Duty	Assistant Collector of Customs (Chennai, Hyderabad	1996, 1997	99.70
Finance Act, 1994	Service Tax	Appeal with CESTAT, New Delhi, Commissioner of Service Tax, Vizag	2010-11, 2013-14	4.09
Value Added Tax Act, 2004	Value Added Tax	Joint Commissioner, Kolkata	2012-13	0.05

(viii) In our opinion and according to the information and explanations given to us, the Company has not defaulted in the repayment of loans or borrowings to financial institutions, banks and dues to debenture holders. The Company has not taken any loans from the government.

(ix) In our opinion and according to the information and explanations given to us, money raised by way of term loans have been applied by the Company during the year for the purposes of which they are raised. The company has not raised monies by way of initial public offer or further public offer (including debt instruments).

(x) To the best of our knowledge and according to the information and explanations given to us, no fraud by the Company and no material fraud on the Company by its officers or employees has been noticed or reported during the year.

(xi) In our opinion and according to the information and explanations given to us, the Company has paid /provided managerial remuneration in accordance with the requisite approvals mandated by the provisions of section 197 read with Schedule V to the Companies Act, 2013.

(xii) The Company is not a Nidhi Company and hence reporting under clause (xii) of the CARO 2016 Order is not applicable.

(xiii) In our opinion and according to the information and explanations given to us the Company is in compliance with Section 177 and 188 of the Companies Act, 2013, where applicable, for all transactions with the related parties and the details of related party transactions have been disclosed in the financial statements as required by the applicable accounting standards.

(xiv) During the year the Company has not made any preferential allotment or private placement of shares or fully or partly convertible debentures and hence reporting under clause (xiv) of CARO 2016 is not applicable to the Company.

(xv) In our opinion and according to the information and explanations given to us, during the year the Company has not entered into any non-cash transactions with its directors or directors of its subsidiary or associate company or persons connected with them and hence provisions of section 192 of the Companies Act, 2013 are not applicable.

(xvi) The Company is not required to be registered under section 45-IA of the Reserve Bank of India Act, 1934.

For **Deloitte Haskins & Sells LLP**
Chartered Accountants
Firm Registration No. 117366W/W-100018

Vikas Bagaria
Partner
Membership No. 060408

Place : Mumbai
Date : May 30, 2019

BALANCE SHEET AS AT MARCH 31, 2019

Standalone Financial Statements for the year ended March 31, 2019

(All amounts are in ₹ Million unless otherwise stated)

Particulars	Note	As at March 31, 2019	As at March 31, 2018
ASSETS			
Non-current assets			
(a) Property, Plant and Equipment	5	38,447.72	36,301.26
(b) Capital work-in-progress	5.1	8,188.10	6,983.04
(c) Goodwill	6	948.30	948.30
(d) Other Intangible assets	7	302.06	365.56
(e) Financial Assets			
(i) Investments	8	10,727.08	8,982.67
(ii) Loans	9	195.92	-
(iii) Other financial assets	12	2,112.29	2,155.66
(f) Income Tax Asset (Net)	24	1,739.48	1,129.74
(g) Other non-current assets	16	1,592.34	1,456.17
Total Non - Current Assets		**64,253.29**	**58,322.40**
Current assets			
(a) Inventories	13	5,611.46	5,386.82
(b) Financial assets			
(i) Investments	8	125.65	20.06
(ii) Trade receivables	11	9,093.18	7,499.36
(iii) Cash and cash equivalents	14	2,189.56	2,469.38
(iv) Bank balances other than (iii) above	15	587.01	476.22
(v) Other financial assets	12	1,284.33	2,719.98
(vi) Loans	10	80.00	-
(c) Other current assets	16	1,059.03	1,226.47
Total Current Assets		**20,030.22**	**19,798.29**
Total Assets		**84,283.51**	**78,120.69**
EQUITY AND LIABILITIES			
Equity			
(a) Equity Share capital	17	695.63	695.63
(b) Other equity	18	38,138.53	36,239.36
Total Equity		**38,834.16**	**36,934.99**
Liabilities			
Non-current liabilities			
(a) Financial Liabilities			
(i) Borrowings	19	25,973.28	25,471.03
(ii) Other financial liabilities	20	41.50	97.93
(b) Deferred tax liabilities (Net)	22	3,103.73	2,466.06
Total Non - Current Liabilities		**29,118.51**	**28,035.02**
Current liabilities			
(a) Financial Liabilities			
(i) Borrowings	19	4,556.93	3,495.27
(ii) Trade payables	23		
(a) total outstanding dues of micro enterprises and small enterprises		81.80	154.10
(b) total outstanding dues of creditors other than micro enterprises and small enterprises		5,282.49	4,579.75
(iii) Other financial liabilities	20	4,258.58	3,557.50
(b) Other current liabilities	25	1,190.69	688.91
(c) Provisions	21	960.35	675.15
Total Current Liabilities		**16,330.84**	**13,150.68**
Total Liabilities		**45,449.35**	**41,185.70**
Total Equity and Liabilities		**84,283.51**	**78,120.69**

The accompanying notes form an integral part of these standalone financial statements

As per our report of even date attached

For and on behalf of the Board of Directors

For **Deloitte Haskins & Sells LLP**
Chartered Accountants
Firm Registration No. 117366W/W-100018

Vikas Bagaria
Partner
Membership No. 060408

Place : Mumbai
Date : May 30, 2019

Krishnan Akhileswaran
Chief Financial Officer

S M Krishnan
Vice President - Finance
& Company Secretary

Place : Chennai
Date : May 30, 2019

Dr. Prathap C Reddy
Executive Chairman

Preetha Reddy
Executive Vice Chairperson

Suneeta Reddy
Managing Director

STATEMENT OF PROFIT AND LOSS

Standalone Financial Statements for the year ended March 31, 2019
(All amounts are in ₹ Million unless otherwise stated)

Particulars	Note	Year ended March 31, 2019	Year ended March 31, 2018
Income			
Revenue from Operations	26	83,366.56	71,830.10
Other Income	27	122.40	125.89
Total Income		**83,488.96**	**71,955.99**
Expenses			
Cost of materials consumed	28	13,916.80	12,680.01
Purchases of Stock-in-trade		30,493.04	26,142.19
Changes in inventory of stock-in-trade	29	(720.04)	(809.26)
Employee benefit expense	30	12,950.86	11,188.06
Finance costs	31	2,680.22	2,401.74
Depreciation and amortisation expense	32	2,998.95	2,720.04
Other expenses	33	16,544.46	14,331.84
Total Expenses		**78,864.29**	**68,654.62**
Profit Before Tax		**4,624.67**	**3,301.37**
Exceptional Items		**-**	**-**
Profit/(loss) Before tax		**4,624.67**	**3,301.37**
Tax expense			
(1) Current tax	34	1,112.03	743.50
(2) Deferred tax	34	485.06	225.87
		1,597.09	969.37
Profit for the year		**3,027.58**	**2,332.00**
Other Comprehensive Income			
(i) Items that will not be reclassified to profit or loss			
(a) Remeasurement of the defined benefit liabilities (Net of taxes of ₹154.11 (previous year ₹96.56))	34.2	(291.19)	(182.45)
Total other comprehensive income		**(291.19)**	**(182.45)**
Total comprehensive income for the Year		**2,736.39**	**2,149.55**
Earnings per equity share of par value of ₹5 each			
Basic (in ₹)	36	21.76	16.76
Diluted (in ₹)	36	21.76	16.76

The accompanying notes form an integral part of these standalone financial statements

As per our report of even date attached

For **Deloitte Haskins & Sells LLP**
Chartered Accountants
Firm Registration No. 117366W/W-100018

Vikas Bagaria
Partner
Membership No. 060408

Place : Mumbai
Date : May 30, 2019

For and on behalf of the Board of Directors

Krishnan Akhileswaran
Chief Financial Officer

S M Krishnan
Vice President - Finance
& Company Secretary

Place : Chennai
Date : May 30, 2019

Dr. Prathap C Reddy
Executive Chairman

Preetha Reddy
Executive Vice Chairperson

Suneeta Reddy
Managing Director

STATEMENT OF CASH FLOW

(₹ in million)

PARTICULARS	For the year ended March 31, 2019	For the year ended March 31, 2018
Cash flow from Operating Activities		
Profit for the year	**3,027.58**	**2,332.00**
Adjustments for:		
Depreciation / Amortisation / Impairment	2,998.95	2,720.04
Income tax expenses	1,597.09	969.37
Profit / (Loss) on Sale of Property Plant & Equipment	39.81	54.56
Profit on Sale of Investments (Net)	(1.98)	(1.36)
Finance costs	2,680.22	2,401.74
Interest from Banks/others	(89.86)	(64.98)
Dividend on current investments	(33.69)	(43.68)
Provision for doubtful debts & advances	543.61	472.48
Net gain arising on financial assets mandatorily measured at FVTPL	(0.60)	(7.56)
Foreign Exchange Gain (net)	15.73	16.75
Operating Profit before working capital changes	10,776.86	8,849.36
Adjustments for (increase)/decrease in operating assets		
Inventories	(224.64)	(961.79)
Trade receivables	(2,137.43)	(1,883.49)
Other financial assets - Non current	63.71	413.44
Other financial assets - Current	1,247.65	(718.61)
Other non-current assets	(280.50)	(5.79)
Other current assets	167.44	(140.74)
	(1,163.77)	(3,296.98)
Adjustments for increase/(decrease) in operating liabilities		
Trade payables	631.03	813.97
Other financial liabilities	(56.42)	(99.79)
Other Current financial liabilities	(41.65)	641.48
Provisions	(5.99)	(222.24)
Other current liabilities	**501.78**	**(114.80)**
	1,028.76	1,018.62
Cash generated from operations	10,641.85	6,571.00
Net income tax paid	(1,569.16)	(1,183.54)
A. Net cash generated from operating activities (A)	9,072.69	5,387.46
B. Cash flow from Investing Activities		
Acquisition of Property Plant & Equipment	(5,832.45)	(5,180.66)
Purchase of Investments	(2,010.00)	(253.32)
Proceeds from sale of current investments	161.98	951.61
Investment in Bank Deposits	(110.79)	326.51
Loans given to Subsidiary	(87.92)	-
Interest received	89.86	331.46
Dividend Received	33.69	43.68

(₹ in million)

PARTICULARS	For the year ended March 31, 2019	For the year ended March 31, 2018
B. Net cash used in Investing Activities (B)	**(7,755.63)**	**(3,780.72)**
C. Cash flow from Financing Activities		
Proceeds from Borrowings	5,329.42	5,091.04
Repayment of Borrowings	(2,984.13)	(2,574.86)
Finance costs	(3,104.94)	(2,573.66)
Dividends paid (including dividend distribution tax)	(837.23)	(1,004.63)
C. Net cash used in Financing Activities (C)	**(1,596.88)**	**(1,062.11)**
Net Increase in cash and cash equivalents (A+B+C) = (D)	(279.82)	544.63
Cash and cash equivalents at the beginning of the year (E)	2,469.38	1,924.75
Cash and cash equivalents at the end of the year (D) +(E)	2,189.56	2,469.38
Net Change in Cash and Cash Equivalents	**(279.82)**	**544.63**

Reconciliation of borrowings as disclosed in financing activities

Particulars	April 1, 2019	Proceeds	Repayments	Exchange difference	March 31, 2019
Borrowings	30,009.70	5,329.42	2,984	36.07	32,391.06

Particulars	April 1, 2018	Proceeds	Repayments	Exchange difference	March 31, 2018
Borrowings	27,591.00	5,091.04	2,575	(97.48)	30,009.70

As per our report of even date attached

For **Deloitte Haskins & Sells LLP**
Chartered Accountants
Firm Registration No. 117366W/W-100018

Vikas Bagaria
Partner
Membership No. 060408

Place : Mumbai
Date : May 30, 2019

Krishnan Akhileswaran
Chief Financial Officer

S M Krishnan
Vice President - Finance
& Company Secretary

Place : Chennai
Date : May 30, 2019

For and on behalf of the Board of Directors

Dr. Prathap C Reddy
Executive Chairman

Preetha Reddy
Executive Vice Chairperson

Suneeta Reddy
Managing Director

Statement of Changes in Equity

as on March 31 ,2019

a. Equity share capital

	Amount
Balance at April 1, 2017	695.63
Changes in equity share capital during the year	-
Balance at March 31, 2018	695.63
Changes in equity share capital during the year	-
Balance at March 31, 2019	695.63

b. Other Equity

Particulars	Reserves and Surplus					Items of OCI	Total Other Equity
	General reserve	Securities premium reserve	Capital Reserves	Other reserve #	Retained earnings	Remeasurements of net defined benefit plans	
(a) Balance at April 1, 2017	11,256.85	17,138.52	18.26	664.41	6,331.02	(314.55)	35,094.51
(b) Profit for the year	-	-	-	-	2,332.00	-	2,332.00
(c) Other comprehensive income for the year, net of income tax	-	-	-	-	-	(182.45)	(182.45)
(d) Total comprehensive income for the year (b) + (c)	-	-	-	-	2,332.00	(182.45)	2,149.54
(e) Payment of dividends	-	-	-	-	(1,004.69)	-	(1,004.69)
(f) Transfer to Reserves	-	-	-	452.50	(452.50)	-	-
(g) Balance at March 31, 2018 (a)+ (d) + (e) + (f)	11,256.85	17,138.52	18.26	1,116.91	7,205.83	(497.00)	36,239.36
(h) Profit for the year	-	-	-	-	3,027.58		3,027.58
(i) Other comprehensive income for the year, net of income tax	-	-	-	-		(291.19)	(291.19)
(j) Total comprehensive income for the year (h) + (i)	-	-	-	-	3,027.58	(291.19)	2,736.39
(k) Dividends paid (including dividend distribution tax of ₹141.61)					(837.23)		(837.23)
(l) Transfer to Reserves							-
(m) Balance at March 31, 2019 (g) + (j)	11,256.85	17,138.52	18.26	1,116.91	9,396.17	(788.19)	38,138.53

Other reserves includes Debenture Redemption Reserve, Capital Redemption Reserve and Reserves arising on transition from Previous GAAP to IND AS

The accompanying notes form an integral part of these standalone financial statements

As per our report of even date attached

For **Deloitte Haskins & Sells LLP**
Chartered Accountants
Firm Registration No. 117366W/W-100018

Vikas Bagaria
Partner
Membership No. 060408

Place : Mumbai
Date : May 30, 2019

For and on behalf of the Board of Directors

Krishnan Akhileswaran
Chief Financial Officer

S M Krishnan
Vice President - Finance
& Company Secretary

Place : Chennai
Date : May 30, 2019

Dr. Prathap C Reddy
Executive Chairman

Preetha Reddy
Executive Vice Chairperson

Suneeta Reddy
Managing Director

NOTES TO THE STANDALONE FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2019

All amounts are in INR Millions unless otherwise stated

1 Corporate Information

Apollo Hospitals Enterprise Limited ('the Company') is a public Company incorporated in India. The address of its registered office and principal place of business is at 19, Bishop Gardens, Raja Annamalaipuram, Chennai, Tamilnadu. The main business of the Company is to enhance the quality of life of patients by providing comprehensive, high-quality hospital services on a cost-effective basis and providing / selling high quality pharma and wellness products through a network of pharmacies. The principal activities of the Company include operation of multidisciplinary private hospitals, clinics and pharmacies.

2 Application of new and revised Ind ASs

The company has applied all the Ind ASs notified by the MCA.

Standards issued but not yet effective

Ind AS 116 Leases:

On March 30, 2019, Ministry of Corporate Affairs has notified Ind AS 116, Leases. Ind AS 116 will replace the existing leases Standard, Ind AS 17 Leases, and related Interpretations. The Standard sets out the principles for the recognition, measurement, presentation and disclosure of leases for both parties to a contract i.e., the lessee and the lessor. Ind AS 116 introduces a single lessee accounting model and requires a lessee to recognize assets and liabilities for all leases with a term of more than 12 months, unless the underlying asset is of low value. Currently, operating lease expenses are charged to the statement of profit & loss. The Standard also contains enhanced disclosure requirements for lessees. Ind AS 116 substantially carries forward the lessor accounting requirements in Ind AS 17.

The effective date for adoption of Ind AS 116 is annual periods beginning on or after April 1, 2019. The standard permits two possible methods of transition:

- Full retrospective – Retrospectively to each prior period presented applying Ind AS 8 Accounting Policies, Changes in Accounting Estimates and Errors
- Modified retrospective – Retrospectively, with the cumulative effect of initially applying the Standard recognized at the date of initial application

Ind AS 12 Appendix C, Uncertainty over Income Tax Treatments :

On March 30, 2019, Ministry of Corporate Affairs has notified Ind AS 12 Appendix C, Uncertainty over Income Tax Treatments which is to be applied while performing the determination of taxable profit (or loss), tax bases, unused tax losses, unused tax credits and tax rates, when there is uncertainty over income tax treatments under Ind AS 12. According to the appendix, companies need to determine the probability of the relevant tax authority accepting each tax treatment, or group of tax treatments, that the companies have used or plan to use in their income tax filing which has to be considered to compute the most likely amount or the expected value of the tax treatment when determining taxable profit (tax loss), tax bases, unused tax losses, unused tax credits and tax rates.

The standard permits two possible methods of transition -

i) Full retrospective approach – Under this approach, Appendix C will be applied retrospectively to each prior reporting period presented in accordance with Ind AS 8 – Accounting Policies, Changes in Accounting Estimates and Errors, without using hindsight and

ii) Retrospectively with cumulative effect of initially applying Appendix C recognized by adjusting equity on initial application, without adjusting comparatives.

The effective date for adoption of Ind AS 12 Appendix C is annual periods beginning on or after April 1, 2019.

Amendment to Ind AS 19 – plan amendment, curtailment or settlement-

On March 30, 2019, Ministry of Corporate Affairs issued amendments to Ind AS 19, 'Employee Benefits', in connection with accounting for plan amendments, curtailments and settlements.

The amendments require an entity:

- to use updated assumptions to determine current service cost and net interest for the remainder of the period after a plan amendment, curtailment or settlement; and
- to recognise in profit or loss as part of past service cost, or a gain or loss on settlement, any reduction in a surplus, even if that surplus was not previously recognised because of the impact of the asset ceiling. Effective date for application of this amendment is annual period beginning on or after 1 April 2019.

Amendment to Ind AS 12 'Income Taxes':

On March 30, 2019, the Ministry of Corporate Affairs has notified limited amendments to Ind AS 12 'Income Taxes'. The amendments require an entity to recognise the income tax consequences of dividends as defined in Ind AS 109 when it recognises a liability to pay a dividend. The income tax consequences of dividends are linked more directly to past transactions or events that generated distributable profits than to distributions to owners. Therefore, an entity shall recognize the income tax consequences of dividends in profit or loss, other comprehensive income or equity according to where the entity originally recognised those past transactions or events. The amendment will come into force for accounting periods beginning on or after April 1, 2019.

The Company is evaluating the effect of the above on its financial statements.

3 Significant accounting policies

This note provides a list of the significant accounting policies adopted in the preparation of the standalone financial statements. These policies have been consistently applied to all the years presented unless otherwise stated.

3.1 Statement of compliance

The standalone financial statements have been prepared in accordance with the Indian Accounting Standards (Ind AS) as per the Companies (Indian Accounting Standards) Rules, 2015 notified under section 133 of the Companies Act 2013 (the act) and other relevant provisions of the Act.

The financial statements were authorised for issue by the Company's Board of Directors on May 30, 2019.

3.2 Basis of preparation and presentation

The financial statements have been prepared on the historical cost basis except for certain financial instruments that are measured at fair values at the end of each reporting period, as explained in the accounting policies below.

Historical cost is generally based on the fair value of the consideration given in exchange for goods and services.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, regardless of whether that price is directly observable or estimated using another valuation technique. In estimating the fair value of an asset or a liability, the Company takes into account the characteristics of the asset or liability if market participants would take those characteristics into account when pricing the asset or liability at the measurement date. Fair value for measurement and/or disclosure purposes in these financial statements is determined on such a basis, except for leasing transactions that are within the scope of Ind AS 17 and measurements that have some similarities to fair value but are not fair value, such as net realisable value in Ind AS 2 or value in use in Ind AS 36.

In addition, for financial reporting purposes, fair value measurements are categorised into Level 1, 2, or 3 based on the degree to which the inputs to the fair value measurements are observable and the significance of the inputs to the fair value measurement in its entirety, which are described as follows:

Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the entity can access at the measurement date;

Level 2 inputs are inputs, other than quoted prices included within Level 1, that are observable for the asset or liability, either directly or indirectly; and

Level 3 inputs are unobservable inputs for the asset or liability.

The principal accounting policies are set out below

3.3 Business combinations

Acquisitions of businesses are accounted for using the acquisition method. The consideration transferred in a business combination is measured at fair value, which is calculated as the sum of the acquisition-date fair values of the assets transferred by the Company, liabilities incurred by the Company to the former owners of the acquiree and the equity interests issued by the Company in exchange of control of the acquiree. Acquisition-related costs are recognised in profit or loss as incurred.

At the acquisition date, the identifiable assets acquired and the liabilities assumed are recognised at their fair value, except that:

Deferred tax assets or liabilities, and assets or liabilities related to employee benefit arrangements are recognised and measured in accordance with Ind AS 12 Income Taxes and Ind AS 19 Employee Benefits respectively;

Goodwill is measured as the excess of the sum of the consideration transferred, the amount of any non-controlling interests in the acquiree, and the fair value of the acquirer’s previously held equity interest in the acquiree (if any) over the net of the acquisition-date amounts of the identifiable assets acquired and the liabilities assumed. The same is carried at cost and tested for impairment on an accrual basis in accordance with impairment policy stated below)

3.4 Goodwill

Goodwill arising on an acquisition of a business is carried at cost as established at the date of acquisition of the business (see note 3.3 above) less accumulated impairment losses, if any.

For the purposes of impairment testing, goodwill is allocated to each of the cash-generating units or group of cash-generating units that is expected to benefit from the synergies of the combination.

A cash-generating unit to which goodwill has been allocated is tested for impairment annually, or more frequently when there is an indication that the unit may be impaired. If the recoverable amount of the cash-generating unit is less than its carrying amount, the impairment loss is allocated first to reduce the carrying amount of any goodwill allocated to the unit and then to the other assets of the unit pro rata based on the carrying amount of each asset in the unit. Any impairment loss for goodwill is recognised directly in profit or loss. An impairment loss recognised for goodwill is not reversed in subsequent periods.

On disposal of the relevant cash-generating unit, the attributable amount of goodwill is included in the determination of the profit or loss on disposal.

3.5 Revenue recognition

The Company earns revenue primarily by providing healthcare services and sale of pharmaceutical products. Other sources of revenue include revenue earned through Operation and Management (O&M) contracts, brand license agreements and contracts for clinical trials.

Effective April 1, 2018, the Company has applied Ind AS 115 - Revenue from Contract with customers which establishes a comprehensive framework for revenue recognition. Ind AS 115 replaces Ind AS 18 Revenue and Ind AS 11 Construction Contracts. The Company has adopted Ind AS 115 using the cumulative effect method(modified retrospective approach). The effect of initially applying this standard is recognised at the date of initial application (i.e. April 1, 2018). The standard is applied retrospectively only to contracts that are not completed as at the date of initial application and the comparative information in the statement of profit and loss is not restated – i.e. the comparative information continues to be reported under Ind AS 18 and Ind AS 11. The impact of the adoption of the standard on the financial statements of the Company is insignificant.

Revenue is recognised upon transfer of control of promised products or services to customers in an amount that reflects the consideration which the Company expects to receive in exchange for those products or services. When there is uncertainty on ultimate collectability, revenue recognition is postponed until such uncertainty is resolved.

3.5.1 Healthcare Services

Revenue comprises fees charged for inpatient and outpatient hospital services. The performance obligations for this stream of revenue include food & beverage, accommodation, surgery, medical/clinical professional services, supply of equipment, investigation and supply of pharmaceutical and related products.

Revenue is recognised at the transaction price when each performance obligation is satisfied at a point in time when inpatient/ outpatients has actually received the service and accepted/consumed the same except for few specific services in the dialysis and oncology specialty where the performance obligation is satisfied over a period of time.

3.5.2 Pharmaceutical Products

In respect of sale of pharmaceutical products, where the performance obligation is satisfied at a point in time, revenue is recognised when the control of goods is transferred to the customer.

3.5.3 Project Consultancy Income

In respect of project consultancy income, i.e. the revenue arising from the Operating & Maintenance (O&M) contracts where the performance obligation is satisfied over time, revenue is recognised along the period when the services are received and accepted by the customer.

3.5.4 Clinical trials

In respect of clinical trials, where the performance obligation is satisfied at a point in time, revenue is recognised when the service has been received and accepted by the customer.

3.5.5 Dividend and interest income

Dividend income from investments is recognised when the shareholder's right to receive payment has been established (provided that it is probable that the economic benefits will flow to the Company and the amount of income can be measured reliably).

Interest income from a financial asset is recognised when it is probable that the economic benefits will flow to the Company and the amount of income can be measured reliably. Interest income is accrued on a time basis, by reference to the principal outstanding and at the effective interest rate applicable, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to that asset's net carrying amount on initial recognition.

3.5.6 Rental income

The Company's policy for recognition of revenue from operating leases is described in note 3.6.1 below.

3.5.7 Contract assets and liabilities

Revenues in excess of invoicing are classified as contract assets (which we refer as unbilled revenue) while invoicing in excess of revenues are classified as contract liabilities (which we refer to as unearned revenues).

3.5.8 Transaction Price

Revenue is measured based on the transaction price, which is the fixed consideration adjusted for discounts, amounts payable to customer in the nature of commissions, principal versus agent considerations, loyalty credits and any other rights and obligations as specified in the contract with the customer. Revenue also excludes taxes collected from customers and deposited back to the respective statutory authorities.

3.5.9 Contract modifications

Contract modifications are accounted for when additions, deletions or changes are approved either to the contract scope or contract price. The accounting for modifications of contracts involves assessing whether the services added to an existing contract are distinct and whether the pricing is at the stand alone selling price. Services added that are not distinct are accounted for on a cumulative catch-up basis, while those that are distinct are accounted for prospectively, either as a separate contract, if the additional services are priced at the standalone selling price, or as a termination of the existing contract and creation of a new contract if not priced at the standalone selling price.

3.6 Leasing

Leases are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases are classified as operating leases.

3.6.1 The Company as lessor

Amounts due from lessees under finance leases are recognised as receivables at the amount of the Company's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the Company's net investment outstanding in respect of the leases.

Rental income from operating leases is generally recognised on a straight-line basis over the term of the relevant lease. Where the rentals are structured solely to increase in line with expected general inflation to compensate for the Company's expected inflationary cost increases, such increases are recognised in the year in which such benefits accrue. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

3.6.2 The Company as lessee

Rental expense from operating leases is generally recognised on a straight-line basis over the term of the relevant lease. Where the rentals are structured solely to increase in line with expected general inflation to compensate for the lessor's expected inflationary cost increases, such increases are recognised in the year in which such benefits accrue. Contingent rentals arising under operating leases are recognised as an expense in the period in which they are incurred.

3.7 Foreign currencies

Exchange differences on monetary items are recognised in profit or loss in the period in which they arise except for exchange differences on foreign currency borrowings relating to assets under construction for future productive use, which are included in the cost of those assets when they are regarded as an adjustment to interest costs on those foreign currency borrowings.

3.8 Borrowings and Borrowing costs

Borrowings are recognised initially at fair value, net of transaction costs incurred. Borrowings are subsequently stated at amortised cost. Any difference between the proceeds (net of transaction costs) and the redemption value is recognised in the income statement over the period of the borrowings using the effective interest rate method. Borrowings are classified as current liabilities unless the Company has an unconditional right to defer settlement of the liability for at least 12 months after the reporting date.

Borrowing costs directly attributable to the acquisition, construction or production of qualifying assets, which are assets that necessarily take a substantial period of time to get ready for their intended use, are added to the cost of those assets, until such time as the assets are substantially ready for their intended use.

Interest income earned on the temporary investment of specific borrowings pending their expenditure on qualifying assets is deducted from the borrowing costs eligible for capitalisation.

All other borrowing costs are recognised in profit or loss in the period in which they are incurred.

3.9 Employee benefits

3.9.1 Retirement benefit costs and termination benefits

Payments to defined contribution retirement benefit plans are recognised as an expense when employees have rendered service entitling them to the contributions.

For defined benefit retirement benefit plans, the cost of providing benefits is determined using the projected unit credit method, with actuarial valuations being carried out at the end of each annual reporting period. Remeasurement, comprising actuarial gains and losses and the return on plan assets (excluding net interest), is reflected immediately in the balance sheet with a charge or credit recognised in other comprehensive income in the period in which they occur. Remeasurement recognised in other comprehensive income is not reclassified to profit or loss. Past service cost is recognised in profit or loss in the period of a plan amendment. Net interest is calculated by applying the discount rate at the beginning of the period to the net defined benefit liability or asset. Defined benefit costs are categorised as follows:

- service cost (including current service cost, past service cost, as well as gains and losses on curtailments and settlements);

- net interest expense or income; and
- Remeasurement

The Company presents the first two components of defined benefit costs in profit or loss in the line item 'Employee benefits expense'.

The retirement benefit obligation recognised in the balance sheet represents the actual deficit or surplus in the Company's defined benefit plans. Any surplus resulting from this calculation is limited to the present value of any economic benefits available in the form of refunds from the plans or reductions in future contributions to the plans.

3.9.2 Short-term and other long-term employee benefits

A liability is recognised for benefits accruing to employees in respect of wages and salaries, annual leave and sick leave in the period the related service is rendered at the undiscounted amount of the benefits expected to be paid in exchange for that service.

Liabilities recognised in respect of short-term employee benefits are measured at the undiscounted amount of the benefits expected to be paid in exchange for the related service.

3.10 Taxation

Income tax expense comprises current tax and the net change in the deferred tax asset or liability during the year.

3.10.1 Current tax

The tax currently payable is based on taxable profit for the year. Taxable profit differs from 'profit before tax' as reported in the statement of profit and loss because of items of income or expense that are taxable or deductible in other years and items that are never taxable or deductible. The Company's current tax is calculated using tax rates that have been enacted or substantively enacted by the end of the reporting period. Advance taxes and provisions for current income taxes are presented in the Balance Sheet after off-setting advance tax paid and income tax provision.

3.10.2 Deferred tax

Deferred tax is recognised on temporary differences between the carrying amounts of assets and liabilities in the financial statements and the corresponding tax bases used in the computation of taxable profit. Deferred tax liabilities are generally recognised for all taxable temporary differences. Deferred tax assets are generally recognised for all deductible temporary differences to the extent that it is probable that taxable profits will be available against which those deductible temporary differences can be utilised. Such deferred tax assets and liabilities are not recognised if the temporary difference arises from the initial recognition (other than in a business combination) of assets and liabilities in a transaction that affects neither the taxable profit nor the accounting profit. In addition, deferred tax liabilities are not recognised if the temporary difference arises from the initial recognition of goodwill. Deferred tax assets and liabilities are offset when they relate to income taxes levied by the same taxation authority and the relevant entity intends to settle its current tax assets and liabilities on a net basis.

The carrying amount of deferred tax assets is reviewed at the end of each reporting period and reduced to the extent that it is no longer probable that sufficient taxable profits will be available to allow all or part of the asset to be recovered.

Deferred tax liabilities and assets are measured at the tax rates that are expected to apply in the period in which the liability is settled or the asset realised, based on tax rates (and tax laws) that have been enacted or substantively enacted by the end of the reporting period.

The measurement of deferred tax liabilities and assets reflects the tax consequences that would follow from the manner in which the Company expects, at the end of the reporting period, to recover or settle the carrying amount of its assets and liabilities.

3.10.3 Current and deferred tax for the year

Current and deferred tax are recognised in profit or loss, except when they relate to items that are recognised in other comprehensive income or directly in equity, in which case, the current and deferred tax are also recognised in other comprehensive income or directly in equity respectively. Where current tax or deferred tax arises from the initial accounting for a business combination, the tax effect is included in the accounting for the business combination.

3.11 Property, plant and equipment

Land and buildings held for use in providing the healthcare and related services, or for administrative purposes, are carried at cost less accumulated depreciation and accumulated impairment losses. Freehold land is not depreciated. Expenses in the nature of general repairs and maintenance , are charged to income statement during the financial period in which they are incurred.

Parts of some items of property, plant and equipment may require replacement at regular intervals and this would enhance the life of the asset. The company recognises these in the carrying value of property, plant & equipment and amortised over the period which is lower of replacement period and its useful life. The carrying amount of those parts that are replaced is derecognized in accordance with the derecognition provisions of Ind AS 16.

Fixtures and medical Equipments are stated at cost less accumulated depreciation and accumulated impairment losses. All repairs and maintenance costs are charged to the income statement during the financial period in which they are incurred.

Depreciation is recognised so as to depreciate the cost of assets (other than freehold land and properties under construction) less their residual values over their useful lives, using the straight-line method. The estimated useful lives, residual values and depreciation method are reviewed at the end of each reporting period, with the effect of any changes in estimate accounted for on a prospective basis.

Assets held under finance leases are depreciated over their expected useful lives on the same basis as owned assets. However, when there is no reasonable certainty that ownership will be obtained by the end of the lease term, assets are depreciated over the shorter of the lease term and their useful lives.

The management believes that these estimated useful lives are realistic and reflect fair approximation of the period over which the assets are likely to be used.

Estimated useful lives of the assets are as follows:

Category of assets	Useful Life (in years)
Buildings (Freehold)	60 years
Buildings (Leasehold)	Lease term or 30 years, whichever is shorter (Non cancellable with renewable clause)
Plant and Machinery	15 Years

Category of assets	Useful Life (in years)
Electrical Installation and Generators	10 Years
Medical Equipment	13 Years
Surgical Instruments	3 Years
Furnitures and Fixtures	10 Years
Vehicles	8 Years
Office Equipments	5 Years
Computers	3 Years
Servers	6 Years

An item of property, plant and equipment is derecognised upon disposal or when no future economic benefits are expected to arise from the continued use of the asset. Any gain or loss arising on the disposal or retirement of an item of property, plant and equipment is determined as the difference between the sales proceeds and the carrying amount of the asset and is recognised in profit or loss.

3.11.1 Capital work in progress

Amounts paid towards the acquisition of property, plant and equipment outstanding as of each reporting date are recognized as capital advance and the cost of property, plant and equipment not ready for intended use before such date are disclosed under capital work- in-progress.

3.12 Intangible assets

3.12.1 Intangible assets acquired separately

Intangible assets with finite useful lives that are acquired separately are carried at cost less accumulated amortisation and accumulated impairment losses. Amortisation is recognised on a straight-line basis over their estimated useful lives. The estimated useful life and amortisation method are reviewed at the end of each reporting period, with the effect of any changes in estimate being accounted for on a prospective basis. Intangible assets with indefinite useful lives that are acquired separately are carried at cost less accumulated impairment losses.

3.12.2 Intangible assets acquired in a business combination

Intangible assets acquired in a business combination and recognised separately from goodwill are initially recognised at their fair value at the acquisition date (which is regarded as their cost).

Subsequent to initial recognition, intangible assets acquired in a business combination are reported at cost less accumulated amortisation and accumulated impairment losses, on the same basis as intangible assets that are acquired separately.

3.12.3 Derecognition of intangible assets

An intangible asset is derecognised on disposal, or when no future economic benefits are expected from use or disposal. Gains or losses arising from derecognition of an intangible asset are recognised in profit or loss.

3.12.4 Useful lives of intangible assets

Estimated useful lives of the intangible assets are as follows:

Category of assets	Useful Life (in years)
Software License	3 years
Non Compete Fees	3 years
Trademarks	3 years

3.13 Review of useful life and method of depreciation

The amortisation period and method are reviewed at the end of each reporting period to check if the expected useful life of the asset changes from previous estimates, the effect of such change in estimates are accounted for prospectively.

3.14 Impairment of tangible and intangible assets other than goodwill

At the end of each reporting period, the Company reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any).

Recoverable amount is the higher of fair value less costs of disposal and value in use. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset for which the estimates of future cash flows have not been adjusted.

If the recoverable amount of an asset (or cash-generating unit) is estimated to be less than its carrying amount, the carrying amount of the asset (or cash-generating unit) is reduced to its recoverable amount. An impairment loss is recognised immediately in profit or loss.

When an impairment loss subsequently reverses, the carrying amount of the asset (or a cash-generating unit) is increased to the revised estimate of its recoverable amount, but so that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset (or cash-generating unit) in prior years. A reversal of an impairment loss is recognised immediately in profit or loss.

3.15 Inventories

Inventories of medical consumables, drugs and stores & spares are valued at lower of cost and net realizable value. Net Realizable Value represents the estimated selling price in the ordinary course of business less estimated costs of completion and estimated costs necessary to make the sale.

Cost is determined as follows:

a. ‘Medicines’ under healthcare segment is valued on First in First Out (FIFO) basis.

b. ‘Medicines’ under retail pharmacies segment is valued on weighted average rates.

c. ‘Stores and spares’ is valued on First in First Out (FIFO) basis.

d. ‘Other consumables’ is valued on First in First Out (FIFO) basis.

3.16 Provisions

Provisions are recognised when the Company has a present obligation (legal or constructive) as a result of a past event, it is probable that the Company will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at the end of the reporting period, taking into account the risks and uncertainties surrounding the obligation. When a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows (when the effect of the time value of money is material).

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, a receivable is recognised as an asset if it is virtually certain that reimbursement will be received and the amount of the receivable can be measured reliably.

3.17 Contingent liabilities acquired in a business combination

Contingent liabilities acquired in a business combination are initially measured at fair value at the acquisition date. At the end of subsequent reporting periods, such contingent liabilities are measured at the higher of the amount that would be recognised in accordance with Ind AS 37 and the amount initially recognised less cumulative amortisation recognised in accordance with Ind AS 115 Revenue from contracts with customers.

3.18 Earnings per Share

Basic earnings per share is computed by dividing the profit/(loss) after tax (including the post tax effect of exceptional items, if any) by the weighted average number of equity shares outstanding during the year.

Diluted earnings per share is computed by dividing the profit/(loss) after tax (including the post tax effect of extraordinary items, if any) as adjusted for dividend, interest and other charges to expense or income (net of any attributable taxes) relating to the dilutive potential equity shares, by the weighted average number of equity shares considered for deriving basic earnings per share and the weighted average number of equity shares which could have been issued on the conversion of all dilutive potential equity shares. Potential equity shares are deemed to be dilutive only if their conversion to equity shares would decrease the net profit per share from continuing ordinary operations. Potential dilutive equity shares are deemed to be converted as at the beginning of the period, unless they have been issued at a later date. The dilutive potential equity shares are adjusted for the proceeds receivable had the shares been actually issued at fair value (i.e. average market value of the outstanding shares). Dilutive potential equity shares are determined independently for each period presented. The number of equity shares and potentially dilutive equity shares are adjusted for share splits/reverse share splits and bonus shares, as appropriate.

3.19 Financial instruments

Financial assets and financial liabilities are recognised when a Company becomes a party to the contractual provisions of the instruments.

Financial assets and financial liabilities are initially measured at fair value. Transaction costs that are directly attributable to the acquisition or issue of financial assets and financial liabilities (other than financial assets and financial liabilities at fair value through profit or loss) are added to or deducted from the fair value of the financial assets or financial liabilities, as appropriate, on initial recognition. Transaction costs directly attributable to the acquisition of financial assets or financial liabilities at fair value through profit or loss are recognised immediately in profit or loss.

3.19.1 Financial assets

All regular way purchases or sales of financial assets are recognised and derecognised on a trade date basis. Regular way purchases or sales are purchases or sales of financial assets that require delivery of assets within the time frame established by regulation or convention in the marketplace.

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial assets.

(i) Classification of financial assets

Financial Assets that meet the following conditions are subsequently measured at amortised cost (except for debt instruments that are designated as at fair value through profit or loss on initial recognition):

- the asset is held within a business model whose objective is to hold assets in order to collect contractual cash flows; and
- the contractual terms of the instrument give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

Financial Assets that meet the following conditions are subsequently measured at fair value through other comprehensive income (FVTOCI) (except for debt instruments that are designated as at fair value through profit or loss on initial recognition):

- the asset is held within a business model whose objective is achieved both by collecting contractual cash flows and selling financial assets; and
- the contractual terms of the instrument give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

All other financial assets are subsequently measured at fair value.

Cash and Cash Equivalents

The Company considers all highly liquid financial instruments which are readily convertible into known amounts of cash that are subject to an insignificant risk of change in value and having original maturities of three months or less from the date of purchase, to be cash equivalents. Cash and Cash Equivalents consist of balances with banks which are unrestricted for withdrawal and usage. Restricted cash and bank balances are classified and disclosed as other bank balances.

(ii) Amortised Cost and Effective interest method

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts (including all fees and points paid or received that form an integral part of the effective interest rate, transaction costs and other premiums or discounts) through the expected life of the debt instrument, or, where appropriate, a shorter period, to the net carrying amount on initial recognition.

Income is recognised on an effective interest basis for debt instruments other than those financial assets classified as at FVTPL. Interest income is recognised in profit or loss and is included in the “Other income” line item.

(iii) Investments in equity instruments at FVTOCI

On initial recognition, the Company can make an irrevocable election (on an instrument-by-instrument basis) to present the subsequent changes in fair value in other comprehensive income pertaining to investments in equity instruments. This election is not permitted if the equity investment is held for trading. These elected investments are initially measured at fair value plus transaction costs. Subsequently, they are measured at fair value with gains and losses arising from changes in fair value recognised in other comprehensive income and accumulated in the ‘Reserve for equity instruments through other comprehensive income’. The cumulative gain or loss is not reclassified to profit or loss on disposal of the investments.

A financial asset is held for trading if:

- it has been acquired principally for the purpose of selling it in the near term; or
- on initial recognition it is part of a portfolio of identified financial instruments that the Company manages together and has a recent actual pattern of short-term profit-taking; or
- it is a derivative that is not designated and effective as a hedging instrument or a financial guarantee.

Dividends on these investments in equity instruments are recognised in profit or loss when the Company's right to receive the dividends is established, it is probable that the economic benefits associated with the dividend will flow to the entity, the dividend does not represent a recovery of part of cost of the investment and the amount of dividend can be measured reliably. Dividends recognised in profit or loss are included in the 'Other income' line item.

Financial assets at fair value through profit or loss (FVTPL)

Investments in equity instruments are classified as at FVTPL, unless the Company irrevocably elects on initial recognition to present subsequent changes in fair value in other comprehensive income for investments in equity instruments which are not held for trading.

Debt instruments that do not meet the amortised cost criteria or FVTOCI criteria (see above) are measured at FVTPL. In addition, debt instruments that meet the amortised cost criteria or the FVTOCI criteria but are designated as at FVTPL are measured at FVTPL.

A financial asset that meets the amortised cost criteria or debt instruments that meet the FVTOCI criteria may be designated as at FVTPL upon initial recognition if such designation eliminates or significantly reduces a measurement or recognition inconsistency that would arise from measuring assets or liabilities or recognising the gains and losses on them on different bases. The Company has not designated any debt instrument as at FVTPL.

Financial assets at FVTPL are measured at fair value at the end of each reporting period, with any gains or losses arising on Remeasurement recognised in profit or loss. The net gain or loss recognised in profit or loss incorporates any dividend or interest earned on the financial asset and is included in the 'Other income' line item. Dividend on financial assets at FVTPL is recognised when the Company's right to receive the dividends is established, it is probable that the economic benefits associated with the dividend will flow to the entity, the dividend does not represent a recovery of part of cost of the investment and the amount of dividend can be measured reliably.

Impairment of financial assets

The Company applies the expected credit loss model for recognising impairment loss on financial assets measured at amortised cost, debt instruments at FVTOCI, lease receivables, trade receivables, other contractual rights to receive cash or other financial asset, and financial guarantees not designated as at FVTPL.

For trade receivables or any contractual right to receive cash or another financial asset that result from transactions that are within the scope of Ind AS 115, the Company always measures the loss allowance at an amount equal to lifetime expected credit losses.

The impairment provisions for trade receivables is based on assumptions about risk of default and expected loss rates. The Company uses judgements in making certain assumptions and selecting inputs to determine impairment of these trade receivables, based on the Company's historical experience towards potential billing adjustments, delays and defaults at the end of each reporting period.

Derecognition of financial assets

The Company derecognises a financial asset when the contractual rights to the cash flows from the asset expire, or when it transfers the financial asset and substantially all the risks and rewards of ownership of the asset to another party. If the Company neither transfers nor retains substantially all the risks and rewards of ownership and continues to control the transferred asset, the Company recognises its retained interest in the asset and an associated liability for amounts it may have to pay. If the Company retains substantially all the risks and rewards of ownership of a transferred financial asset, the Company continues to recognise the financial asset and also recognises a collateralised borrowing for the proceeds received.

Foreign exchange gains and losses

The fair value of financial assets denominated in a foreign currency is determined in that foreign currency and translated at the spot rate at the end of each reporting period.

- For foreign currency denominated financial assets measured at amortised cost and FVTPL, the exchange differences are recognised in profit or loss except for those which are designated as hedging instruments in a hedging relationship.
- Changes in the carrying amount of investments in equity instruments at FVTOCI relating to changes in foreign currency rates are recognised in other comprehensive income.

Net gain / (loss) on foreign currency transactions and translation during the year recognised in the standalone of Profit and Loss account is presented under Other Income.

3.19.2 Financial liabilities and equity instruments

Classification as debt or equity

Debt and equity instruments issued by a Company are classified as either financial liabilities or as equity in accordance with the substance of the contractual arrangements and the definitions of a financial liability and an equity instrument.

Equity instruments

An equity instrument is any contract that evidences a residual interest in the assets of an entity after deducting all of its liabilities. Equity instruments issued by a Company are recognised at the proceeds received, net of direct issue costs.

Repurchase of the Company's own equity instruments is recognised and deducted directly in equity. No gain or loss is recognised in profit or loss on the purchase, sale, issue or cancellation of the Company's own equity instruments.

Financial liabilities

All financial liabilities are subsequently measured at amortised cost using the effective interest method or at FVTPL.

However, financial liabilities that arise when a transfer of a financial asset does not qualify for derecognition or when the continuing involvement approach applies, financial guarantee contracts issued by the Company, and commitments issued by the Company to provide a loan at below-market interest rate are measured in accordance with the specific accounting policies set out below:

Financial liabilities at FVTPL

Financial liabilities are classified as at FVTPL when the financial liability is either contingent consideration recognised by the Company as an acquirer in a business combination to which Ind AS 103 applies or is held for trading or it is designated as at FVTPL.

A financial liability is classified as held for trading if:

- it has been incurred principally for the purpose of repurchasing it in the near term; or
- on initial recognition it is part of a portfolio of identified financial instruments that the Company manages together and has a recent actual pattern of short-term profit-taking; or
- it is a derivative that is not designated and effective as a hedging instrument.

A financial liability other than a financial liability held for trading or contingent consideration recognised by the Company as an acquirer in a business combination to which Ind AS 103 applies, may be designated as at FVTPL upon initial recognition if:

- such designation eliminates or significantly reduces a measurement or recognition inconsistency that would otherwise arise;
- the financial liability forms part of a Company of financial assets or financial liabilities or both, which is managed and its performance is evaluated on a fair value basis, in accordance with the Company's documented risk management or investment strategy, and information about the grouping is provided internally on that basis; or
- it forms part of a contract containing one or more embedded derivatives, and Ind AS 109 permits the entire combined contract to be designated as at FVTPL in accordance with Ind AS 109.

Financial liabilities at FVTPL are stated at fair value, with any gains or losses arising on Remeasurement recognised in profit or loss. The net gain or loss recognised in profit or loss incorporates any interest paid on the financial liability and is included in the 'Other income' line item.

However, for not-held-for-trading financial liabilities that are designated as at FVTPL, the amount of change in the fair value of the financial liability that is attributable to changes in the credit risk of that liability is recognised in other comprehensive income, unless the recognition of the effects of changes in the liability's credit risk in other comprehensive income would create or enlarge an accounting mismatch in profit or loss, in which case these effects of changes in credit risk are recognised in profit or loss. The remaining amount of change in the fair value of liability is always recognised in profit or loss. Changes in fair value attributable to a financial liability's credit risk that are recognised in other comprehensive income are reflected immediately in retained earnings and are not subsequently reclassified to profit or loss.

Gains or losses on financial guarantee contracts and loan commitments issued by the Company that are designated by the Company as at fair value through profit or loss are recognised in profit or loss.

Financial liabilities subsequently measured at amortised cost

Financial liabilities that are not held-for-trading and are not designated as at FVTPL are measured at amortised cost at the end of subsequent accounting periods. The carrying amounts of financial liabilities that are subsequently measured at amortised cost are determined based on the effective interest method. Interest expense that is not capitalised as part of costs of an asset is included in the 'Finance costs' line item.

The effective interest method is a method of calculating the amortised cost of a financial liability and of allocating interest expense over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash payments (including all fees and points paid or received that form an integral part of the effective interest rate, transaction costs and other premiums or discounts) through the expected life of the financial liability, or (where appropriate) a shorter period, to the net carrying amount on initial recognition.

Financial guarantee contracts

A financial guarantee contract is a contract that requires the issuer to make specified payments to reimburse the holder for a loss it incurs because a specified debtor fails to make payments when due in accordance with the terms of a debt instrument.

Financial guarantee contracts issued by a Company are initially measured at their fair values and, if not designated as at FVTPL, are subsequently measured at the higher of:

- the amount of loss allowance determined in accordance with impairment requirements of Ind AS 109; and
- the amount initially recognised less, when appropriate, the cumulative amount of income recognised in accordance with the principles of Ind AS 18.

Derecognition of financial liabilities

The Company derecognises financial liabilities when, and only when, the Company's obligations are discharged, cancelled or have expired. An exchange with a lender of debt instruments with substantially different terms is accounted for as an extinguishment of the original financial liability and the recognition of a new financial liability. Similarly, a substantial modification of the terms of an existing financial liability is accounted for as an extinguishment of the original financial liability and the recognition of a new financial liability. The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable is recognised in profit or loss.

3.19.3 Derivative financial instruments

The Company enters into a variety of derivative financial instruments to manage its exposure to interest rate and foreign exchange rate risks, including interest rate swaps and cross currency swaps.

Derivatives are initially recognised at fair value at the date the derivative contracts are entered into and are subsequently remeasured to their fair value at the end of each reporting period. Derivatives are carried as financial assets when the fair value is positive and as financial liabilities when the fair value is negative.

3.20 Segment Reporting

The Company uses the management approach for reporting information about segments in annual financial statements. The management approach is based on the way the Chief Operating Decision maker organises segment within a company for making a operating decisions and assessing performance. Reportable segments are based on services, geography , legal structure, management structure and any other manner in which management disaggregates a company. Based on the management approach model the Company has determined that's its business model is comprised of Healthcare services & Retail Pharmacy.

3.21 Non Current Asset Held for Sale

The company classifies non-current assets held for sale if their carrying amounts will be principally recovered through a sale rather than through continuing use of assets and action required to complete such sale indicate that it is unlikely that significant changes to the plan to sell will be made or that the decision to sell will be withdrawn. Also, such assets are classified as held for sale only if the management expects to complete the sale within one year from the date of classification.

Non-current assets held for sale are measured at the lower of carrying amount and the fair value less cost to sell. Non-current assets are not depreciated or amortised.

3.22 Government Grants

Government grants are not recognised until there is reasonable assurance that the Company will comply with the conditions attaching to them and that the grants will be received.

Government grants are recognised in profit or loss on a systematic basis over the periods in which the Company recognises as expenses the related costs for which the grants are intended to compensate. Specifically, government grants whose primary condition is that the Company should purchase, construct or otherwise acquire non-current assets are recognised as deferred revenue in the standalone balance sheet and transferred to profit or loss on a systematic and rational basis over the useful lives of the related assets.

Government grants that are receivable as compensation for expenses or losses already incurred or for the purpose of giving immediate financial support to the Company with no future related costs are recognised in profit or loss in the period in which they become receivable.

Government grants are recognised in profit or loss on a systematic basis over the periods in which the Company recognises as expenses the related costs for which the grants are intended to compensate. Specifically, government grants whose primary condition is that the Company should purchase, construct or otherwise acquire non-current assets are recognised as deferred revenue in the standalone balance sheet and transferred to profit or loss on a systematic and rational basis over the useful lives of the related assets.

3.23 Dividend

Dividend proposed or declared after the balance sheet date are not recognised as a liability at the balance sheet date. It is provided upon approval of shareholders.

3.24 Operating Cycle

Based on the nature of products / activities of the Company and the normal time between acquisition of assets and their realisation in cash or cash equivalents, the Company has determined its operating cycle as 12 months for the purpose of classification of its assets and liabilities as current and non-current

4 Critical accounting judgements and key sources of estimation uncertainty

The preparation of these financial statements in conformity with recognition and measurement principles of IND AS requires the management of the company to make estimates and assumptions that affect the reported balances of assets and liabilities, disclosures relating to contingent liabilities as at the date of the financial statements and the reported amount of income and expenses for the periods presented.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

4.1 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period that may cause a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

4.1.1 Impairment of goodwill

Determining whether goodwill is impaired requires an estimation of the value in use of the cash-generating units to which goodwill has been allocated. The value in use calculation requires the directors to estimate the future cash flows expected to arise from the cash-generating unit and a suitable discount rate in order to calculate present value. Where the actual future cash flows are less than expected, a material impairment loss may arise.

4.1.2 Impairment of Financial Assets

The impairment provisions for trade receivables is based on assumptions about risk of default and expected loss rates. The Company uses judgements in making certain assumptions and selecting inputs to determine impairment of these trade receivables, based on the Company's historical experience towards potential billing adjustments, delays and defaults at the end of each reporting period.

4.1.3 Impairment of investments in subsidiaries, associates and joint ventures:

The Company conducts impairment reviews of investments in subsidiaries / associates / joint arrangements whenever events or changes in circumstances indicate that their carrying amounts may not be recoverable or tests for impairment annually. Determining whether an asset is impaired requires an estimation of the recoverable amount, which requires the Company to estimate the value in use which base on future cash flows and suitable discount rate in order to calculate the present value.

4.1.4 Fair value measurements and valuation processes

Some of the Company's assets and liabilities are measured at fair value for financial reporting purposes. The business acquisitions made by the company are also accounted at fair values.

In estimating the fair value of an asset or a liability, the Company uses market-observable data to the extent it is available. Where Level 1 inputs are not available, the Company engages third party qualified valuer to perform the valuation. The management works closely with the qualified external valuer to establish the appropriate valuation techniques and inputs to the model. The Chief Financial Officer reports the findings to the board of directors of the Company every quarter to explain the cause of fluctuations in the fair value of the assets and liabilities.

4.1.5 Employee Benefits - Defined benefit obligations

The cost of defined benefit plans are determined using actuarial valuations. The actuarial valuation involves making assumptions about discount rates, expected rates of return on assets, future salary increases, mortality rates and future pension increases.

4.1.6 Litigations

The amount recognised as a provision shall be the management's best estimate of the expenditure required to settle the present obligation arising at the reporting period.

4.1.7 Revenue Recognition

The Company's contracts with customers could include promises to render multiple services to a customer. The Company assesses the services promised in a contract and identifies distinct performance obligations in the contract. Identification of distinct performance obligation involves judgement to determine the deliverables and the ability of the customer to benefit independently from such deliverables.

Judgement is applied in the assessment of principal versus agent considerations with respect to contracts with customers and doctors which is determined based on the substance of the arrangement.

Judgement is also applied to determine the transaction price of the contract. The transaction price shall include a fixed amount of customer consideration and components of variable consideration which constitutes amounts payable to customer, discounts, commissions, disallowances and redemption patterns of loyalty points by the customers. The estimated amount of variable consideration is adjusted in the transaction price only to the extent that it is highly probable that a significant reversal in the amount of cumulative revenue recognised will not occur and is reassessed at the end of each reporting period.

4.1.8 Useful lives of property plant and equipment

The Company reviews the useful life of property plant and equipment at the end of each reporting period. This reassessment may result in depreciation expense in future periods.

4.1.9 Point of Capitalisation

Management has set in parameters in respect of its medical Equipments specific to the stability and reaching the contractual availability goals. The Property, plant & equipment shall be capitalised upon reaching these parameters at which stage the asset is brought to the location and condition necessary for it to be capable of operating in the manner intended by management

4.1.10 Impairment of Non - Financial Assets

Determining whether the asset is impaired requires to assess the recoverable amount of the asset or Cash Generating Unit (CGU) which is compared to the carrying amount of the asset or CGU, as applicable. Recoverable amount is the higher of fair value less costs of disposal and value in use. Where the carrying amount of an asset or CGU exceeds the recoverable amount, the asset is considered impaired and is written down to its recoverable amount.

5 Property, Plant and Equipment and Capital Work-in-Progress

Particulars	As at March 31, 2019	As at March 31, 2018
Land	3,714.64	2,624.23
Buildings	11,807.27	11,861.07
Leasehold Improvements	6,427.47	5,717.97
Plant and Equipment	3,270.50	3,480.73
Medical Equipment & Surgical Instruments	9,708.96	9,322.30
Furniture and Fixtures	2,742.05	2,517.29
Office equipment	215.81	233.59
Computers	278.19	226.71
Vehicles	282.83	317.37
	38,447.72	**36,301.26**
5.1 Capital Work-in-progress (Refer note iv)	8,188.10	6,983.04
Total	**46,635.82**	**43,284.30**

Gross Block

Particulars	Land	Buildings	Leasehold Improvements	Plant and Machinery*	Medical Equipment & Surgical Instruments	Furniture and Fixtures	Office equipment	Computers#	Vehicles	Total
Balance at April 1, 2017	2,333.29	11,808.95	6,325.88	5,052.97	10,448.43	2,921.03	508.25	887.54	667.69	40,954.03
Additions	290.94	730.02	109.13	382.82	1,647.26	677.47	74.39	123.28	28.62	4,063.93
Disposals/ Deletions	-	-	(0.37)	(15.23)	(4.96)	(76.82)	(1.92)	(10.99)	(13.95)	(124.24)
Balance at March 31, 2018	2,624.23	12,538.97	6,434.64	5,420.56	12,090.73	3,521.68	580.72	999.83	682.36	44,893.72
Additions	1,090.41	221.35	896.96	210.80	1,706.87	626.55	56.84	171.94	31.74	5,013.46
Disposals/ Deletions	-	-	-	(19.98)	(23.64)	(43.86)	(5.17)	(12.98)	(6.76)	(112.39)
Balance at March 31, 2019	3,714.64	12,760.32	7,331.60	5,611.38	13,773.96	4,104.37	632.39	1,158.79	707.34	49,794.79

Accumulated depreciation & amortisation

Particulars	Land	Buildings	Leasehold Improvements	Plant and Equipment*	Medical Equipment & Surgical Instruments	Furniture and Fixtures	Office equipment	Computers#	Vehicles	Total
Balance at April 1, 2017	-	404.94	604.85	1,519.88	1,715.81	647.64	276.34	634.83	306.42	6,110.71
Disposals/ Deletions		(11.91)	-	(8.42)	(4.48)	(25.61)	(1.78)	(10.69)	(9.75)	(72.64)
Depreciation expense		284.87	111.82	428.37	1,057.10	382.36	72.57	148.98	68.32	2,554.39
Balance at March 31, 2018	-	677.90	716.67	1,939.83	2,768.43	1,004.39	347.13	773.12	364.99	8,592.46
Disposals/ Deletions	-	(5.53)	-	(13.06)	(12.59)	(22.81)	(5.10)	(12.16)	(5.08)	(76.33)
Depreciation expense	-	280.68	187.46	414.11	1,309.16	380.74	74.55	119.64	64.60	2,830.94
Balance at March 31, 2019	-	953.05	904.13	2,340.88	4,065.00	1,362.32	416.58	880.60	424.51	11,347.07
Carrying amount as on March 31, 2018	2,624.23	11,861.07	5,717.97	3,480.73	9,322.30	2,517.29	233.59	226.71	317.37	36,301.26
Carrying amount as on March 31, 2019	3,714.64	11,807.27	6,427.47	3,270.50	9,708.96	2,742.05	215.81	278.19	282.83	38,447.72

* Includes electrical installation and generators

\# includes servers

Notes:

(i) Refer note 19.1 for information on Property, plant & equipment pledges as security by the company for securing financing facilities from banks and financial institutions.

(ii) Refer note 45 for the contractual capital commitments for purchase of Property, plant & equipment.

(iii) Refer note 31 for details of interest capitalised during the year under capital work-in-progress.

(iv) Capital work in progress includes Rs. 47.26 million in respect of land allotted by Andhra Pradesh Industrial Infrastructure Corporation, which is yet to be registered in the name of the Company as at March 31, 2019.

Notes to the Standalone financial statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

6. Goodwill

Particulars	As at March 31, 2019	As at March 31, 2018
Cost/deemed cost	948.30	948.30
Accumulated impairment losses	-	-
Total	**948.30**	**948.30**

(i) Allocation of goodwill to cash generating units:

Goodwill has been allocated for impairment testing purposes to the following cash-generating unit.

Cash generating units	As at March 31, 2019	As at March 31, 2018
Standalone Pharmacy	948.30	948.30
Total	**948.30**	**948.30**

(ii) Key assumptions used for value-in-use calculations

The Company tests whether goodwill has suffered any impairment on an annual basis. The recoverable amount of a Cash Generating Unit (CGU) is determined based on value-in-use calculations which uses cash flow projections based on financial budgets approved by management covering a period of 5 years as the Company believes this to be the most appropriate time scale for reviewing and considering annual performance before applying a fixed terminal value multiple to the final cash flows.

Key Assumptions	Standalone Pharmacy
Discount Rate	13.50%
Long term Growth Rate (used for determining Terminal Value)	6%

Estimated Operating Margins- The cash flow projections takes into account past experience and represents the management's best estimates about future developments.

Discount Rate- Management estimates discount rates using pre-tax rates that reflect current market assessments of the risks specific to the CGU, taking into consideration the time value of money and individual risk of the underlying asset that have not been incorporated in the cash flow estimates. The discount rate calculation is based on the specific circumstances of the Company and its operating segments and is derived from its weighted average cost of the capital (WACC)

Long term Growth Rates - The growth rates are based on the industry growth forecasts. Management determines the budgeted growth rate based on past performance and its expectation on its market development. The weighted average growth rate used were consistent with industry reports.

Based on the assessment, the management has concluded that there is no impairment of goodwill in respect of Standalone Pharmacy. The management believes that any reasonably possible further change in key assumptions on which recoverable amount is based would not cause the carrying amount to exceed its recoverable amount.

7. Intangible Assets

Particulars	As at March 31, 2019	As at March 31, 2018
Software licence	302.06	362.44
Trade Mark	-	2.29
Non Compete Fee	-	0.83
Total	**302.06**	**365.56**

Particulars	Software licence	Trade Mark	Non Compete Fee	Total
Gross Block				
Balance at April 1, 2017	488.12	58.40	21.10	567.62
Additions	323.53	-	-	323.53
Disposals/ Deletions	(0.03)	-	-	(0.03)
Balance at March 31, 2018	811.62	58.40	21.10	891.12
Additions	104.56	-	-	104.56
Disposals/ Deletions		-	-	-
Balance at March 31, 2019	916.18	58.40	21.10	995.68
Accumulated depreciation & amortisation				
Balance at April 1, 2017	310.01	36.66	13.24	359.91
Amortisation expense	139.17	19.45	7.03	165.65
Disposals/ Deletions	-	-	-	-
Balance at March 31, 2018	449.18	56.11	20.27	525.56
Amortisation expense	164.94	2.29	0.83	168.06
Disposals/ Deletions		-	-	-
Balance at March 31, 2019	614.12	58.40	21.10	693.62
Carrying amount as on March 31, 2018	362.44	2.29	0.83	365.56
Carrying amount as on March 31, 2019	302.06	-	-	302.06

8. Investments

Cash generating units	31st March, 2019		31st March, 2018	
	Non Current	Current	Non Current	Current
Investment carried at Cost				
Investment in Equity instruments	10,246.45	-	8,501.35	-
Investments in preference shares	426.40	-	426.40	-
Investment carried at Fair Value through Profit and Loss				
Mutual Funds	-	125.65	-	20.06
Other Investments	53.84	-	54.53	-
Future Parking Private Limited (Refer Foot note 1)	0.39	-	0.39	
Total	10,727.08	125.65	8,982.67	20.06
Refer note 43 for information and disclosure in respect of fair value measurements.				
Aggregate amount of quoted investments	393.72	-	393.72	-
Market Value for quoted investments	774.31	-	975.21	-
Aggregate amount of unquoted investments	10,333.36	125.65	8,588.95	20.06

Refer note 43 for information and disclosure in respect of fair value measurements.

Foot note 1:

This is on account of measurement of financial guarantee contract extended by the company on behalf of Future Parking Private Limited, its subsidiary company in favour of ICICI Bank for securing credit facilities.

Notes to the Standalone financial statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

8.1 Non Current Investments

Name of the Body Corporate	Subsidiary/ Associate/ JV/ Controlled entity/ Others	Face Value	No. of Shares/ Units as at March 31, 2019	No. of Shares/ Units as at March 31, 2018	Quoted/ Unquoted	Fully paid/ Partly paid	Amount as at March 31, 2019	Amount as at March 31, 2018
Investment carried at Cost								
(a) Investment in Equity instruments								
Apollo Home Healthcare (I) Limited	Subsidiary	10	29,823,012	29,823,012	Unquoted	Fully Paid	297.40	297.40
Apollo Home Health Care Limited	Subsidiary	10	9,687,500	7,187,500	Unquoted	Fully Paid	125.00	100.00
AB Medical Centres Limited	Subsidiary	1,000	16,800	16,800	Unquoted	Fully Paid	21.80	21.80
Samudra Health Care Enterprises Limited	Subsidiary	10	12,500,000	12,500,000	Unquoted	Fully Paid	250.60	250.60
Imperial Hospitals & Research Centre Limited	Subsidiary	10	26,950,496	26,950,496	Unquoted	Fully Paid	1,272.62	1,272.62
Apollo Hospitals (UK) Limited	Subsidiary	1£	5,000	5,000	Unquoted	Fully Paid	0.39	0.39
Apollo Health & Lifestyle Limited	Subsidiary	10	81,236,443	75,239,798	Unquoted	Fully Paid	3,839.84	3,039.84
Apollo Nellore Hospital Limited	Subsidiary	10	1,109,842	1,109,842	Unquoted	Fully Paid	53.96	53.96
Sapien Biosciences Private Ltd	Subsidiary	10	10,000	10,000	Unquoted	Fully Paid	0.10	0.10
Apollo Home Health Care Limited (compulsory convertible debenture)	Subsidiary	10	72,000,000	97,000,000	Unquoted	Fully Paid	72.00	97.00
Apollo Hospitals International Limited	Subsidiary	10	22,840,266	22,840,266	Unquoted	Fully Paid	480.44	480.44
Western Hospital Corporation Private Limited	Subsidiary	10	18,000,000	18,000,000	Unquoted	Fully Paid	153.66	153.66
Apollo Lavasa Health Corporation Limited	Subsidiary	10	652,393	652,393	Unquoted	Fully Paid	312.20	312.20
Assam Hospitals Limited	Subsidiary	10	52,53433	4,299,233	Unquoted	Fully Paid	699.49	664.74
Apollo Health Care Technology Solution Limited	Subsidiary	10	20,000	20,000	Unquoted	Fully Paid	0.20	0.20
Apollo Rajshree Hospitals Private Limited	Subsidiary	10	10,754,375	10,754,375	Unquoted	Fully Paid	327.36	327.36
Future Parking Private Limited	Subsidiary	10	2,401,000	2,401,000	Unquoted	Fully Paid	24.01	24.01
Total Health	Subsidiary	10	500,000	500,000	Unquoted	Fully Paid	5.00	5.00
Apollo Medicals Private Limited	Subsidiary	10	9,999	-	Unquoted	Fully Paid	0.10	-
Apollo Hospitals Singapore Pte Limited	Subsidiary	1$	30,001	30,001	Unquoted	Fully Paid	1.45	1.45
Total							**7,937.62**	**7,102.77**

Name of the Body Corporate	Subsidiary/ Associate/ JV/ Controlled entity/ Others	Face Value	No. of Shares/ Units as at March 31, 2019	No. of Shares/ Units as at March 31, 2018	Quoted/ Unquoted	Fully paid/ Partly paid	Amount as at March 31, 2019	Amount as at March 31, 2018
Apollo Munich Health Insurance Company Limited	Associate	10	35,709,000	35,709,000	Unquoted	Fully Paid	357.09	357.09
Family Health Plan Insurance (TPA) Limited	Associate	10	1,960,000	1,960,000	Unquoted	Fully Paid	4.90	4.90
Indraprastha Medical Corporation Limited	Associate	10	20,190,740	20,190,740	Quoted	Fully Paid	393.72	393.72
Stemcyte India Therapeutics Private Limited	Associate	1	240,196	240,196	Unquoted	Fully Paid	80.00	80.00
Total							**835.71**	**835.71**
ApoKos Rehab Private Limited	Joint Venture	10	8,475,000	8,475,000	Unquoted	Fully Paid	84.75	84.75
Apollo Gleneagles Hospitals Limited	Joint Venture	10	54,675,697	54,675,697	Unquoted	Fully Paid	393.12	393.12
Apollo Gleneagles Hospitals PET CT Private Limited	Joint Venture	10	8,500,000	8,500,000	Unquoted	Fully Paid	85.00	85.00
Medics International Life Sciences Limited	Joint Venture	10	55,000,000	-	Unquoted	Fully Paid	910.25	-
Total							**1,473.12**	**562.87**
Grand Total							**10,246.45**	**8,501.35**

Name of the Body corporate	Subsidiary/ associate/ JV/ Controlled entity/ Others	Face Value	No. of Shares/Units as at March 31,2019	No. of Shares/Units as at March 31,2018	Quoted/ Unquoted	Fully paid/ Partly paid	Amount as at March 31,2019	Amount as at March 31,2018
Investment carried at Fair Value through Profit and Loss								
(b) Other Investments								
Health Super Hiway Private Limited	Others	54.1	406,514	406,514	Unquoted	Fully Paid	16.27	16.27
Kurnool Hospitals Enterprise Limited	Others	10	157,500	157,500	Unquoted	Fully Paid	1.73	1.73
Clover Energy Private Limited	Others	10	1,659,250	1,659,250	Unquoted	Fully Paid	14.16	14.16
Leap Green Energy Private Limited	Others	10	97,600	97,600	Unquoted	Fully Paid	1.43	1.43
Tirunelveli Vayu Energy Generation Private Limited	Others	1,000	36	36	Unquoted	Fully Paid	13.61	13.61
Iris Ecopower Venture Private Limited	Others	10	70,000	70,000	Unquoted	Fully Paid	1.11	1.11

Notes to the Standalone financial statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

Name of the Body corporate	Subsidiary/ associate/ JV/ Controlled entity/ Others	Face Value	No. of Shares/Units as at March 31,2019	No. of Shares/Units as at March 31,2018	Quoted/ Unquoted	Fully paid/ Partly paid	Amount as at March 31,2019	Amount as at March 31,2018
VMA Wind Energy India Private Limited	Others	10	130,000	130,000	Unquoted	Fully Paid	0.60	1.30
Array Land Developers Private Limited	Others	10	50,000	50,000	Unquoted	Fully Paid	0.50	0.50
Morgan securities & credit private limited	Others	10	5,000	5,000	Unquoted	Fully Paid	0.05	0.05
Citron ECO power private Limited	Others	10	436,125	436,125	Unquoted	Fully Paid	4.36	4.36
Total							53.82	54.51
Guarantee								
Future Parking Private Limited	Others					Fully paid	0.39	0.39

Name of the Body corporate	Subsidiary/ associate/ JV/ Controlled entity/ Others	Face Value	No. of Shares/ Units as at March 31,2019	No. of Shares/Units as at March 31,2018	Quoted/ Unquoted	Fully paid/ Partly paid	Amount as at March 31,2019	Amount as at March 31,2018
Investments in Government or Trust securities								
National Savings Certificate - Unquoted	Others					Fully paid	0.02	0.02

Name of the Body corporate	Subsidiary/ Associate/JV/ Controlled entity/Others	Face Value	No. of Shares/Units as at March 31, 2019	No. of Shares/Units as at March 31, 2018	Quoted/ Unquoted	Fully paid/ Partly paid	Amount as at March 31, 2019	Amount as at March 31, 2018
Investments in Debentures and Preference Shares								
Apollo Hospitals International Limited	Subsidiary	10	1,104,000	1,104,000	Unquoted	Fully Paid	110.40	110.40
Future Parking Private Limited	Subsidiary	10	2,100,000	2,100,000	Unquoted	Fully Paid	210.00	210.00
Apollo Munich Health Insurance Company Limited	Associate	1,000,000	80	80	Unquoted	Fully Paid	80.00	80.00

Name of the Body corporate	Subsidiary/ Associate/JV/ Controlled entity/Others	Face Value	No. of Shares/Units as at March 31, 2019	No. of Shares/Units as at March 31, 2018	Quoted/ Unquoted	Fully paid/ Partly paid	Amount as at March 31, 2019	Amount as at March 31, 2018
Sapien Biosciences Private Limited	Subsidiary	100,000	2,600,000	2,600,000	Unquoted	Fully Paid	26.00	26.00
Total							**426.40**	**426.40**

8.2 Details of Current Investments

Name of the Body Corporate	Face value	No.of Shares/ Units March 31,2019	No.of Shares/ Units March 31,2018	Quoted / Unquoted	Partly Paid / Fully paid	Amount as at March 31, 2019	Amount as at March 31, 2018
Investments in Mutual Funds							
Canara Robeco Short Term Fund - Reg - Growth	10	174,838	-	Unquoted	Fully paid	5.11	-
DHFL Pramerica Insta Cash Fund - Growth	10	415,197	-	Unquoted	Fully paid	100.48	-
HDFC Debt Fund for Cancer Cure 2014 - Reg - 100% Dividend Donation	10	2,000,000	2,000,000	Unquoted	Fully paid	20.06	20.06
Total						125.65	20.06

9. Loans - Non Current

Particulars	As at March 31, 2019	As at March 31, 2018
Carried at amortised cost		
Loans to Related Party (Refer note i)	195.92	-
Total	195.92	-

Note:

i) The Company has extended unsecured loan to Western Hospitals Corporation Private Limited, Apollo Shine Foundation and Apollo Lifetime Wellness Rx International Limited bearing a interest of 10% p.a.

Terms of repayment:

- Loans provided to Western Hospitals Corporation Private Limited will be repayable within a period of 5 years
- Loans provided to Apollo Shine Foundation will be repayable in 5 equal annual installments
- Loans provided to Apollo Lifetime Wellness Rx International Limited will be repayable in 5 equal annual installments

10 Loans - Current

Particulars	As at March 31, 2019	As at March 31, 2018
Carried at amortised cost		
Loans to Others	80.00	-
Total	80.00	-

11 Trade Receivables

Particulars	As at March 31, 2019		As at March 31, 2018	
	Non Current	Current	Non Current	Current
(a) Secured - Considered Good	-	-	-	-
(b) Unsecured - Considered Good	-	9,844.76	-	8,118.89
Less: Expected Credit Loss on (a) & (b)	-	(751.58)		(619.53)
(c) Trade Receivables - credit impaired (unsecured)	-	572.78	-	351.67
Less: Expected Credit Loss on (c)	-	(572.78)	-	(351.67)
Total	**-**	**9,093.18**	**-**	**7,499.36**

Trade receivables represent the amount outstanding on sale of pharmaceutical products, hospital services and project consultancy fees which are considered as good by the management.

Majority of the Company's transactions are earned in cash or cash equivalents. The trade receivables comprise mainly of receivables from Insurance Companies, Corporate customers and Government Undertakings (both domestic and international).

Average credit Period

The average credit period on sales of services is 30-60 days from the date of the invoice.

Customer Concentration

No single customer represents 10% or more of the company's total revenue during the year ended March 31, 2019 and March 31, 2018. Therefore the customer concentration risk is limited due to the large and unrelated customer base.

Impairment Methodology

The Company has used a practical expedient by computing the expected credit loss allowance for receivables . The provision matrix takes into account historical credit loss experience and is adjusted for forward looking information. The expected credit loss allowance is based on the ageing of the days the receivables are due and the rates as given in the provision matrix.

The provision matrix at the end of the reporting period for healthcare segment is as follows:

Age	As at March 31, 2019	As at March 31, 2018
Less than 6 months	0.00%	0.00%
6 months to 1 year	12.50%	12.50%
1 to 2 years	30.00%	30.00%
2 to 3 years	50.00%	50.00%
>3 years	100.00%	100.00%

The provision matrix at the end of the reporting period for pharmacy division is as follows:

Particulars	As at March 31, 2019	As at March 31, 2018
Less than 60 days	0.21%	1.51%
60 days to 6 months	0.78%	2.07%
6 months to 1 year	13.48%	18.31%
1 to 2 years	46.14%	64.21%
2 to 3 years	86.22%	92.68%
>3 years	100.00%	100.00%

Movement in the expected credit loss allowance

Particulars	As at March 31, 2019	As at March 31, 2018
Balance at beginning of the year	971.20	512.50
Movement in expected credit loss allowance (including provision for disallowance)	353.16	458.70
Balance at end of the year	**1,324.36**	**971.20**

Refer note 42.1 for the receivable from related parties

Refer note 19.1 for the receivables provided as security against borrowings

12 Other Financial Assets

(Unsecured, considered good unless otherwise stated)

	Particulars	As at March 31,2019		As at March 31,2018	
		Non Current	Current	Non Current	Current
(a)	Operating lease receivables	-	4.48	-	2.54
(b)	Other Receivables (Refer note i below)		513.38	-	1,691.19
(c)	Interest receivable	-	65.56	-	144.88
(d)	Security Deposits	1,819.55	-	1,827.64	157.79
(e)	Advances for Investments	-	-	37.63	-
(f)	Advances to Employees	-	127.73	-	147.42
(g)	Unbilled Receivable (Refer note ii)		573.18	-	576.16
(h)	Finance Lease Receivable (Refer note 12.1)	4.54	-	4.54	-
(i)	Fair Value of Derivative financial instruments	288.20	-	285.85	-
	Total	**2,112.29**	**1,284.33**	**2,155.66**	**2,719.98**

Note: (i) Refer note 42.1 in respect of advances extended to related parties.

(ii) Considered as financial asset as the Company has unconditional right to receive consideration in exchange services rendered only by passage of time.

12.1 Leasing arrangements

The Company entered into finance lease arrangements with Apollo Hospitals Education and Research Foundation (AHERF) for its Building in Hyderabad. The lease is denominated in Indian Rupees. The average term of finance lease entered into is 99 years.

Notes to the Standalone financial statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

12.2 Amounts receivable under finance leases

Particulars	Minimum lease payments		Present value of minimum lease payments	
	As at March 31, 2019	As at March 31, 2018	As at March 31, 2019	As at March 31, 2018
Not later than one year	0.54	0.54	0.00	0.00
Later than one year and not later than five years	2.18	2.18	0.00	0.00
Later than five years	47.07	48.17	4.54	4.54
Less: unearned finance income	42.53	46.35	-	-
Present value of minimum lease payments receivable	4.54	4.54	4.54	4.54

The interest rate inherent in the leases is considered as the average incremental borrowing rate which is approximately 12% per annum

13. Inventories

Inventories (lower of cost and net realisable value)

	Particulars	As at March 31, 2019	As at March 31, 2018
(a)	Medicines	5,251.11	5,033.44
(b)	Stores and Spares	260.56	227.81
(c)	Other Consumables	99.79	125.58
	Total	**5,611.46**	**5,386.82**

14. Cash and Cash Equivalents

For the purposes of the statement of cash flows, cash and cash equivalents include cash on hand and in banks. Cash and cash equivalents at the end of the reporting period as shown in the statement of cash flows can be reconciled to the related items in the balance sheet as follows:

	Particulars	As at March 31,2019	As at March 31,2018
(a)	Balances with Banks (including deposits with original maturity upto 3 months)		
	(i) In Current Accounts	1,842.12	2,304.46
	(ii) In Deposit Accounts	0.02	0.02
(b)	Cash on hand	347.42	164.90
	Total	**2,189.56**	**2,469.38**

15. Bank balances other than above

	Particulars	As at March 31,2019	As at March 31,2018
(a)	Unpaid Dividend Accounts	34.77	33.96
(b)	Term deposits held as margin money	552.24	442.26
	Total	**587.01**	**476.22**

16. Other Assets

	Particulars	As at March 31, 2019		As at March 31, 2018	
		Non Current	Current	Non Current	Current
(a)	Capital Advances	397.50		541.83	
(b)	Advance to suppliers	-	575.17	-	778.76
(c)	Prepaid Expenses	265.83	471.99	-	447.71
(d)	Balances with Statutory Authorities (Refer Note (i))	298.30	-	259.90	-
(e)	Prepayment towards leasehold land (Refer Note (ii))	630.71	11.87	654.45	-
	Total	1,592.34	1,059.03	1,456.17	1,226.47

Note (i) : Refer note 46 (iii) for amounts deposited with the statutory authorities in respect of disputed dues.

Note (ii): Includes ₹ 603.65 million (Previous year ₹615.52 million) being the upfront lease premium paid to the City and Industrial Development Corporation of Maharashtra Limited ("CIDCO") by the Company for granting a leasehold right for a period of 60 years to use the allotted land for developing a multi speciality hospital at Navi Mumbai.

17. Equity Share Capital

Particulars	As at March 31, 2019	As at March 31, 2018
Authorised Share capital :		
200,000,000 (2017-18 : 200,000,000) Equity Shares of ₹5/- each	1,000	1,000
1,000,000 (2017-18 : 1,000,000) Preference Shares of ₹100/- each	100	100
Issued		
139,658,177 (2017-18: 139,658,177) Equity shares of ₹5/- each	698.29	698.29
Subscribed and Paid up capital comprises:		
139,125,159 fully paid equity shares of ₹5 each (as at March 31, 2018: 139,125,159	695.63	695.63
Total	695.63	695.63

17.1 Fully Paid Equity Shares

Particulars	Number of shares	Share capital (Amount)
Balance at April 1, 2018	**139,125,159**	**695.63**
Movement	-	-
Balance at March 31, 2019	**139,125,159**	**695.63**

The Company has equity shares having a nominal value of ₹5 each. Accordingly, all equity shares rank equally with regard to dividend and share in the Company's residual assets. Each holder of equity shares is entitled to one vote per share. The equity shares are entitled to receive dividend as declared from time to time. The dividend proposed by the Board of Directors is subject to the approval of the shareholders in the ensuing Annual General Meeting. In the event of liquidation of the Company, the holders of equity shares will be entitled to receive remaining assets of the Company, after distribution of all preferential amounts. The distribution will be in proportion to the number of equity shares held by shareholders.

17.2 Details of shares held by each shareholder holding more than 5% shares

Particulars	As at March 31, 2019		As at March 31, 2018	
	Number of Shares held	% holding of equity shares	Number of Shares held	% holding of equity shares
Fully paid equity shares				
PCR Investments Limited	27,223,124	19.57	27,223,124	19.57
Life Insurance Corporation of India	7,900,314	5.68	-	-
Oppenheimer Developing Markets Fund	-	-	11,818,039	8.49

The company had issued 9,000,000 Global Depository Receipts of ₹10 (now 18,000,000 Global Depository Receipts of ₹5 each) with two-way fungibility during the year 2005-06. Total GDRs converted into underlying Equity shares for the year ended on March 31, 2019 is 295,009 (2017-18: 762,690) of ₹5 each and total Equity shares converted back to GDR for the year ended March 31, 2019 is 1,850 (2017-18: 83,784) of ₹5 each.

18. Other equity

Particulars	Note	As at March 31,2019	As at March 31,2018
General reserve	18.1	11,256.85	11,256.85
Securities premium reserve	18.2	17,138.52	17,138.52
Capital Reserves	18.3	18.26	18.26
Retained earnings	18.4	9,396.17	7,205.83
Capital redemption reserve	18.5	60.02	60.02
Debenture redemption reserve	18.6	1,750.00	1,750.00
Other comprehensive income	18.7	(788.19)	(497.00)
IND AS Transition reserve		(693.11)	(693.11)
Balance at the end of the year		**38,138.53**	**36,239.36**

18.1 General reserve

Particulars	As at March 31, 2019	As at March 31, 2018
Balance at beginning of year	**11,256.85**	**11,256.85**
Transfer from Profit and Loss	-	-
Balance at the end of the year	**11,256.85**	**11,256.85**

The general reserve is used from time to time to transfer profits from retained earnings for appropriation purposes. As the general reserve is created by a transfer from one component of equity to another and is not an item of other comprehensive income, items included in general reserve will not be reclassified subsequently to profit or loss.

18.2 Securities premium reserve

Particulars	As at March 31, 2019	As at March 31, 2018
Balance at beginning of year	17,138.52	17,138.52
Share issue costs	-	-
Share issue costs related income tax	-	-
Balance at the end of the year	17,138.52	17,138.52

Securities premium is used to record premium received on issue of shares. The reserve is utilised in accordance with the provisions of the Indian Companies Act, 2013 (the "Companies Act").

18.3 Capital Reserves

Particulars	As at March 31, 2019	As at March 31, 2018
Balance at beginning of year	18.26	18.26
Movement	-	-
Balance at the end of the year	18.26	18.26

18.4 Retained earnings

Particulars	As at March 31, 2019	As at March 31, 2018
Balance at beginning of year	7,205.83	6,331.02
Profit attributable to owners of the Company	3,027.58	2,332.00
Payment of dividends on equity shares (including dividend distribution tax)	(837.23)	(1,004.69)
Transfer to Reserves	-	(452.50)
Balance at the end of the year	**9,396.17**	**7,205.83**

In respect of the year ended March 31, 2019, the directors propose that a dividend of ₹6 per share be paid on fully paid equity shares. This equity dividend is subject to approval by shareholders at the Annual General Meeting and has not been included as a liability in these financial statements. For the previous year, dividend of ₹5 per share was paid.

18.5 Capital Redemption reserve

Particulars	As at March 31, 2019	As at March 31, 2018
Balance at beginning of year	60.02	60.02
Movement during the year		
Balance at the end the of year	**60.02**	**60.02**

The Companies Act requires that where a Company purchases its own shares out of free reserves or securities premium account, a sum equal to the nominal value of the shares so purchased shall be transferred to a capital redemption reserve account and details of such transfer shall be disclosed in the balance sheet. The capital redemption reserve account may be applied by the Company, in paying up unissued shares of the Company to be issued to shareholders of the Company as fully paid bonus shares.

Notes to the Standalone financial statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

18.6 Debenture Redemption reserve

Particulars	As at March 31, 2019	As at March 31, 2018
Balance at beginning of year	1,750.00	1,297.50
Movement during the year	-	452.50
Balance at the end the of year	**1,750.00**	**1,750.00**

Debenture Redemption Reserve is created out of the profits of the company as per the regulations of the Companies Act, 2013 and is not available for the payment of dividends and such reserve shall be utilised only for redemption of debentures.

18.7 Other comprehensive Income

Particulars	As at March 31, 2019	As at March 31, 2018
Balance at beginning of year	**(497.00)**	**(314.55)**
Movement during the year	(291.19)	(182.45)
Balance at the end the of year	**(788.19)**	**(497.00)**

19. Borrowings

	As at March 31,2019		As at March 31,2018	
	Non Current	Current	Non Current	Current
Secured - at amortised cost				
(a) Bonds / Redeemable non convertible debentures	7,000.00	-	7,000.00	-
(b) Term loans				
- from banks and financial institutions	18,293.07	-	17,019.20	-
(c) Bank overdrafts		570.76		
Unsecured - at amortised cost				
(a) Term loans				
- from banks and financial institutions	531.29	3,250.00	1,328.25	1,830.00
from related party	-	-	-	94.25
(b) Bank overdrafts	-	148.02	-	816.95
(c) Bills payable	148.92	588.15	123.58	754.07
Total	**25,973.28**	**4,556.93**	**25,471.03**	**3,495.27**

(i) There is no breach of loan covenants as at March 31, 2019 and March 31, 2018.

(ii) The secured listed non-convertible debentures of the company aggregating to ₹7,000 Million as on March 31, 2019 are secured by way of first mortgage/charge on the company's properties. The asset cover on the secured listed non-convertible debentures of the company exceeds hundred percent of the principal amount of the said debentures.

19.1 Summary of Borrowing arrangements

(a) Redeemable Non-Convertible Debentures

Particulars	Principal Outstanding as at March 31, 2019	Principal Outstanding as at March 31, 2018	Details of repayment terms and maturity	Nature of Security	Rate of Interest 31 Mar 19	Rate of Interest 31 Mar 18
10.20% Non Convertible Debentures	2,000.00	2,000.00	The Company issued 2,000 no's of 10.20% Non Convertible Redeemable Debentures of ₹1 Million each on August 22, 2014 to banks and financial institutions, with an option to re-purchase/ re-issue some or all of its debentures in the secondary market or otherwise at any time prior to the specified date of redemption of August 22, 2028.	Secured by way of Pari passu first charge on the fixed assets of the Company, existing and future along with Bank and Institutions; such Pari passu first charge ensuring at least a cover of 1.25 times the value of outstanding principal amount of the loan.	10.20%	10.20%
8.70% Non Convertible Debentures	3,000.00	3,000.00	The Company issued 3,000 nos. of 8.70% Non Convertible Debentures of ₹1 Million each on October 7, 2016, with 2 call options to re-purchase/ re-issue some or all of its debentures in the secondary market or otherwise at any time prior to the specified date of redemption of October 7, 2026.	Secured by way of Pari passu first charge on the fixed assets of the Company, existing and future along with Bank and Institutions; such Pari passu first charge ensuring at least a cover of 1.25 times the value of outstanding principal amount of the loan	8.70%	8.70%
7.80% Non Convertible Debentures	2,000.00	2,000.00	The Company issued 2,000 nos. of 7.80% Non Convertible Debentures of ₹1 Million each on March 7, 2017, and the specified date of redemption is March 7, 2022.	Secured by way of Pari passu first charge on the fixed assets of the Company, existing and future along with Bank and Institutions; such Pari passu first charge ensuring at least a cover of 1.25 times the value of outstanding principal amount of the loan.	7.80%	7.80%

Notes to the Standalone financial statements as at and for the year ended March 31, 2019
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(b) Secured and Unsecured borrowing facilities from banks and others

Particulars	Principal Outstanding as at March 31, 2019	Principal Outstanding as at March 31, 2018	Details of repayment terms and maturity	Nature of Security	Rate of Interest 31 Mar 19	Rate of Interest 31 Mar 18
HDFC Bank Limited	-	48.00	The Company has availed Rupee Term Loan of ₹1,300 million which is repayable in twenty quarterly instalments commencing from September, 2013.	The loan is secured by first pari passu charge on all present and future movable and immovable fixed assets of the company along with minimum cover of 1.25 times the value of the outstanding .	-	8.50%
HDFC Bank Limited	3,500.00	3,500.00	The loan is repayable in 22 half yearly instalments (with a moratorium period of 4 years from the date of the first disbursement) commencing from September 8, 2020.	The loan is secured by first pari passu charge on all present and future movable and immovable fixed assets of the company along with minimum cover of 1.25 times the value of the outstanding principal amount of the loan.	8.40%	8.25%
Axis Bank Limited	2,925.00	3,000.00	The loan is repayable in 40 Quarterly instalments (with a moratorium of 4 years from the date of 1st disbursement) commencing from December 15, 2018.	The loan is secured by first pari passu charge on all present and future movable and immovable fixed assets of the company along with minimum cover of 1.25 times) the value of the outstanding principal amount of the loan	8.60%	8.25%
Bank of India	2,425.00	2,500.00	This loan is repayable in 40 Quarterly instalments (with a moratorium of 4years from the date of 1st disbursement) commencing from December,30, 2018.	The loan is secured by first pari passu charge on all present and future movable and immovable fixed assets of the company along with minimum cover of 1.25 times the value of the outstanding principal amount of the loan.	9.55%	8.40%
HSBC	1,825.00	1,925.00	The Company has availed Rupee Term Loan of ₹2,000 Million from HSBC Bank Limited, repayable in 16 semi-annual instalments.	The loan is secured by first pari passu charge on all present and future movable and immovable fixed assets of the company ensuring atleast a cover of 1.25 times the value of the outstanding principal amount of the loan.	8.30%	8.05%
HSBC Bills Payable	131.71	329.42	The company has availed a buyer's line of credit of from HSBC for the import of medical Equipments which is repayable on various dates in FY 2019-20	The loan is secured by first pari passu ranking charge on entire existing and future movable fixed asset of the company with minimum cover of 1.25 times the value of the outstanding principal amount of the loan.	6 months libor +0.55	6 months libor +0.55

Particulars	Principal Outstanding as at March 31, 2019	Principal Outstanding as at March 31, 2018	Details of repayment terms and maturity	Nature of Security	Rate of Interest 31 Mar 19	Rate of Interest 31 Mar 18
International Finance Corporation (External Commercial Borrowings	891.76	1,115.38	The Loan outstanding is repayable in 8 semi-annual instalments during September and March of each year.	The ECB loan is secured by way of pari passu first ranking charge on the fixed assets of the company ensuring at least a cover of 1.25 times the value of the outstanding principal amount of the loan.	9.20%	9.20%
HSBC (External Commercial Borrowings)	277.29	650.31	The loan outstanding is repayable in 6 quarterly instalments starting from April, 2018.	The ECB loan is secured by way of pari passu first ranking charge on the fixed assets of the company.	9.50%	9.50%
IDFC Bank Limited	514.20	548.52	This balance loan outstanding is repayable in 38 quarterly instalments falling due on April, July, October and January every year	The loan is secured by first pari passu charge on all present and future movable and immovable fixed assets of the company ensuring atleast a cover of 1.25 times the value of the outstanding principal amount of the loan.	8.65%	8.00%
IDFC Infrastructure Finance Limited	1,000.00	1,000.00	During the year 2015-16 the Company availed loan of ₹1,000 million which is repayable in 3 annual instalments of 20% at the end of December 2029 (14th year), 40% at the end of December 2030 (15th year) and balance 40% at the end of December 2031 (16th year) from the date of first disbursement.	The loan is secured by first pari passu charge on all present and future movable and immovable fixed assets of the company ensuring atleast a cover of 1.25 times the value of the outstanding principal amount of the loan.	9.60%	9.60%
ICICI Bank Limited	2,460.00	1,450.00	The loan is repayable in 48 quarterly instalments commencing from June 30, 2019.	The loan is secured by first pari passu charge on all present and future movable and immovable fixed assets of the company.	9.05%	8.50%
State Bank of India	3,611.44	2,050.44	The balance outstanding is repayable from February 1, 2019 in 41 quarterly installments	The loan is secured by paripassu first charge with other term lenders and debenture holders on all the present and future movable and immovable fixed assets of the company with a minimum cover of 1.25 times the value of outstanding principal amount of the loan.	8.80%	8.00%

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Particulars	Principal Outstanding as at March 31, 2019	Principal Outstanding as at March 31, 2018	Details of repayment terms and maturity	Nature of Security	Rate of Interest 31 Mar 19	Rate of Interest 31 Mar 18
HDFC - CC A/C	570.76	-	The company has availed a cash credit facility from HDFC bank which is repayable on various dates in FY 2019 -20	Secured by hypothecation of stock and book debtors of the Company	8.75%	-
HSBC- Cash Credit	148.02	817.70	The company has been sanctioned ₹1,000 Million overdraft facility by HSBC.	-	8.75%	8.80%
Fixed Deposits	13.43	96.31	Represents the unclaimed fixed deposits outstanding as on March 31, 2019	-	8.75% to 9.25%	8.75% to 9.25%
Bank of Tokyo-Mitsubishi UFJ (External Commercial Borrowings)	1,109.15	1,300.31	The loan is repayable in 3 annual instalments starting from the end of the 5th year from the date of advance.	-	9.20%	9.20%
Citi Bank - Bill Discounting	588.15	754.07	The company has been sanctioned bill discounting facility from Citi Bank for maximum outstanding of ₹1,000 million.	-	8.40%	8%
HDFC Bank Limited	1,250.00	1,830.00	In the current year ₹58 milion was repaid and balance is repayable before March 31, 2020.	-	8.40%	7.85% to 8%
HDFC Bills payable	150.16	-	The company has availed a buyer's line of credit from HDFC for the import of medical Equipments which is repayable on various dates in FY 2019 -20	-		-
MUFG Bank Ltd.	2,000.00	-	The company has availed a loan of ₹1,000 million each on March 22, 2019 and March 27, 2019 and is repayable in FY 2019 - 20	-	8.50%	-
Loan from Subsidiary	-	94.25	Loan taken from Western Hospital Corporation Private Limited, a subsidiary of the company for an amount of ₹200 Million on November 5, which has been repaid in the current financial year	-	-	10%

20 Other Financial Liabilities

Particulars	As at March 31, 2019		As at March 31, 2018	
	Non Current	Current	Non Current	Current
a) Interest accrued on borrowings	-	323.35	-	398.07
b) Unpaid dividends (Refer Note 15 a)	-	34.77	-	33.96
c) Rent deposits	18.87	-	35.14	-
d) Other deposits	22.33	-	18.78	-
e) Unpaid matured deposits and interest accrued thereon	-	13.43	-	96.31
f) Current maturities of long-term debt	-	1,847.42	-	947.09
g) Financial guarantee contracts	0.30	-	0.33	-
h) Derivative financial instrument	-	-	43.68	-
i) Other Payables	-	931.10	-	956.64
j) Capital creditor	-	1,108.51	-	1,125.43
Total	**41.50**	**4,258.58**	**97.93**	**3,557.50**

Notes

(i) During the year 2018-19, the amount transferred to the Investors Education and Protection Fund of the Central Government as per the provisions of Section 124 (5) and 124 (6) of the Companies Act, 2013 is ₹3.66 Million (Previous year ₹2.76 Million)

(ii) The financial guarantee contract represents guarantee given to ICICI Bank Limited on behalf of Future Parking Private Limited to secure financing facilities for which the Company charges an arms' length price. The Fair Value of the Guarantee was taken at 1% of the value of guarantee extended.

21. Provisions

Particulars	As at March 31, 2019		As at March 31, 2018	
	Non Current	Current	Non Current	Current
Provision for Bonus (Refer note i below)	-	409.43	-	377.75
Provision for Gratuity and Leave Encashment (Refer note 38 and 39)	-	550.92	-	297.40
Total	**-**	**960.35**	**-**	**675.15**

Note

(i) The provision for Bonus is based on the Management's policy in line with the Payment of Bonus Act, 1965.

22. Deferred Tax Balances

Particulars	As at March 31,2019	As at March 31,2018
Deferred Tax Assets	(5,635.50)	(5,697.32)
Deferred Tax Liabilities	8,739.23	8,163.38
Total	3,103.73	2,466.06

Movement of Deferred Tax: 2018-19

The major components of deferred tax liabilities/(assets) arising on account of timing differences for the year ended March 31, 2019 are as follows:

Particulars	Opening Balance	Recognised in Profit or Loss	Recognised in other comprehensive income	Reclassified to Provision for tax	Closing Balance
Property, Plant & Equipment	7,958.87	(40.94)	-	-	7,917.93
Financial Assets	48.17	(218.69)	-	-	(170.52)
Retirement Benefit Plans	(398.72)	-	(154.11)	-	(552.83)
Business Loss carried forward under Income Tax	(744.69)	744.69	-	-	-
Minimum Alternate Tax (MAT) Credit (Refer note i)	(4,397.57)	-	-	306.72	(4,090.85)
Total	**2,466.06**	**485.06**	**(154.11)**	**306.72**	**3,103.73**

Movement of Deferred Tax: 2017-18

Particulars	Opening Balance	Recognised in Profit or Loss	Recognised in other comprehensive income	Reclassified to Provision for tax	Closing Balance
Property, Plant & Equipment	7,643.98	314.89	-	-	7,958.87
Financial Assets	265.31	(217.14)		-	48.17
Retirement Benefit Plans	(302.16)	-	(96.56)	-	(398.72)
Business Loss carried forward under Income Tax	(1,616.34)	871.65	-	-	(744.69)
Minimum Alternate Tax (MAT) Credit	(3,654.05)	(743.52)	-	-	(4,397.57)
Total	**2,336.74**	**225.88**	**(96.56)**		**2,466.06**

Note: i) The Company has unused tax credits in the form of Minimum Alternate Tax (MAT) which would expire by the financial year ending 2032-33.

23. Trade Payables

Particulars	As at March 31,2019	As at March 31,2018
Total outstanding dues of micro enterprises and small enterprises (Refer note 23.1)	81.80	154.10
Total outstanding dues of creditors other than micro and small enterprises	5,282.49	4,579.75
Total	**5,364.29**	**4,733.85**

(i) The average credit period on purchases of goods ranges from immediate payments to credit period of 45 days based on the nature of the expenditure. The Company has financial risk management policies in place to ensure that all payables are paid within the pre-agreed credit terms.

(ii) Amounts payable to related parties is disclosed in note 42.

(iii) The information pertaining to liquidity risks related to trade payable is disclosed in note 41

The Ministry of Micro, Small and Medium Enterprises has issued an office memorandum dated 26 August 2008 which recommends that the Micro and Small Enterprises should mention in their correspondence with its customers the Entrepreneurs Memorandum Number as allocated after filing of the Memorandum. Accordingly, the disclosure in respect of the amounts payable to such enterprises as at March 31, 2018 has been made in the financial statements based on information received and available with the Company. Further in view of the management, the impact of interest, if any, that may be payable in accordance with the provisions of the Micro, Small and Medium Enterprises Development Act, 2006 ('The MSMED Act') is not expected to be material. The Company has not received any claim for interest from any supplier.

23.1

Particulars	As at March 31,2019	As at March 31,2018
The amounts remaining unpaid to micro and small suppliers as at the end of the year		
- Principal	81.80	154.10
- Interest		
The amount of interest paid by the buyer as per the MSMED Act	-	-
The amount of payments made to micro and small suppliers beyond the appointed day during the accounting year;	-	-
The amount of interest due and payable for the period of delay in making payment (which have been paid but beyond the appointed day during the year) but without adding the interest specified under the MSMED Act;	-	-
The amount of interest accrued and remaining unpaid at the end of each accounting year	-	-
The amount of further interest remaining due and payable even in the succeeding years, until such date when the interest dues as above are actually paid to the small enterprise for the purpose of disallowance as a deductible expenditure under the MSMED Act	-	-

24. Tax Assets and Liabilities

Particulars	As at March 31, 2019	As at March 31, 2018
Tax assets		
Advance Tax	2,698.80	2,698.81
Tax refund receivable	7,534.21	6,119.20
Total	**10,233.01**	**8,818.01**
Less:		
Income tax payable	(8,493.53)	(7,688.26)
Total	**1,739.48**	**1,129.74**

Notes to the Standalone financial statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

25. Other Current Liabilities

Particulars	As at March 31, 2019	As at March 31, 2018
(a) Contract liabilities (Refer note (i))	794.42	510.61
(b) Sundry Creditors Others	-	19.32
(c) Statutory Liabilities	388.65	152.23
(d) Others	7.62	6.75
Total	**1,190.69**	**688.91**

(i) Contract liabilities represents deferred revenue arising in respect of the Company's Loyalty Points Scheme and deposits collected from patients recognised in accordance with Ind AS 115 Revenue from contracts with customers

26. Revenue from Operations

The following is an analysis of the Company's revenue for the year from continuing operations

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
(a) Revenue from rendering of healthcare services	44,226.66	38,903.10
(b) Revenue from sale of pharmaceuticals products	38,860.37	32,688.75
(c) Other Operating Income		
- Project Consultancy Income	212.46	183.40
- Franchise fees	16.00	18.35
- Income from Clinical Trials	51.07	36.50
Total	**83,366.56**	**71,830.10**

Healthcare Services (including other operating income)

Region	Year ended March 31, 2019
Tamilnadu	20,030.29
AP, Telangana	10,313.85
Karnataka	4,098.15
Others	10,063.90
Total revenue from contracts with customers from healthcare services	**44,506.19**

Pharmaceutical Products

Region	Year ended March 31, 2019
Region 1 (Includes Tamilnadu, Karnataka, Maharashtra, Pondicherry, Goa and Port Blair)	14,311.56
Region 2 (Includes Telangana, Chhattisgarh, Orissa, West Bengal, Andhra Pradesh , Assam and Jharkhand)	17,604.65
Region 3 (Bihar, J&k, New Delhi, Ahmedabad, Ludhiana, Chandigarh, Uttar Pradesh, Rajasthan, Haryana, Himachal Pradesh, Madhya Pradesh and Uttarakhand)	6,944.16
Total revenue from sale of pharmaceuticals products	**38,860.37**

Category of Customer	Year ended March 31, 2019
Cash (With card/Cash/Wallet/RTGS)	60,301.56
Credit	23,065.00
Total	**83,366.56**

Nature of treatment*	Year ended March 31, 2019
In-Patient	36,032.73
Out-Patient	8,261.00
Sale of pharmaceuticals products	38,860.37
Others	212.46
Total revenue from contracts with customers	**83,366.56**

The revenue from rendering Healthcare services and Pharmaceutical products satisfies 'at a point in time' recognition criteria as prescribed by IND AS 115

Contract liability

During the financial year ended March 31, 2019, the company has recognised revenue of ₹504.72 million from its Patient deposit outstanding as on April 1, 2018

Reconciliation of revenue recognised with the contract price is as follows:

Healthcare Services (including other operating income)

Particulars	Year ended March 31, 2019
Contract price (as reflected in the invoice raised on the customer as per the terms of the contract with customer)	50,801.63
Reduction in the form of discounts and commissions	475.81
Reduction towards amounts received on behalf of service consultants	5,819.62
Revenue recognised in the profit & loss account	**44,506.19**

Pharmaceutical Products

Particulars	Year ended March 31, 2019
Contract price (as reflected in the invoice raised on the customer as per the terms of the contract with customer)	38,036.23
Reduction in the form of discounts and commissions and Others	584.49
Revenue deferred on account of unredeemed of loyalty credits	**239.65**
Revenue recognised in the profit & loss account	**38,860.37**

The total of dissaggregated revenue of healthcare and pharmaceutical disclosed above would agree to the disclsoures made in the operating segment.

Notes to the Standalone financial statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

Use of Practical expedients

Transaction price allocated to the remaining performance obligations

The Company has applied practical expedient with respect to non disclosure of information with respect of remaining performance obligations considering the fact that the company's performance obligations, i.e. the treatment in case of healthcare segment has an original expected duration of one year or less.

Contract modification

The Company has applied practical expedient with respect to contract modification and accordingly has not given the impact of the modifications to the contracts that occurred before the date of initial application of Ind AS 115 (i.e., before April 1, 2018). The impact of applying this practical expedient is insignificant.

Significant financing component

The company has applied the practical expedient with respect of non-adjustment of transaction price for the effects of significant financing components since the company expects at the inception of the contract that the period between the receipt of consideration from the customer and the satisfaction of performance obligations will be one year or less.

Recognition of asset with respect to cost of obtaining a contract and cost to fulfil the contract

The Company has applied practical expedient of recognizing the incremental costs of obtaining a contract as an expense when incurred since the company expects that the amortisation period of the asset that the entity otherwise would have recognised is one year or less.

27. Other Income

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
a) Interest income (Interest Income earned on financial assets that are not designated as at fair value through profit or loss)		
Bank deposits	35.85	26.42
Other financial assets	54.01	38.56
Total	**89.86**	**64.98**
b) Dividend Income		
Dividend on Equity Investments	33.69	43.68
c) Other non-operating income		
Provision for liabilities no longer required written back	2.48	15.44
Guarantee Income	0.03	0.03
Total	**2.51**	**15.47**
d) Other gains and losses		
Net gain arising on disposal of financial assets	1.98	1.36
Gain on Fair valuation of Mutual Funds	0.60	7.56
Miscellaneous Income	9.49	9.59

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
Net foreign exchange gains	(15.73)	(16.75)
Total	(3.66)	1.76
Total (a+b+c+d)	122.40	125.89

28. Cost of Materials Consumed

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
Opening stock	1,198.41	1,045.86
Add: Purchases	13,421.38	12,832.56
Less: Closing stock	702.99	1,198.41
Total	**13,916.80**	**12,680.01**

29. Changes in Inventory of Stock in Trade

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
Inventories at the beginning of the year	4,188.43	3,379.17
Inventories at the end of the year	(4,908.47)	(4,188.43)
Changes in inventory of stock in trade	**(720.04)**	**(809.26)**

30. Employee Benefits Expense

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
Salaries and wages	11,049.67	9,520.91
Contribution to provident and other funds	984.11	780.92
Bonus	391.93	356.46
Staff welfare expenses	525.15	529.78
Total	**12,950.86**	**11,188.06**

31. Finance Costs

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
Interest on bank overdrafts and loans	2,322.96	2,078.78
Interest on loans from related parties	-	10.67
Bank Charges	357.26	312.29
Total	**2,680.22**	**2,401.74**

During the year the company has capitalised borrowing costs of ₹350 million (Previous year ₹349 million) relating to projects, included in Capital Work in progress. The capitalisation rate used is the weighted average interest of 9.03% (previous year 8.59%)

Notes to the Standalone financial statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

32. Depreciation and Amortisation Expense

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
Depreciation of property, plant and equipment	2,830.76	2,554.39
Amortisation of intangible assets	168.19	165.65
Total	**2,998.95**	**2,720.04**

33. Other Expenses

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
Retainer Fees to Doctor`s	3,097.41	2,648.60
Power and fuel	1,366.57	1,237.06
House Keeping Expenses	103.07	188.43
Water Charges	112.61	108.45
Rent	2,632.11	2,320.59
Repairs to Buildings	131.66	123.94
Repairs to Machinery	642.71	558.57
Repairs to Vehicles	64.09	61.82
Office Maintenance & Others	633.65	525.73
Insurance	121.05	113.16
Rates and Taxes, excluding taxes on income	141.73	151.50
Printing & Stationery	383.48	371.81
Postage & Telegram	123.99	148.75
Director Sitting Fees	3.30	3.33
Advertisement, Publicity & Marketing	1,459.49	1,364.79
Travelling & Conveyance	608.55	519.29
Subscriptions	16.41	17.66
Legal & Professional Fees	941.65	596.80
Continuing Medical Education & Hospitality Expenses	90.57	64.42
Hiring Charges	126.43	127.60
Seminar Expenses	48.77	51.61
Telephone Expenses	102.87	96.74
Books & Periodicals	10.05	14.45
Donations	32.41	8.68
Bad Debts Written off	388.28	68.72
Impairment of trade receivables	155.33	403.77
Outsourcing Expenses		
Food and Beverages	929.77	812.49
House Keeping Expenses	957.48	752.65
Security Charges	234.26	227.51
Bio medical maintenance	220.92	184.24
Other services	91.97	44.79

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
Loss on disposal of Property Plant and Equipment	39.81	54.56
Miscellaneous expenses	419.02	231.11
Total (a)	**16,431.47**	**14,203.62**
Payments to auditors		
a) For audit (including limited review)	24.90	23.70
b) For other services	2.90	0.10
c) For reimbursement of expenses	1.44	0.40
Total	**29.24**	**24.20**
Expenditure incurred for corporate social responsibility (Refer Note (i) below)	83.75	104.02
Total	**16,544.46**	**14,331.84**

Note (i):

Consequent to the requirements of section 135 of Companies Act 2013, the company has made contributions as stated below. The same is in line with activities specified Schedule VII of Companies Act, 2013.

a) Gross amount required to be spent by the company during the year is ₹83.75 Million (Previous year ₹104.02 Million)

b) Amount spent during the year ended March 31, 2019 on corporate social responsibility activities:

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
On purpose other than above	83.75	104.02
Construction/acquisition of any asset	-	-

34. Income Taxes Relating to Continuing Operations

34.1 Amount recognised in profit or loss

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
Income tax recognised in profit or loss		
Current tax		
In respect of the current year	1,112.03	743.50
Total	**1,112.03**	**743.50**
Deferred tax		
In respect of the current year	485.06	225.87
Total	**485.06**	**225.87**
Total income tax expense recognised in the current year relating to continuing operations	**1,597.09**	**969.37**

Notes to the Standalone financial statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

34.2 Amount recognised in Other Comprehensive Income (OCI)

Particulars	For the year ended March 31, 2019			For the year ended March 31, 2018		
	Before tax	Tax (expense)/ Benefit	Net of Tax	Before tax	Tax (expense)/ Benefit	Net of Tax
Items that will be not reclassified subsequently to profit or loss						
Re-measurement of defined benefit plans	(445.30)	154.11	(291.19)	(279.01)	(96.56)	(182.45)

34.3 Reconciliation of Effective Tax Rate

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
Profit before tax from continuing operations	4,624.67	3,301.31
Enacted tax rates in India	34.944%	34.608%
Income tax expense calculated	1,616	1,142.54
Reassessment of deferred tax asset recognition on brought forward business losses	(18.95)	(173.17)
	1,597.09	**969.37**

35. Segment Information

The board of directors have been identified as the Chief Operating Decision Maker (CODM) by the company. Information reported to the CODM for the purposes of resource allocation and assessment of segment performance focuses on the types of goods or services delivered or provided. Healthcare, Retail Pharmacy have been identified as the operating segments. No operating segments have been aggregated in arriving at the reportable segments of the Company.

Company operates mainly in India. Accordingly, there are no additional disclosures to be provided under Ind AS 108, other than those already provided in the financial statements.

The following are the accounting policies adopted for segment reporting:

a. Assets, liabilities, revenue and expenses have been identified to segments on the basis of their relationship to the operating activities of the segment.

b. Healthcare segment includes hospitals and hospital based pharmacies. Retail pharmacy include pharmacy retail outlets.

c. Inter segment revenue and expenses are eliminated.

The Company has disclosed this Segment Reporting in Financial Statements as per Ind AS 108.

35.1 Segment revenues and results

The following is an analysis of the Company's revenue and results from continuing operations by reportable segment.

Particulars	Segment Revenue		Segment Profit	
	March 31, 2019	March 31, 2018	March 31, 2019	March 31, 2018
Healthcare	44,514.12	39,147.80	5,500.80	4,403.30
Retail Pharmacy	38,860.38	32,688.80	1,681.69	1,173.80
Total	**83,374.50**	**71,836.60**	**7,182.49**	**5,577.10**
Less: Inter Segment Revenue	7.93	6.50		-

Particulars	Segment Revenue		Segment Profit	
	March 31, 2019	March 31, 2018	March 31, 2019	March 31, 2018
Total for continuing operations	83,366.57	71,830.10	7,182.49	5,577.10
Finance costs			(2,680.23)	(2,401.69)
Other un-allocable income, (net of expenditure)			122.39	125.90
Profit before tax (continuing operations)			4,624.65	3,301.31

Segment profit represents the profit before tax earned by each segment without allocation of central administration costs and directors' salaries, other income, as well as finance costs. This is the measure reported to the chief operating decision maker for the purposes of resource allocation and assessment of segment performance.

35.2 Segment assets and liabilities

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
Segment Assets		
Healthcare	60,066.52	58,377.44
Retail Pharmacy	11,233.51	9,372.60
Total Segment Assets	**71,300.03**	**67,750.04**
Unallocated	12,984.86	10,369.92
Total assets	**84,284.89**	**78,119.96**
Segment liabilities		
Healthcare	7,671.29	7,137.11
Retail Pharmacy	2,249.68	1,538.90
Total Segment liabilities	**9,920.97**	**8,676.01**
Unallocated	35,529.55	32,509.86
Total liabilities	**45,450.52**	**41,185.87**

35.3 Other segment information

Particulars	Depreciation and Amortisation		Addition to Non Current Assets	
	March 31, 2019	March 31, 2018	March 31, 2019	March 31, 2018
Healthcare	2,580.71	2,336.56	4,291.31	3,240.47
Retail Pharmacy	418.24	383.48	722.15	823.45
Total	**2,998.95**	**2,720.04**	**5,013.46**	**4,063.92**

For the purpose of monitoring segment performance and allocating resources between segments:

(i) all assets are allocated to reportable segments other than current and deferred tax assets under unallocable assets. Goodwill is allocated to reportable segments as described in note 6.

(ii) all liabilities are allocated to reportable segments other than borrowings, interest accrued and not due on these borrowings, current and deferred tax liabilities which are grouped as unallocated liabilities.

Refer note 8 for information on investments in associates and joint ventures accounted under equity method.

36 Earnings per Share

EPS is calculated by dividing the profit attributable to equity shareholders by the weighted average number of equity shares outstanding during the year. The earnings and the weighted average number of shares used in calculating basic and diluted earnings per share is as follows:

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
Basic earnings per share	21.76	16.76
Total basic earnings per share	**21.76**	**16.76**
Diluted earnings per share	21.76	16.76
Total diluted earnings per share	**21.76**	**16.76**

36.1 Basic and Diluted earnings per share

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
The earnings and weighted average number of equity shares used in the calculation of basic earnings per share are as follows.		
Profit for the year attributable to owners of the Company	3,027.58	2,332.00
Earnings used in the calculation of basic earnings per share	3,027.58	2,332.00
Weighted average number of equity shares for the purposes of basic earnings per share	139,125,159	139,125,159

Employee Benefit Plans

37 Defined Contribution Plans

The Company makes contributions towards provident fund and employees state insurance as a defined contribution retirement benefit fund for qualifying employees. The provident fund is operated by the regional provident fund commissioner. The amount recognised as expense towards contribution to provident fund amount to ₹436 Million.

The Employee state insurance is operated by the Employee State Insurance corporation. Under these schemes, the Company is required to contribute a specific percentage of the payroll cost as per the statute. The amount recognised as expense towards contribution to Employee State Insurance amount to ₹232 Million.

The Company has no further obligations in regard of these contribution plans.

38 Defined Benefit Plans

Gratuity

The Company operates post-employment defined benefit plan that provide gratuity. The gratuity plan entitles an employee, who has rendered at least five years of continuous service, to receive one-half month's salary for each year of completed service at the time of retirement/exit. The Company's obligation in respect of the gratuity plan, which is a defined benefit plan, is provided for based on actuarial valuation carried out by an independent actuary using the projected unit credit method. The Company recognizes actuarial gains and losses immediately in the statement of profit and loss. The Company accrues gratuity as per the provisions of the Payment of Gratuity Act, 1972 as applicable as at the balance sheet date.

The company contributes all ascertained liabilities towards gratuity to the Fund. The plan assets have been primarily invested in insurer managed funds. The company provides for gratuity , a defined benefit retiring plan covering eligible employees. The Gratuity plan provides a lump sum payment to the vested employees at retirement, death, incapacitation or termination of employment based on the respective employees salary and tenure of the employment with the company.

Disclosures of Defined Benefit Plans based on actuarial valuation reports

The present value of the defined benefit obligation, and the related current service cost and past service cost, were measured using the projected unit credit method.

Investment risk	The present value of the defined benefit plan liability is calculated using a discount rate which is determined by reference to market yields at the end of the reporting period on government bonds. Plan investment is a mix of investments in government securities, and other debt instruments.
Interest risk	A decrease in the bond interest rate will increase the plan liability; however, this will be partially offset by an increase in the return on the plan's debt investments
Longevity risk	The present value of the defined benefit plan liability is calculated by reference to the best estimate of the mortality of plan participants both during and after their employment. An increase in the life expectancy of the plan participants will increase the plan's liability.
Salary risk	The present value of the defined benefit plan liability is calculated by reference to the future salaries of plan participants. As such, an increase in the salary of the plan participants will increase the plan's liability.

A. Change in Defined Benefit Obligation

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
Present value of defined benefit obligation as at the beginning of the year	850.61	693.87
Current service cost	63.39	48.57
Past service cost and (gain)/loss from settlements	-	8.58
Interest cost	57.39	43.83
Remeasurement (gains)/losses on account of change in actuarial assumptions	279.73	95.01
Benefits paid from the fund	(75.36)	(39.25)
Present value of defined benefit obligation as at the end of the year	**1,175.76**	**850.61**

B. Changes in Fair value of Plan Assets

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
Fair value of plan assets as at the beginning of the year	681.16	545.77
Interest income	53.55	39.88
Return on plan assets (excluding amounts included in net interest expense)	6.59	(15.24)
Contributions from the employer	170.00	150.00
Benefits paid from the fund	(75.35)	(39.25)
Fair value of plan assets as at the end of the year	835.95	681.16

Notes to the Standalone financial statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

C. Amount recognised in Balance Sheet

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
Present value of funded defined benefit obligation as at the end of the year	1,175.76	850.61
Fair value of plan assets as at the end of the year	(835.95)	(681.16)
Net liability arising from defined benefit obligation*	**339.81**	**169.45**
Restrictions on asset recognised	-	-
Others [describe]	-	-
Net liability arising from defined benefit obligation	**339.81**	**169.45**

*Included in Provision for gratuity and leave encashment disclosed under note 21.

D. Expenses recognised in statement of profit and loss

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
Service cost:		
Current service cost	63.39	48.57
Past service cost and (gain)/loss from settlements	-	8.58
Net interest expense	3.84	3.95
Total Expenses/ (Income) recognised in profit or loss*	**67.23**	**61.10**

* Included in salaries & wages, contribution to provident and other funds. Refer note 30.

E. Expenses recognised in Other Comprehensive Income

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
Remeasurement on the net defined benefit liability:		
Return on plan assets (excluding amounts included in net interest expense)	(6.59)	15.24
Actuarial (gain) / loss arising from changes in demographic assumptions	(4.67)	0
Actuarial (gain) / loss arising from changes in financial assumptions	11.53	(8.56)
Actuarial (gain) / loss arising from experience adjustments	272.30	103.57
Components of defined benefit costs recognised in other comprehensive income	**272.57**	**110.24**
Remeasurement (gain) / loss recognised in respect of other long-term benefits	172.73	168.77
Total of remeasurement (gain) / loss recognised in Other Comprehensive Income (OCI)	**445.30**	**279.01**

F. Significant Actuarial Assumptions

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
Discount rate(s)	6.76%	7.06%
Expected rate(s) of salary increase	Hospital - 6.6%	6.00%
	Pharmacy - 5.8%	
Attrition Rate	Hospital - 45%	37.00%
	Pharmacy - 32%	
Retirement Age	58 years	58 years

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
Pre-retirement mortality	Indian Assured Lives Mortality (2012-14) Ultimate	Indian Assured Lives Mortality (2006-08) Ultimate

G. Category of Assets

The fair value of the plan assets as at the end of the reporting period for each category, are as follows

Particulars	Fair value of plan assets as at	
	March 31, 2019	March 31, 2018
Insurer managed funds	835.95	681.16

Each year Asset Liability matching study is performed in which the consequences of strategic investments policies are analysed in terms of risk and returns profiles. Investments and Contributions policies are integrated within this study.

H. Sensitivity Analysis

Significant actuarial assumptions for the determination of the defined obligation are discount rate, expected salary increase and mortality. The sensitivity analyses below have been determined based on reasonably possible changes of the respective assumptions occurring at the end of the reporting period, while holding all other assumptions constant.

The sensitivity of the defined benefit obligation to changes in the weighted principal assumptions is:

Particulars	Change in assumption		Increase in defined benefit obligation		Decrease in defined benefit obligation	
	March 31, 2019	March 31, 2018	March 31, 2019	March 31, 2018	March 31, 2019	March 31, 2018
Discount rate	+100 basis points	+100 basis points			1,099.78	856.60
	-100 basis points	-100 basis points	1,145.06	892.35		
Salary growth rate	+ 100 basis points	+ 100 basis points	1,139.58	888.10		
	- 100 basis points	- 100 basis points			1,104.69	860.40
Attrition rate	+ 100 basis points	+ 100 basis points			1,120.17	872.67
	- 100 basis points	- 100 basis points	1,123.62	875.44		

The sensitivity analysis presented above may not be representative of the actual change in the defined benefit obligation as it is unlikely that the change in assumptions would occur in isolation of one another as some of the assumptions may be correlated. When calculating the sensitivity of the defined benefit obligation to significant actuarial assumptions the same method (present value of the defined benefit obligation calculated with the projected unit credit method at the end of the reporting period) has been applied as when calculating the defined benefit liability recognised in the balance sheet.

There was no change in the methods and assumptions used in preparing the sensitivity analysis from prior years. The defined benefit obligation shall mature in next 3 years.

The Company expects to make a contribution of ₹339 Million (Previous year ₹170 Million) to the defined benefit plans during the next financial year.

39. Long Term Benefit Plans

39.1 Leave Encashment Benefits

The company pays leave encashment benefits to employees as and when claimed subject to the policies of the company. The company provides leave benefits through annual contributions to the fund managed by HDFC Life.

The significant actuarial assumptions used for the purposes of the actuarial valuations were as follows.

Particulars	Valuation as at	
	Year ended March 31, 2019	Year ended March 31, 2018
Discount rate(s)	6.76%	7.06%
Expected rate(s) of salary increase	Hospital - 6.6%	6.00%
	Pharmacy - 5.8%	
Attrition Rate	Hospital - 45%	37.00%
	Pharmacy - 32%	

40. Financial Instruments

40.1 Capital management

The Company manages its capital to ensure it will be able to continue as going concern while maximising the return to stakeholders through the optimisation of the debt and equity balance.

The capital structure of the Company consists of net debt and total equity of the Company.

The Company is not subject to any externally imposed capital requirements.

The Company's risk management committee reviews the capital structure of the Company on a semi-annual basis. As part of this review, the committee considers the cost of capital and the risks associated with each class of capital. The Company has a target gearing ratio of 100% of net debt determined as the proportion of net debt to total equity. The gearing ratio at March 31, 2019 of 76% (see below) was within the target range.

Gearing ratio

The gearing ratio at end of the reporting period was as follows.

Particulars	As at March 31, 2019	As at March 31, 2018
Debt (includes Borrowings , Current Maturities of Long term Debt and unpaid deposits - Refer Note 19.1)	32,391.07	30,009.71
Cash and Cash Equivalents (include other bank balances - Refer note 14 and 15)	2,776.57	2,945.61
Net Debt	29,614.50	27,064.10
Total Equity	**38,834.16**	**36,934.99**
Net debt to equity ratio	**76%**	**73%**

40.2 Categories of financial instruments

Financial assets

Particulars	As at March 31, 2019	As at March 31, 2018
Measured at fair value through profit or loss (FVTPL)		
(b) Mandatory		
(i) Investments in Equity Instruments (Other than Subsidiaries, Joint Ventures and Associates)	53.84	54.53
(ii) Investments in Mutual Funds	125.65	20.06
(iii) Derivative Instruments	288.20	285.85
Measured at amortised cost		
(i) Cash and Cash Equivalents (include other bank balances - Refer note 14 and 15)	2,776.57	2,945.60
(ii) Trade Receivables	9,093.18	7,499.36
(iii) Loans	195.92	-
(iv) Other Financial Assets	3,392.08	4,871.10
(v) Other Investments	-	-
(vi) Finance Lease receivables	4.54	4.54
Measured at Cost		
(i) Investments in Subsidiaries	7,937.62	7,102.77
(ii) Investments in Associates	835.71	835.71
(iii) Investments in Joint Ventures	1,473.12	562.87
(iv) Investments in preference shares/debentures	426.40	426.40
Financial liabilities		
Measured at amortised cost		
(a) Trade Payables	5,364.29	4,733.85
(b) Borrowings	30,530.21	28,966.30
(c) Other Financial Liabilities	4,299.76	644.66
Measured at fair value through profit or loss (FVTPL)		
(i) Derivative Financial Instruments	-	43.68
(ii) Financial Guarantee Contract	0.33	0.33

40.3 Financial risk management objectives

The Company's Corporate Treasury function provides services to the business, co-ordinates access to domestic and international financial markets, monitors and manages the financial risks relating to the operations of the Company through internal risk reports which analyse exposures by degree and magnitude of risks. These risks include market risk (including currency risk, interest rate risk and other price risk), credit risk and liquidity risk.

The company's exposure to credit risk is primarily from trade receivables which are in the ordinary course of business influenced mainly by the individual characteristic of each customer.

The company's exposure to currency risk is on account of borrowings and other credit facilities demoninated in currency other than Indian Rupees. The Company seeks to minimise the effects of these risks by using derivative financial instruments to hedge risk exposures. The use of financial derivatives is governed by the Company's policies approved by the board of directors, which provide written principles on foreign exchange risk, interest rate risk, credit risk, the use of financial derivatives and non-derivative financial instruments, and the investment of excess liquidity. Compliance with policies and exposure limits is reviewed by the internal auditors on a continuous basis. The Company does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

The Corporate Treasury function reports quarterly to the Company's risk management committee, an independent body that monitors risks and policies implemented to mitigate risk exposures.

The Company's activities expose it to the financial risks of changes in foreign currency exchange rates and interest rates. For the purpose of managing its exposure to foreign currency and interest rate risk, the Company enters into a variety of derivative financial instruments, i.e. cross currency interest rate swaps.

40.4 Market risk

The Company's activities expose it primarily to the financial risks of changes in foreign currency exchange rates and interest rates. The Company enters into a variety of derivative financial instruments to manage its exposure to foreign currency risk and interest rate risk using currency cum interest swaps.

40.5 Foreign currency risk management

The Company undertakes transactions denominated in foreign currencies; consequently, exposures to exchange rate fluctuations arise. Exchange rate exposures are managed within approved policy parameters utilising forward foreign exchange contracts

The carrying amounts of the Company's foreign currency denominated monetary assets and monetary liabilities at the end of the reporting period are as follows.

Particulars	Liabilities as at	
	March 31, 2019	March 31, 2018
Foreign Currency Borrowings (in USD) million	34.76	52.21
Foreign Currency Borrowings (in INR) million	2,409.84	3,395.74

Foreign currency sensitivity analysis

Of the above, The borrowings of USD 32.86 Million as at March 31, 2019 and USD 47.15 Million as at March 31, 2018 are completely hedged against foreign currency fluctuation using forward contracts and Interest rate swaps. Therefore the exposure of the company of foreign exchange risk is limited to unhedged borrowings for which below sensitivity is provided.

The Company is mainly exposed to currency dollars.

The following table details the Company's sensitivity to a 10% increase and decrease in the Rs. against the relevant foreign currencies. 10% is the sensitivity rate used when reporting foreign currency risk internally to key management personnel and represents management's assessment of the reasonably possible change in foreign exchange rates. The sensitivity analysis includes only outstanding foreign currency denominated monetary items and adjusts their translation at the period end for a 10% change in foreign currency rates. A positive number below indicates an increase in profit or equity where the Rs. strengthens 10% against the relevant currency. For a 10% weakening of the Rs. against the relevant currency, there would be a comparable impact on the profit or equity, and the balances below would be negative.

Particulars	Impact of USD			
	2018-2019		2017-2018	
	+10%	-10%	+10%	-10%
Impact on Profit or Loss for the year	(13.17)	13.17	(32.94)	32.94
Impact on Equity for the year	(13.17)	13.17	(32.94)	32.94

The Company has entered into derivative contracts with banks for its External Commercial Borrowings for interest and currency risk exposure to manage and mitigate its exposure to foreign exchange rates.

40.6 Interest rate risk management

The Company is exposed to interest rate risk because the Company borrow funds at both fixed and floating interest rates. The risk is managed by the Company by maintaining an appropriate mix between fixed and floating rate borrowings, and by the use of interest rate swap contracts and forward interest rate contracts. Hedging activities are evaluated regularly to align with interest rate views and defined risk appetite, ensuring the most cost-effective hedging strategies are applied.

Interest rate sensitivity analysis

The sensitivity analyses below have been determined based on the exposure to interest rates for both derivatives and non-derivative instruments at the end of the reporting period. For floating rate liabilities, the analysis is prepared assuming the amount of the liability outstanding at the end of the reporting period was outstanding for the whole year. A 50 basis point increase or decrease is used when reporting interest rate risk internally to key management personnel and represents management's assessment of the reasonably possible change in interest rates.

If interest rates had been 50 basis points higher/lower and all other variables were held constant, the Company's:

Profit for the year ended March 31, 2019 would decrease/increase by ₹115.50 Million (Previous year-decrease/ increase by ₹89.61 million). This is mainly attributable to the Company's exposure to interest rates on its variable rate borrowings

Interest rate sensitivity analysis

Under interest rate swap contracts, the Company agrees to exchange the difference between fixed and floating rate interest amounts calculated on agreed notional principal amounts for borrowings in foreign currency. Such contracts enable the Company to mitigate the risk of changing interest rates on the fair value of issued fixed rate debt and the cash flow exposures on the issued variable rate debt. The average interest rate is based on the outstanding balances at the end of the reporting period.

40.7 Cross Currency Interest rate swap contracts

Under interest rate swap contracts, the Company agrees to exchange the difference between fixed and floating rate interest amounts calculated on agreed notional principal amounts. Such contracts enable the Company to mitigate the risk of changing interest rates on the fair value of issued fixed rate debt and the cash flow exposures on the issued variable rate debt. The average interest rate is based on the outstanding balances at the end of the reporting period. The Cross Currency Interest Rate Swaps on External Currency Borrowings hedges the interest rate risk on the USD Borrowing.

Notes to the Standalone financial statements as at and for the year ended March 31, 2019
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Outstanding Contracts	Average Exchange Rates	Foreign Currency	Nominal Amount	Fixed Interest Rate	Fair Value
Contract 1	66.41	USD 20,000,000	1,328,200,000	9.20%	192.39
Contract 2	54.56	USD 30,000,000	1,636,800,000	9.20%	39.72
Contract 3	54.2	USD 25,000,000	1,355,000,000	9.50%	56.09

40.8 Equity price sensitivity analysis

The sensitivity analyses below have been determined based on the exposure to equity price risks at the end of the reporting period.

If equity prices had been 5% higher/lower:

- profit for the year ended March 31, 2019 would increase/decrease by ₹38.72 (for the year ended March 31, 2018: increase/decrease by ₹52.45) as a result of the changes in fair value of equity investments which have been designated at FVTPL

As at 31 March 2019 the company has quoted investments only in Indraprastha Medical Corporation Limited.

40.9 Credit risk management

Credit risk is a risk of financial loss to the Company arising from counterparty failure to repay according to contractual terms or obligations. Majority of the Company's transactions are earned in cash or cash equivalents. The Trade Receivables comprise mainly of receivables from Insurance Companies, Corporate customers, Public Sector Undertakings, State/Central Governments etc. The Insurance Companies are required to maintain minimum reserve levels and the Corporate Customers are enterprises with high credit ratings. Accordingly, the Company's exposure to credit risk in relation to trade receivables is considered low. Before accepting any new credit customer, the Company uses an internal credit scoring system to assess the potential customer's credit quality and defines credit limits by customer. Limits and scoring attributed to customers are reviewed annually. The outstanding with the debtors is reviewed periodically.

Refer Note 10 For the credit risk exposure, ageing of trade receivable and impairment methodology for financial assets

The credit risk on liquid funds and derivative financial instruments is limited because the counter parties are banks with high credit-ratings assigned by international credit-rating agencies.

In addition to the aforementioned, the company also has credit risk exposure in respect of financial guarantee for a value of ₹35 Million issued to the bank on behalf of its subsidiary company, Future Parking Private Limited as a security to the financing facilities secured by the subsidiary company. As at March 31, 2019, an amount of ₹0.39 Million (Previous year ₹0.39 Million) has been recognised as the fair value through profit/loss.

41. Liquidity Risk Management

Ultimate responsibility for liquidity risk management rests with the board of directors, which has established an appropriate liquidity risk management framework for the management of the Company's short-term, medium-term and long-term funding and liquidity management requirements. The Company manages liquidity risk by maintaining adequate reserves, banking facilities and reserve borrowing facilities, by continuously monitoring forecast and actual cash flows, and by matching the maturity profiles of financial assets and liabilities.

41.1 Liquidity and interest risk tables

The following tables detail the Company's remaining contractual maturity for its non-derivative financial liabilities with agreed repayment periods. The tables have been drawn up based on the undiscounted cash flows of financial liabilities based on the earliest date on which the Company can be required to pay. The tables include both interest and principal cash flows. To the extent that interest flows are floating rate, the undiscounted amount is derived from interest rate curves at the end of the reporting period. The contractual maturity is based on the earliest date on which the Company may be required to pay.

Particulars	Weighted average effective interest rate(%)	Less than 1 year	1 Year to 5 years	> 5 years
March 31, 2019				
Non-interest bearing		7,761.66	41.50	-
Variable interest rate instruments	8.43%	5,571.47	4,212.61	13,315.36
Fixed interest rate instruments	9.07%	13.43	2,000.00	5,000.00
Financial guarantee contracts		0.03	0.09	0.27
Total		**13,346.59**	**6,254.20**	**18,315.63**

Particulars	Weighted average effective interest rate (%)	Less than 1 year	1 Year to 5 years	> 5 years
March 31, 2018				
Non-interest bearing		7,247.62	54.25	-
Variable interest rate instruments	8.47%	2,136.34	3,573.01	12,214.72
Fixed interest rate instruments	9.05%	2,948.02	4,137.61	5,000.00
Financial guarantee contracts		0.03	0.09	0.24
Total		**12,332.01**	**7,764.96**	**17,214.96**

Non Interest bearing includes Trade Payables, Current Financial Liabilities, Non Current Financial liabilities excluding current maturities of Long term debts

Variable interest rate instruments and Fixed Interest rate instruments includes Long Term and Short Term Borrowings and current maturities of long term debt

The carrying amounts of the above are as follows:

Particulars	March 31, 2019	March 31, 2018
Non-interest bearing	7,803.16	7,301.87
Variable interest rate instruments	23,099.44	17,924.07
Fixed interest rate instruments	7,013.43	12,085.63
Financial guarantee contracts	0.39	0.36
Total	**37,916.42**	**37,311.93**

The amounts included above for financial guarantee contracts represents the fair value. The maximum amounts the Company could be forced to settle under the arrangement for the full guaranteed amount is ₹35 miilion,if that amount is claimed by the counterparty to the guarantee. Based on expectations at the end of the reporting period, the Company considers that it is more likely than not that such an amount will not be payable under the arrangement. However, this estimate is subject to change depending on the probability of the counterparty claiming under the guarantee which is a function of the likelihood that the financial receivables held by the counterparty which are guaranteed suffer credit losses.

The following table details the Company's expected maturity for its non-derivative financial assets. The table has been drawn up based on the undiscounted contractual maturities of the financial assets including interest that will be earned on those assets. The inclusion of information on non-derivative financial assets is necessary in order to understand the Company's liquidity risk management as the liquidity is managed on a net asset and liability basis.

	Less than 1 year	1 Year to 5 years	> 5 years
March 31, 2019			
Non-interest bearing	10,377.51		2,112.29
Fixed Interest Rate Instruments	-	195.92	
	10,377.51	**195.92**	**2,112.29**

	Less than 1 year	1 Year to 5 years	> 5 years
March 31, 2018			
Non-interest bearing	13,185.00	-	2,673.70
Fixed Interest Rate Instruments		426.40	
	13,185.00	**426.40**	**2,673.70**

Non Interest bearing includes Trade Receivables, Current Financial assets and Non current financial assets

Fixed Interest Rate Instruments includes Loans

The amounts included above for variable interest rate instruments for both non-derivative financial assets and liabilities is subject to change if changes in variable interest rates differ to those estimates of interest rates determined at the end of the reporting period.

The following table details the Company's liquidity analysis for its derivative financial instruments. The table has been drawn up based on the undiscounted contractual net cash inflows and outflows on derivative instruments that settle on a net basis, and the undiscounted gross inflows and outflows on those derivatives that require gross settlement. When the amount payable or receivable is not fixed, the amount disclosed has been determined by reference to the projected interest rates as illustrated by the yield curves at the end of the reporting period.

Particulars	Less than 1 year	1-5 years	5+ years
March 31, 2019			
- Cross Currency interest rate swaps	1,278.79	999.40	
Total	1,278.79	999.40	-

Particulars	Less than 1 year	1-5 years	5+ years
March 31, 2018			
- Cross Currency interest rate swaps	928.96	2,137.61	-
Total	928.96	2,137.61	-

41.2 Financing facilities

The Company has access to financing facilities as described below. The Company expects to meet its other obligations from operating cash flows and proceeds of maturing financial assets.

Particulars	As at March 31, 2019	As at March 31, 2018
Secured bank loan facilities		
- amount used	30,710.00	27,796.00
- amount unused	3,350.00	5,905.00
Total	**34,060.00**	**31,849.16**

Particulars	As at March 31, 2019	As at March 31, 2018
Unsecured bank loan facilities		
- amount used	2,014.34	2,213.70
- amount unused	713.86	210.00
Total	**2,728.20**	**31,849.16**

42. Information on Related Party Transactions as required by Ind AS 24 - Related Party Disclosures for the year ended March 2019

S.No	Name of the company	Country of Incorporation	% of Holding as at March 31, 2019	% of Holding as at March 31, 2018
A)	**Subsidiary Companies: (where control exists)**			
1	Apollo Home Healthcare (India) Limited	India	100	100
2	AB Medical Centres Limited	India	100	100
3	Apollo Health and Life Style Limited	India	70.25	68.64
4	Apollo Nellore Hospitals Limited	India	79.44	79.44
5	Imperial Hospitals and Research Centre Limited	India	90	90
6	Samudra Health Care Enterprises Limited	India	100	100
7	Western Hospitals Corporation (P) Limited	India	100	100
8	Apollo Hospitals (UK) Limited	United Kingdom	100	100
9	Sapien Biosciences Private Limited	India	70	70
10	Assam Hospitals Limited	India	62.32	61.24
11	Apollo Lavasa Health Corporation Limited	India	51	51
12	Apollo Rajshree Hospitals Private Limited	India	54.63	54.63
13	Total Health	India	100	100
14	Apollo Home Healthcare Limited	India	58.12	74
15	Apollo Healthcare Technology Solutions Limited	India	40	40
16	Apollo Hospitals International Limited	India	50	50
17	Future Parking Private Limited	India	49	49

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S.No	Name of the company	Country of Incorporation	% of Holding as at March 31, 2019	% of Holding as at March 31, 2018
18	Apollo Hospitals Singapore Private Limited	Singapore	100	100
19	Apollo Medicals Private Limited	India	100	-
B)	**Step Down Subsidiary Companies**			
1	Alliance Dental Care Limited	India	70	70
2	Apollo Dialysis Private Limited	India	70	70
3	Apollo Sugar Clinics Limited	India	80	80
4	Apollo Specialty Hospitals Pvt Ltd	India	100	100
5	Apollo CVHF Limited	India	66.67	63.74
6	Apollo Bangalore Cradle Limited	India	100	100
7	Kshema Health Care Private Limited	India	100	100
8	Apollo Pharmacies Limited	India	100	-
9	AHLL Diagnostics Limited	India	100	-
10	AHLL Risk Management Private Limited	India	100	-
C)	**Joint Ventures**			
1	Apollo Gleneagles Hospital Limited	India	50	50
2	Apollo Gleneagles PET-CT Private Limited	India	50	50
3	Apokos Rehab Private Limited	India	50	50
4	Medics International Lifesciences Limited	India	50	-
D)	**Associates**			
1	Family Health Plan Insurance TPA Limited	India	49	49
2	Indraprastha Medical Corporation Limited	India	22.03	22.03
3	Apollo Munich Health Insurance Company Limited	India	9.96	9.96
4	Stemcyte India Therapeutics Private Limited	India	24.5	24.5
5	Apollo Amrish Oncology Services (P) Limited	India	50	50
E)	**Key Management Personnel**			
1	Dr. Prathap C Reddy		-	-
2	Smt. Suneeta Reddy		-	-
3	Smt. Preetha Reddy		-	-
4	Smt. Sangita Reddy		-	-
5	Smt. Shobana Kamineni		-	-
6	Shri. Krishnan Akhileswaran		-	-
7	Shri. S M Krishnan		-	-
F)	**Directors**			
1	Shri Vinayak Chatterjee		-	-
2	Dr T Rajgopal		-	-
3	Shri N Vaghul (Refer note i)		-	-

S.No	Name of the company	Country of Incorporation	% of Holding as at March 31, 2019	% of Holding as at March 31, 2018
4	Shri Deepak Vaidya (Refer note ii)		-	-
5	Shri BVR Mohan Reddy (Refer note iii)		-	-
6	Shri G Venkatraman (Refer note iv)		-	-
7	Dr Murali Doraiswamy (Refer note v)		-	-
8	Smt V Kavitha Dutt (Refer note vi)		-	-
9	Shri MBN Rao (Refer note vii)		-	-
10	Shri Sanjay Nayar (Refer note viii)		-	-
11	Shri. Habibullah Badsha (Refer note ix)		-	-
12	Shri. Rafeeque Ahamed (Refer note x)		-	-
13	Shri. Rajkumar Menon (Refer note xi)		-	-
	Note:			
	(i) Shri N Vaghul ceased to be a director w.e.f 1st April 2019			
	(ii) Shri Deepak Vaidya resigned w.e.f 5th September 2018			
	(iii) Shri BVR Mohan Reddy resigned w.e.f 20th August 2018			
	(iv) Shri G Venkatraman ceased to be a director w.e.f 1st April 2019			
	(v) Dr Murali Doraiswamy appointed as a director w.e.f 27th September 2018			
	(vi) Smt V Kavitha Dutt appointed as a director w.e.f 9th February 2019			
	(vii) Shri MBN Rao appointed as a director w.e.f 9th February 2019			
	(viii) Shri Sanjay Nayar resigned w.e.f 9th February 2019			
	(ix) Shri Habibullah Badsha resigned w.e.f 14th August 2017			
	(x) Shri Rafeeque Ahamed resigned w.e.f 14th August 2017			
	(xi) Shri Rajkumar Menon resigned w.e.f 14th August 2017			
G)	**Enterprises over which key managerial personnel and their relatives are able to exercise significant influence / control / joint control**			
1	Adeline Pharma Private Limited		-	-
2	AMG Health Care Destination Private Limited		-	-
3	Apollo Hospitals Educational Research Foundation		-	-
4	Apollo Hospitals Educational Trust		-	-
5	Apollo Institute of Medical Sciences and Research		-	-

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S.No	Name of the company	Country of Incorporation	% of Holding as at March 31, 2019	% of Holding as at March 31, 2018
6	Apollo Medical Centre LLC		-	-
7	Apollo Medskills Limited		-	-
8	Apollo Shine Foundation		-	-
9	Apollo Sindoori Hotels Limited		-	-
10	Apollo Tele Health Services Private Limited		-	-
11	Apollo Teleradiology Private Limited		-	-
12	Dhruvi Pharma Private Limited		-	-
13	Apollo Proton Therapy Cancer Centre Private Limited			
14	Emedlife Insurance Broking Services Limited		-	-
15	Faber Sindoori Management Services Private Limited		-	-
16	Focus Medisales Private Limited		-	-
17	Health Net Global Limited		-	-
18	Indian Hospital Corporation Limited		-	-
19	Indo-National Limited		-	-
20	Keimed Private Limited		-	-
21	Kurnool Hospital Enterprise Limited		-	-
22	Lifetime Wellness Rx International Limited		-	-
23	Lucky Pharmaceuticals Private Limted		-	-
24	Matrix Agro Private Limited		-	-
25	Medihauxe Healthcare Private Limited		-	-
26	Medversity Online Limited		-	-
27	Meher Distributors Private Limited		-	-
28	Neelkanth Drugs Private Limited		-	-
29	P. Obul Reddy & Sons		-	-
30	Palepu Pharma Private Limited		-	-
31	PCR Investments Limited		-	-
32	Sanjeevani Pharma Distributors Private Limited		-	-
33	Srinivasa Medisales Private Limited		-	-
34	Vardhman Pharma Distributors Private Limited		-	-
35	Vasu Agencies HYD Private Limited		-	-
36	Vasu Pharma Distributors HYD Pvt Ltd		-	-
37	Vasu Vaccines & Speciality Drugs Private Limited		-	-

42.1 Details of Related Party Transactions during the year ended March 2019:

Sl. No	Entity Name	Type of transaction	For Financial Year ended March 31, 2019	For Financial Year ended March 31, 2018
1	Apollo Rajshree Hospitals Pvt. Ltd.	Investments in equity	327.36	327.36
		Reimbursement of expenses	1.13	5
		Revenue from operations	153.40	88
		Receivable as at year end	135.25	95
2	Kurnool Hospital Enterprise Limited	Salary - PF	0.04	-
		Investments in equity	1.73	1.73
		Revenue from operations	0.97	2.51
		Receivable as at year end	7.60	9
3	Samudra Health Care Enterprise Limited	Investments in equity	250.60	251
		Revenue from operations	81.00	30
		Reimbursement of expenses	84.31	10
		Receivable as at year end	141.21	174
4	Apollo Home Health Care Limited	Investments in equity	125.00	100
		Investment in debentures	72.00	97
		Revenue from operations	6.72	3
		Reimbursement of expenses	5.04	4
		Interest receivable	26.77	17
		Interest Income	10.44	17
		Receivable as at year end	17.12	19
5	Apollo Gleneagles Hospital Limited	Investments in equity	393.12	393.12
		Revenue from operations	210.86	173.16
		Reimbursement of expenses	58.68	111.70
		Receivable as at year end	988.46	754.50
6	Apollo Health Care Technology Solutions Limited	Investments in equity	0.20	0.20
		Receivable as at year end	-	3.80
7	Apollo Sugar Clinics Limited	Rental Income	14.23	14
		Share of revenue from operations	290.08	234
		Lab cost	126.90	103
		Pharmacy income	0.10	-
		IT Cost	19.05	9
		Marketing Cost	11.80	-
		Consultancy fee to doctors	5.84	-
		Investigation Expenses	-	-
		Payable as at year end	48.04	32

Notes to the Standalone financial statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

Sl. No	Entity Name	Type of transaction	For Financial Year ended March 31, 2019	For Financial Year ended March 31, 2018
8	Apollo Hospital International Limited	Investments in equity	480.44	480.44
		Investments in preferences	110.40	110.40
		Reimbursement of expenses	28.94	34.29
		Revenue from operations	0.67	0.81
		Receivable as at year end	73.37	64.81
9	Apollo Medskills Limited	Investigation Income	0.94	-
		Reimbursement of expenses	1.14	8
		Receivable as at year end	0.07	7
10	Apollo Gleneagles PET-CT Private Limited	Investments in equity	85.00	85
		Services availed	37.34	-
		Revenue from operations	3.93	-
		Reimbursement of expense	42.38	3
		Receivable as at year end	6.98	1
11	APOKOS Rehab Pvt Ltd	Investments in equity	84.75	85
		Rental Income	15.96	-
		Reimbursement of expense	10.96	18
		Revenue from operations	3.54	0
		Receivable as at year end	12.33	3
12	Apollo Hospitals Educational Research Foundation	Reimbursement of expenses	33.54	-
		Receivable as at year end	20.77	605
13	Medversity Online Limited	Reimbursement of expense	0.63	0.05
		Revenue from Operation during the year (Dem Course)	0.62	-
		Receivable as at year end	5.24	8
14	Apollo Institute of Medical Sciences And Research	Rental Income	12.96	-
		Power charges paid	17.71	40.01
		Revenue from Operations	0.65	-
		Receivable as at year end	10.36	-
15	Lifetime Wellness Rx International Limited	Revenue from Operations	20.27	-
		Loan Receivable	92.00	
		Reimbursement of expense	30.06	40
		Receivable as at year end	147.47	-
16	Apollo Tele-health Services Private Limited	Revenue from Operations	10.30	0.06
		Reimbursement of expenses	25.57	12.64
		Receivable as at year end	(8.61)	1.34

Sl. No	Entity Name	Type of transaction	For Financial Year ended March 31, 2019	For Financial Year ended March 31, 2018
17	Apollo Health & Lifestyle Limited	Investment in equity	3,839.84	3,039.84
		Pharmacy Income	53.99	51.56
		Commission on turnover	10.38	-
		Reimbursement of expense during the year	2.01	-
		Interest expenses	12.03	13
		Interest receivable	-	278
		Security deposit	35.00	35
		Interest payable	12.03	-
		Receivable as at year end	19.88	102
18	Apollo Specialty Hospital Private Limited	Revenue from Operation during the year (Lab Tests)	110.97	60.60
		Pharmacy Income	123.00	-
		Commission on turnover	10.03	6.44
		Sponsorship income	1.50	-
		Reimbursement of expenses	0.78	-
		Lease deposit	12.65	12.65
		Receivable as at year end	159.61	38.98
19	Indraprastha Medical Corporation Limited	Dividend received	30.29	30
		Reimbursement of expenses	177.95	-
		Revenue of Operations	141.31	280
		Licence Fees	12.00	12
		Investment in equity	393.72	394
		Receivable as at year end	338.77	36
20	Imperial Cancer Hospital & Research Centre Limited	Investment in equity	1,272.62	1,272.62
		Reimbursement of expenses	37.14	95.73
		Revenue of Operations	535.77	81.93
		Receivable as at year end	325.31	305.02
21	Apollo Teleradiology Private Limited	Project revenue	6.31	-
		Payable as on 31.03.2019	2.07	-
		Payable as at year end	4.45	-
22	Apollo Medical Centre LLC	Reimbursement of expense during the year (Travel)	2.15	-
		Doctors Consultancy Fees	0.12	-
		Payable as at year end	17.49	-

Notes to the Standalone financial statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

Sl. No	Entity Name	Type of transaction	For Financial Year ended March 31, 2019	For Financial Year ended March 31, 2018
23	Family Health Plan Insurance (TPA) Limited	Investments	4.90	4.90
		Pharmacy Income - Departmental sales	0.02	-
		Receivable as at year end	16.60	44.71
24	Apollo Hospitals Educational Trust	Rent expenses	16.91	32.36
		Lease deposit	-	70.00
		Reimbursement of expenses	-	7.05
		Receivable as at year end	(1.78)	181.73
25	Apollo Sindoori Hotels Limited	Maintenance Service charges	991.76	1,014
		Payable as at year end	188.11	78
26	Health Net Global Limited	Service Charges	0.47	-
		Payable as at year end	(0.82)	-
27	Faber Sindoori Management Services Private Limited	Outsourcing expenses	906.42	753
		Payable as at year end	139.24	98
28	Sapien Bio Sciences Private Limited	Investments in equity	0.10	0
		Investments in preference	26.00	26
		Reimbursement expenses	1.72	-
		Rent	1.24	-
		Interest receivable	1.17	1.30
		Receivable as at year end	5.96	4
29	Apollo Munich Health Insurance Company Limited	Investments in equity	357.09	357.09
		Investments in debentures	80.00	80
		Interest receivable	6.15	-
		Interest income	6.72	-
		Group Med claim expenses incurred	108.58	112
		Receivable as at year end	(2.01)	23
30	Alliance Dental Care Limited	Share of revenue	70.88	58.96
		Reimbursement expenses	-	-
		Payable as at year end	19.73	0.47
31	Matrix Agro Pvt Limited	Power charges paid	34.95	-
		Payable as at year end	2.81	-
32	Western Hospitals Corporation Private Limited	Investments In equity	153.66	154
		Reimbursement of expense during the year (Travel)	0.06	-
		Loan Receivable	87.92	(94)

Sl. No	Entity Name	Type of transaction	For Financial Year ended March 31, 2019	For Financial Year ended March 31, 2018
		Interest expenses	0.85	-
		Interest Income	4.52	-
		Interest Payable	-	6
		Interest receivable	4.86	-
		Payable as at year end	0.06	3
33	Assam Hospitals Limited	Investments In equity	699.49	665
		Dividend received	3.11	4
		Management Fees	21.46	16
		Receivable as at year end	9.24	4
34	Stemcyte India Therapeutics Private Limited	Investments In equity	80.00	80
35	Medics International Lifesciences Limited	Interest income	13.49	-
		Investments	910.25	-
		Interest receivable	12.14	-
		Receivable as at year end	1.87	-
36	Apollo Lavasa Health Corporation Limited	Investments	312.20	312
		Reimbursement of expenses	0.11	-
		Rent expenses	0.17	-
		Departmental sales	0.05	-
		Receivable as at year end	3.79	0
37	Meher Distributors Private Limited	Medicine purchases during the year	779.56	638
		Payable as at year end	34.54	35
38	P. Obul reddy & Sons	Transactions	0.43	2
39	Future Parking Private Limited	Investments in equity	24.01	26
		Investments in preference	210.00	210
		Rental Exp for the year	25.69	26
		Corporate Guarantee paid	55.00	55
		Lease Deposit given	170.00	170
		Payable as at year end	9.44	(1)
40	Total Health	Purchase of Jute bags	3.14	-
		Purchase of medicines	0.90	-
		CSR Expenses	20.00	30
		Receivable as at year end	5.10	1
41	Apollo Nellore Hospitals Limited	Investments in equity	53.96	54
		Rent	8.17	8
		Payable as at year end	29.30	24

Notes to the Standalone financial statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

Sl. No	Entity Name	Type of transaction	For Financial Year ended March 31, 2019	For Financial Year ended March 31, 2018
42	AB Medicals Centers Limited	Investments in equity	21.80	22
		Rent	9.18	7
		Payable as at year end	46.01	40
43	Apollo Singapore Pte Ltd	Investments	1.45	1
44	Apollo Hospitals(UK) Ltd	Investments	0.39	0
45	Apollo Home Health Care (I) Limited	Investments	297.40	297
		Receivable as at year end	-	2
46	Keimed Private Limited	Purchases	6,110.56	4,764
		(Receivable)/Payable as at year end	156.23	177
47	Sanjeevani Pharma Distributors Private Limited	Purchases	2,799.32	4,264
		Payable as at year end	236.59	116
48	Palepu Pharma Private Limited	Purchases	5,252.53	4,491
		Payable as at year end	86.93	79
49	Medihauxe International Private Limited	Purchases	580.35	531
		Payable as at year end	53.14	53
50	Medihauxe Pharma Private Limited	Purchases	264.11	263
		Payable as at year end	20.83	33
51	Vardhaman Pharma Distributors Private Limited	Purchases	139.94	162
		Payable as at year end	0.18	7
52	Focus Medisales Private Limited	Purchases	39.46	171
		Payable as at year end	0.08	2
53	Srinivasa Medisales Private Limited	Purchases	2,813.58	2,181
		Payable as at year end	137.06	202
54	Meher Distributors Private Limited	Purchases	779.52	638
		Payable as at year end	34.54	35
55	Lucky Pharmaceuticals Private Limited	Purchases	1,057.30	993
		Payable as at year end	42.33	50
56	Neelkanth Drugs Private Limited	Purchases	1,823.06	1,637
		Payable as at year end	86.81	86
57	Dhruvi Pharma Private Limited	Purchases	850.34	626
		Payable as at year end	60.33	64
58	Apollo Amrish Oncology Services Private Limited	Pharmacy income	0.01	0
		(Receivable)/Payable as on 31.03.2019	-	-

Sl. No	Entity Name	Type of transaction	For Financial Year ended March 31, 2019	For Financial Year ended March 31, 2018
59	Apollo Shine Foundation	Pharmacy Income	0.50	-
		Loan Receivable	16.00	
		Payable at year end	0.50	-
60	Adeline Pharma Private Limited	Purchases	512.56	263
		Payable at year end	38.98	33
61	Indian Hospital Corporation Limited	Rent Income	0.12	-
		Receivable at year end	(0.01)	-
62	PCR Investments Limited	Rent Income	0.12	0
		Receivable at year end	(0.01)	0
63	Apollo Bangalore Cradle Limited	Revenue from operations	25.51	18
		Receivable at year end	64.82	49
64	Medihauxe Healthcare Private Limited	Purchases	92.07	531
		Reimbursement of expenses	0.23	-
		Payable at year end	3.63	53
65	Emedlife Insurance Broking Services Ltd	Receivable at year end	(0.18)	-
66	HealthNet Global Limited	Pharmacy Expenditure	1.60	-
67	Indo- National Limited	Purchases	0.77	-
		Payable at year end	0.12	-
68	Apollo CVHF Limited	(Receivable)/Payable as on 31.03.2019	(0.00)	-
69	Apollo Dialysis Private Limited	Pharmacy income	0.25	-
		Share of revenue	64.97	-
		Payable at year end	4.48	-
70	Vasu Agencies Hyderabad Private Limited	Purchases	2,262.84	-
		Payable at year end	75.31	-
71	Vasu Vaccines & Speciality Drugs Private Limited	Purchases	25.87	-
		Payable at year end	3.63	-
72	Vasu Pharma Distributors Hyderabad Private Limited	Purchases	0.67	-
		Payable at year end	0.03	-
73	AMG Health care destination Private Limited	Investments in equity	12.33	12.33
74	Dr.Prathap C Reddy	Remuneration Paid	96.61	95.86
75	Smt.Preetha Reddy	Remuneration Paid	39.63	38.22
76	Smt.Suneeta Reddy	Remuneration Paid	39.63	38.22
77	Smt.Sangita Reddy	Remuneration Paid	39.63	38.22

Notes to the Standalone financial statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

Sl. No	Entity Name	Type of transaction	For Financial Year ended March 31, 2019	For Financial Year ended March 31, 2018
78	Smt. Shobana Kamineni	Remuneration Paid	39.63	38.22
79	Shri Krishnan Akhileswaran	Remuneration Paid	20.08	
80	Shri S M Krishnan	Remuneration Paid	6.94	
81	Shri Habibullah Badsha	Remuneration paid	-	0.05
82	Shri Sanjay Nayar	Remuneration paid	1.23	1.30
83	Shri Vinayak Chatterjee	Remuneration paid	1.65	1.55
84	Shri Rafeeque Ahamed	Remuneration paid	-	0.10
85	Shri N. Vaghul	Remuneration paid	1.75	1.70
86	Shri Deepak Vaidya	Remuneration paid	0.79	1.95
87	Shri Rajkumar Menon	Remuneration paid	-	0.20
88	Shri BVR Mohan Reddy	Remuneration paid	0.63	1.03
89	DR T.Rajgopal	Remuneration paid	1.85	1.44
90	Shri G. Venkatraman	Remuneration paid	2.10	1.90
91	Dr. Murali Doraiswamy	Remuneration paid	0.78	-
92	Smt. V.Kavitha Dutt	Remuneration paid	0.27	-
93	Shri. MBN Rao	Remuneration paid	0.32	-

43 Fair Value Measurements

Fair Value of Company's financial assets and liabilities that are measured at fair value on a recurring basis

The following guidance has been followed for classification and measurement of financial assets that are measured at fair value :

Level 1: Level 1 hierarchy includes financial instruments measured using quoted prices. This includes listed equity instruments, traded bonds and mutual funds that have quoted price. The fair value of all equity instruments (including bonds) which are traded in the stock exchanges is valued using the closing price as at the reporting period.

Level 2: The fair value of financial instruments that are not traded in an active market (for example, traded bonds, over-the-counter derivatives) is determined using valuation techniques which maximise the use of observable market data and rely as little as possible on entity-specific estimates. If all significant inputs required to fair value an instrument are observable, the instrument is included in level 2.

Level 3: If one or more of the significant inputs is not based on observable market data, the instrument is included in level 3. This is the case for unlisted equity securities, contingent consideration and indemnification asset included in level 3.

Financial Assets/ Financial Liabilities	Fair Value as at		Fair Value Hierarchy	Valuation technique and key inputs	Significant unobservable inputs	Relationship of unobservable inputs to fair value
	March 31, 2019	March 31, 2018				
Derivative Instruments	Assets ₹288.21	Assets ₹285.85	Level 2	Discount cash flow, Future Cash Flows are estimated based on forward exchange rates and contract forward rates discounted at a rate that reflects the credit risk of various counterparties.	-	-
	-	Liabilities- ₹43.68	Level 2		-	-
Investments in Mutual Funds	125.65	20.06	Level 1	Fair value is determined based on the Net asset value published by respective funds.		
Investments in equity Instruments	53.84	54.53	Level 3	Discounted Cash Flow -Income approach	Discount rate, Risk free Return, Long term Market rate of return are the assumptions used	A slight change in assumptions will change the Fair value of the Investment

Fair Value of Financial Assets and Financial Liabilities that are not measured at fair value (but fair value disclosure are required)

The company considers that the carrying amounts of financial assets and financial liabilities recognised in the financial statements at amortized cost will reasonably approximate their fair values.

Reconciliation of Level 3 Fair Value Measurements

Particulars	March 31, 2019	March 31, 2018
Opening Balance	54.53	54.53
Gain/ (Loss)	(0.69)	-
Closing Balance	53.84	54.53

44. Operating Lease Arrangements

44.1 The Company as lessee

Leasing arrangement

The company has taken various medical equipment, hospital premises, office and residential premises under Operating leases. The leases typically run for a term ranging from 25-30 years for Hospitals and 7-10 years for Pharmacy with an option to renew the lease after term completion. The escalation clause range from 5 to 10% per annum effectively.

Notes to the Standalone financial statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

Payments recognised as an expense

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
Minimum lease payments	2,632.11	2,320.59
Total	**2,632.11**	**2,320.59**

Non-cancellable operating lease commitments

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
Not later than 1 year	130	130
Later than 1 year and not later than 5 years	521	551
Later than 5 years	3,006	3,109
Total	**3,657**	**3,790**

45. Commitments

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
Commitments to contribute funds for the acquisition of property, plant and equipment	2,891.06	8,720.00
Commitments to contribute funds towards Equity	416.00	1,710.25

46. Contingent Liabilities

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
a) Claims against the Company not acknowledged as debt	1,939.92	1,943.61
b) Bank Guarantees	2,234.14	1,907.89
c) Letters of Comfort (Refer note (ii) below)	2,836.00	2,716.00
d) Other money for which the company is contingently liable		
Customs Duty	99.70	99.70
Service Tax	4.42	23.74
Value Added Tax	0.68	0.05
Income Tax (Refer note (i) below)	231.90	236.82
Total	**7,346.77**	**6,927.81**

Note (i) With respect to the proceedings pending before the relevant income tax authority for the assessment years 2009-10 to 2016-17, the Company is of the opinion that no additional provision for tax expense is considered necessary in the financial statements.

Note (ii) : Comfort letters issued on behalf of related parties are as follows:

Particulars	Beneficiary	Value
Alliance Dental Care Limited	ICICI Bank Limited	371.00
Apollo Health and Lifestyle Limited	Yes Bank Limited	200.00
Apollo Health and Lifestyle Limited	HDFC Bank Limited	610.00
Apollo Rajshree Hospital Limited	Axis Bank Limited	60.00
Future Parking Private Limited	ICICI Bank Limited	55.00
Apollo Specialty Hospital Limited	HDFC Bank Limited	300.00
Imperial Hospital and Research Centre Limited	Axis Bank Limited	1,220.00
Apollo Home Healthcare Limited	HDFC Bank Limited	20.00
Total		**2,836.00**

The purpose of the above comfort letters issued was towards securing financing facilities to the above mentioned related parties.

Note (iii): Out of the total amount of contingent liability disclosed against Service Tax, value added tax and Income, ₹95.67 million has been deposited before the respective statutory authorities as at March 31, 2019 and ₹101.31 million as at March 31, 2018.

47. Expenditure in Foreign Currency

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
a. CIF Value of Imports		
Machinery and Equipment	105.23	455.66
Stores and Spares	-	0.69
Other Consumables	65.97	20.57
b. Expenditure		
Travelling Expenses	105.52	54.78
Professional Charges	87.06	48.90
Royalty	12.53	-
Advertisement	2.71	12.39
Others	10.26	17.97
c. Dividends		
Amount remitted during the year in foreign currency on account of dividends excluding the payment of dividends directly to the share-holder's Non-resident external bank account.	3.05	4.49
Non-Residents shareholders to whom remittance was made (Nos.)	144	170
Shares held by non-resident share-holders on which dividend was paid (Nos.)	609,795	624,264

48 Earnings in Foreign Currency

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
Hospital Fees	951.49	921.27
Project Consultancy Services	20.94	17.77
Pharmacy Sales	17.72	1.93
Total	**990.15**	**940.97**

Notes to the Standalone financial statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

49 The disclosures pursuant to Regulation 34(3) read with para A of Schedule V to Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015.

Principal amounts outstanding as at the year-end were:

Company Particulars (Relationship)	As at March 31, 2019	As at March 31, 2018
Loans and Advances in the nature of loans to subsidiaries, joint ventures and associates	-	-
Investments to subsidiaries, joint ventures and associates	Refer Note 8	Refer Note 8
Investments by subsidiaries, joint ventures and associates	-	-

50 Particulars of Loans, Guarantees & Investments

Details of loans, Guarantees and Investments covered under the provisions of section 186 of the Companies Act, 2013 are provided in notes 8, 9, 11, 19 and 43 to the financial statements.

51 Scheme of Arrangement

The Board of Directors at their meeting held on November 14, 2018 have approved a Scheme of Arrangement ("the Scheme") between Apollo Hospitals Enterprise Limited ("AHEL") and Apollo Pharmacies Limited ("APL") and their respective shareholders in accordance with the provisions of Sections 230 to 232 of the Companies Act, 2013, for the transfer of the front-end retail pharmacy business ("the disposal group") carried out in the standalone pharmacy segment to APL by way of slump sale, subject to necessary approvals by stock exchanges, shareholders, National Company Law Tribunal and all other requisite regulatory authorities.

The requisite applications have been submitted to the Stock Exchanges and Competition Commission of India. The disposal group has not been classified as discontinued operations, pending approval of the Scheme by the shareholders. Further, pending receipt of necessary approvals, no effect for the Scheme has been given in the financial statements for the year ended March 31, 2019

52 Events after the Reporting Period

There are no subsequent events after the reporting period

53 Figures for the previous year are reclassified / regrouped wherever necessary.

As per our report of even date attached

For **Deloitte Haskins & Sells LLP**
Chartered Accountants
Firm Registration No. 117366W/W-100018

Vikas Bagaria
Partner
Membership No. 060408

Place : Mumbai
Date : May 30, 2019

Krishnan Akhileswaran
Chief Financial Officer

S M Krishnan
Vice President - Finance
& Company Secretary

Place : Chennai
Date : May 30, 2019

For and on behalf of the Board of Directors

Dr. Prathap C Reddy
Executive Chairman

Preetha Reddy
Executive Vice Chairperson

Suneeta Reddy
Managing Director

TEN years Financial Performance at a Glance (Standalone)

(₹ in million)

Financial Highlights for the year ended	Ind AS		I GAAP							
	31st Mar 2019	31st Mar 2018	31st Mar 2017	31st Mar 2016	31st Mar 2015	31st Mar 2014	31st Mar 2013	31st Mar 2012	31st Mar 2011	31st Mar 2010
Balance Sheet										
Sources										
Share Capital	695.63	695.63	695.63	695.63	695.63	695.63	695.63	672.33	623.55	617.85
Preferential issue of equity share warrants		-		-	-	-	-	387.05	685.07	-
Reserves and Surplus	38,138.53	36,239.36	35,094.51	32,459.74	30,915.08	28,951.61	26,580.34	22,463.28	16,413.02	14,799.93
Networth	38,834.16	36,934.99	35,790.14	33155.37	31,610.71	29,647.24	27,275.97	23,522.66	17,721.64	15,417.78
Loans (including long term liabilities and provisions)	26,014.79	25,568.96	26,300.95	20,080.49	14,609.49	10,079.98	8,825.42	6,921.47	7,689.40	6,899.86
Deferred Tax Liability	3,103.73	2,466.06	2,336.74	5,251.57	4,019.46	3,288.58	2,394.11	1,700.85	1,071.06	751.45
Applications										
Gross Block (incl. Goowill & (WIP)	59,926.86	53,716.18	45,750.36	39,923.22	37,139.45	31,438.71	26,427.74	21,196.95	17,968.91	15,289.23
Accumulated Depreciation	12,040.69	9,118.02	6,474.75	3,953.47	7,742.41	6,742.13	5,785.31	4,827.51	3,987.44	3,314.74
Net Block	12,040.69	9,118.02	39,275.61	35,969.75	29,397.04	24,696.58	20,642.43	16,369.44	13,984.47	11,974.49
Investments	10,852.73	9,002.73	10,637.66	8,771.76	7,130.21	6,900.27	8,960.35	7,641.18	6,241.12	4,897.88
Long Term Loans and Advances	5,604.03	4,741.57	5,434.49	7,355.45	5,850.63	4,876.08	3,227.58	5,103.33	4,521.44	1,859.70
Current Assets, Loans & Advances										
Inventory	5,611.46	5,386.82	4,425.04	3,814.21	3,325.04	2,649.74	2,053.88	1,827.09	1,505.21	1,343.43
Debtors	9,093.18	7,499.36	6,635.92	5,460.81	5,495.45	4,684.51	4,266.09	3,537.70	2,696.43	2,055.34
Cash & Bank Balances	2,776.57	2945.6	2,727.48	2,557.57	2,492.28	2,088.98	2,554.66	1,869.55	1,414.40	2,855.58
Loans & Advances	2,423.36	3,946.45	2,795.31	4,447.17	4,508.94	2,669.73	1,838.90	1,234.94	1,193.53	1,260.19
(A)	19,904.57	19,778.23	16,583.75	16,279.76	15,821.71	12,092.96	10,713.53	8,469.28	6,809.37	7,514.54
Current Liabilities & Provisions										
Creditors	5,364.29	4,733.85	3,920.18	4,012.80	3,201.00	2,487.23	1,763.42	1,709.36	1,794.01	1,781.07
Other Liabilities	1,0006.2	7,741.68	2,965.12	5,284.84	3,454.56	1,746.51	2,130.62	2,955.67	2,593.45	839.95
Provisions	960.35	675.15	618.68	591.65	1,304.37	1,316.35	1,154.35	773.22	684.04	556.50
(B)	16,330.84	13,150.68	7,503.07	9,889.29	7,959.93	5,550.09	5,048.39	5,438.25	5,071.50	3,177.52
Net Current Assets (A - B)	3,573.73	6,627.55	9,080.07	6,390.47	7,861.78	6,542.87	5,665.14	3,031.03	1,738.07	4,337.02
Miscellaneous Expenditure				-	-	-	-	-	-	**0.12**
Key Indicators										
O P M %	12.34%	11.71%	12.64%	13.82	15.60	16.38	17.46	17.41	16.93	16.90
N P M %	3.63%	3.24%	4.51%	5.94	7.47	8.51	9.23	8.17	7.72	8.18

TEN years Financial Performance at a Glance (Standalone)

(₹ in million)

Financial Highlights for the year ended	Ind AS		I GAAP							
	31st Mar 2019	31st Mar 2018	31st Mar 2017	31st Mar 2016	31st Mar 2015	31st Mar 2014	31st Mar 2013	31st Mar 2012	31st Mar 2011	31st Mar 2010
Collection Growth %	16.03%	13.73%	12.56%	21.19	19.41	15.98	18.42	20.36	26.61	25.56
OP Growth (%)	22.33%	5.30%	2.97%	7.40	13.67	8.85	18.76	24.6	30.16	29.72
Earnings Per Share (₹) (Basic)	21.76	16.76	20.50	24.00	24.91	23.77	22.43	17.72	14.66	12.31
Capital Employed	71,212	66,848	63,382	56,693	48,421	40,443	36,954	29,693	25,132	22,318
Book value per Share	279.13	265.48	257.25	238.31	227.24	220.00	196.00	172.05	136.61	249.54
ROI (PBIT/AV.CE) %	10.58%	8.75%	9.32%	10.50	12.39	13.10	14.42	14.63	13.83	12.83
RONW %	7.80%	6.31%	7.97%	10.07	11.32	11.62	12.17	11.2	10.97	10.43
Employee Cost to Collections %	15.51%	15.55%	14.88%	14.87	15.54	15.71	15.66	15.15	15.18	15.40
Debt/Equity Ratio	0.88	0.84	0.77	0.71	0.52	0.35	0.35	0.29	0.43	0.44

Profit & Loss Account	Ind AS #				I GAAP															
	31st Mar 2019		31st Mar 2018		31st Mar 2017		31st Mar 2016		31st Mar 2015		31st Mar 2014		31st Mar 2013		31st Mar 2012		31st Mar 2011		31st Mar 2010	
		%		%		%		%		%		%		%		%		%		%
Income	83488.96		71955.99		63,271.46		56,210.40		46,380.62		38,840.00		33,488.18		28,279.20		23,495.65		18,587.45	
Operative Expenses	43689.81	52.33%	38012.94	52.83%	33,639.63	53.17	28,650.92	50.97	24,239.55	52.26	20,018.93	51.54	17,198.23	51.36	14,554.76	61.95	12,275.73	52.25	9,944.64	53.5
Salaries and Wages	12950.86	15.51%	11188.06	15.55%	9,417.79	14.88	8,357.29	14.87	7,209.58	15.54	6,102.23	15.71	5,243.99	15.66	4,285.07	18.24	3,572.00	15.2	2,863.80	15.41
Administrative Expenses	16544.46	19.82%	14331.84	19.92%	12,215.00	19.30	11,433.64	20.34	7,698.03	16.6	6,356.58	16.37	5,200.16	15.53	4,516.91	19.22	3,697.38	15.74	2,633.37	14.17
Operating Profit	10303.83	12.34%	8423.15	11.71%	7,999.04	12.64	7,768.55	13.82	7,233.46	15.6	6,363.14	16.38	5,845.80	17.46	4,922.46	20.95	3,950.54	16.81	3,145.63	16.92
Financial Expenses	2680.22	3.21%	2401.74	3.34%	2,003.88	3.17	1,335.79	2.38	832.88	1.8	870.68	2.24	726.25	2.17	636.03	2.71	551.45	2.35	377.47	2.03
Depreciation	2998.95	3.59%	2720.04	3.78%	2,405.91	3.80	2,005.00	3.57	1,580.41	3.41	1,290.78	3.32	1,085.20	3.24	911.28	3.88	705.85	3	543.06	2.92
Exceptional /																				
Extraordinary Items							256.78	0.46	146.88	0.32	-	-	45.45	-	-	-	-	-	-	-
PBT	4624.67	5.54%	3301.37	4.59%	3,589.25	5.67	4,170.98	7.42	4,673.29	10.08	4,201.68	10.82	4,079.80	12.18	3,375.15	14.36	2,693.24	11.46	2,221.65	11.95
Tax - Current	1112.03	1.33%	743.5	1.03%	756.58	1.19	979.21	1.74	476.46	1.03	0		295.45	0.88	435.46	1.85	556.45	2.37	577.12	3.1
Previous			-	-	-	-	-		-		-	-		-	-	-	-	-	-	-
Deferred			225.87	0.31	(18.85)	(0.03)	-147.72	-0.26	730.88	1.58	894.48	2.3	693.26	2.07	629.79	2.68	319.61	1.36	124.89	0.67
Fringe Benefit Tax			-	-	-	-	-		-		-									
PAT	3027.58	3.63%	2332	3.24%	2,851.46	4.51	3,339.49	5.94	3,465.95	7.47	3,307.20	8.51	3,091.09	9.23	2,309.90	9.83	1,817.18	7.73	1,519.63	8.18
Dividend	485.06	0.58%	225.87	0.31%	-		1,967.55		799.97		799.97		765.19		537.87		467.67		432.49	

Form AOC-1

Statement containing salient features of the financial statements of Subsidiaries/Associate Companies/Joint Ventures

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

Part "A": Subsidiaries

(₹ in million)

Sl. No	Name of the subsidiary	Reporting Currency	Share Capital	Reserves & Surplus	Total Assets	Total Liabilities (Excluding Capital and Reserves)	Investments	Turn over	Profit before taxation	Provision for Taxation	Profit after Taxation	Other Compre-hensive Income	Total Compre-hensive Income	Proposed Dividend	% of share holding
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	Apollo Home Health Care (I) Limited	INR	298.23	32.80	332.38	1.35	317.24	4.31	3.45	2.00	1.45	-	1.45	-	100.00
2	AB Medical Centers Limited	INR	16.80	52.92	72.09	2.37	-	7.78	7.53	1.44	6.09	-	6.09	-	100.00
3	Apollo Health and Lifestyle Limited	INR	1,156.34	(306.17)	5,045.95	4,195.78	69.71	5,970.46	(1,331.49)	(2.06)	(1,329.43)	8.72	(1,338.15)	-	70.25
4	Samudra Healthcare Enterprise Limited	INR	125.00	116.89	439.90	198.01	-	381.26	48.12	33.67	14.45	(0.69)	13.76	-	100.00
5	Western Hospitals Corporation Pvt Limited	INR	180.00	20.74	297.66	96.91	281.66	10.39	4.41	0.73	3.68	-	3.68	-	100.00
6	Total Health	INR	5.00	73.79	89.39	10.60	-	62.79	23.24	-	23.24	-	23.24	-	100.00
7	Apollo Medicals Pvt Limited	INR	0.10	(0.37)	0.57	0.85	-	-	(0.37)	-	(0.37)	-	(0.37)		100.00
8	Apollo Healthcare Technology Solutions Limited	INR	0.50	(0.50)	-	-	-	0.34	0.34	-	0.34	-	0.34	-	40.00
9	Apollo Hospital (UK) Limited	INR	0.45	(6.49)	0.45	6.49	-	-	(0.44)	-	(0.44)	-	(0.44)	-	100.00
		GBP	0.05	(0.07)	0.06	0.07	-	-	(0.01)	-	(0.01)	-	(0.01)	-	
10	Apollo Hospitals Singapore Pte Limited	INR	137.37	24.03	114.12	0.78	109.50	-	(21.90)	-	(21.90)	-	(21.90)	-	100.00
		SGD	2.68	(0.47)	2.23	0.02	2.14	-	(0.43)	-	(0.43)	-	-	-	
11	Imperial Hospital & Research Centre Limited	INR	299.45	691.65	2,473.49	1,482.39	0.50	2,495.90	327.05	(5.25)	332.30	(0.72)	331.58	-	90.00
12	Apollo Nellore Hospital Limited	INR	13.97	10.11	32.59	8.51	-	8.17	7.79	1.53	6.27	-	6.27	-	79.44
13	Apollo Rajshree Hospitals Pvt Limited	INR	196.87	(178.13)	550.19	531.45	-	670.79	(5.16)	(4.52)	(0.64)	1.43	(2.07)	-	54.63
14	Sapien Bio-Sciences Pvt Limited	INR	0.14	(30.43)	12.89	43.18	-	24.08	0.92	0.04	0.89	-	0.89	-	70.00
15	Apollo Lavasa Health Corporation Limited	INR	12.79	469.55	761.69	279.35	-	6.05	(38.04)	0.13	(38.17)	(0.10)	(38.07)	-	51.00

Sl. No	Name of the subsidiary	Reporting Currency	Share Capital	Reserves & Surplus	Total Assets	Total Liabilities (Excluding Capital and Reserves)	Investments	Turn over	Profit before taxation	Provision for Taxation	Profit after Taxation	Other Compre-hensive Income	Total Compre-hensive Income	Proposed Dividend	% of share holding
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	Apollo Home Health Care Limited	INR	166.69	(316.68)	46.22	196.21	-	359.73	(69.17)	(3.69)	(65.48)	-	(65.48)	-	58.12
17	Assam Hospitals Limited	INR	84.29	985.14	1,419.58	350.14	481.78	1,453.42	195.96	50.64	145.32	9.60	154.91	-	62.32
18	Future Parking Pvt Limited	INR	49.00	(90.68)	333.63	375.31	-	43.46	(24.78)	(0.28)	(24.50)	-	(24.50)	-	100.00
19	Apollo Hospitals International Limited	INR	1,006.03	8.71	2,249.38	1,175.68	-	1,926.99	106.12	61.99	44.12	0.63	44.75	-	50.00
20	Alliance Dental Care Limited *	INR	43.52	(65.71)	319.73	341.91	18.60	317.45	(98.17)	0.52	(98.68)	0.21	(98.46)	-	69.54
21	Apollo Dialysis Private Limited *	INR	47.91	(31.44)	251.68	235.20	-	136.64	(22.53)	2.06	(24.59)	0.03	(24.56)	-	59.53
22	Apollo Speciality Hospitals Private Limited *	INR	2.52	774.94	2,964.62	2,187.17	388.86	3,119.41	(1,656.39)	-	(656.39)	2.64	(653.75)	-	99.92
23	Apollo Sugar Clinics Limited *	INR	36.68	292.79	420.52	91.05	-	270.97	(21.27)	(1.33)	(19.94)	0.20	(20.14)	-	80.00
24	Apollo Bangalore Cradle Limited **	INR	27.31	102.22	276.45	146.92	-	322.40	(3.38)	(3.31)	(0.06)	0.22	(0.28)		100.00
25	Kshema Healthcare Private Limited **	INR	17.53	28.00	45.71	0.18	45.54	0.10	-	-	-	-	-	-	100.00
26	AHLL Diagnostics Limited *	INR	0.50	(0.08)	0.45	0.01	-	-	-	-	-	-	-	-	100.00
27	AHLL Risk Management Private Limited *	INR	6.50	(0.21)	6.32	0.01	-	-	(0.21)	-	(0.21)	-	(0.21)	-	100.00
28	Apollo CVHF Limited #	INR	150.00	23.98	396.13	222.15	-	22.42	(77.73)	-	(77.73)	-	-	-	66.67
29	Apollo Pharmacies Limited ##	INR	0.50	(0.36)	0.23	0.09	-	-	(0.23)	-	(0.23)	-	(0.23)	-	100.00

* Subsidiaries of Apollo Health and Lifestyle Limited

** Step down subsidiaries of Apollo Health and Lifestyle Limited

\# Subsidiary of Apollo Hospitals International Limited

\## Subsidiary of Apollo Medicals Private Limited

Reporting period for the subsidiary concerned, if different from the holding company's reporting period

Reporting currency and Exchange rate as on the last date of the relevant Financial year in the case of foreign subsidiaries.

Notes The following information shall be furnished at the end of the statement:

1 Names of subsidiaries which are yet to commence operations - Apollo Hospital (UK) Limited and Apollo Hospitals Singapore PTE Limited

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

Part "B": Associates and Joint Ventures

Statement pursuant to Section 129 (3) of the Companies Act, 2013 related to Associate Companies and Joint Ventures

Sl.No.	Name of Associates/Joint Ventures	Latest Audited Balance Sheet Date	Number of shares	Amount of Investment in Associates /Joint Venture (₹ in million)	Extent of Holding %	Description of how there is significant influence	Reason why the associate/ joint venture is not consolidated	Networth attributable to Shareholding as per latest audited Balance Sheet (₹ in million)	Profit / Loss for the year (₹ in million)	i. Considered in Consolidation (₹ in million)	ii. Not Considered (₹ in million)
	Associates										
1	Family Health Plan Insurance (TPA) Limited	31st Mar, 2019	1,960,000	4.90	49.00	Ref Note.1	-	405.59	7.94	3.89	-
2	Indraprastha Medical Corporation Limited	31st Mar, 2019	20,190,740	393.72	22.03	Ref Note.1	-	537.61	284.13	62.59	-
3	Stemcyte Therapautics India Pvt Limited	31st Mar, 2019	240,196	80.00	24.50	Ref Note.1	-	(16.93)	(27.68)	(6.78)	-
	Joint Ventures										
4	Apollo Gleneagles Hospitals Limited	31st Mar, 2019	546,75,697	393.12	50.00	Ref Note.1	-	1,112.37	44.09	22.05	-
5	Apollo Gleneagles PET-CT Pvt Limited	31st Mar, 2019	8,500,000	85.00	50.00	Ref Note.1	-	42.18	(7.02)	(3.51)	-
6	Apollo Munich Health Insurance Company Limited	31st Mar, 2019	35,709,000	357.09	9.96	Ref Note.1	-	622.51	112.03	11.16	-
7	Apkos Rehab Pvt. Limited	31st Mar, 2019	8,475,000	84.75	50.00	Ref Note.1	-	64.39	(8.23)	(4.12)	-
8	Medics international Lifesciencs Limited	31st Mar, 2019	55,000,000	910.25	50.00	Ref Note.1	-	581.19	(212.45)	(106.23)	-

Note:

1 There is a significant influence due to control over the board and % of shareholding.

2 The above statement also indicates performance and financial position of each JV/Associate.

3 Names of Associates or Joint Ventures which are yet to commence operations - Nil.

4 Names of Associates or Joint Ventures which have been liquidated or sold during the year - Nil

For and on behalf of the Board of Directors

Dr. Prathap C Reddy
Executive Chairman

Preetha Reddy
Executive Vice Chairperson

Suneeta Reddy
Managing Director

Krishnan Akhileswaran
Chief Financial Officer

S M Krishnan
Vice President - Finance
& Company Secretary

Place : Chennai
Date : May 30, 2019

INDEPENDENT AUDITOR'S REPORT

To The Members of Apollo Hospitals Enterprises Limited, Chennai

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the accompanying consolidated financial statements of Apollo Hospitals Enterprise Limited ("the Parent") and its subsidiaries, (the Parent and its subsidiaries together referred to as "the Group"), which includes the Group's share of profit / loss in its associates and joint ventures, which comprise the Consolidated Balance Sheet as at March 31, 2019, and the Consolidated Statement of Profit and Loss (including Other Comprehensive Income), the Consolidated Statement of Changes in Equity and the Consolidated Cash Flow Statement for the year then ended, and a summary of significant accounting policies and other explanatory information.

In our opinion and to the best of our information and according to the explanations given to us, and based on the consideration of reports or other auditors on separate financial statements of the subsidiaries, associates and joint ventures referred to in Other Matters section below, the aforesaid consolidated financial statements give the information required by the Companies Act, 2013 ("the Act") in the manner so required and give a true and fair view in conformity with the Indian Accounting Standards prescribed under section 133 of the Act read with the Companies (Indian Accounting Standards) Rules, 2015, as amended ('Ind AS'), and other accounting principles generally accepted in India, of the consolidated state of affairs of the Group as at March 31, 2019, and the consolidated profit, consolidated total comprehensive income, consolidated changes in equity and consolidated cash flows for the year ended on that date.

Basis for Opinion

We conducted our audit of the consolidated financial statements in accordance with the Standards on Auditing specified under section 143 (10) of the Act (SAs). Our responsibilities under those Standards are further described in the Auditor's Responsibility for the Audit of the Consolidated Financial Statements section of our report. We are independent of the Group in accordance with the Code of Ethics issued by the Institute of Chartered Accountants of India (ICAI) together with the independence requirements that are relevant to our audit of the consolidated financial statements under the provisions of the Act and the Rules made thereunder, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the ICAI's Code of Ethics. We believe that the audit evidence obtained by us and the audit evidence obtained by the other auditors in terms of their reports referred to in the sub-paragraph (a) of the Other Matters section below, is sufficient and appropriate to provide a basis for our audit opinion on the consolidated financial statements.

Emphasis of Matter

We draw attention to Note 5(iv) to the consolidated financial statements in respect of proceedings initiated against the company's subsidiary, Imperial Hospital & Research Centre Limited, by the Government of Karnataka. The above matter has also been reported in the Emphasis of Matter paragraph in the Audit report of the standalone financial statements of the said subsidiary company audited by other auditors.

Our opinion is not modified in respect of this matter.

Key Audit Matters

Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the consolidated financial statements of the current period. We have determined that there are no key audit matters to communicate in our report.

Information Other than the Financial Statements and Auditor's Report Thereon

- The Parent's Board of Directors is responsible for other information. The other information comprises the information included in the Annual Report, for example, Directors' Report, Report on Corporate Governance, Management Discussion & Analysis Report and Business Responsibility Report but does not include the consolidated financial statements, standalone financial statements and our auditor's report thereon.
- Our opinion on the consolidated financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.
- In connection with our audit of the consolidated financial statements, our responsibility is to read the other information, compare with the financial statements of the subsidiaries, associates and joint ventures audited by the other auditors, to the extent it relates to these entities and, in doing so, place reliance on the work of the other auditors and consider whether the other information is materially inconsistent with the consolidated financial statements or our knowledge obtained during the course of our audit or otherwise appears to be materially misstated. Other information so far as it relates to the subsidiaries, associates and joint ventures is traced from their financial statements audited by the other auditors.
- If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Management's Responsibility for the Consolidated Financial Statements

The Parent's Board of Directors is responsible for the matters stated in section 134(5) of the Act with respect to the preparation of these consolidated financial statements that give a true and fair view of the consolidated financial position, consolidated financial performance including other comprehensive income, consolidated cash flows and consolidated changes in equity of the Group including its associates and joint ventures in accordance with the Indian Accounting Standards and other accounting principles generally accepted in India. The respective Board of Directors of the companies included in the Group and of its associates and joint ventures are responsible for maintenance of adequate accounting records in accordance with the provisions of the Act for safeguarding the assets of the Group and its associates and its joint ventures and for preventing and detecting frauds and other irregularities; selection and application of appropriate accounting policies; making judgments and estimates that are reasonable and prudent; and design, implementation and maintenance of adequate internal financial controls, that were operating effectively for ensuring the accuracy and completeness of the accounting records, relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error, which have been used for the purpose of preparation of the consolidated financial statements by the Directors of the Parent, as aforesaid.

In preparing the consolidated financial statements, the respective Board of Directors of the companies included in the Group and of its associates joint ventures are responsible for assessing the ability of the Group and of its associates and joint ventures to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the management either intends to liquidate or cease operations, or has no realistic alternative but to do so.

The respective Board of Directors of the companies included in the Group and of its associates and joint ventures are responsible for overseeing the financial reporting process of the Group and of its associates and joint ventures.

Auditor's Responsibility for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these consolidated financial statements.

As part of an audit in accordance with SAs, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal financial control relevant to the audit in order to design audit procedures that are appropriate in the circumstances. Under section 143(3)(i) of the Act, we are also responsible for expressing our opinion on whether the Group has adequate internal financial controls system in place and the operating effectiveness of such controls.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of the Group and its associates and joint ventures to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the consolidated financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Group to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the consolidated financial statements, including the disclosures, and whether the consolidated financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the Group and its associates and joint ventures to express an opinion on the consolidated financial statements. We are responsible for the direction, supervision and performance of the audit of the financial statements of such entities or business activities included in the consolidated financial statements of which we are the independent auditors. For the other entities or business activities included in the consolidated financial statements, which have been audited by the other auditors, such other auditors remain responsible for the direction, supervision and performance of the audits carried out by them. We remain solely responsible for our audit opinion.

Materiality is the magnitude of misstatements in the consolidated financial statements that, individually or in aggregate, makes it probable that the economic decisions of a reasonably knowledgeable user of the consolidated financial statements may be influenced. We consider quantitative materiality and qualitative factors in (i) planning the scope of our audit work and in evaluating the results of our work; and (ii) to evaluate the effect of any identified misstatements in the consolidated financial statements.

We communicate with those charged with governance of the Parent of which we are the independent auditors, regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

From the matters communicated with those charged with governance, we determine those matters that were of most significance in the audit of the consolidated financial statements of the current period and are therefore the key audit matters. We describe these matters in our auditor's report unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, we determine that a matter should not be communicated in our report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.

Other Matters

(a) We did not audit the financial statements of 25 subsidiaries, whose financial statements reflect total assets of Rs.17,402 million as at March 31, 2019, total revenues of Rs. 8,558 million and net cash inflows amounting to Rs. 74 million for the year ended on that date, as considered in the consolidated financial statements. The consolidated financial statements also include the Group's share of net loss of Rs. 19 million for the year ended March 31, 2019, as considered in the consolidated financial statements, in respect of 4 associates and 3 joint ventures, whose financial statements have not been audited by us. These financial statements have been audited by other auditors whose reports have been furnished to us by the Management and our opinion on the consolidated financial statements, in so far as it relates to the amounts and disclosures included in respect of these subsidiaries, joint ventures and associates, and our report in terms of sub-section (3) of Section 143 of the Act, in so far as it relates to the aforesaid subsidiaries, joint ventures and associates, is based solely on the reports of the other auditors.

(b) The consolidated financial statements also include the Group's share of net profit of Rs. 7 million for the year ended March 31, 2019, as considered in the consolidated financial statements, in respect of 1 associate, whose financial statements have not been audited by us. These financial statements are unaudited and have been furnished to us by the Management and our opinion on the consolidated financial statements, in so far as it relates to the amounts and disclosures included in respect of this associate, is based solely on such unaudited financial statements. In our opinion and according to the information and explanations given to us by the Management, these financial statements are not material to the Group.

Our opinion on the consolidated financial statements above and our report on Other Legal and Regulatory Requirements below, is not modified in respect of the above matters with respect to our reliance on the work done and the reports of the other auditors.

Report on Other Legal and Regulatory Requirements

1. As required by Section 143(3) of the Act, based on our audit report, that:

   a) We have sought and obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit of the aforesaid consolidated financial statements.

   b) In our opinion, proper books of account as required by law relating to preparation of the aforesaid consolidated financial statements have been kept so far as it appears from our examination of those books.

c) The Consolidated Balance Sheet, the Consolidated Statement of Profit and Loss including Other Comprehensive Income, the Consolidated Statement of Changes in Equity and the Consolidated Cash Flow Statement dealt with by this Report are in agreement with the relevant books of account maintained for the purpose of preparation of the consolidated financial statements.

d) In our opinion, the aforesaid consolidated financial statements comply with the Indian Accounting Standards prescribed under Section 133 of the Act.

e) On the basis of the written representations received from the directors of the Parent as on March 31, 2019 taken on record by the Board of Directors of the Parent, none of the directors of the Parent is disqualified as on March 31, 2019 from being appointed as a director in terms of Section 164 (2) of the Act.

f) With respect to the adequacy of the internal financial controls over financial reporting and the operating effectiveness of such controls, refer to our separate Report in “Annexure A” which is based on the auditors’ reports of the Parent, subsidiary companies, associate companies and joint venture companies incorporated in India. Our report expresses an unmodified opinion on the adequacy and operating effectiveness of internal financial controls over financial reporting of those companies. With respect to the associate, StemCyte India Therapeutics Private Limited, a Private Limited Company incorporated in India, covered by the exemption under notification number GSR 464(E) dated June 5, 2015 as amended by notification number GSR 583(E) dated June 13, 2017, reporting on the Internal Financial Controls Over Financial Reporting under Clause (i) of Sub-section 3 of Section 143 of the Companies Act, 2013 is not applicable for the year ended March 31, 2019, based on the corresponding report of the auditor of the said associate.

g) With respect to the other matters to be included in the Auditor’s Report in accordance with the requirements of section 197(16) of the Act, as amended, in our opinion and to the best of our information and according to the explanations given to us, the remuneration paid by the Parent to its directors during the year is in accordance with the provisions of section 197 of the Act.

h) With respect to the other matters to be included in the Auditor’s Report in accordance with Rule 11 of the Companies (Audit and Auditors) Rules, 2014, as amended in our opinion and to the best of our information and according to the explanations given to us:

   i) The consolidated financial statements disclose the impact of pending litigations on the consolidated financial position of the Group its associates and joint ventures;

   ii) Provision has been made in the consolidated financial statements, as required under the applicable law or accounting standards, for material foreseeable losses, if any, on long-term contracts including derivative contracts;

   iii) There has been no delay in transferring amounts, required to be transferred, to the Investor Education and Protection Fund by the Parent and its subsidiary companies, associate companies and jointly controlled companies/ joint venture companies incorporated in India.

For **Deloitte Haskins & Sells LLP**
Chartered Accountants
Firm Registration No. 117366W/W-100018

Vikas Bagaria
Partner
Membership No. 060408

Place : Mumbai
Date : May 30, 2019

ANNEXURE "A" TO THE INDEPENDENT AUDITOR'S REPORT

(Referred to in paragraph (f) under 'Report on Other Legal and Regulatory Requirements' section of our report of even date)

Report on the Internal Financial Controls Over Financial Reporting under Clause (i) of Sub-section 3 of Section 143 of the Companies Act, 2013 ("the Act")

In conjunction with our audit of the consolidated Ind AS financial statements of the Company as of and for the year ended March 31, 2019, we have audited the internal financial controls over financial reporting of Apollo Hospitals Enterprise Limited (hereinafter referred to as "the Parent") and its subsidiary companies, its associate companies and joint ventures, which are companies incorporated in India, as of that date.

Management's Responsibility for Internal Financial Controls

The respective Board of Directors of the Parent, its subsidiary companies, its associate companies and joint ventures, which are companies incorporated in India, are responsible for establishing and maintaining internal financial controls based on the internal control over financial reporting criteria established by the respective Companies considering the essential components of internal control stated in the Guidance Note on Audit of Internal Financial Controls Over Financial Reporting issued by the Institute of Chartered Accountants of India (ICAI). These responsibilities include the design, implementation and maintenance of adequate internal financial controls that were operating effectively for ensuring the orderly and efficient conduct of its business, including adherence to the respective company's policies, the safeguarding of its assets, the prevention and detection of frauds and errors, the accuracy and completeness of the accounting records, and the timely preparation of reliable financial information, as required under the Companies Act, 2013.

Auditor's Responsibility

Our responsibility is to express an opinion on the internal financial controls over financial reporting of the Parent, its subsidiary companies, its associate companies and its joint ventures, which are companies incorporated in India, based on our audit. We conducted our audit in accordance with the Guidance Note on Audit of Internal Financial Controls Over Financial Reporting (the "Guidance Note") issued by the Institute of Chartered Accountants of India and the Standards on Auditing, prescribed under Section 143(10) of the Companies Act, 2013, to the extent applicable to an audit of internal financial controls. Those Standards and the Guidance Note require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether adequate internal financial controls over financial reporting was established and maintained and if such controls operated effectively in all material respects.

Our audit involves performing procedures to obtain audit evidence about the adequacy of the internal financial controls system over financial reporting and their operating effectiveness. Our audit of internal financial controls over financial reporting included obtaining an understanding of internal financial controls over financial reporting, assessing the risk that a material weakness exists, and testing and evaluating the design and operating effectiveness of internal control based on the assessed risk. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error.

We believe that the audit evidence we have obtained and the audit evidence obtained by the other auditors of the subsidiary companies, associate companies and joint ventures, which are companies incorporated in India, in terms of their reports referred to in the Other Matters paragraph below, is sufficient and appropriate to provide a basis for our audit opinion on the internal financial controls system over financial reporting of the Holding Company, its subsidiary companies, its associate companies and its joint ventures, which are companies incorporated in India.

Meaning of Internal Financial Controls Over Financial Reporting

A company's internal financial control over financial reporting is a process designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles. A company's internal financial control over financial reporting includes those policies and procedures that (1) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the company; (2) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with generally accepted accounting principles, and that receipts and expenditures of the company are being made only in accordance with authorisations of management and directors of the company; and (3) provide reasonable assurance regarding prevention or timely detection of unauthorised acquisition, use, or disposition of the company's assets that could have a material effect on the financial statements.

Inherent Limitations of Internal Financial Controls Over Financial Reporting

Because of the inherent limitations of internal financial controls over financial reporting, including the possibility of collusion or improper management override of controls, material misstatements due to error or fraud may occur and not be detected. Also, projections of any evaluation of the internal financial controls over financial reporting to future periods are subject to the risk that the internal financial control over financial reporting may become inadequate because of changes in conditions, or that the degree of compliance with the policies or procedures may deteriorate.

Opinion

In our opinion to the best of our information and according to the explanations given to us and based on the consideration of the reports of the other auditors referred to in the Other Matters paragraph below, the Parent, its subsidiary companies, its associate companies and joint ventures, which are companies incorporated in India, have, in all material respects, an adequate internal financial controls system over financial reporting and such internal financial controls over financial reporting were operating effectively as at March 31, 2019, based on the criteria for internal financial control over financial reporting established by the respective companies considering the essential components of internal control stated in the Guidance Note on Audit of Internal Financial Controls Over Financial Reporting issued by the Institute of Chartered Accountants of India.

Other Matters

Our aforesaid report under Section 143(3)(i) of the Act on the adequacy and operating effectiveness of the internal financial controls over financial reporting insofar as it relates to 23 subsidiary companies, 4 associate companies and 3 joint ventures, which are companies incorporated in India, is based solely on the corresponding reports of the auditors of such companies incorporated in India.

Our opinion is not modified in respect of the above matters.

For **Deloitte Haskins & Sells LLP**
Chartered Accountants
Firm Registration No. 117366W/W-100018

Vikas Bagaria
Partner
Membership No. 060408

Place : Mumbai
Date : May 30, 2019

BALANCE SHEET AS AT MARCH 31, 2019

Consolidated Financial Statements for the year ended March 31, 2019

(All amounts are in ₹ Million unless otherwise stated)

Particulars	Note	As at March 31, 2019	As at March 31, 2018
ASSETS			
Non-current assets			
(a) Property, Plant and Equipment	5	45,937.93	43,785.64
(b) Capital work-in-progress	5.1	8,217.71	7,121.97
(c) Investment Property	6	65.31	71.48
(d) Goodwill	7	3,461.89	3,461.99
(e) Other Intangible assets	8	350.81	409.49
(f) Financial Assets			
(i) Investments in Equity Accounted Investee	9	3,654.45	2,763.51
(ii) Other Investments	10	273.72	177.65
(iii) Loans	11	108.00	-
(iv) Other financial assets	13	2,350.70	2,523.28
(g) Deferred Tax Asset	24	173.89	171.68
(h) Income Tax Asset (Net)	26	2,539.50	1,769.65
(i) Other non-current assets	17	1,879.46	1,670.30
Total Non - Current Assets		**69,013.37**	**63,926.64**
Current assets			
(a) Inventories	14	5,847.79	5,658.42
(b) Financial assets			
(i) Investments	10	688.30	578.73
(ii) Trade receivables	12	10,231.98	8,251.88
(iii) Cash and cash equivalents	15	2,862.11	3,063.33
(iv) Bank balances other than (iii) above	16	607.49	1,109.15
(v) Loans	11	80.00	-
(vi) Other financial assets	13	1,287.03	2,198.51
(c) Other current assets	17	1,212.64	1,341.23
Total Current Assets		**22,817.34**	**22,201.25**
Total Assets		**91,830.71**	**86,127.89**
EQUITY AND LIABILITIES			
Equity			
(a) Equity Share capital	18	695.63	695.63
(b) Other equity	19	32,639.08	31,819.42
Equity attributable to owners of the Company		**33,334.71**	**32,515.05**
Non Controlling Interest	20	1,354.60	1,324.37
Total Equity		**34,689.31**	**33,839.41**
Liabilities			
Non-current liabilities			
(a) Financial Liabilities			
(i) Borrowings	21	29,521.30	29,238.01
(ii) Other financial liabilities	22	4,773.64	4,721.11
(b) Provisions	23	114.40	62.31
(c) Deferred tax liabilities (Net)	24	3,148.65	2,565.09
(d) Other non-current liabilities	28	29.66	29.65
Total Non - Current Liabilities		**37,587.65**	**36,616.17**
Current liabilities			
(a) Financial Liabilities			
(i) Borrowings	21	4,981.63	3,791.72
(ii) Trade payables	25	7,131.18	6,060.24
(iii) Other financial liabilities	22	4,960.77	4,066.79
(b) Other current liabilities	28	1,447.65	950.24
(c) Provisions	23	1,021.92	790.59
(d) Current Tax Liabilities (Net)	27	10.60	12.71
Total Current Liabilities		**19,553.75**	**15,672.29**
Total Liabilities		**57,141.40**	**52,288.46**
Total Equity and Liabilities		**91,830.71**	**86,127.89**

The accompanying notes form an integral part of these consolidated financial statements

As per our report of even date attached

For **Deloitte Haskins & Sells LLP**
Chartered Accountants
Firm Registration No. 117366W/W-100018

Vikas Bagaria
Partner
Membership No. 060408

Place : Mumbai
Date : May 30, 2019

Krishnan Akhileswaran
Chief Financial Officer

S M Krishnan
Vice President - Finance
& Company Secretary

Place : Chennai
Date : May 30, 2019

For and on behalf of the Board of Directors

Dr. Prathap C Reddy
Executive Chairman

Preetha Reddy
Executive Vice Chairperson

Suneeta Reddy
Managing Director

STATEMENT OF PROFIT AND LOSS

Statement of Profit and Loss for the period ended March 31 ,2019
All amounts are in ₹ Million except for earnings per share information

Particulars	Note	Year ended March 31, 2019	Year ended March 31, 2018
Income			
Revenue from Operations	29	96,174.37	82,434.68
Other Income	30	314.40	321.52
Total Income		**96,488.77**	**82,756.20**
Expenses			
Cost of materials consumed	31	16,448.76	14,609.72
Purchases of Stock-in-trade		30,875.51	26,498.74
Changes in inventory of stock-in-trade	32	(715.63)	(781.85)
Employee benefits expense	33	15,982.39	14,043.91
Finance costs	34	3,270.16	2,950.68
Depreciation and amortisation expense	35	3,955.25	3,590.30
Other expenses	36	22,946.73	20,132.36
Total expenses		**92,763.17**	**81,043.86**
Profit before share of equity accounted investee method and income tax		**3,725.60**	**1,712.35**
Share of profit/loss of associate/ Joint Ventures		**9.81**	**2.27**
Profit before tax		**3,735.41**	**1,714.62**
Tax expense			
(1) Current tax	37	1,258.82	883.68
(2) Deferred tax	37	474.91	235.37
Total tax expenses		**1,733.73**	**1,119.05**
Profit for the year		**2,001.68**	**595.57**
Other Comprehensive Income			
(i) Items that will not be reclassified to profit or loss (Net of tax of ₹159.67; Previous year of ₹92.40)			
(a) Remeasurement of the defined benefit plans	39	(288.40)	(172.40)
(b) Equity instruments through other comprehensive income		(2.86)	0.40
Total Other Comprehensive Income		**(291.26)**	**(172.00)**
Total comprehensive income for the Year		**1,710.42**	**423.57**
Profit for the year attributable to:			
Owners of the Company		2,360.46	1,174.18
Non Controlling Interest		(358.78)	(578.61)
Other Comprehensive Income for the year attributable to:			
Owners of the Company		(291.94)	(171.10)
Non Controlling Interest		0.68	(0.90)
Total Comprehensive Income for the year attributable to:			
Owners of the Company		2,068.52	1,003.08
Non Controlling Interest		(358.09)	(579.51)
Earnings per equity share			
Basic (in ₹)	41	16.97	8.44
Diluted (in ₹)	41	16.97	8.44

The accompanying notes form an integral part of these consolidated financial statements

As per our report of even date attached

For **Deloitte Haskins & Sells LLP**
Chartered Accountants
Firm Registration No. 117366W/W-100018

Vikas Bagaria
Partner
Membership No. 060408

Place : Mumbai
Date : May 30, 2019

For and on behalf of the Board of Directors

Krishnan Akhileswaran
Chief Financial Officer

S M Krishnan
Vice President - Finance
& Company Secretary

Place : Chennai
Date : May 30, 2019

Dr. Prathap C Reddy
Executive Chairman

Preetha Reddy
Executive Vice Chairperson

Suneeta Reddy
Managing Director

CONSOLIDATED CASH FLOW STATEMENT FOR THE YEAR ENDED MARCH 31, 2019

PARTICULARS	For the year ended March 31, 2019	For the year ended March 31, 2018
CASH FLOW FROM OPERATING ACTIVITIES		
Profit for the year	2,001.68	595.57
Adjustments for:		
Depreciation/Amortisation/Impairment	3,955.25	3,590.30
Loss on Sale of Property Plant & Equipment	14.66	80.47
Income Tax expenses	1,733.73	1,119.05
Finance costs	3,270.16	2,950.68
Interest income	(145.17)	(184.47)
Dividend income	(4.21)	(9.70)
Provision for doubtful debts and advances	227.00	477.48
Bad debts written-off	429.81	110.89
Provision written back	(35.17)	(50.43)
Net gain/(loss) arising on financial assets designated as at FVTPL	(32.23)	(25.47)
Impairment of Goodwill	0.10	1.00
Expenses recognized in respect of shares issued in exchange of consultancy services	9.12	6.17
Foreign Exchange Gain (net)	7.03	12.49
Operating Cash Flow before working capital changes	**11,431.76**	**8,674.03**
(Increase)/decrease in operating assets		
Inventories	(189.37)	(989.75)
Trade receivables	(2,636.91)	(2,366.51)
Other financial assets - Non current	179.61	404.38
Other financial assets - Current	723.48	(452.14)
Other non-current assets	(297.95)	(5.75)
Other current assets	128.59	(106.31)
	(2,092.55)	(3,516.08)
Increase/(decrease) in operating liabilities		
Trade payables	1,073.26	1,104.17
Other financial liabilities-Non current	52.53	(99.64)
Other financial liabilities-Current	(15.91)	831.21
Provisions	27.34	(200.90)
Other Current Liabilities	497.41	(172.22)
Cash generated from operations	**1,634.62**	**1,462.62**
Net income tax paid	(1,924.34)	(1,250.97)
A. Net cash generated from operating activities (A)	**9,049.49**	**5,369.60**
B. Cash flow from Investing Activities		
Acquisition of Property Plant & Equipment	(6,789.24)	(6,213.88)

Notes to the Consolidated Financial Statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

PARTICULARS	For the year ended March 31, 2019	For the year ended March 31, 2018
Proceeds from sale of Property Plant and Equipment	68.77	8.93
Investment in Bank Deposits	501.66	1,308.96
Purchase of Investments in Joint Ventures	(910.25)	-
Purchase of Investments	(333.39)	(466.61)
Proceeds from sale of investments	207.48	1,104.12
Interest received	145.17	199.67
Dividend Received	4.21	9.70
B. Net cash used in Investing Activities (B)	**(7,105.59)**	**(4,049.11)**
C. Cash flow from Financing Activities		
Proceeds from Issue of Equity Shares	-	83.25
Proceeds from Borrowings	5,623.51	5,717.02
Repayment of Borrowings	(3,276.49)	(2,698.73)
Finance costs	(3,620.16)	(3,178.15)
Acquisition of Non-Controlling Interest (NCI) in a subsidiary	(34.75)	-
Dividend paid on equity shares (including Dividend Distribution tax)	(837.23)	(1,008.37)
C. Net cash used in Financing Activities (C)	**(2,145.12)**	**(1,084.98)**
Net Increase in cash and cash equivalents (A+B+C) = (D)	(201.22)	235.51
Cash and cash equivalents at the beginning of the year (E)	3,063.33	2,827.82
Cash and cash equivalents at the end of the year (D) +(E)	2,862.11	3,063.33
Cash and cash equivalents at the end of the year as per BS	**(201.22)**	**235.51**

Reconciliation of borrowings as disclosed in financing activities

Particulars	April 1, 2018	Proceeds	Repayments	Exchange difference	March 31, 2019
Borrowings	34,362.71	5,623.51	3,276.49	36.07	36,745.80

Reconciliation of borrowings as disclosed in financing activities

Particulars	April 1, 2017	Proceeds	Repayments	Exchange difference	March 31, 2018
Borrowings	31,441.90	5,717.02	2,698.73	(97.48)	34,362.71

The accompanying notes form an integral part of these consolidated financial statements

As per our report of even date attached
For **Deloitte Haskins & Sells LLP**
Chartered Accountants
Firm Registration No. 117366W/W-100018

Vikas Bagaria
Partner
Membership No. 060408

Place : Mumbai
Date : May 30, 2019

Krishnan Akhileswaran
Chief Financial Officer

S M Krishnan
Vice President - Finance
& Company Secretary

Place : Chennai
Date : May 30, 2019

For and on behalf of the Board of Directors

Dr. Prathap C Reddy
Executive Chairman

Preetha Reddy
Executive Vice Chairperson

Suneeta Reddy
Managing Director

Consolidated Statement Of Changes in Equity

as on March 31 ,2019

a. Equity share capital

	Amount
Balance at April 1, 2017	695.63
Changes in equity share capital during the year	-
Balance at March 31, 2018	695.63
Changes in equity share capital during the year	-
Balance at March 31, 2019	695.63

b. Other Equity

Particulars	General reserve	Securities Premium Reserve	Capital Reserves	Other reserve #	Share Options Outstanding	Retained earnings	Items of Other Comprehensive Income (OCI)			Total
							Equity instruments through OCI	Defined benefit obligation	Non Controlling Interest	
Balance at April 1, 2017	**11,249.58**	**17,138.52**	**30.44**	**742.02**	**12.75**	**3,472.08**	**(4.96)**	**(238.54)**	**1,245.75**	**33,647.64**
Profit for the year	**-**	**-**	**-**	**-**		**1,174.17**			**(578.61)**	**595.56**
Other comprehensive income for the year, net of income tax	-	-	-				0.40	(171.10)	(0.90)	(171.60)
Total comprehensive income for the year	11,249.58	17,138.52	30.44	742.02	12.75	4,646.25	(4.56)	(409.64)	666.24	34,071.60
Payment of dividends	-	-	-	-		(1,008.37)		-		(1,008.37)
Gross Obligation over written Put Option on Non-controlling Interest of a subsidiary company	-		-	-		(500.45)		-	500.45	-
Adjustments towards Non Controlling Interest						(83.29)				(83.29)
Transfer to Reserves				452.50		(452.50)				-
Stock based compensation					6.17				43.10	49.27
Additional non-controlling interest on acquisition of a subsidiary	-	-	-	-		-	-	-		-
Movement on account of change in shareholding of existing subsidiaries									114.58	114.58
Balance at March 31, 2018	11,249.58	17,138.52	30.44	1,194.52	18.92	2,601.64	(4.56)	(409.64)	1,324.37	33,143.79
Profit for the year	**-**	**-**	**-**	**-**	**-**	**2,360.46**	**-**	**-**	**(358.78)**	**2,001.68**
Other comprehensive income for the year, net of income tax	-	-	-			-	(2.86)	(289.08)	0.68	(291.26)
Total comprehensive income for the year	**11,249.58**	**17,138.52**	**30.44**	**1,194.52**	**18.92**	**4,962.09**	**(7.42)**	**(698.72)**	**966.28**	**34,854.21**
Payment of dividends (including Dividend Distribution Tax of ₹141.61 Million)						(837.23)				(837.23)
Gross Obligation over written Put Option on Non-Controlling Interest						(381.69)			381.69	-
Adjustments towards Non Controlling Interest						(12.71)			12.71	-
Transfer to Reserves						-				-
Stock based compensation					9.12				3.86	12.98
Movement on account of change in shareholding of existing subsidiaries						(26.35)			(9.93)	(36.28)
(k) Balance at March 31, 2019	**11,249.58**	**17,138.52**	**30.44**	**1,194.52**	**28.04**	**3,704.12**	**(7.42)**	**(698.72)**	**1,354.60**	**33,993.68**

Other reserves includes Debenture Redemption Reserve, Capital Redemption Reserve and Reserves arising on transition from Previous GAAP to IND AS

The accompanying notes form an integral part of these consolidated financial statements

As per our report of even date attached

For **Deloitte Haskins & Sells LLP**
Chartered Accountants
Firm Registration No. 117366W/W-100018

Vikas Bagaria
Partner
Membership No. 060408

Place : Mumbai
Date : May 30, 2019

For and on behalf of the Board of Directors

Krishnan Akhileswaran
Chief Financial Officer

S M Krishnan
Vice President - Finance
& Company Secretary

Place : Chennai
Date : May 30, 2019

Dr. Prathap C Reddy
Executive Chairman

Preetha Reddy
Executive Vice Chairperson

Suneeta Reddy
Managing Director

APOLLO HOSPITALS ENTERPRISE LIMITED

NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED MARCH 31, 2019

All amounts are in INR Millions unless otherwise stated

1 General Information

Apollo Hospitals Enterprise Limited ('the Company') is a public Company incorporated in India. The address of its registered office and principal place of business is at 19, Bishop Gardens, Raja Annamalaipuram, Chennai, Tamilnadu. The main business of the Company is to enhance the quality of life of patients by providing comprehensive, high-quality hospital services on a cost-effective basis and providing / selling high quality pharma and wellness products through a network of pharmacies. The principal activities of the Company and its subsidiaries (hereinafter referred to as 'the group') include operation of multidisciplinary private hospitals, clinics,diagonostic centres and pharmacies.

2 Application of new and revised Ind ASs

The group has applied all the Ind ASs notified by the MCA.

Standards issued but not yet effective

Ind AS 116 Leases : On March 30, 2019, Ministry of Corporate Affairs has notified Ind AS 116, Leases. Ind AS 116 will replace the existing leases Standard, Ind AS 17 Leases, and related Interpretations. The Standard sets out the principles for the recognition, measurement, presentation and disclosure of leases for both parties to a contract i.e., the lessee and the lessor. Ind AS 116 introduces a single lessee accounting model and requires a lessee to recognize assets and liabilities for all leases with a term of more than 12 months, unless the underlying asset is of low value. Currently, operating lease expenses are charged to the statement of profit & loss. The Standard also contains enhanced disclosure requirements for lessees. Ind AS 116 substantially carries forward the lessor accounting requirements in Ind AS 17.

The effective date for adoption of Ind AS 116 is annual periods beginning on or after April 1, 2019. The standard permits two possible methods of transition:

- Full retrospective – Retrospectively to each prior period presented applying Ind AS 8 Accounting Policies, Changes in Accounting Estimates and Errors
- Modified retrospective – Retrospectively, with the cumulative effect of initially applying the Standard recognized at the date of initial application"

Ind AS 12 Appendix C, Uncertainty over Income Tax Treatments : On March 30, 2019, Ministry of Corporate Affairs has notified Ind AS 12 Appendix C, Uncertainty over Income Tax Treatments which is to be applied while performing the determination of taxable profit (or loss), tax bases, unused tax losses, unused tax credits and tax rates, when there is uncertainty over income tax treatments under Ind AS 12. According to the appendix, companies need to determine the probability of the relevant tax authority accepting each tax treatment, or group of tax treatments, that the companies have used or plan to use in their income tax filing which has to be considered to compute the most likely amount or the expected value of the tax treatment when determining taxable profit (tax loss), tax bases, unused tax losses, unused tax credits and tax rates.

The standard permits two possible methods of transition:

i) Full retrospective approach – Under this approach, Appendix C will be applied retrospectively to each prior reporting period presented in accordance with Ind AS 8 – Accounting Policies, Changes in Accounting Estimates and Errors, without using hindsight and

ii) Retrospectively with cumulative effect of initially applying Appendix C recognized by adjusting equity on initial application, without adjusting comparatives. The effective date for adoption of Ind AS 12 Appendix C is annual periods beginning on or after April 1, 2019.

Amendment to Ind AS 19 – plan amendment, curtailment or settlement- On March 30, 2019, Ministry of Corporate Affairs issued amendments to Ind AS 19, 'Employee Benefits', in connection with accounting for plan amendments, curtailments and settlements.

The amendments require an entity:

- to use updated assumptions to determine current service cost and net interest for the remainder of the period after a plan amendment, curtailment or settlement; and

- to recognise in profit or loss as part of past service cost, or a gain or loss on settlement, any reduction in a surplus, even if that surplus was not previously recognised because of the impact of the asset ceiling. Effective date for application of this amendment is annual period beginning on or after 1 April 2019.

Amendment to Ind AS 12 'Income Taxes : On March 30, 2019, the Ministry of Corporate Affairs has notified limited amendments to Ind AS 12 'Income Taxes'. The amendments require an entity to recognise the income tax consequences of dividends as defined in Ind AS 109 when it recognises a liability to pay a dividend. The income tax consequences of dividends are linked more directly to past transactions or events that generated distributable profits than to distributions to owners. Therefore, an entity shall recognize the income tax consequences of dividends in profit or loss, other comprehensive income or equity according to where the entity originally recognised those past transactions or events. The amendment will come into force for accounting periods beginning on or after April 1, 2019.

The group is evaluating the effect of the above on its financial statements.

3 Significant accounting policies

This note provides a list of the significant accounting policies adopted in the preparation of the standalone financial statements. These policies have been consistently applied to all the years presented unless otherwise stated.

3.1 Statement of compliance

The consolidated financial statements have been prepared in accordance with the Indian Accounting Standards (Ind AS) as per the Companies (Indian Accounting Standards) Rules, 2015 notified under section 133 of the Companies Act 2013 (the Act) and other relevant provisions of the Act.

The financial statements were authorised for issue by the Group's Board of Directors on May 30, 2019

3.2 Basis of preparation and presentation

The consolidated financial statements have been prepared on the historical cost basis except for certain financial instruments that are measured at fair values at the end of each reporting period, as explained in the accounting policies below.

Historical cost is generally based on the fair value of the consideration given in exchange for goods and services.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, regardless of whether that price is directly observable or estimated using another valuation technique. In estimating the fair value of an asset or a liability, the Group takes into account the characteristics of the asset or liability if market participants would take those characteristics into account when pricing the asset or liability at the measurement date. Fair value for measurement and/or disclosure purposes in these consolidated financial statements is determined on such a basis, except for share-based payment transactions that are within the scope of Ind AS 102, leasing transactions that are within the scope of Ind AS 17, and measurements that have some similarities to fair value but are not fair value, such as net realisable value in Ind AS 2 or value in use in Ind AS 36.

In addition, for financial reporting purposes, fair value measurements are categorised into Level 1, 2, or 3 based on the degree to which the inputs to the fair value measurements are observable and the significance of the inputs to the fair value measurement in its entirety, which are described as follows:

Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the entity can access at the measurement date;

Level 2 inputs are inputs, other than quoted prices included within Level 1, that are observable for the asset or liability, either directly or indirectly; and

Level 3 inputs are unobservable inputs for the asset or liability.

The principal accounting policies are set out below.

3.3 Basis of consolidation

The consolidated financial statements incorporate the financial statements of the Company and its subsidiaries. Control is achieved when the Company:

- has power over the investee;
- is exposed, or has rights, to variable returns from its involvement with the investee; and
- has the ability to use its power to affect its returns.

The Company reassesses whether or not it controls an investee if facts and circumstances indicate that there are changes to one or more of the three elements of control listed above.

When the Company has less than a majority of the voting rights of an investee, it has power over the investee when the voting rights are sufficient to give it the practical ability to direct the relevant activities of the investee unilaterally. The Company considers all relevant facts and circumstances in assessing whether or not the Company's voting rights in an investee are sufficient to give it power, including:

- the size of the Company's holding of voting rights relative to the size and dispersion of holdings of the other vote holders;
- potential voting rights held by the Company, other vote holders or other parties;
- rights arising from other contractual arrangements; and
- any additional facts and circumstances that indicate that the Company has, or does not have, the current ability to direct the relevant activities at the time that decisions need to be made, including voting patterns at previous shareholders' meetings.

Consolidation of a subsidiary begins when the Company obtains control over the subsidiary and ceases when the Company loses control of the subsidiary. Specifically, income and expenses of a subsidiary acquired or disposed of during the year are included in the consolidated statement of profit and loss from the date the Company gains control until the date when the Company ceases to control the subsidiary.

Profit or loss and each component of other comprehensive income are attributed to the owners of the Company and to the non-controlling interests. Total comprehensive income of subsidiaries is attributed to the owners of the Company and to the non-controlling interests even if this results in the non-controlling interests having a deficit balance.

When necessary, adjustments are made to the financial statements of subsidiaries to bring their accounting policies in line with the Group's accounting policies.

All intragroup assets and liabilities, equity, income, expenses, and cash flows relating to transactions between members of the Group are eliminated in full on consolidation.

The following subsidiaries were consolidated as at 31 March 2019

Name of the Subsidiary/Step down subsidiary company	Country of Incorporation	% of holding	
		As at March 31, 2019	As at March 31, 2018
Apollo Home Healthcare (India) Limited.	India	100.00%	100.00%
Apollo Home Healthcare Limited	India	58.12%	74.00%
AB Medical Centres Limited.	India	100.00%	100.00%
Apollo Health and Lifestyle Limited.	India	70.25%	68.64%
Samudra Healthcare Enterprise Limited.	India	100.00%	100.00%
Imperial Hospital & Research Centre Limited	India	90.00%	90.00%
Apollo Hospital (UK) Limited	United Kingdom	100.00%	100.00%
Apollo Nellore Hospitals Limited	India	79.44%	79.44%
Apollo Rajshree Hospitals Private Limited	India	54.63%	54.63%
Apollo Lavasa Health Corporation Limited	India	51.00%	51.00%

Notes to the Consolidated Financial Statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

Name of the Subsidiary/Step down subsidiary company	Country of Incorporation	% of holding	
		As at March 31, 2019	As at March 31, 2018
Western Hospitals Corporation Private Limited	India	100.00%	100.00%
Apollo Hospitals Singapore PTE Ltd, Singapore	Singapore	100.00%	100.00%
Sapien Biosciences Private Limited	India	70.00%	70.00%
Total Health	India	100.00%	100.00%
Apollo Healthcare Technology Solutions Ltd	India	40.00%	40.00%
Assam Hospitals Limited	India	62.32%	61.24%
Apollo Hospitals International Ltd	India	50.00%	50.00%
Future Parking Private Limited	India	49.00%	49.00%
Apollo Medicals Private Limited	India	100.00%	-
Step down subsidiaries			
Apollo CVHF Limited	India	66.67%	63.74%
Apollo Dialysis Private Limited	India	59.53%	70.00%
Alliance Dental Care Limited	India	69.54%	70.00%
Apollo Sugar Clinics Limited	India	80.00%	80.00%
Apollo Speciality Hospitals Private Limited	India	99.20%	99.20%
Apollo Bangalore Cradle Limited	India	100.00%	100.00%
Apollo Pharmacy Limited	India	100.00%	-
AHLL Diagnostics Limited	India	100.00%	-
AHLL Risk Management Private Limited	India	100.00%	-
Kshema Healthcare Private Limited	India	100.00%	100.00%

3.4 Changes in the Group's ownership interests in existing subsidiaries

Changes in the Group's ownership interests in subsidiaries that do not result in the Group losing control over the subsidiaries are accounted for as equity transactions. The carrying amounts of the Group's interests and the non-controlling interests are adjusted to reflect the changes in their relative interests in the subsidiaries. Any difference between the amount by which the non-controlling interests are adjusted and the fair value of the consideration paid or received is recognised directly in equity and attributed to owners of the Company.

When the Group loses control of a subsidiary, a gain or loss is recognised in profit or loss and is calculated as the difference between (i) the aggregate of the fair value of the consideration received and the fair value of any retained interest and (ii) the previous carrying amount of the assets (including goodwill), and liabilities of the subsidiary and any non-controlling interests. All amounts previously recognised in other comprehensive income in relation to that subsidiary are accounted for as if the Group had directly disposed of the related assets or liabilities of the subsidiary (i.e. reclassified to profit or loss or transferred to another category of equity as specified/permitted by applicable Ind AS). The fair value of any investment retained in the former subsidiary at the date when control is lost is regarded as the fair value on initial recognition for subsequent accounting under Ind AS 109, or, when applicable, the cost on initial recognition of an investment in an associate or a joint venture.

3.5 Business combinations

Acquisitions of businesses are accounted for using the acquisition method. The consideration transferred in a business combination is measured at fair value, which is calculated as the sum of the acquisition-date fair values of the assets transferred by the Group, liabilities incurred by the Group to the former owners of the acquiree and the equity interests issued by the Group in exchange of control of the acquiree. Acquisition-related costs are generally recognised in profit or loss as incurred.

At the acquisition date, the identifiable assets acquired and the liabilities assumed are recognised at their fair value, except that:

a) deferred tax assets or liabilities, and assets or liabilities related to employee benefit arrangements are recognised and measured in accordance with Ind AS 12 Income Taxes and Ind AS 19 Employee Benefits respectively;

b) liabilities or equity instruments related to share-based payment arrangements of the acquiree or share-based payment arrangements of the Group entered into to replace share-based payment arrangements of the acquiree are measured in accordance with Ind AS 102 Share-based Payment at the acquisition date.

c) assets (or disposal groups) that are classified as held for sale in accordance with Ind AS 105 Non-current Assets Held for Sale and Discontinued Operations are measured in accordance with that Standard

On acquisition, the Group assesses the classification of the acquiree's assets and liabilities and reclassifies them where the classification is inappropriate for Group purposes.

Goodwill is measured as the excess of the sum of the consideration transferred, the amount of any non-controlling interests in the acquiree, and the fair value of the acquirer's previously held equity interest in the acquiree (if any) over the net of the acquisition-date amounts of the identifiable assets acquired and the liabilities assumed.

Non-controlling interests that are present ownership interests and entitle their holders to a proportionate share of the entity's net assets in the event of liquidation may be initially measured either at fair value or at the non-controlling interests' proportionate share of the recognised amounts of the acquiree's identifiable net assets. The choice of measurement basis is made on a transaction-by-transaction basis. Other types of non-controlling interests are measured at fair value or, when applicable, on the basis specified in another Ind AS.

When a business combination is achieved in stages, the Group's previously held equity interest in the acquiree is remeasured to its acquisition-date fair value and the resulting gain or loss, if any, is recognised in profit or loss. Amounts arising from interests in the acquiree prior to the acquisition date that have previously been recognised in other comprehensive income are reclassified to profit or loss where such treatment would be appropriate if that interest were disposed of.

3.6 Goodwill

Goodwill arising on an acquisition of a business is carried at cost as established at the date of acquisition of the business (see note 3.4 above) less accumulated impairment losses, if any.

For the purposes of impairment testing, goodwill is allocated to each of the Group's cash-generating units (or groups of cash-generating units) that is expected to benefit from the synergies of the combination.

A cash-generating unit to which goodwill has been allocated is tested for impairment annually, or more frequently when there is an indication that the unit may be impaired. If the recoverable amount of the cash-generating unit is less than its carrying amount, the impairment loss is allocated first to reduce the carrying amount of any goodwill allocated to the unit and then to the other assets of the unit pro rata based on the carrying amount of each asset in the unit. Any impairment loss for goodwill is recognised directly in profit or loss. An impairment loss recognised for goodwill is not reversed in subsequent periods.

On disposal of the relevant cash-generating unit, the attributable amount of goodwill is included in the determination of the profit or loss on disposal.

The Group's policy for goodwill arising on the acquisition of an associate and a joint venture is described at note 3.7.

3.7 Investments in associates and joint ventures

An associate is an entity over which the Group has significant influence. Significant influence is the power to participate in the financial and operating policy decisions of the investee but does not denote control or joint control over those policies.

A joint venture is a joint arrangement whereby the parties that have joint control of the arrangement have rights to the net assets of the joint arrangement. Joint control is the contractually agreed sharing of control of an arrangement, which exists only when decisions about the relevant activities require unanimous consent of the parties sharing control.

The results and assets and liabilities of associates or joint ventures are incorporated in these consolidated financial statements using the equity method of accounting, except when the investment, or a portion thereof, is classified as held for sale, in which case it is accounted for in accordance with Ind AS 105. Under the equity method, an investment in an associate or a joint venture is initially recognised in the consolidated balance sheet at cost and adjusted thereafter to recognise the Group's share of the profit or loss and other comprehensive income of the associate or joint venture. Distributions received from an associate or a joint venture reduce the carrying amount of the investment. When the Group's share of losses of an associate or a joint venture exceeds the Group's interest in that associate or joint venture, the Group discontinues recognising its share of further losses. Additional losses are recognised only to the extent that the Group has incurred legal or constructive obligations or made payments on behalf of the associate or joint venture.

An investment in an associate or a joint venture is accounted for using the equity method from the date on which the investee becomes an associate or a joint venture. On acquisition of the investment in an associate or a joint venture, any excess of the cost of the investment over the Group's share of the net fair value of the identifiable assets and liabilities of the investee is recognised as goodwill, which is included within the carrying amount of the investment. Any excess of the Group's share of the net fair value of the identifiable assets and liabilities over the cost of the investment, after reassessment, is recognised directly in equity as capital reserve in the period in which the investment is acquired.

When necessary, the entire carrying amount of the investment (including goodwill) is tested for impairment in accordance with Ind AS 36 Impairment of Assets as a single asset by comparing its recoverable amount (higher of value in use and fair value less costs of disposal) with its carrying amount, Any impairment loss recognised forms part of the carrying amount of the investment. Any reversal of that impairment loss is recognised in accordance with Ind AS 36 to the extent that the recoverable amount of the investment subsequently increases.

The Group continues to use the equity method when an investment in an associate becomes an investment in a joint venture or an investment in a joint venture becomes an investment in an associate. There is no remeasurement to fair value upon such changes in ownership interests.

Investments in associates

Particulars	Place of Incorporation	% of holding	
		31-Mar-19	31-Mar-18
Indraprastha Medical Corporation Limited	India	22.03%	22.03%
Stemcyte India Therapeutics Private Limited	India	24.50%	24.50%
Apollo Munich Health Insurance Company Limited	India	9.96%	9.96%
Family Health Plan Insurance (TPA) Limited	India	49.00%	49.00%

Investments in Joint Ventures

Particulars	Place of Incorporation	% of holding	
		31-Mar-19	31-Mar-18
Apollo Gleneagles Hospitals Limited	India	50.00%	50.00%
Apollo Gleneagles Hospitals PET CT Private Limited	India	50.00%	50.00%
ApoKos Rehab Private Limited	India	50.00%	50.00%
Apollo Medics International Life sciences Limited	India	50.00%	-

3.8 Revenue recognition

The group earns revenue primarily by providing healthcare services and sale of pharmaceutical products. Other sources of revenue include revenue earned through Operation and Management (O&M) contracts, brand license agreements and contracts for clinical trials.

Effective April 1, 2018, the Company has applied Ind AS 115 - Revenue from Contract with customers which establishes a comprehensive framework for revenue recognition. Ind AS 115 replaces Ind AS 18 Revenue and Ind AS 11 Construction Contracts. The Company has adopted Ind AS 115 using the cumulative effect method(modified retrospective approach). The effect of initially applying this standard is recognised at the date of initial application (i.e. April 1, 2018). The standard is applied retrospectively only to contracts that are not completed as at the date of initial application and the comparative information in the statement of profit and loss is not restated – i.e. the comparative information continues to be reported under Ind AS 18 and Ind AS 11. The impact of the adoption of the standard on the financial statements of the Company is insignifican

Revenue is recognised upon transfer of control of promised products or services to customers in an amount that reflects the consideration which the Company expects to receive in exchange for those products or services. When there is uncertainty on ultimate collectability, revenue recognition is postponed until such uncertainty is resolved.

3.8.1 Healthcare Services

Revenue comprises fees charged for inpatient and outpatient hospital services. The performance obligations for this stream of revenue include food & beverage, accommodation, surgery, medical/clinical professional services, supply of equipment, investigation and supply of pharmaceutical and related products.

Revenue is recognised at the transaction price when each performance obligation is satisfied at a point in time when inpatient/ outpatients has actually received the service and accepted/consumed the same except for few specific services in the dialysis and oncology specialty where the performance obligation is satisfied over a period of time

3.8.2 Pharmaceutical Products

In respect of sale of pharmaceutical products, where the performance obligation is satisfied at a point in time, revenue is recognised when the control of goods is transferred to the customer.

3.8.3 Project Consultancy Income

In respect of project consultancy income, i.e. the revenue arising from the Operating & Maintenance (O&M) contracts where the performance obligation is satisfied over time, revenue is recognised along the period when the services are received and accepted by the customer.

3.8.4 Clinical trials

In respect of clinical trials, where the performance obligation is satisfied at a point in time, revenue is recognised when the service has been received and accepted by the customer.

3.8.5 Other Services

(i) Hospital Project Consultancy income is recognised as and when it becomes due, on percentage completion method, on achievement of milestones.

(ii) Income from Clinical Trials on behalf of Pharmaceutical Companies is recognized on completion of the service, based on the terms and conditions specified to each contract.

(iii) One-time franchise license fees is recognised based on achievement of the milestones as per the terms of the contract and where ever there is no bifurcation of total fee then over the period of the agreement

(iv) Other Franchisee license fee is recognised on accrual basis as per the terms of the contracts

(v) Other services fee is recognized on basis of the services rendered and as per the terms of the agreement.

(vi) Royalty income is recognised on an accrual basis in accordance with the terms of the relevant agreement

3.8.6 Contract assets and liabilities

Revenues in excess of invoicing are classified as contract assets (which we refer as unbilled revenue) while invoicing in excess of revenues are classified as contract liabilities (which we refer to as unearned revenues).

3.8.7 Transaction Price

Revenue is measured based on the transaction price, which is the fixed consideration adjusted for discounts, amounts payable to customer in the nature of commissions, principal versus agent considerations, loyalty credits and any other rights and obligations as specified in the contract with the customer. Revenue also excludes taxes collected from customers and deposited back to the respective statutory authorities.

3.8.8 Contract modifications

Contract modifications are accounted for when additions, deletions or changes are approved either to the contract scope or contract price. The accounting for modifications of contracts involves assessing whether the services added to an existing contract are distinct and whether the pricing is at the stand alone selling price. Services added that are not distinct are accounted for on a cumulative catch-up basis, while those that are distinct are accounted for prospectively, either as a separate contract, if the additional services are priced at the standalone selling price, or as a termination of the existing contract and creation of a new contract if not priced at the standalone selling price.

3.8.9 Revenue from Insurance business

a Premium:

Premium (net of service tax) is recognized as income over the contract period or period of risk, whichever is appropriate. Any subsequent revision or cancellation of premium is accounted for in the year in which they occur.

b. Commission on Reinsurance Premium:

Commission on reinsurance ceded is recognized as income in the year of cession of reinsurance premium. Profit commission under reinsurance treaties, wherever applicable, is recognized in the year of determination of the profits and as intimated by the reinsurer.

c. Premium Deficiency:

Premium deficiency is recognized whenever the ultimate amount of expected claims, related expenses and maintenance costs exceeds the related sum of premium carried forward to the subsequent accounting period as reserve for unexpired risk.

d. Reserve for Unexpired Risk:

Reserve for unexpired risk represents that part of the net premium (premium net of reinsurance ceded) attributable to the succeeding accounting period subject to a minimum amount of reserves as required by Section 64V (1) (ii) (b) of the Insurance Act, 1938.

e. Interest / Dividend Income:

Interest income is recognized on accrual basis. Dividend is recognized when the right to receive the dividend is established.

f. Accretion / Amortization of Discounts/ Premium

Accretion of discounts and amortization of premium relating to debt securities is recognized over the holding / maturity period.

3.8.10 Revenue from Third Party Administrator (TPA) Business

Revenue is measured at the fair value of the consideration received or receivable exclusive of applicable Service Tax/GST. The group derives its revenue primarily as service fee on Third Party Administration contracts entered into with the Insurance Companies. Provision for estimated losses on incomplete contract is recorded in the year in which such loses become probable based on the current contract estimates.

Other Income

3.8.11 Revenue from export benefit schemes

Under the "Served from India Scheme" introduced by the Government of India, an exporter of service is entitled to certain export benefits on foreign currency earned. The revenue in respect of export benefits is recognized on the basis of the foreign exchange earned at the rate at which the said entitlement accrues to the extent there is no significant uncertainty as to the amount of consideration that would be derived and as to its ultimate collection.

3.8.12 Voluntary contributions

Total Health, a subsidiary company incorporated under section 8 of the Act is engaged in non-profit activities. Voluntary contributions are accounted on receipt basis.

3.8.13 Dividend and interest income

Dividend income from investments is recognised when the shareholder's right to receive payment has been established (provided that it is probable that the economic benefits will flow to the Group and the amount of income can be measured reliably).

Interest income from a financial asset is recognised when it is probable that the economic benefits will flow to the Group and the amount of income can be measured reliably. Interest income is accrued on a time basis, by reference to the principal outstanding and at the effective interest rate applicable, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to that asset's net carrying amount on initial recognition.

3.8.14 Rental income

The Group's policy for recognition of revenue from operating leases is described under note 3.9.1 below.

3.9 Leasing

Leases are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases are classified as operating leases.

3.9.1 The Group as lessor

Amounts due from lessees under finance leases are recognised as receivables at the amount of the Group's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the Group's net investment outstanding in respect of the leases.

Rental income from operating leases is generally recognised on a straight-line basis over the term of the relevant lease. Where the rentals are structured solely to increase in line with expected general inflation to compensate for the Group's expected inflationary cost increases, such increases are recognised in the year in which such benefits accrue. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

3.9.2 The Group as lessee

Assets held under finance leases are initially recognised as assets of the Group at their fair value at the inception of the lease or, if lower, at the present value of the minimum lease payments. The corresponding liability to the lessor is included in the consolidated balance sheet as a finance lease obligation.

Lease payments are apportioned between finance expenses and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. Finance expenses are recognised immediately in profit or loss, unless they are directly attributable to qualifying assets, in which case they are capitalised in accordance with the Group's general policy on borrowing costs (see note 3.11 below). Contingent rentals are recognised as expenses in the periods in which they are incurred.

Rental expense from operating leases is generally recognised on a straight-line basis over the term of the relevant lease. Where the rentals are structured solely to increase in line with expected general inflation to compensate for the lessor's expected inflationary cost increases, such increases are recognised in the year in which such benefits accrue. Contingent rentals arising under operating leases are recognised as an expense in the period in which they are incurred.

In the event that lease incentives are received to enter into operating leases, such incentives are recognised as a liability. The aggregate benefit of incentives is recognised as a reduction of rental expense on a straight-line basis, except where another systematic basis is more representative of the time pattern in which economic benefits from the leased asset are consumed.

3.10 Foreign currencies

Exchange differences on monetary items are recognised in profit or loss in the period in which they arise except for exchange differences on foreign currency borrowings relating to assets under construction for future productive use, which are included in the cost of those assets when they are regarded as an adjustment to interest costs on those foreign currency borrowings.

3.11 Borrowings and Borrowing costs

Borrowings are recognised initially at fair value, net of transaction costs incurred. Borrowings are subsequently stated at amortised cost. Any difference between the proceeds (net of transaction costs) and the redemption value is recognised in the income statement over the period of the borrowings using the effective interest rate method. Borrowings are classified as current liabilities unless the Group has an unconditional right to defer settlement of the liability for at least 12 months after the reporting date.

Borrowing costs directly attributable to the acquisition, construction or production of qualifying assets, which are assets that necessarily take a substantial period of time to get ready for their intended use or sale, are added to the cost of those assets, until such time as the assets are substantially ready for their intended use or sale.

Interest income earned on the temporary investment of specific borrowings pending their expenditure on qualifying assets is deducted from the borrowing costs eligible for capitalisation.

All other borrowing costs are recognised in profit or loss in the period in which they are incurred.

3.12 Government grants

Government grants are not recognised until there is reasonable assurance that the Group will comply with the conditions attaching to them and that the grants will be received.

Government grants are recognised in profit or loss on a systematic basis over the periods in which the Group recognises as expenses the related costs for which the grants are intended to compensate. Specifically, government grants whose primary condition is that the Group should purchase, construct or otherwise acquire non-current assets are recognised as deferred revenue in the consolidated balance sheet and transferred to profit or loss on a systematic and rational basis over the useful lives of the related assets.

Government grants that are receivable as compensation for expenses or losses already incurred or for the purpose of giving immediate financial support to the Group with no future related costs are recognised in profit or loss in the period in which they become receivable.

The benefit of a government loan at a below-market rate of interest is treated as a government grant, measured as the difference between proceeds received and the fair value of the loan based on prevailing market interest rates.

3.13 Employee benefits

3.13.1 Retirement benefit costs and termination benefits

Payments to defined contribution retirement benefit plans are recognised as an expense when employees have rendered service entitling them to the contributions.

For defined benefit retirement benefit plans, the cost of providing benefits is determined using the projected unit credit method, with actuarial valuations being carried out at the end of each annual reporting period. Re-measurement, comprising actuarial gains and losses is reflected immediately in the balance sheet with a charge or credit recognised in other comprehensive income in the period in which they occur. Re-measurement recognised in other comprehensive income is reflected in retained earnings and is not reclassified to statement of profit and loss. Past service cost is recognised in statement of profit and loss in the period of a plan amendment. Net interest is calculated by applying the discount rate at the beginning of the period to the net defined benefit liability or asset. Defined benefit costs are categorised as follows:

- service cost (including current service cost, past service cost, as well as gains and losses on curtailments and settlements);
- net interest expense or income; and
- remeasurement

The Group presents the first two components of defined benefit costs in statement of profit and loss in the line item 'Employee benefits expense'.

The retirement benefit obligation recognised in the balance sheet represents the actual deficit or surplus in the Company's defined benefit plans. Any surplus resulting from this calculation is limited to the present value of any economic benefits available in the form of refunds from the plans or reductions in future contributions to the plans.

3.13.2 Short-term and other long-term employee benefits

A liability is recognised for benefits accruing to employees in respect of wages and salaries, annual leave and sick leave in the period the related service is rendered at the undiscounted amount of the benefits expected to be paid in exchange for that service.

Liabilities recognised in respect of short-term employee benefits are measured at the undiscounted amount of the benefits expected to be paid in exchange for the related service.

Liabilities recognised in respect of other long-term employee benefits are measured at the present value of the estimated future cash outflows expected to be made by the Group in respect of services provided by employees up to the reporting date.

3.14 Share-based payment arrangements

3.14.1 Share-based payment transactions

Equity-settled share-based payments to employees and others providing similar services are measured at the fair value of the equity instruments at the grant date. Details regarding the determination of the fair value of equity-settled share-based transactions are set out in the notes to accounts.

The fair value determined at the grant date of the equity-settled share-based payments is expensed on a straight-line basis over the vesting period, based on the Group's estimate of equity instruments that will eventually vest, with a corresponding increase in equity. At the end of each reporting period, the Group revises its estimate of the number of equity instruments expected to vest. The impact of the revision of the original estimates, if any, is recognised in profit or loss such that the cumulative expense reflects the revised estimate, with a corresponding adjustment to the equity-settled employee benefits reserve.

Equity-settled share-based payment transactions with parties other than employees are measured at the fair value of the goods or services received, except where that fair value cannot be estimated reliably, in which case they are measured at the fair value of the equity instruments granted, measured at the date the entity obtains the goods or the counterparty renders the service.

For cash-settled share-based payments, a liability is recognised for the goods or services acquired, measured initially at the fair value of the liability. At the end of each reporting period until the liability is settled, and at the date of settlement, the fair value of the liability is re-measured, with any changes in fair value recognised in profit or loss for the year.

3.15 Taxation

Income tax expense represents the sum of the tax currently payable and deferred tax.

3.15.1 Current tax

The tax currently payable is based on taxable profit for the year. Taxable profit differs from 'profit before tax' as reported in the statement of profit and loss because of items of income or expense that are taxable or deductible in other years and items that are never taxable or deductible. The Group's current tax is calculated using tax rates that have been enacted or substantively enacted by the end of the reporting period. Advance taxes and provisions for current income taxes are presented in the Balance Sheet after off-setting advance tax paid and income tax provision

3.15.2 Deferred tax

Deferred tax is recognised on temporary differences between the carrying amounts of assets and liabilities in the financial statements and the corresponding tax bases used in the computation of taxable profit. Deferred tax liabilities are generally recognised for all taxable temporary differences. Deferred tax assets are generally recognised for all deductible temporary differences to the extent that it is probable that taxable profits will be available against which those deductible temporary differences can be utilised. Such deferred tax assets and liabilities are not recognised if the temporary difference arises from the initial recognition (other than in a business combination) of assets and liabilities in a transaction that affects neither the taxable profit nor the accounting profit. In addition, deferred tax liabilities are not recognised if the temporary difference arises from the initial recognition of goodwill. Deferred tax assets and liabilities are offset when they relate to income taxes levied by the same taxation authority and the relevant entity intends to settle its current tax assets and liabilities on a net basis.

The carrying amount of deferred tax assets is reviewed at the end of each reporting period and reduced to the extent that it is no longer probable that sufficient taxable profits will be available to allow all or part of the asset to be recovered.

Deferred tax liabilities and assets are measured at the tax rates that are expected to apply in the period in which the liability is settled or the asset realised, based on tax rates (and tax laws) that have been enacted or substantively enacted by the end of the reporting period.

The measurement of deferred tax liabilities and assets reflects the tax consequences that would follow from the manner in which the Group expects, at the end of the reporting period, to recover or settle the carrying amount of its assets and liabilities.

3.15.3 Current and deferred tax for the year

Current and deferred tax are recognised in profit or loss, except when they relate to items that are recognised in other comprehensive income or directly in equity, in which case, the current and deferred tax are also recognised in other comprehensive income or directly in equity respectively. Where current tax or deferred tax arises from the initial accounting for a business combination, the tax effect is included in accounting for the business combination.

3.16 Property, plant and equipment

Land and buildings mainly comprise of hospitals and offices. Land and buildings held for use in the production or supply of goods or services, or for administrative purposes, are stated in the balance sheet at cost less accumulated depreciation and accumulated impairment losses. Freehold land is not depreciated.

Expenses in the nature of general repairs and maintenance , i.e. in the nature of day to day service costs are charged to income statement during the financial period in which they are incurred.

Parts of some items of property, plant and equipment may require replacement at regular intervals and this would enhance the life of the asset. The Group recognises these in the carrying value of property, plant & equipment and amortised over the period which is lower of replacement period and its useful life. The carrying amount of those parts that are replaced is derecognized in accordance with the derecognition provisions of Ind AS 16.

Depreciation is recognised so as to write off the cost of assets (other than freehold land and properties under construction) less their residual values over their useful lives, using the straight-line method. The estimated useful lives, residual values and depreciation method are reviewed at the end of each reporting period, with the effect of any changes in estimate accounted for on a prospective basis.

Assets held under finance leases are depreciated over their expected useful lives on the same basis as owned assets. However, when there is no reasonable certainty that ownership will be obtained by the end of the lease term, assets are depreciated over the shorter of the lease term and their useful lives.

The management believes that these estimated useful lives that reflect fair approximation of the period over which the assets are likely to be used.

Estimated useful lives of the assets are as follows:

Category of assets	Useful Life (in years)
Buildings (Freehold)	60 years
Buildings (Leasehold)	Lease term or 30 years, whichever is shorter (Non cancellable with renewable clause)
Plant and Machinery	15 Years
Electrical Installation and Generators	10 Years
Medical Equipment	13 Years
Surgical Instruments	3 Years
Furnitures and Fixtures	10 Years
Vehicles	8 Years
Office Equipments	5 Years
Computers	3 Years
Servers	6 Years

An item of property, plant and equipment is derecognised upon disposal or when no future economic benefits are expected to arise from the continued use of the asset. Any gain or loss arising on the disposal or retirement of an item of property, plant and equipment is determined as the difference between the sales proceeds and the carrying amount of the asset and is recognised in profit or loss.

3.17 Intangible assets

3.17.1 Intangible assets acquired separately

Intangible assets with finite useful lives that are acquired separately are carried at cost less accumulated amortisation and accumulated impairment losses. Amortisation is recognised on a straight-line basis over their estimated useful lives. The estimated useful life and amortisation method are reviewed at the end of each reporting period, with the effect of any changes in estimates being accounted for on a prospective basis. Intangible assets with indefinite useful lives that are acquired separately are carried at cost less accumulated impairment losses.

3.17.2 Intangible assets acquired in a business combination

Intangible assets acquired in a business combination and recognised separately from goodwill are initially recognised at their fair value at the acquisition date (which is regarded as their cost).

Subsequent to initial recognition, intangible assets acquired in a business combination are reported at cost less accumulated amortisation and accumulated impairment losses, on the same basis as intangible assets that are acquired separately.

3.17.3 Derecognition of intangible assets

An intangible asset is derecognised on disposal, or when no future economic benefits are expected from use or disposal. Gains or losses arising from derecognition of an intangible asset, measured as the difference between the net disposal proceeds and the carrying amount of the asset, are recognised in statement of profit and loss when the asset is derecognised.

3.17.4 Useful lives of intangible assets

Estimated useful lives of the intangible assets are as follows:

Category of assets	Useful Life (in years)
Software License	3 years
Non Compete Fees	3 years
Trademarks	3 years

3.17.5 Review of useful life and method of depreciation

The amortisation period and method are reviewed at the end of each reporting period to check if the expected useful life of the asset changes from previous estimates, the effect of such change in estimates are accounted for prospectively.

3.17.6 Capital work in progress

Amounts paid towards the acquisition of property, plant and equipment outstanding as of each reporting date are recognized as capital advance and the cost of property, plant and equipment not ready for intended use before such date are disclosed under capital work- in-progress

3.18 Impairment of tangible and intangible assets other than goodwill

At the end of each reporting period, the Group reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any).

Recoverable amount is the higher of fair value less costs of disposal and value in use. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset for which the estimates of future cash flows have not been adjusted.

If the recoverable amount of an asset (or cash-generating unit) is estimated to be less than its carrying amount, the carrying amount of the asset (or cash-generating unit) is reduced to its recoverable amount. An impairment loss is recognised immediately in statement of profit and loss.

When an impairment loss subsequently reverses, the carrying amount of the asset (or a cash-generating unit) is increased to the revised estimate of its recoverable amount, but so that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset (or cash-generating unit) in prior years. A reversal of an impairment loss is recognised immediately in statement of profit and loss.

3.19 Inventories

Inventories of medical consumables, drugs and stores & spares are valued at cost or lower of net realizable value. Net Realizable Value represents the estimated selling price in the ordinary course of business less estimated costs of completion and estimated costs necessary to make the sale.

Cost is determined as follows:

a. 'Medicines' under healthcare segment is valued on First in First Out (FIFO) basis.
b. 'Medicines' under retail pharmacies segment is valued on weighted average rates.
c. 'Stores and spares' is valued on First in First Out (FIFO) basis.
d. 'Other consumables (including laboratory consumables)' is valued on First in First Out (FIFO) basis.
e. Inventories consist of UCB stem cells stored in the public bank, which are recorded at attributable direct costs to those public stem cells available for transplant. Net realisable value of public stem cells is measured by evaluating various factors impacting the likelihood of being sold within a reasonable storage period.

3.20 Provisions

Provisions are recognised when the Group has a present obligation (legal or constructive) as a result of a past event, it is probable that the Group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at the end of the reporting period, taking into account the risks and uncertainties surrounding the obligation. When a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows (when the effect of the time value of money is material).

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, a receivable is recognised as an asset if it is virtually certain that reimbursement will be received and the amount of the receivable can be measured reliably.

3.20.1 Onerous contracts

Present obligations arising under onerous contracts are recognised and measured as provisions. An onerous contract is considered to exist where the Group has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received from the contract.

3.21 Financial instruments

Financial assets and financial liabilities are recognised when a Group entity becomes a party to the contractual provisions of the instruments.

Financial assets and financial liabilities are initially measured at fair value. Transaction costs that are directly attributable to the acquisition or issue of financial assets and financial liabilities (other than financial assets and financial liabilities at fair value through profit or loss) are added to or deducted from the fair value of the financial assets or financial liabilities, as appropriate, on initial recognition. Transaction costs directly attributable to the acquisition of financial assets or financial liabilities at fair value are recognised immediately in profit or loss.

3.21.1 Financial assets

All regular way purchases or sales of financial assets are recognised and derecognised on a trade date basis. Regular way purchases or sales are purchases or sales of financial assets that require delivery of assets within the time frame established by regulation or convention in the marketplace.

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial assets.

(i) Classification of financial assets

Financial Assets that meet the following conditions are subsequently measured at amortised cost (except for debt instruments that are designated as at fair value through profit or loss on initial recognition):

- the asset is held within a business model whose objective is to hold assets in order to collect contractual cash flows; and
- the contractual terms of the instrument give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

Financial Assets that meet the following conditions are subsequently measured at fair value through other comprehensive income (FVTOCI) (except for debt instruments that are designated as at fair value through profit or loss on initial recognition):

- the asset is held within a business model whose objective is achieved both by collecting contractual cash flows and selling financial assets; and
- the contractual terms of the instrument give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

All other financial assets are subsequently measured at fair value.

(ii) Amortised Cost and Effective interest method

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts (including all fees and points paid or received that form an integral part of the effective interest rate, transaction costs and other premiums or discounts) through the expected life of the debt instrument, or, where appropriate, a shorter period, to the net carrying amount on initial recognition.

Income is recognised on an effective interest basis for debt instruments other than those financial assets classified as at FVTPL. Interest income is recognised in profit or loss and is included in the “Other income” line item.

(iii) Investments in equity instruments at FVTOCI

On initial recognition, the Group can make an irrevocable election (on an instrument-by-instrument basis) to present the subsequent changes in fair value in other comprehensive income pertaining to investments in equity instruments. This election is not permitted if the equity investment is held for trading. These elected investments are initially measured at fair value plus transaction costs. Subsequently, they are measured at fair value with gains and losses arising from changes in fair value recognised in other comprehensive income and accumulated in the ‘Reserve for equity instruments through other comprehensive income’. The cumulative gain or loss is not reclassified to profit or loss on disposal of the investments.

A financial asset is held for trading if:

- it has been acquired principally for the purpose of selling it in the near term; or
- on initial recognition it is part of a portfolio of identified financial instruments that the Group manages together and has a recent actual pattern of short-term profit-taking; or
- it is a derivative that is not designated and effective as a hedging instrument or a financial guarantee.

Dividends on these investments in equity instruments are recognised in profit or loss when the Group’s right to receive the dividends is established, it is probable that the economic benefits associated with the dividend will flow to the entity, the dividend does not represent a recovery of part of cost of the investment and the amount of dividend can be measured reliably. Dividends recognised in the consolidated statement of profit and loss are included in the ‘Other income’ line item.

3.21.2 Financial assets at fair value through profit or loss (FVTPL)

Investments in equity instruments are classified as at FVTPL, unless the Group irrevocably elects on initial recognition to present subsequent changes in fair value in other comprehensive income for investments in equity instruments which are not held for trading.

Debt instruments that do not meet the amortised cost criteria or FVTOCI criteria (see above) are measured at FVTPL. In addition, debt instruments that meet the amortised cost criteria or the FVTOCI criteria but are designated as at FVTPL are measured at FVTPL.

A financial asset that meets the amortised cost criteria or debt instruments that meet the FVTOCI criteria may be designated as at FVTPL upon initial recognition if such designation eliminates or significantly reduces a measurement or recognition inconsistency that would arise from measuring assets or liabilities or recognising the gains and losses on them on different bases. The Group has not designated any debt instrument as at FVTPL.

Financial assets at FVTPL are measured at fair value at the end of each reporting period, with any gains or losses arising on remeasurement recognised in profit or loss. The net gain or loss recognised in profit or loss incorporates any dividend or interest earned on the financial asset and is included in the 'Other income' line item. Dividend on financial assets at FVTPL is recognised when the Group's right to receive the dividends is established, it is probable that the economic benefits associated with the dividend will flow to the entity, the dividend does not represent a recovery of part of cost of the investment and the amount of dividend can be measured reliably.

3.21.3 Impairment of financial assets

The Group applies the expected credit loss model for recognising impairment loss on financial assets measured at amortised cost, debt instruments at FVTOCI, lease receivables, trade receivables, other contractual rights to receive cash or other financial asset, and financial guarantees not designated as at FVTPL.

For trade receivables or any contractual right to receive cash or another financial asset that result from transactions that are within the scope of Ind AS 115 Revenue from Contracts with customers, the Group always measures the loss allowance at an amount equal to lifetime expected credit losses.

The impairment provisions for trade receivables is based on assumptions about risk of default and expected loss rates. The Group uses judgements in making certain assumptions and selecting inputs to determine impairment of these trade receivables, based on the Group's historical experience towards potential billing adjustments, delays and defaults at the end of each reporting period.

3.21.4 Derecognition of financial assets

The Group derecognises a financial asset when the contractual rights to the cash flows from the asset expire, or when it transfers the financial asset and substantially all the risks and rewards of ownership of the asset to another party. If the Group neither transfers nor retains substantially all the risks and rewards of ownership and continues to control the transferred asset, the Group recognises its retained interest in the asset and an associated liability for amounts it may have to pay. If the Group retains substantially all the risks and rewards of ownership of a transferred financial asset, the Group continues to recognise the financial asset and also recognises a collateralised borrowing for the proceeds received.

3.21.5 Foreign exchange gains and losses

The fair value of financial assets denominated in a foreign currency is determined in that foreign currency and translated at the spot rate at the end of each reporting period.

- For foreign currency denominated financial assets measured at amortised cost and FVTPL, the exchange differences are recognised in profit or loss except for those which are designated as hedging instruments in a hedging relationship.
- Changes in the carrying amount of investments in equity instruments at FVTOCI relating to changes in foreign currency rates are recognised in other comprehensive income.
- Net gain / (loss) on foreign currency transactions and translation during the year recognised in the consolidated statement of Proft and Loss account is presented under Other income.

3.22 Financial liabilities and equity instruments

3.22.1 Classification as debt or equity

Debt and equity instruments issued by a Group are classified as either financial liabilities or as equity in accordance with the substance of the contractual arrangements and the definitions of a financial liability and an equity instrument.

3.22.2 Equity instruments

An equity instrument is any contract that evidences a residual interest in the assets of an entity after deducting all of its liabilities. Equity instruments issued by a group entity are recognised at the proceeds received, net of direct issue costs.

Repurchase of the Group's own equity instruments is recognised and deducted directly in equity. No gain or loss is recognised in profit or loss on the purchase, sale, issue or cancellation of the Group's own equity instruments.

3.22.3 Financial liabilities

All financial liabilities are subsequently measured at amortised cost using the effective interest method or at FVTPL.

However, financial liabilities that arise when a transfer of a financial asset does not qualify for derecognition or when the continuing involvement approach applies, financial guarantee contracts issued by the Group, and commitments issued by the Group to provide a loan at below-market interest rate are measured in accordance with the specific accounting policies set out below :

3.22.4 Financial liabilities at FVTPL

Financial liabilities are classified as at FVTPL when the financial liability is either contingent consideration recognised by the Group as an acquirer in a business combination to which Ind AS 103 applies or is held for trading or it is designated as at FVTPL.

A financial liability is classified as held for trading if:

- it has been incurred principally for the purpose of repurchasing it in the near term; or
- on initial recognition it is part of a portfolio of identified financial instruments that the Group manages together and has a recent actual pattern of short-term profit-taking; or
- it is a derivative that is not designated and effective as a hedging instrument.

A financial liability other than a financial liability held for trading or contingent consideration recognised by the Group as an acquirer in a business combination to which Ind AS 103 applies, may be designated as at FVTPL upon initial recognition if:

such designation eliminates or significantly reduces a measurement or recognition inconsistency that would otherwise arise;

the financial liability forms part of a Group of financial assets or financial liabilities or both, which is managed and its performance is evaluated on a fair value basis, in accordance with the Group's documented risk management or investment strategy, and information about the grouping is provided internally on that basis; or

it forms part of a contract containing one or more embedded derivatives, and Ind AS 109 permits the entire combined contract to be designated as at FVTPL in accordance with Ind AS 109.

Financial liabilities at FVTPL are stated at fair value, with any gains or losses arising on remeasurement recognised in profit or loss. The net gain or loss recognised in profit or loss incorporates any interest paid on the financial liability and is included in the 'Other income' line item.

However, for not-held-for-trading financial liabilities that are designated as at FVTPL, the amount of change in the fair value of the financial liability that is attributable to changes in the credit risk of that liability is recognised in other comprehensive income, unless the recognition of the effects of changes in the liability's credit risk in other comprehensive income would create or enlarge an accounting mismatch in profit or loss, in which case these effects of changes in credit risk are recognised in profit or loss. The remaining amount of change in the fair value of liability is always recognised in profit or loss. Changes in fair value attributable to a financial liability's credit risk that are recognised in other comprehensive income are reflected immediately in retained earnings and are not subsequently reclassified to profit or loss.

Gains or losses on financial guarantee contracts and loan commitments issued by the Group that are designated by the Group as at fair value through profit or loss are recognised in profit or loss.

3.22.5 Financial liabilities subsequently measured at amortised cost

Financial liabilities that are not held-for-trading and are not designated as at FVTPL are measured at amortised cost at the end of subsequent accounting periods. The carrying amounts of financial liabilities that are subsequently measured at amortised cost are determined based on the effective interest method. Interest expense that is not capitalised as part of costs of an asset is included in the 'Finance costs' line item.

The effective interest method is a method of calculating the amortised cost of a financial liability and of allocating interest expense over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash payments (including all fees and points paid or received that form an integral part of the effective interest rate, transaction costs and other premiums or discounts) through the expected life of the financial liability, or (where appropriate) a shorter period, to the net carrying amount on initial recognition.

3.22.6 Financial guarantee contracts

A financial guarantee contract is a contract that requires the issuer to make specified payments to reimburse the holder for a loss it incurs because a specified debtor fails to make payments when due in accordance with the terms of a debt instrument.

Financial guarantee contracts issued by a group entity are initially measured at their fair values and, if not designated as at FVTPL, are subsequently measured at the higher of:

- the amount of loss allowance determined in accordance with impairment requirements of Ind AS 109; and
- the amount initially recognised less, when appropriate, the cumulative amount of income recognised in accordance with the principles of Ind AS 115.

3.22.7 Derecognition of financial liabilities

The Group derecognises financial liabilities when, and only when, the Group's obligations are discharged, cancelled or have expired. An exchange between with a lender of debt instruments with substantially different terms is accounted for as an extinguishment of the original financial liability and the recognition of a new financial liability. Similarly, a substantial modification of the terms of an existing financial liability is accounted for as an extinguishment of the original financial liability and the recognition of a new financial liability. The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable is recognised in profit or loss.

3.22.8 Derivative financial instruments

The Group enters into a variety of derivative financial instruments to manage its exposure to interest rate and foreign exchange rate risks, including interest rate swaps and cross currency swaps.

"Derivatives are initially recognised at fair value at the date the derivative contracts are entered into and are subsequently remeasured to their fair value at the end of each reporting period. Derivatives are carried as financial assets when the fair value is positive and as financial liabilities when the fair value is negative.

3.23 Put Options

The Group has issued written put option to non-controlling interests in certain subsidiaries of the Group in accordance with the terms of underlying agreement with such option holders. Should the option be exercised, the Group has to settle such liability by payment of cash.

Accounting on Initial Recognition: The amount that may become payable under the option on exercise is recognised as a financial liability at fair value on the transaction date with a corresponding charge directly to the shareholders' equity.

Subsequent Measurement: The liability is subsequently accreted through finance charges recognised under finance cost in the Statement of Profit and Loss up to the redemption amount that is payable at the date on which the option first becomes exercisable. In the event that the option expires unexercised, the liability is derecognised with a corresponding adjustment to equity.

3.24 Segment reporting

The Group uses the management approach for reporting information about segments in annual financial statements. The management approach is based on the way the Chief Operating Decision maker organises segments within a Group for making an operating decision and assessing performance. Reportable segments are based on services, legal structure, management structure and any other manner in which the management disaggregates a company. Based on the management approach model the Group has determined that its business model is comprised of Clinics and Diagnostics.

3.25 Non Current Asset Held for Sale

The Group classifies non-current assets held for sale if their carrying amounts will be principally recovered through a sale rather than through continuing use of assets and action required to complete such sale indicate that it is unlikely that significant changes to the plan to sell will be made or that the decision to sell will be withdrawn. Also, such assets are classified as held for sale only if the management expects to complete the sale within one year from the date of classification.

4 Critical accounting judgements and key sources of estimation uncertainty

The preparation of these financial statements in conformity with recognition and measurement principles of IND AS requires the management of the Group to make estimates and assumptions that affect the reported balances of assets and liabilities, disclosures relating to contingent liabilities as at the date of the financial statements and the reported amount of income and expenses for the periods presented

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

4.1 Critical judgements in applying accounting policies

The following are the critical judgements, apart from those involving estimations (see note 4.2 below), that the directors have made in the process of applying the Group's accounting policies and that have the most significant effect on the amounts recognised in the consolidated financial statements.

4.2 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period that may cause a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

4.2.1 Impairment of goodwill

Determining whether goodwill is impaired requires an estimation of the value in use of the cash-generating units to which goodwill has been allocated. The value in use calculation requires the directors to estimate the future cash flows expected to arise from the cash-generating unit and a suitable discount rate in order to calculate present value. Where the actual future cash flows are less than expected, a material impairment loss may arise.

4.2.2 Impairment of Financial Assets

The impairment provisions for trade receivables is based on assumptions about risk of default and expected loss rates. The Company uses judgements in making certain assumptions and selecting inputs to determine impairment of these trade receivables, based on the Company's historical experience towards potential billing adjustments, delays and defaults at the end of each reporting period

4.2.3 Impairment of investments in associates and joint ventures:

The Group conducts impairment reviews of investments in associates / joint arrangements whenever events or changes in circumstances indicate that their carrying amounts may not be recoverable or tests for impairment annually. Determining whether an asset is impaired requires an estimation of the recoverable amount, which requires the Group to estimate the value in use which base on future cash flows and suitable discount rate in order to calculate the present value.

4.2.4 Fair value measurements and valuation processes

Some of the Group's assets and liabilities are measured at fair value for financial reporting purposes. The business acquisitions made by the company are also accounted at fair values.

In estimating the fair value of an asset or a liability, the Group uses market-observable data to the extent it is available. Where Level 1 inputs are not available, the Group's engages third party qualified valuers to perform the valuation. The management works closely with the qualified external valuers to establish the appropriate valuation techniques and inputs to the model. The Chief Financial Officer reports the findings to the board of directors of the Company every quarter to explain the cause of fluctuations in the fair value of the assets and liabilities.

4.2.5 Employee Benefits - Defined benefit obligations

The cost of defined benefit plans are determined using actuarial valuations. The actuarial valuation involves making assumptions about discount rates, expected rates of return on assets, future salary increases, mortality rates and future pension increase.

4.2.6 Litigations

The amount recognised as a provision shall be the best estimate of the expenditure required to settle the present obligation arising during the reporting period.

4.2.7 Revenue Recognition

The Company's contracts with customers could include promises to render multiple services to a customer. The Company assesses the services promised in a contract and identifies distinct performance obligations in the contract. Identification of distinct performance obligation involves judgement to determine the deliverables and the ability of the customer to benefit independently from such deliverables. Judgement is applied in the assessment of principal versus agent considerations with respect to contracts with customers and doctors which is determined based on the substance of the arrangement.

Judgement is also applied to determine the transaction price of the contract. The transaction price shall include a fixed amount of customer consideration and components of variable consideration which constitutes amounts payable to customer, discounts, commissions , disallowances and redemption patterns of loyalty customers. The estimated amount of variable consideration is adjusted in the transaction price only to the extent that it is highly probable that a significant reversal in the amount of cumulative revenue recognised will not occur and is reassessed at the end of each reporting period.

4.2.8 Useful lives of property plant and equipment

The Group reviews the useful life of property plant and equipment at the end of each reporting period. This reassessment may result in depreciation expense in future periods

4.2.9 Point of Capitalisation

Management has set in parameters in respect of its medical Equipments specific to the stability and reaching the contractual availability goals. The Property, plant & equipment shall be capitalised upon reaching these parameters at which stage t he asset is brought to the location and condition necessary for it to be capable of operating in the manner intended by management

4.2.10 Impairment of Non - Financial Assets

Determining whether the asset is impaired requires to assess the recoverable amount of the asset or Cash Generating Unit (CGU) which is compared to the carrying amount of the asset or CGU, as applicable. Recoverable amount is the higher of fair value less costs of disposal and value in use. Where the carrying amount of an asset or CGU exceeds the recoverable amount, the asset is considered impaired and is written down to its recoverable amount.

4.2.11 Income Taxes

Management judgment is required for the calculation of provision for income taxes and deferred tax assets and liabilities. The Group reviews at each balance sheet date the carrying amount of deferred tax assets. The factors used in estimates may differ from actual outcomes which could lead to significant adjustment to the amounts reported in the financial statements.

5 Property, Plant and Equipment and Capital Work-in-progress

Particulars	As at March 31, 2019	As at March 31, 2018
Carrying amounts of:		
Land	4,706.24	3,608.96
Buildings	13,474.66	16,429.74
Leasehold Improvements	7,601.76	4,126.21
Plant and Machinery	4,294.60	4,941.61
Medical Equipment	11,883.64	10,778.24
Furniture and Fixtures	2,990.85	2,816.58
Office Equipments	360.75	432.15
Computers	320.19	314.89
Vehicles	305.24	337.26
	45,937.93	**43,785.64**
5.1 Capital Work-in-progress (Refer Note v)	**8,217.71**	**7,121.97**
Total	**54,155.64**	**50,907.61**

Notes to the Consolidated Financial Statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

Gross Block

Particulars	Land (Refer note iv)	Buildings	Leasehold Improvements	Plant and Machinery@	Medical Equipment*	Furniture and Fixtures	Office equipments	Computers#	Vehicles	Total
Balance as at April 1, 2017	3,303.49	16,567.66	4,984.59	7,241.15	12,620.75	3,433.45	869.86	1,065.71	716.46	50,803.12
Additions	305.47	833.82	346.62	473.92	2,206.29	710.69	122.37	152.43	30.18	5,181.80
Disposals	-	(0.01)	(17.66)	(15.03)	(68.26)	(100.86)	(17.24)	(17.22)	(14.78)	(251.06)
Adjustment/Reclassification	-	-	-	(23.72)	(9.48)	5.21	25.23	(2.55)	-	(5.31)
Balance at March 31, 2018	3,608.96	17,401.47	5,313.55	7,676.32	14,749.30	4,048.49	1,000.22	1,198.37	731.86	55,728.55
Additions	1,107.18	254.51	1,023.75	517.99	2,045.78	699.05	101.40	192.04	41.76	5,983.46
Disposals	(9.91)	(1.75)	(6.30)	(30.43)	(66.13)	(53.35)	(8.36)	(13.55)	(8.85)	(198.63)
Adjustment/Reclassification	0.01	(2,913.20)	2,866.30	(699.01)	766.00	(76.44)	(42.52)	(63.32)	(2.08)	(164.26)
Balance at March 31, 2019	4,706.24	14,741.03	9,197.30	7,464.87	17,494.95	4,617.75	1,050.74	1,313.54	762.69	61,349.11

Accumulated depreciation and impairment

Particulars	Land (Refer note iv)	Buildings	Leasehold Improvements	Plant and Machinery@	Medical Equipment*	Furniture and Fixtures	Office equipments	Computers#	Vehicles	Total
Balance as at April 1, 2017	-	656.59	868.98	2,206.57	2,639.73	842.23	434.75	729.14	332.02	8,710.01
Eliminated on disposals	-	(11.88)	(4.07)	(8.63)	(53.26)	(43.34)	(15.65)	(16.58)	(11.83)	(165.24)
Depreciation expense	-	327.02	322.43	540.74	1,385.15	432.08	144.33	175.42	74.41	3,401.58
Adjustment/ Reclassification	-	-	-	(3.97)	(0.56)	0.94	4.64	(4.50)	-	(3.45)
Balance at March 31, 2018	-	971.73	1,187.34	2,734.71	3,971.06	1,231.91	568.07	883.48	394.60	11,942.90
Eliminated on disposals	-	(0.12)	(1.55)	(17.59)	(47.69)	(27.60)	(6.77)	(12.32)	(5.32)	(118.96)
Depreciation expense	-	322.41	413.05	560.29	1,645.46	452.21	134.99	146.55	71.18	3,746.14
Adjustment/ Reclassification	-	(27.66)	(3.30)	(107.14)	42.48	(29.62)	(6.30)	(24.36)	(3.01)	(158.91)
Balance at March 31, 2019	-	1,266.36	1,595.54	3,170.27	5,611.31	1,626.90	689.99	993.35	457.45	15,411.17

Particulars	Land (Refer note iv)	Buildings	Leasehold Improvements	Plant and Machinery@	Medical Equipment*	Furniture and Fixtures	Office equipments	Computers#	Vehicles	Total
Carrying amount as on March 31, 2018	3,608.96	16,429.74	4,126.21	4,941.61	10,778.24	2,816.58	432.15	314.89	337.26	43,785.64
Carrying amount as on March 31, 2019	4,706.24	13,474.66	7,601.76	4,294.60	11,883.64	2,990.85	360.75	320.19	305.24	45,937.93

@ Includes electrical installation and generators

* Includes surgical equipments

Includes Servers

Notes:

(i) Refer Note 21 for information on Property, Plant & Equipment pledged as security by the Company for securing financing facilities from banks and financial institutions.

(ii) Refer Note 52 for the contractual capital commitments for purchase of Property, plant & equipment.

(iii) Refer note 34 for details of interest capitalised during the year under Capital Work in Progress.

(iv) Land and Building of ₹ 190 million and ₹ 792 million respectively relate to one of the subsidiary Company Imperial Hospitals and Research Center Limited which is under dispute with Government of Karnataka alleging non-compliance of certain conditions associated with the allotment of land, have been stayed by the honourable High Court of Karnataka on April 27, 2018. Based on legal opinion, the management is of the opinion that it has adequate grounds to demonstrate compliance with applicable conditions and therefore the proceedings are not sustainable.

(v) Capital work in progress includes ₹47.26 million in respect of land alloted by Andhra Pradesh Industrial Infrastructure Corporation, which is yet to be registered in the name of the Company as at March 31,2019

6 Investment Property

Particulars	As at March 31, 2019	As at March 31, 2018
Carrying amounts of:		
Building (Multi-level Car Park)	65.31	71.48
Total	**65.31**	**71.48**

Particulars	
Balance at beginning of the year	83.82
Additions	-
Disposals	-
Balance at end of year 2018	83.82
Additions	-
Disposals	-
Balance at end of year 2019	83.82
Accumulated depreciation and impairment	
Balance at beginning of year	6.17
Amortisation expense	6.17
Disposals	-
Balance at end of year 2018	12.34
Amortisation expense	6.17
Disposals	
Adjustment/Reclassification	
Balance at end of year 2019	18.51
Carrying amount as on March 31, 2018	**71.48**
Carrying amount as on March 31, 2019	**65.31**

The land appurtunent to this investment property (building) is granted to the Company by virtue of a concessionaire agreement March 24, 2009 executed between Corporation of Chennai and Consortium of MARG Limited and Apollo Hospitals Enterprise Limited for a period of 20 years starting from September 22, 2010 expiring on September 21, 2030.

Fair Value of Group's investment Property

The group obtained independent valuation for its investment property. Accordingly the fair value of the group's investment property as at March 31, 2019 is ₹ 87.46 Million on the basis of valuation carried out by independent valuers not related to company. The guideline value as pronounced by the government has been considered as a basis for fair valuation. The said valuers are registered with the authority which governs the valuers in India and have appropriate qualifications and relevant experience in the valuation of properties in the relevant locations.

7. Goodwill

Particulars	As at March 31, 2019	As at March 31, 2018
Opening Balance	3,461.99	3,462.52
Accumulated impairment losses	(0.10)	(0.53)
Total	**3,461.89**	**3,461.99**

(i) Allocation of goodwill to cash generating units:

Goodwill has been allocated for impairment testing purposes to the following cash-generating unit. The following table presents the allocation of goodwill to reportable segments:

Cash generating units	As at March 31, 2019	As at March 31, 2018
Standalone Pharmacy	948.30	948.30
Healthcare	2,061.73	2,061.73
Clinics	384.38	384.48
Others	67.48	67.48
Total	**3,461.89**	**3,461.99**

(ii) Key assumptions used for value-in-use calculations

The Company tests whether goodwill has suffered any impairment on an annual basis. The recoverable amount of a cash generating unit (CGU) is determined based on value-in-use calculations which uses cash flow projections based on financial budgets approved by management covering periods starting from 5 years as the company believes this to be the most appropriate timescale for reviewing and considering annual performance before applying a fixed terminal value multiple to the final cash flows.

Key AssumptionsStandalone Pharmacy	Standalone Pharmacy
Discount Rate	12% - 16%
Long term Growth Rate (used for determining Terminal Value)	2% - 6%

Estimated Operating Margins- The cash flow projections takes into account past experience and represents the managements best estimate about future developments.

Discount Rate- Management estimates discount rates using pre-tax rates that reflect current market assessments of the risks specific to the CGU, taking into consideration the time value of money and individual risk of the underlying asset that have not been incorporated in the cash flow estimates. The discount rate calculation is based on the specific circumstances of the Company and its operating segments and is derived from its weighted average cost of the capital (WACC)

Long term Growth Rates- The growth rates are based on the industry growth forecast. Management determines the budgeted growth rate based on past performance and its expectation on its market development. The weighted average growth rate used were consistent with industry reports

Based on the assessment, the management has concluded that there is no impairment of goodwill in respect of CGU. The management believes that any reasonably possible further change in key assumptions on which recoverable amount is based would not cause the carrying amount of the goodwill related to each of the significant units to exceed its recoverable amount.

8. Intangible Assets

Particulars	As at March 31, 2019	As at March 31, 2018
Carrying amounts of:		
Software Licence	346.54	392.30
Trademark	0.03	2.30
Non Compete Fee	4.24	14.89
Total	**350.81**	**409.49**

Gross block

Particulars	Software License	Trademark	Non Compete Fee	Total
Balance as at April 1, 2017	**573.92**	**66.66**	**83.99**	**724.57**
Additions	336.55			336.55
Disposals	(0.03)	(0.26)	(15.74)	(16.03)
Adjustment/Reclassification	0.69	-	-	0.69
Balance at March 31, 2018	**911.13**	**66.40**	**68.25**	**1,045.78**
Additions	144.76	0.02	-	144.78
Disposals	-	-	-	-
Adjustment/Reclassification	(10.74)	-	-	(10.74)
Balance at March 31, 2019	**1,045.15**	**66.42**	**68.25**	**1,179.82**

Accumulated Amortisation and impairment

Particulars	Software License	Trademark	Non Compete Fee	Total
Balance as at April 1, 2017	**359.92**	**44.88**	**42.47**	**447.27**
Amortisation expense	157.28	19.45	5.81	182.54
Disposals	0.63	(0.23)	5.09	5.49
Adjustment/Reclassification	1.00	-	-	1.00
Balance at March 31, 2018	**518.83**	**64.10**	**53.37**	**636.30**
Amortisation expense	188.89	2.29	10.64	201.82
Disposals	-	-	-	-
Adjustment/Reclassification	(9.11)	-	-	(9.11)
Balance at March 31, 2019	**689.61**	**66.39**	**64.01**	**829.01**
Carrying amount as on March 31, 2018	392.30	2.30	14.89	409.49
Carrying amount as on March 31, 2019	346.54	0.03	4.24	350.81

9. Investment in Equity Accounted Investee

Name of the Body Corporate	Associate/ Joint Ventures	Quoted / Unquoted	As at March 31,2019		As at March 31,2018	
			Quantity	Amount	Quantity	Amount
Carrying amount determined using equity method of accounting:						
Indraprastha Medical Corporation Limited	Associate	Quoted	20,190,740	689.74	20,190,740	657.71
Stemcyte India Therapeutics Private Limited	Associate	Unquoted	240,196	61.63	240,196	68.34
Apollo Munich Health Insurance Company Limited	Associate	Unquoted	35,709,000	442.81	35,709,000	434.41
Family Health PlanInsurance (TPA) Limited	Associate	Unquoted	490,000	390.89	490,000	350.36
Apollo Gleneagles Hospitals Limited	Joint Venture	Unquoted	54,675,697	1,157.72	54,675,697	1,137.05
Apollo Gleneagles PET-CT Private Limited	Joint Venture	Unquoted	8,500,000	42.07	8,500,000	45.76
ApoKos Rehab Private Limited	Joint Venture	Unquoted	8,475,000	65.82	5,750,000	69.88
Apollo Medics International Life sciences Limited	Joint Venture	Unquoted	55,000,000	803.77	-	-
Total				**3,654.45**		**2,763.51**
Aggregate book value of quoted investments				**689.74**		**657.71**
Aggregate market value of quoted investments				774.31		975.21
Aggregate carrying value of unquoted investments				2,964.71		2,105.80

9.1 Details of material associates

The Group has interest in the following companies. The Group has significant influence either by virtue of shareholding being more than 20% or through Board representation. However the Group does not have control or joint control over any of them.

Name	Principal Activity	Place of Incorporation and Principal place of Business	Proportion of ownership interest / voting rights held by the Group	
			As at 31st March, 2019	As at 31st March, 2018
Indraprastha Medical Corporation Limited	Health Care and services	India	22.03%	22.03%
Stemcyte India Therapeutics Private Limited	Health Care and services	India	24.50%	24.50%
Apollo Munich Health Insurance Company Limited	Health Insurance	India	9.96%	9.96%
Family Health Plan Insurance (TPA) Limited	Health Insurance	India	49.00%	49.00%

The Difference between Good and Great

Notes to the Consolidated Financial Statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

9.1.1 All the above associates are accounted for using the equity method

9.1.2 In respect of its associate company Apollo Munich Health Insurance Company Limited, although the group holds less than 20% of equity shares and less than 20% of voting power at shareholder meetings, the group exercises significant influence by virtue of its joint contractual right to appoint 4 out of 6 directors of that company along with Apollo Energy Limited which has been jointly referred as "Apollo Group" in the shareholder agreement.

9.2 Summarised financial information of material associates

The summarised financial information below represents amounts shown in the material's associate financial statements prepared in accordance with Ind ASs adjusted by the Group for equity accounting purposes.

9.2.1 Indraprastha Medical Corporation Limited (IMCL)

Particulars	As at 31st March, 2019	As at 31st March, 2018
Non-current assets	2,868.14	3,000.87
Current assets	1,355.54	1,361.11
Non-current liabilities	(542.37)	(622.50)
Current liabilities	(1,240.95)	(1,416.35)
Net Assets	**2,440.36**	**2,323.13**
Ownership held by the group	22.03%	22.03%
Group's Share of Net Assets	537.61	511.79
Add: Goodwill on consolidation	160.21	160.21
Add: Others	(8.08)	(14.29)
Carrying amount of group's interest in IMCL	**689.74**	**657.71**

Particulars	As at 31st March, 2019	As at 31st March, 2018
Revenue	7,881.72	7,483.56
Profit from continuing operations (after tax)	284.13	211.03
Other comprehensive income for the year	(1.12)	2.43
Total comprehensive income for the year	283.01	213.46
Proportion of the Group's ownership interest in Total Comprehensive Income	**62.35**	**47.03**

9.2.2 Family Health Plan Insurance TPA Limited (FHPTL)

Particulars	As at March 31, 2019	As at March 31, 2018
Non-current assets	798.62	751.10
Current assets	463.81	419.65
Non-current liabilities	(199.11)	(204.88)
Current liabilities	(235.58)	(220.86)

Particulars	As at March 31, 2019	As at March 31, 2018
Net Assets	**827.74**	**745.01**
Ownership held by the group	49%	49%
Group's Share of Net Assets	405.59	365.05
Capital reserve	(14.70)	(14.70)
Carrying amount of group's interest in FHPTL	**390.89**	**350.36**

9.2.3 Apollo Munich Health Insurance Company Limited

Particulars	As at March 31, 2019	As at March 31, 2018
Net Assets	4,445.98	4,361.58
Ownership held by the group	9.96%	9.96%
Group's Share of Net Assets	442.81	434.41
Carrying amount of group's interest in Apollo Munich	442.81	434.41

Particulars	As at March 31, 2019	As at March 31, 2018
Revenue	19,793.44	15,165.85
Profit from continuing operations (after tax)	69.37	152.40
Other comprehensive income for the year	14.88	-
Total comprehensive income for the year	**84.25**	**152.40**
Proportion of the Group's ownership interest in Total Comprehensive Income	**8.39**	**15.24**

9.3 Investments in Joint Ventures

9.3.1 Details of material Joint Ventures

The Group has interest in the following companies. This has been accounted for using the equity method in the consolidated financial statements. The Group has joint control by virtue of contractual arrangements.

Name	Principal Activity	Place of Incorporation and Principal place of Business	Proportion of ownership interest / voting rights held by the Group	
			As at 31st March, 2019	As at 31st March, 2018
Apollo Gleneagles Hospitals Limited	Health Care and services	India	50.00%	50.00%
Apollo Gleneagles PET CT Private Limited	Health Care and services	India	50.00%	50.00%
ApoKos Rehab Pvt Ltd	Health Care and services	India	50.00%	50.00%
Apollo Medics International Life sciences Limited	Health Care and services	India	50.00%	-

9.3.2 Summarised financial information of material joint ventures

The summarised financial information below represents amounts shown in the joint venture company's financial statements prepared in accordance with Ind ASs adjusted by the Group for equity accounting purposes.

Notes to the Consolidated Financial Statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

9.3.3 Apollo Gleneagles Limited (AGHL)

Particulars	As at 31st March, 2019	As at 31st March, 2018
Non-current assets	3,493.64	3,569.00
Current assets	1,810.98	1,443.12
Non-current liabilities	(453.03)	(542.25)
Current liabilities	(2,626.86)	(2,286.48)
Net Assets	**2,224.73**	**2,183.38**
Ownership held by the group	50%	50%
Group's Share of Net Assets	1,112.36	1,091.69
Add: Goodwill on consolidation	45.36	45.36
Carrying amount of group's interest in AGHL	**1,157.72**	**1,137.05**
Particulars	As at 31st March, 2019	As at 31st March, 2018
Revenue	6,388.03	5,327.73
Profit/(Loss) from continuing operations (after tax)	44.09	(151.21)
Other comprehensive income for the year	(2.74)	0.11
Total comprehensive income for the year	41.35	(151.10)
Proportion of the Group's ownership interest in Total Comprehensive Income	**20.67**	**(75.55)**

9.3.4 ApoKos Rehab Private Limited (ApoKos)

Particulars	As at 31st March, 2019	As at 31st March, 2018
Non-current assets	93.72	99.93
Current assets	74.40	59.49
Non-current liabilities	(2.36)	(1.55)
Current liabilities	(34.12)	(18.10)
Net Assets	**131.64**	**139.77**
Ownership held by the group	50%	50%
Group's Share of Net Assets	65.82	69.88
Carrying amount of group's interest in ApoKos	**65.82**	**69.88**

Particulars	**As at 31st March, 2019**	**As at 31st March, 2018**
Revenue	94.12	65.37
Profit from continuing operations (after tax)	(8.23)	0.92
Other comprehensive income for the year	0.11	(0.16)
Total comprehensive income for the year	(8.12)	0.76
Proportion of the Group's ownership interest in Total Comprehensive Income	(4.06)	0.38

9.3.5 Apollo Medics International Lifesciences Limited

Particulars	As at 31st March, 2019	As at 31st March, 2018
Non-current assets	2,788.93	-
Current assets	95.69	-
Non-current liabilities	(1,290.29)	-
Current liabilities	(431.94)	-
Net Assets	**1,162.39**	**-**
Ownership held by the group	50%	-
Group's Share of Net Assets	581.19	-
Goodwill	222.58	
Carrying amount of group's interest in Apollo Medics International Lifesciences Limited	**803.77**	**-**

Particulars	As at 31st March, 2019	As at 31st March, 2018
Revenue	139.60	-
Profit from continuing operations (after tax)	(212.45)	-
Other comprehensive income for the year	(0.52)	-
Total comprehensive income for the year	(212.98)	-
Proportion of the Group's ownership interest in Total Comprehensive Income	(106.49)	-

9.4 The group's share of commitment and contingent liabilities in respect of its associates and joint venture is disclosed as part of Note 52 and Note 53.

10 Other Investments

Particulars	As at 31st March, 2019		As at 31st March, 2018	
	Non Current	Current	Non Current	Current
Investment carried at Fair Value through Profit and Loss:-				
Mutual Funds	-	688.30	32.57	578.73
Other Investments	190.91	-	59.45	-
Investments in equity instruments at FVTOCI:-				
Investment in Equity instruments	2.81	-	5.63	-
Investments carried at amortised cost:-				
Investment in debentures	80.00	-	80.00	-
Total	**273.72**	**688.30**	**177.65**	**578.73**

The Difference between Good and Great

Notes to the Consolidated Financial Statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

10.1 Investment carried at Fair Value through Profit and Loss - Non Current

Name of the Body corporate	Quoted/ Unquoted	Partly paid/ Fully paid	Amount 31-Mar-19	Amount 31-Mar-18
Investments in Mutual Funds				
Reliance Income Fund Retail plan - Growth plan Option (Growth)	Unquoted	Fully Paid	-	1.66
Kotak Flexi Debt	Unquoted	Fully Paid	-	30.91
Total				32.57

10.2 Investment carried at Fair Value through Profit and Loss - Current

Name of the Body corporate	Quoted/ Unquoted	Partly paid/ Fully paid	Amount 31-Mar-19	Amount 31-Mar-18
Canara Robeco Short Term Fund - Reg - Growth	Unquoted	Fully paid	5.11	-
DHFL Pramerica Insta Cash Fund - Growth	Unquoted	Fully paid	137.55	34.43
ICICI Prudential STP - Growth	Unquoted	Fully paid	58.03	54.39
Reliance Short Term Fund - Growth	Unquoted	Fully paid	0.49	0.46
HDFC Debt Fund for Cancer Cure 2014 - Reg - 100% Dividend Donation	Unquoted	Fully paid	20.06	20.06
Birla SunLife	Unquoted	Fully paid	10.13	53.64
Relaince Income Fund	Unquoted	Fully paid	0.03	0.02
Aditya Birla Sun Life Short Term Fund	Unquoted	Fully paid	55.15	51.13
Axis Short Term Fund	Unquoted	Fully paid	22.03	20.53
HDFC Short Term Opp. Fund	Unquoted	Fully paid	22.21	20.63
ICICI Equity Arbitrage Fund	Unquoted	Fully paid	54.43	51.34
ICICI Short Term Plan Growth	Unquoted	Fully paid	21.83	20.46
IDFC All Seasons Bond Fund	Unquoted	Fully paid	23.38	21.68
IDFC Arbitrage Fund Growth	Unquoted	Fully paid	21.96	20.69
Kotak Bond Short Term	Unquoted	Fully paid	23.55	21.92
Kotak Equity Arbitrage Fund	Unquoted	Fully paid	21.98	20.73
Kotak Floater Short Term MFKOTAK0666	Unquoted	Fully paid	36.96	34.17
Reliance Short Term Fund	Unquoted	Fully paid	82.29	77.32
Reliance Short Term Fund - (STAGG)	Unquoted	Fully paid	4.91	4.58
SBI STD Fund - Reg plan Growth	Unquoted	Fully paid	54.46	50.96
Trade Investment with ICB (B Shares)	Unquoted	Fully paid	0.001	-
UTI Floating rate fund	Unquoted	Fully paid	4.48	4.17
The Karur Vysya Bank Limited	Unquoted	Fully paid	5.87	-
Kotak Flexi Debt	Unquoted	Fully paid	6.32	-
Total			688.30	578.73

10.3 Investments carried at Fair value through Profit and loss

Name of the Body Corporate	Face value	Quoted/ Unquoted	Partly paid/ Fully paid	31-Mar-19		31-Mar-18	
				Quantity	Amount	Quantity	Amount
Health Super Highway Private Limited	10	Unquoted	Fully Paid	406,514	16.27	406,514	16.27
Kurnool hospitals Enterprise Limited	10	Unquoted	Fully Paid	157,500	1.73	157,500	1.73
Cholamandalam Finance Limited	10	Unquoted	Fully Paid	1,000	1.45	1,000	1.45
The Karur Vysya Bank Ltd	10	Unquoted	Fully Paid	-	-	12,811	2.25
Impact Guru Technology Venture Pvt Ltd	10	Unquoted	Fully Paid	75,462	25.00	-	-
Matrix Agro Pvt Ltd	10	Unquoted	Fully Paid	500,000	0.50	500,000	0.5
Health Capital X, L.P.	10	Unquoted	Fully Paid	-	109.50	-	-
Clover Energy Pvt Ltd	10	Unquoted	Fully Paid	1,929,250	14.16	1,929,250	14.16
Leap Green Energy Private Limited	10	Unquoted	Fully Paid	97,600	1.43	97,600	1.43
Indo Wind Power Pvt Ltd	10	Unquoted	Fully Paid	10,650	-	10,650	0
Tirunelveli Vayu Energy Generation Private Limited	1000	Unquoted	Fully Paid	36	13.61	36	13.6
Iris Ecopower Venture Private Limited	10	Unquoted	Fully Paid	-	1.73	-	1.83
VMA Wind Energy India Pvt Ltd	10	Unquoted	Fully Paid	60,000	0.60	130,000	1.3
Array Land Developers Pvt Ltd	10	Unquoted	Fully Paid	50,000	0.50	50,000	0.5
Morgan Securities & Credit Private Limited	10	Unquoted	Fully Paid	5,000	0.05	5,000	0.05
Citron ECOpower Private Limited	10	Unquoted	Fully Paid	-	4.36	-	4.36
National Savings Certificate - Unquoted		Unquoted	Fully Paid	-	0.02		0.02
Total					**190.91**		**59.45**

Investments carried at Amortised Cost

Name of the Body Corporate	Face value	Quoted/ Unquoted	Partly paid/ Fully paid	March 31, 2019		March 31, 2018	
				Quantity	Amount	Quantity	Amount
Apollo Munich Health Insurance Company Limited (Redeemable non convertible debentures)		Unquoted	Fully Paid	80	80.00	80	80 .00
Total					80.00		80.00

10.4 Investments in equity instruments at FVTOCI

Name of the Body Corporate	Face value	Quoted/ Unquoted	Partly paid/ Fully paid	March 31, 2019		March 31, 2018	
				Quantity	Amount	Quantity	Amount
Searchlight Health Private Limited	10	Unquoted	Fully Paid	201,000	2.81	201,000.00	5.63
Sunrise Medicare -Inv	10	Unquoted	Fully Paid	78	0.00	78.00	0.00
Total				**201,078**	**2.81**	**2,010,078.00**	**5.63**

Notes to the Consolidated Financial Statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

11 Loans

Particulars	March 31, 2019		March 31, 2018	
	Non-Current	Current	Non-Current	Current
Carried at amortised cost				
Unsecured, Considered good				
Loans to Others (Refer note (i))	108.00	80.00	-	-
Total	**108.00**	**80.00**	**-**	**-**

Note: (i) Non current loans represents unsecured loan to Apollo Shine Foundation and Apollo Lifetime Wellness Rx International Limited bearing an interest of 10% per annum and repayable in 5 equal annual installments.

12 Trade receivables

Particulars	As at March 31, 2019		As at March 31, 2018	
	Non-Current	Current	Non-Current	Current
Trade receivables				
(a) Secured, considered good		-		-
(b) Unsecured, considered good	-	11,250.51	-	8,937.89
Less: Expected Credit Loss on (a) & (b)		(1,018.54)	-	(686.01)
(c) Trade Receivables - credit impaired (unsecured)	-	721.57		496.31
Less: Expected Credit Loss on (c)		(721.57)		(496.31)
Total	-	10,231.98	-	8,251.88

Trade Receivables

Majority of the Groups' transactions are earned in cash or cash equivalents. The trade receivables comprise mainly of receivables from Insurance Companies, Corporate customers and Government Undertakings. The entity's exposure to credit risk in relation to trade receivables is low.

The average credit period on sales of services is 30-60 days.

The Group has used a practical expedient by computing the expected credit loss allowance for receivables. The provision matrix takes into account historical credit loss experience and is adjusted for forward looking information. The expected credit loss allowance is based on the ageing of the days the receivables are due and the rates as given in the provision matrix.

No single customer represents 10% or more of the group's total revenue during the year ended March 31, 2019 and March 31, 2018. Therefore the customer concentration risk is limited due to the large and unrelated customer base

12.1 The provision matrix at the end of reporting period is as follows:

Particulars	As at March 31, 2019 Non-Current	As at March 31, 2018 Non-Current
Les than 6 months past due	0.00%	0.00%
6 months to 12 months past due	upto 26.8%	upto 12.5%
1 to 2 years past due	Upto 54.4%	Upto 35%
2 to 3 years years past due	upto 96%	upto 96%
>3 years past due	upto 100%	upto 100%

12.2 Ageing

Particulars	As at March 31, 2019	As at March 31, 2018
Less than 1 year	8,517.48	6,890.40
More than 1 year	3,454.59	2,543.80
Total	**11,972.08**	**10,028.50**

12.3 Movement in the expected credit loss allowance

Particulars	As at March 31, 2019	As at March 31, 2018
Balance at beginning of the year	1,182.32	716.60
Add: Amount provided during the year (including provision of disallowance)	557.79	465.72
Balance at end of the year	1,740.11	1,182.32

Refer note 58.1 for information on amounts receivable from related parties

13 Other Financial Assets

(Unsecured, considered good unless otherwise stated)

Particulars	As at March 31, 2019		As at March 31, 2018	
	Non-Current	Current	Non-Current	Current
(a) Security Deposits	2,057.95	81.36	2,021.08	199.90
(b) Other Receivables	-	274.52	-	1,092.90
(c) Advance for Investments	-	-	37.63	-
(d) Advances to employees	-	141.12	0.17	159.11
(e) Derivative Financial Instruments	288.21	-	285.85	-
(f) Interest Receivable	-	46.54	1.00	91.26
(g) Rent Receivables	-	8.07	173.00	2.54
(h) Finance lease receivables (Refer Note (i) below)	4.54	-	4.54	-
(i) Unbilled Revenue (Refer Note (ii) below)	-	735.42	-	652.80
Total	**2,350.70**	**1,287.03**	**2,523.28**	**2,198.51**

Refer note 58.1 for information on amounts due from related parties

(i) The group has entered into finance lease arrangements with AHERF for its Building in Hyderabad. All leases are denominated in Indian Rupees. The average term of finance leases entered into is 99 years.

(ii) Considered as financial asset as the group has unconditional right to receive consideration in exchange for services rendered only by passage of time.

Amounts receivable under finance leases	Minimum lease payments		Present value of minimum lease	
	As at 31st March, 2019	As at 31st March, 2018	As at 31st March, 2019	As at 31st March, 2018
Not later than one year	0.54	0.54	-	0.00
Later than one year and not later than five years	2.18	2.18	-	0.00
Later than five years	47.07	47.62	4.54	4.54
Less: unearned finance income	42.53	(45.80)	-	-
Present value of minimum lease payments receivable	4.54	4.54	0.00	0.00
Allowance for uncollectible lease payments		-		-
	4.54	4.54	4.54	4.54

The interest rate inherent in the leases is considered as the average incremental borrowing rate which is approximately 12% per annum (as at March 31, 2018: 12% per annum).

Notes to the Consolidated Financial Statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

14. Inventories

Particulars	As at 31 March 2019	As at 31 March 2018
Inventories (lower of cost and net realisable value)		
(a) Medicines	5,433.47	5,196.57
(b) Stores and Spares	263.89	238.31
(c) Lab Materials	23.95	69.54
(d) Other Consumables	126.48	154.00
Total	5,847.79	5,658.42

15 Cash and cash equivalents

Particulars	As at 31 March 2019	As at 31 March 2018
(a) Balances with Banks (Including deposits with original maturity upto 3 months)		
(i) In Current Accounts	2,361.31	2,678.38
(ii) Fixed Deposits	129.89	178.61
(b) Cash on hand	256.45	181.88
(c) Cheques on Hand	114.47	24.46
Total	2,862.11	3,063.33

16 Bank balances other than above

Particulars	As at 31 March 2019	As at 31 March 2018
Balances with Bank in earmared accounts		
(a) Unpaid Dividend Accounts	35.43	34.44
(b) Term deposits held as Margin money	572.06	1,074.71
Total	607.49	1,109.15

17 Other Assets

Particulars	As at March 31, 2019		As at March 31, 2018	
	Non-Current	Current	Non-Current	Current
(a) Capital Advances	552.91	-	641.70	0
(b) Advance to suppliers	5.47	571.91	7.21	762.29
(c) Prepaid Expenses	265.83	494.25	85.47	455.94
(d) Prepayment towards leasehold land (Refer Note (i))	680.77	11.87	654.44	0
(e) Balances with Statutory Authorities	336.83	1.32	281.48	1.60
(f) Others	37.65	133.29	-	121.40
Total	1,879.46	1,212.64	1,670.30	1,341.23

Note (i) : Includes ₹603.65 million (Previous year ₹615.52 million) being the upfront lease premium paid to the City and Industrial Development Corporation of Maharashtra Limited ("CIDCO") by the Company for granting a leasehold right for a period of 60 years to use the allotted land for developing a multi speciality hospital at Navi Mumbai.

18 Equity Share Capital

Particulars	As at 31 March 2019	As at 31 March 2018
Equity share capital		
Authorised Share capital :		
200,000,000(2017-18 : 200,000,000) Equity Shares of ₹5/- each	1,000.00	1,000.00
1,000,000(2017-18 : 1,000,000) Preference Shares of ₹100/- each	100.00	100.00
Issued		
139,658,177 (2017-18: 139,658,177) Equity shares of ₹5/- each	698.29	698.29
Subscribed and Paid up capital comprises:		
139,125,159 fully paid equity shares of ₹5 each (as at March 31, 2018: 139,125,159)	695.63	695.63
Total	695.63	695.63

18.1 Fully paid equity shares

Particulars	As at 31 March 2019	As at 31 March 2018
Balance at April 1, 2018	1391,25,159	695.63
Movement during the year 2018-19		
Balance at March 31, 2019	1391,25,159	695.63

18.2 Rights, Preferences and restrictions attached to equity shares

The Company has equity shares having a nominal value of ₹5 each. Accordingly, all equity shares rank equally with regard to dividend and share in the Company's residual assets. Each holder of equity shares is entitled to one vote per share. The equity shares are entitled to receive dividend as declared from time to time. The dividend proposed by the Board of Directors is subject to the approval of the shareholders in the ensuing Annual General Meeting. In the event of liquidation of the Company, the holders of equity shares will be entitled to receive remaining assets of the Company, after distribution of all preferential amounts. The distribution will be in proportion to the number of equity shares held by shareholders.

18.3 Details of shares held by each shareholder holding more than 5% shares

Particulars	As at March 31, 2019		As at March 31, 2018	
	Number of Shares held	% holding of equity shares	Number of Shares held	% holding of equity shares
Fully paid equity shares				
PCR Investments Limited	27,223,124	19.57	27,223,124	19.57
Life Insurance Corporation of India	7,900,314	5.68	-	-
Oppebgeimer Developing Markets Fubd	-	-	11,818,039	8.49

The company had issued 9,000,000 Global Depository Receipts of ₹10 (now 18,000,000 Global Depository Reciepts of ₹5) each with two-way fungibility during the year 2005-06. Total GDRs converted into underlying Equity shares for the year ended on 31st March 2019 is 295,009 (2017-18: 762,690) of ₹5 each and total Equity shares converted back to GDR for the year ended 31st March 2019 is 1,850 (2017-18: 83,784) of ₹5 each.

Notes to the Consolidated Financial Statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

19 Other Equity

Particulars	Note No.	As at 31 March 2019	As at 31 March 2018
General reserve	19.1	11,249.58	11,249.58
Securities premium reserve	19.2	17,138.52	17,138.52
Capital Reserves	19.3	30.44	30.44
Retained earnings	19.4	3,704.12	2,601.64
Capital redemption reserve	19.5	60.02	60.02
Debenture redemption reserve	19.6	1,750.00	1,750.00
Revaluation Reserve	19.7	77.61	77.61
Shares Options Outstanding Account	19.8	28.04	18.92
Remeasurement of defined benefit obligation through other comprehensive income	19.9	(698.72)	(409.64)
Fair value changes on equity instruments through other comprehensive income	19.10	(7.42)	(4.56)
IND AS Transition reserve		(693.11)	(693.11)
Guarantee Income			
Balance at the end of the year		32,639.08	31,819.42

19.1 General reserve

Particulars	As at 31 March 2019	As at 31 March 2018
Balance at beginning of year	11,249.58	11,249.58
Balance at the end of the year	11,249.58	11,249.58

The general reserve is used from time to time to transfer profits from retained earnings for appropriation purposes. As the general reserve is created by a transfer from one component of equity to another and is not an item of other comprehensive income, items included in general reserve will not be reclassified subsequently to profit or loss.

19.2 Securities premium

Particulars	As at 31 March 2019	As at 31 March 2018
Balance at beginning of year	17,138.52	17,138.52
Balance at the end of the year	17,138.52	17,138.52

Securities premium is used to record premium received on issue of shares. The reserve is utilised in accordance with the provisions of the Companies Act, 2013 (the “Companies Act”).

19.3 Capital Reserves

Particulars	As at 31 March 2019	As at 31 March 2018
Balance at beginning of year	30.44	30.44
Balance at the end of the year	30.44	30.44

19.4 Retained Earnings

Particulars	As at 31 March 2019	As at 31 March 2018
Balance at beginning of year	**2,601.64**	**3,472.08**
Gross obligation over written put option	(381.69)	(500.45)
Profit attributable to owners of the Company	2,360.46	1,174.17
Movement on account of change in shareholding of existing subsidiaries	(26.35)	(73.82)
Adjustment towards Non-controlling interest	(12.71)	(9.47)
Transfer to debenture redemption reserve	-	(452.50)
Dividends paid (including dividend distribution tax)	(837.23)	(1,008.37)
Balance at the end of the year	**3,704.12**	**2,601.64**

In respect of the year ended March 31, 2019, the directors propose that a dividend of ₹6 per share be paid on fully paid equity shares. This equity dividend is subject to approval by shareholders at the Annual General Meeting and has not been included as a liability in these financial statements. For the year 17-18 dividend of ₹5 per share was paid.

19.5 Capital Redemption Reserve

Particulars	As at 31 March 2019	As at 31 March 2018
Balance at beginning of year	**60.02**	**60.02**
Movement during the year	-	-
Balance at the end the of year	**60.02**	**60.02**

The Companies Act requires that where a Company purchases its own shares out of free reserves or securities premium account, a sum equal to the nominal value of the shares so purchased shall be transferred to a capital redemption reserve account and details of such transfer shall be disclosed in the balance sheet. The capital redemption reserve account may be applied by the Company, in paying up unissued shares of the Company to be issued to shareholders of the Company as fully paid bonus shares.

19.6 Debenture Redemption reserve

Particulars	As at 31 March 2019	As at 31 March 2018
Balance at beginning of year	**1,750.00**	**1,297.50**
Movement during the year	-	452.50
Balance at the end the of year	**1,750.00**	**1,750.00**

Debenture Redemption Reserve is created out of the profits of the company available for the payment of dividends and such reserve shall be utilised only for the redemption of debentures

19.7 Revaluation Reserve

Particulars	As at 31 March 2019	As at 31 March 2018
Balance at beginning of year	77.61	77.61
Movement during the year		
Balance at the end the of year	77.61	77.61

Notes to the Consolidated Financial Statements as at and for the year ended March 31, 2019
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19.8 Share Options Outstanding Account

Particulars	As at 31 March 2019	As at 31 March 2018
Balance at beginning of year	18.92	12.75
Movement during the year	9.12	6.17
Balance at the end the of year	28.04	18.92

Shares options outstanding account relates to share options granted by the company to its employees under its employees share option plan. These will be transformed to retained earnings after the exercise of the underlying options.

19.9 Reserve for Defined Benefit Obligations through other comprehensive income

Particulars	As at 31 March 2019	As at 31 March 2018
Balance at beginning of year	(409.64)	(238.54)
Movement during the year	(289.08)	(171.10)
Balance at the end the of year	(698.72)	(409.64)

19.10 Fair value changes on equity instruments through other comprehensive income

Particulars	As at 31 March 2019	As at 31 March 2018
Balance at beginning of year	(4.56)	(4.96)
Movement during the year	(2.86)	0.40
Balance at the end the of year	(7.42)	(4.56)

20 Non-Controlling Interests

Particulars	As at 31 March 2019	As at 31 March 2018
Balance at beginning of year	1,324.37	1,245.75
Loss attributable to Non controlling Interest (NCI)	(358.78)	(578.61)
Other comprehensive Income	0.68	(0.90)
Movement on account of share based compensation	3.86	43.10
Movement on account of change in shareholding of existing subsidiaries	(9.93)	114.58
Gross obligation over written put option	381.69	500.45
Others	12.71	-
Balance at end of year	1,354.60	1,324.37

Details of non-wholly owned subsidiaries that have material non-controlling interests

The table below shows details of non-wholly owned subsidiaries of the Group that have material non-controlling interests:

Name of the Subsidiaries	Proportion of ownership interests and voting rights held by non - controlling interests		Profit (loss) allocated to non- controlling interest		Accumulated non - controlling interests	
	31st March, 2019	31st March, 2018	31st March, 2019	31st March, 2018	31st March, 2019	31st March, 2018
Imperial Hospital and Research Centre Limited	10.00%	10.00%	33.23	9.00	99.11	65.95
Apollo Health & Lifestyle Limited	29.75%	31.36%	(424.29)	(549.84)	64.18	104.10
Apollo Rajshree Hospital Pvt Ltd	45.37%	45.37%	(0.29)	(22.58)	8.50	9.44

Name of the Subsidiaries	Proportion of ownership interests and voting rights held by non - controlling interests		Profit (loss) allocated to non- controlling interest		Accumulated non - controlling interests	
	31st March, 2019	31st March, 2018	31st March, 2019	31st March, 2018	31st March, 2019	31st March, 2018
Apollo Lavasa Health Corp Ltd	49.00%	49.00%	(18.71)	(18.50)	236.38	255.32
Sapien Biosciences Pvt Ltd	30.00%	30.00%	0.27	0.57	(9.08)	(9.35)
Apollo Healthcare Technology Solutions Ltd	60.00%	0.00%	0.21	-	0.49	-
Apollo Home Health Care Ltd	14.88%	26.00%	(15.03)	(19.67)	(47.77)	(32.75)
Assam Hospitals Ltd	37.68%	38.76%	55.43	17.06	427.53	379.83
Apollo Hospitals International Ltd	50.00%	50.00%	9.11	16.06	572.69	550.55
Future Parking Private Limited	51.00%	51.00%	-	(12.00)	-	-
Apollo Nellore Hospitals	20.56%	20.56%	1.29	1.28	2.57	1.28
Total			**(358.78)**	**(578.61)**	**1,354.60**	**1,324.37**

Note (i): In respect of the subsidiary company Apollo Hospitals International Limited (AHIL), the group holds 50% ownership and voting power along with its wholly owned subsidiary Apollo Home Healthcare (India) Limited. Based on the contractual arrangements between the group and other investors, the group has the right in respect of appointment of Key Managerial Personnel (KMP) and approval of business plan coupled with the affirmative voting rights, the directors of the company concluded that the group has the practical ability to direct the relevant activities and hence the company concluded that group exercises control on the AHIL.

Note (ii): In respect of the subsidiary company Future Parking Private Limited (FPPL), though the group holds 49% ownership and voting power, based on the contractual arrangements between the group and other investor, the group has the unilateral right to direct the relevant activities and hence the company concluded that the group exercises control on FPPL.

21 Borrowings

	As at March 31, 2019		As at March 31, 2018	
	Non-Current	Current	Non-Current	Current
Secured - at amortised cost				
(a) Bonds / debentures	7,000.00	-	7,000.00	-
(b) Term loans				
from banks and other financial institutions	21,680.26	320.01	20,259.59	1,937.44
(c) Bank Overdrafts		570.76		
(d) Finance lease obligations	6.87	-	24.73	-
Unsecured - at amortised cost				
(a) Term loans				
from banks and other financial institutions	531.29	3,250	1,759.12	70.13
from other parties	21.01	70.84	70.98	114.73
(b) Bank Overdrafts	-	148.02	-	888.03
(c) Bonds/Debentures		33.85	-	27.32
(d) Bills Payable	281.87	588.15	123.59	754.07
Total	**29,521.30**	**4,981.63**	**29,238.01**	**3,791.72**

(i) There is no breach of loan covenants as at March 31, 2019 and March 31, 2018

(ii) The secured listed non-convertible debentures of the company aggregating to ₹7,000 million as on March 31, 2019 are secured by way of first mortgage/charge on the company's properties. The asset cover on the secured listed non-convertible debentures of the company exceeds hundred percent of the principal amount of the said debentures.

The Difference between Good and Great

Notes to the Consolidated Financial Statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

21.1 Summary of Borrowing arrangements

Particluars	Principal Outstanding as at March 31, 2019	Principal Outstanding as at March 31, 2018	Details of repayment terms and maturity	Nature of Security	Rate of Interest 31 Mar 19	Rate of Interest 31 Mar 18
(a) Redeemable Non-Convertible Debentures						
10.2% Non Convertible Debentures	2,000.00	2,000.00	The company issued 2000 nos of 10.20% Non Convertible Redeemable Debentures of ₹1 Million each on August 22, 2014 to banks and financial institutions, with an option to re-purchase/ re-issue some or all of its debentures in the secondary market or otherwise at any time prior to the specified date of redemption of August 22, 2028.	Secured by way of Pari passu first charge on the fixed assets of the Company, existing and future along with Bank and Institutions; such Pari passu first charge ensuring at least a cover of 1.25 times the value of outstanding principal amount of the loan	10.20%	10.20%
8.7% Non Convertible Debentures	3,000.00	3,000.00	The company issued 3000 nos. of 8.70% Non Convertible Debentures of ₹1 Million each on October 7, 2016, with 2 call options to re-purchase/ re-issue some or all of its debentures in the secondary market or otherwise at any time prior to the specified date of redemption of October 7, 2026.	Secured by way of Pari passu first charge on the fixed assets of the Company, existing and future along with Bank and Institutions; such Pari passu first charge ensuring at least a cover of 1.25 times the value of outstanding principal amount of the loan	8.70%	8.70%
7.8% Non Convertible Debentures	2,000.00	2,000.00	The company issued 2000 nos. of 7.80% Non Convertible Debentures of ₹1 Million each on March 7, 2017, and the specified date of redemption is March 7, 2022.	Secured by way of Pari passu first charge on the fixed assets of the Company, existing and future along with Bank and Institutions; such Pari passu first charge ensuring at least a cover of 1.25 times the value of outstanding principal amount of the loan	7.80%	7.80%

Particluars	Principal Outstanding as at March 31, 2019	Principal Outstanding as at March 31, 2018	Details of repayment terms and maturity	Nature of Security	Rate of Interest 31 Mar 19	Rate of Interest 31 Mar 18
(b) Secured and Unsecured borrowing facilities from banks and others						
HDFC Bank Limited	-	48.00	The Company has availed Rupee Term Loan of ₹1300 million which is repayable in 20 quarterly instalments commencing from September, 2013. The company has repaid balance outstanding in the year 18-19	The loan is secured by first pari passu charge on all present and future movable and immovable fixed assets of the company along with minimum cover of 1.25 times the value of the outstanding .	-	8.50%
HDFC Bank Limited	3,500.00	3,500.00	The loan is repayable in 22 half yearly instalments (with a moratorium period of 4 years from the date of the first disbursement) commencing from September 8, 2020.	The loan is secured by first pari passu charge on all present and future movable and immovable fixed assets of the company along with minimum cover of 1.25 times the value of the outstanding principal amount of the loan.	8.40%	8.25%
Axis Bank Limited	2,925.00	3,000.00	The loan is repayable in 40 Quarterly instalments (with a moratorium of 4 years from the date of 1st disbursement) commencing from December 15, 2018.	The loan is secured by first pari passu charge on all present and future movable and immovable fixed assets of the company along with minimum cover of 1.25 times) the value of the outstandiing prinicpal amount of the loan	8.60%	8.25%
Bank of India	2,425.00	2,500.00	This loan is repayable in 40 Quarterly instalments (with a moratorium of 4 years from the date of 1st disbursement) commencing from December,30, 2018.	The loan is secured by first pari passu charge on all present and future movable and immovable fixed assets of the company along with minimum cover of 1.25 times the value of the outstanding principal amount of the loan.	9.55%	8.40%
HSBC	1,825.00	1,925.00	The Company has availed Rupee Term Loan of ₹2000 Million from HSBC Bank Limited, out of which ₹1000 Million is repayable in 16 semi-annual instalments commencing from March 2, 2017 and the balance ₹1000 Million is repayable in 16 semi-annual instalments commencing from November 13, 2018.	The loan is secured by first pari passu charge on all present and future movable and immovable fixed assets of the company ensuring atleast a cover of 1.25 times the value of the outstanding principal amount of the loan.	8.30%	8.05%
HSBC Bills Payable	131.71	329.42	The company has availed a buyer's line of credit of from HSBC for the import of medical equipments which is repayable on various dates in FY 2019-20	The loan is secured by first pari passu ranking charge on entire existing and future movable fixed asset of the company with minimum cover of 1.25 times the value of the outstanding principal amount of the loan.	6 months libor +0.55	6 months libor +0.55

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(All amounts are in ₹ million unless otherwise stated)

Particluars	Principal Outstanding as at March 31, 2019	Principal Outstanding as at March 31, 2018	Details of repayment terms and maturity	Nature of Security	Rate of Interest 31 Mar 19	Rate of Interest 31 Mar 18
International Finance Corporation (External Commercial Borrowings	891.76	1,115.38	The Loan outstanding is repayable in 8 semi-annual instalments during September and March of each year.	The ECB loan is secured by way of pari passu first ranking charge on the fixed assets of the company ensuring at least a cover of 1.25 times the value of the outstanding principal amount of the loan.	9.20%	9.20%
HSBC (External Commercial Borrowings)	277.29	650.31	The loan outstanding is repayable in 6 quarterly instalments starting from April, 2018.	The ECB loan is secured by way of pari passu first ranking charge on the fixed assets of the company.	9.50%	9.50%
IDFC Bank Limited	514.20	548.52	This balance loan outstanding is repayable in 38 quarterly instalments falling due on April, July, October and January every year	The loan is secured by first pari passu charge on all present and future movable and immovable fixed assets of the company ensuring atleast a cover of 1.25 times the value of the outstanding principal amount of the loan.	8.65%	8.00%
IDFC Infrastructure Finance Limited	1,000.00	1,000.00	During the year 2015-16 the Company availed loan of ₹1000 million which is repayable in 3 annual instalments of 20% at the end of December 2029 (14th year), 40% at the end of December 2030 (15th year) and balance 40% at the end of December 2031 (16th year) from the date of first disbursement.	The loan is secured by first pari passu charge on all present and future movable and immovable fixed assets of the company ensuring atleast a cover of 1.25 times the value of the outstanding principal amount of the loan.	9.60%	9.60%
ICICI Bank Limited	2,460.00	1,450.00	During the current year the company availed loan of ₹1010 million.	The loan is secured by first pari passu charge on all present and future movable and immovable fixed assets of the company.	9.05%	8.50%
State Bank of India	3,611.44	2,050.44	The company is additionally availed a loan facility of ₹65 crores in the current year	The loan is secured by paripassu first charge with other term lenders and debenture holders on all the present and future movable and immovable fixed assets of the company with a minimum cover of 1.25 times the value of outstanding principal amount of the loan.	8.80%	8.00%
HSBC- Cash Credit	148.02	817.70	Repayable in various dates		8.75%	8.80%
Fixed Deposits	13.43	96.31	Represents the unclaimed fixed deposits outstanding as on March 31, 2019	-	8.75% to 9.25%	8.75% to 9.25%

Particluars	Principal Outstanding as at March 31, 2019	Principal Outstanding as at March 31, 2018	Details of repayment terms and maturity	Nature of Security	Rate of Interest 31 Mar 19	Rate of Interest 31 Mar 18
Bank of Tokyo – Mitsubishi UFJ (External Commercial Borrowings)	1,109.15	1,300.31	The loan is repayable in 3 annual installments starting from the end of the 5th year from the date of advance.	-	9.20%	9.20%
Citi Bank - Bill Discounting	588.15	754.07	The company has been sanctioned bill discounting facility from Citi Bank for maximum outstanding of ₹1000 million.	-	8%	8%
HDFC Bank Limited	1,250.00	1,830.00	In the current year ₹58 milion was repaid		8.40%	7.85% - 8%
HDFC Bills payable	150.16	-	The company has availed a buyer's line of credit for the import of medical equipments which is repayable on various dates in FY 2019-20			0%
HDFC - CC A/c	570.76		Payable in various dates in FY 2019-20	Secured by hypothetication of stock and book debtors of the Company.	0%	0%
MUFG Bank Ltd.	2,000.00		The company has availed a loan of ₹2000 million in the current year. It is repayable in FY 19-20		8.50%	-
Axis Bank	247.22	247.98	The repayment is agreed in 24 quarterly instalments commencing from the end of 51st Month from the date of first disbursement of Loan	Secured by way of pari passu first ranking charge on the fixed assets of the company.	"3 Month MCLR+1.25%. Interest rates reset will happen every 6 months."	"6 Month MCLR+0.65%. Interest rates reset will happen every 6 months."
Lavasa Corporation Limited	97.23	97.23	The Company has taken Inter Corporate Deposit from Lavasa Corporation Limited amounting to ₹97.23 Mio.		12%	12%
Jugnu Jain - Director	2.36	2.36	The company has taken loan from the director which is repayable on demand		11%	11%
Yes Bank	284.31	334.68	The Company has availed Two Rupee Term Loans of ₹310 million and INR 100.10 Mio from YES Bank Limited, which are repayable in thirty six quarterly instalments, commencing from 26th Mar-13 and 24th Jul-17 respectively.	The loans are secured by first pari passu charge on all present and future movable and immovable fixed assets of the company along with minimum cover of 1.75 times the value of the outstanding considering movable & immovable assets (subject to 1.5 times cover considering immovable assets).The company repaid ₹50.49 million during the current financial year 18-19.	9.95%	9.40%

Notes to the Consolidated Financial Statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

Particluars	Principal Outstanding as at March 31, 2019	Principal Outstanding as at March 31, 2018	Details of repayment terms and maturity	Nature of Security	Rate of Interest 31 Mar 19	Rate of Interest 31 Mar 18
HDFC Bank	144.00	216.00	The Company has Rupee Term Loans of ₹409.50 million from HDFC Bank Limited, which are repayable in 28 quarterly instalments, commencing from 2nd Mar 2015.	The loans are secured by first pari passu charge on all present and future movable and immovable fixed assets of the company along with minimum cover of 1.75 times the value of the outstanding considering movable & immovable assets.The company repaid ₹72.00 million during the current financial year 18-19.	10.20%	9.75%
Yes Bank	148.36		The company has availed one Rupee Term Loans of ₹161.14 Million from YES Bank Limited, which are repayable in 28 quarterly instalments, commencing from January 2022 .	The loans are secured by first pari passu charge on all present and future movable and immovable fixed assets of the company along with minimum cover of 1.75 times the value of the outstanding considering movable & immovable assets (subject to 1.5 times cover considering immovable assets .The company has not commenced repayment and it is in Motrandum period .	9.80%	
Yes Bank	71.14	70.13	Tenure for 12 months & OD Facility to be zeroized every year with cooling period of 2 days.	-	9.40%	9.40%
Cumulative Redeemable Preference Shares	26.40	19.87	Redeemable Preference shares were amended in 2016-2017 for a cumulative non -discretionary dividend of 9% per annum. These redeemable preference shares do not contain any equity component.		9%	9%
Yes Bank	1,282.99	1,851.32	The loan is repayable in 28 structured quarterly instalments with an interest rate of 0.15% p.a over and above yearly MCLR payable monthly, after a moratorium period of 36 months from the date of disbursement to the Company.	Term loan from Yes Bank is secured by charge on movable fixed asset	Yearly MCLR plus 0.15% p.a	Yearly MCLR plus 0.15% p.a
Optionally Convertible Debentures	7.45	7.45	The Company has issued zero% Optionally Convertible Debentures for 9,550,000 on March 29, 2016. These OCD's are convertible into equity shares at the option of the holder and repayable on after 5 years or upon leaving.		-	-

Particluars	Principal Outstanding as at March 31, 2019	Principal Outstanding as at March 31, 2018	Details of repayment terms and maturity	Nature of Security	Rate of Interest 31 Mar 19	Rate of Interest 31 Mar 18
HDFC Bank	817.97	309.95	The loan is repayable in 28 structured quarterly instalments, with an interest rate of 0.15% p.a over and above yearly MCLR payable monthly, after a moratorium period of 36 months from the date of disbursement to the Company.	Term loan from HDFC Bank is secured by charge on movable fixed assets, current assets and letter of comfort from Apollo Hospital Enterprises Limited	Yearly MCLR plus 0.15% p.a	Yearly MCLR plus 0.15% p.a
ICICI Bank Limited	354.43	210.38	The loan is repayable in 28 structured quarterly instalments, with an interest rate of 0.40% p.a over and above One Year MCLR payable monthly, after a moratorium period of 36 months from the date of disbursement to the Company.	Term loan from ICICI Bank is secured by charge on movable fixed assets, current assets	Yearly MCLR plus 0.40% p.a	Yearly MCLR plus 0.40% p.a
Dr GSK velu	24.20	0.32	The repayment is for a Tenure of 36 monthly Equal Instalments		14%	14%
Axis Bank	820.19	919.90	Complete repayment in the FY2026-27 [Instalment 1-8 - Each instalment is 2% of the value off the term loan (Total 16% of the term loan) and Instalment 9-36 (each instalment is 3% of the value of the term loan (total 84% of the term loan)	Exclusive charge on the moveable fixed assets of the company (present and future). Letter of comfort from Apollo Hospitals Enterprise Ltd	8.85%	8.50%
Axis Bank Cash Credit	-	119.11	The cash credit is repayable invarious dates in FY 2019 - 20	Exclusive charge on the entire current assets of the borrower, present and future. Collateral - All other securities / guarantees stipulated for Term Loan Facility	9.15%	8.65%
Philips India Pvt Ltd - PET CT - Finance Lease	24.73	40.59	The repayment is spread for 7 years starting from December 2013.	PET CT Equipment is given as the security to obtain the facility.	12%	12%

Notes to the Consolidated Financial Statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

22 Other Financial Liabilities

Particulars	As at March 31, 2019		As at March 31, 2018	
	Non-Current	Current	Non-Current	Current
(a) Interest accrued but not due on borrowings	-	433.34	-	233.24
(b) Unpaid dividends (Refer Note 16 (a))	-	34.77	-	34.44
(c) Security deposits	60.76	15.19	56.96	9.41
(d) Unpaid matured deposits and interest accrued thereon	-	13.43	-	96.31
(e) Current maturities of long-term debt	-	2,209.82	-	1,220.82
(f) Current maturities of finance lease obligations	-	17.87	-	15.85
(g) Derivative Financial instruments	-	-	43.68	-
(h) Gross Obligation under written put option (Refer Note 57)	4,712.88	-	4,620.47	-
(i) Other Payables	-	1,016.27	-	1,331.27
(j) Capital Creditors	-	1,220.08	-	1,125.45
Total	**4,773.64**	**4,960.77**	**4,721.11**	**4,066.79**

(i) During the year 2018-19 , the amount transferred to the Investors Education and Protection Fund of the Central Government as per the provisions of Section 124 (5) and 124 (6) of the Companies Act, 2013 is ₹3.66 Million (Previous year ₹2.76 Million)

23 Provisions

Particulars	As at March 31, 2019		As at March 31, 2018	
	Non-Current	Current	Non-Current	Current
Provision for Bonus (Refer Note (i) below)	-	428.17	-	420.28
Provision for Gratuity and leave encashment (Refer Note 43 and 44)	114.40	593.75	62.31	370.31
Total	**114.40**	**1,021.92**	**62.31**	**790.59**

(i) The provision for bonus is based on the management's policy in line with the Payment of Bonus Act, 1965.

24 Deferred tax balances

Particulars	As at 31 March 2019	As at 31 March 2018
Deferred Tax Assets (Net)	(173.89)	(171.68)
Deferred Tax Liabilities (Net)	3,148.65	2,565.09
Total	**2,974.76**	**2,393.41**

The major components of deferred tax liabilities/(assets) arising on account of timing differences for the year ended March 31, 2019

Particulars	Opening Balance	Recognised in Profit or Loss	Recognised in other comprehensive income	Reclassified to provision for tax	Closing Balance
Property Plant and Equipment	8,350.32	(57.99)	-	-	8,292.33
Financial Assets	(204.40)	(211.21)	(0.06)	-	(415.67)
Retirement Benefit Plans	(214.54)	(14.37)	(159.61)	-	(388.51)
Business Loss carried forward under Income Tax	(1,100.48)	954.99	-	-	(145.49)
Minimum Alternate Tax Credit	(4,450.54)	(181.18)	-	266.10	(4,365.62)
Others Liabilities	13.04	(15.33)	-	-	(2.28)
Total	**2,393.41**	**474.91**	**(159.67)**	**266.10**	**2,974.76**

The major components of deferred tax liabilities/(assets) arising on account of timing differences for the year ended March 31, 2018

Particulars	Opening Balance	Recognised in Profit or Loss	Recognised in other comprehensive income	Reclassified to provision for tax	Closing Balance
Property Plant and Equipment	8,087.85	262.47	-	-	8,350.32
Financial Assets	26.19	(230.73)	0.14	-	(204.40)
Retirement Benefit Plans	(107.55)	(14.45)	(92.54)	-	(214.54)
Business Loss carried forward under Income Tax	(2,102.33)	1,001.85	-	-	(1,100.48)
Minimum Alternate Tax Credit	(3,672.23)	(778.31)	-	-	(4,450.54)
Others Liabilities	18.51	(5.46)	-	-	13.04
Total	**2,250.45**	**235.37**	**(92.40)**	**-**	**2,393.41**

Note: (i) The group has unused tax credits in the form of Minimum Alternate Tax (MAT) which would expire by financial year ended 2032-33.

(ii) Deferred income tax liabilities are recognised for all taxable temporary differences except in respect of taxable temporary differences associated with investments in subsidiaries where the timing of the reversal of the temporary difference can be controlled and it is probable that the temporary difference will not reverse in the foreseeable future. Accordingly, deferred income tax liabilities on cumulative earnings of subsidiaries have not been provided for in these consolidated financial statements for the year ended March 31, 2019.

25 Trade Payables

Particulars	As at 31 March 2019	As at 31 March 2018
Total outstanding dues of micro enterprises and small enterprises (Refer note 25.1)	104.05	160.21
Total outstanding dues of creditors other than micro and small enterprises	7,027.12	5,900.03
Total	**7,131.18**	**6,060.24**

(i) The average credit period on purchases of goods ranges from immediate payments to credit period of 45 days based on the nature of the expenditures.

(ii) Amounts payable to related parties is disclosed in note 58.1.

(iii) The Company's exposure to currency and liquidity risks related to trade payable is disclosed in note 46.

Notes to the Consolidated Financial Statements as at and for the year ended March 31, 2019
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25.1 Due to Micro, Small and Medium Enterprises

Particulars	As at 31 March 2019	As at 31 March 2018
The amounts remaining unpaid to micro and small suppliers as at the end of the year		
- Principal	104.05	160.21
- Interest	0.66	0.50
The amount of interest paid by the buyer as per the MSMED Act	-	-
The amount of payments made to micro and small suppliers beyond the appointed day during the accounting year;	-	-
The amount of interest due and payable for the period of delay in making payment (which have been paid but beyond the appointed day during the year) but without adding the interest specified under the MSMED Act;	-	-
The amount of interest accrued and remaining unpaid at the end of each accounting year	-	-
The amount of further interest remaining due and payable even in the succeeding years, until such date when the interest dues as above are actually paid to the small enterprise for the purpose of disallowance as a deductible expenditure under the MSMED Act	-	-

26 Income Tax Asset (Net)

Particulars	As at 31 March 2019	As at 31 March 2018
Advance Tax	2,705.40	2,714.28
Tax refund receivable	8,549.90	6,842.61
Others	-	-
	11,255.30	**9,556.89**
Less:		
Income tax payable	(8,715.80)	(7,787.24)
Total	**2,539.50**	**1,769.65**

27 Current Tax Liabilities (Net)

Particulars	As at 31 March 2019	As at 31 March 2018
Provision for tax (Net)	10.60	12.71
Total	10.60	12.71

28 Other Liabilities

Particulars	As at March 31, 2019		As at March 31, 2018	
	Non-Current	Current	Non-Current	Current
(a) Contractual Liabilities (Refer note (i))	-	900.25	-	598.71
(b) Balances with statutory authorities	-	491.18	-	261.50
(c) Deferred lease rent	26.86	40.58		27.00
(d) Others	2.80	15.64	29.65	63.03
Total	**29.66**	**1,447.65**	**29.65**	**950.24**

(i) Contract liabilities represents deferred revenue arises in respect of the Company's Loyalty Points Scheme, deposits collected from patients recognised in accordance with Ind AS 115 Revenue from contracts with customers

29 Revenue from Operations

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
The following is an analysis of the Company's revenue for the year from continuing operations		
(a) Revenue from healthcare services	51,190.76	44,955.10
(b) Revenue from sale of pharmaceutical products	38,860.37	32,688.80
(c) Revenue from Clinics	5,888.14	4,589.30
(d) Other Operating Income		
- Project Consultancy Income	168.03	146.63
- Franchise fees	16.00	18.35
- Income from Clinical Trials	51.07	36.50
Total	**96,174.37**	**82,434.68**

29.1 Dissaggregation of Revenue

Healthcare Services (Including Other Operating Income)

Region	Year ended 31 March 2019
Tamilnadu	20,091.55
AP, Telangana	10,847.09
Karnataka	6,205.53
Others	14,281.69
Total	**51,425.86**

Pharmaceutical Products

Region	Year ended 31 March 2019
Region 1 (Includes TamilNadu, Karnataka, Maharashtra, Pondicherry, Goa and Port Blair)	14,311.56
Region 2 (Includes Telangana, Chhatisgarh, Orissa, West Bengal, Andhra Pradesh , Assam and Jharkhand)	17,604.65
Region 3 (Bihar, J&k, New Delhi, Ahmedabad, Ludhiana, Chandigarh, Uttar Pradesh, Rajasthan, Haryana, Himachal Pradesh, Madhya Pradesh and Uttarakhand)	6,944.16
Total	**38,860.37**

Clinics

Category of Customer	Year ended 31 March 2019
Tamilnadu	1,452.87
AP, Telangana	1,521.05
Karnataka	**1,028.39**
Others	**1,885.83**
Total	**5,888.14**

Notes to the Consolidated Financial Statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

Category of Customer	Year ended 31 March 2019
Cash	74,380.18
Credit	21,794.19
Total	**96,174.37**

Nature	Year ended 31 March 2019
In-Patient	44,031.42
Out-Patient	12,704.98
Sale of pharmaceutical products	38,860.37
Others	577.60
Total	**96,174.37**

Contract liability

During the financial year ended March 31, 2019, the company has recognised revenue of ₹573 million from its Patient deposit outstanding as on April 1, 2018

Reconciliation of revenue recognised with the contract price is as follows:

Healthcare Services (Including Other Operating Income)

Particulars	Year ended March 31 March 2019
Contract price (as reflected in the invoice raised on the customer as per the terms of the contract with customer)	59,658.08
Reduction in the form of discounts,commissions and provision for disallowance	1,502.93
Reduction towards amounts received on behalf of service consultants	6,729.29
Revenue recognised in the profit & loss account	**51,425.86**

Pharmaceutical Products

Particulars	Year ended March 31 March 2019
Contract price (as reflected in the invoice raised on the customer as per the terms of the contract with customer)	39,444.86
reduction in the form of discounts and commissions	584.49
Revenue deferred on account of unredeemed of loyalty credits	239.65
Revenue recognised in the profit & loss account	**38,860.37**

Clinics

Category of Customer	Year ended 31 March 2019
Contract price (as reflected in the invoice raised on the customer as per the terms of the contract with customer)	6,649.91
-Discounts granted to customers	327.40
-Fee for Service Consultants	434.37
Revenue recognised in the profit & loss account	5,888.14

The company receive payments from customers based upon contractual billing schedules and upon submission of requisite documentation; accounts receivable are recorded when the right to consideration becomes unconditional. Contract assets includes amounts related to our contractual right to consideration for completed performance obligations not yet invoiced . Contract liabilities include payments received in advance of satisfying a performance obligation as per the terms of the contract. Revenue in this case shall be recognised based on the aforementioned accounting policy as applicable to that customer.

Use of Practical expedients

Transaction price allocated to the remaining performance obligations

The Company has applied practical expedient with respect to non disclosure of information with respect of remaining performance obligations considering the fact that the company's performance obligations, i.e. the treatment in case of healthcare segment has an original expected duration of one year or less.

Contract modification

The Company has applied practical expedient with respect to contract modification and accordingly has not given the impact of the modifications to the contracts that occurred before the date of initial application of Ind AS 115 (i.e., before April 1, 2018). The impact of applying this practical expedient is insignificant.

Significant financing component

The company has applied the practical expedient with respect of non-adjustment of transaction price for the effects of significant financing components since the company expects at the inception of the contract that the period between the receipt of consideration from the customer and the satisfaction of performance obligations will be one year or less.

Recognition of asset with respect to cost of obtaining a contract and cost to fulfil the contract

The Company has applied practical expedient of recognizing the incremental costs of obtaining a contract as an expense when incurred since the company expects that the amortisation period of the asset that the entity otherwise would have recognised is one year or less.

Notes to the Consolidated Financial Statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

30 Other Income

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
a) Interest income		
Interest income on financial assets that are not designated at Fair value through Profit or Loss		
Bank deposits	63.94	133.28
Other financial assets	**81.23**	**51.19**
Total	**145.17**	**184.47**
b) Dividend Income		
Dividend on investments	4.21	9.70
c) Other non-operating income (net of expenses directly attributable to such income)		
Provision for liabilities written back	35.17	50.43
Total	**35.17**	**50.43**
d) Other gains and losses		
Gain on disposal of Property Plant and Equipment	45.75	0.38
Net gain on disposal of financial assets	6.24	1.35
Gain/Loss on fair valuation of investment in Debentures	0.03	-
Net gain on financial assets measured at FVTPL	32.23	25.47
Net gain on foreign currency transactions and translation	(8.60)	(18.03)
Miscellaneous Income	34.88	48.67
Other income	19.32	19.09
Total	**129.84**	**76.93**
Total (a+b+c+d)	**314.40**	**321.52**

31 Cost of Materials Consumed

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
Opening stock	1,409.90	1,202.00
Add: Purchases	15,922.50	14,817.62
Less: Closing stock	883.64	1,409.90
Cost of materials consumed	**16,448.76**	**14,609.72**

32 Changes in Inventory of Medical Consumables and Drugs

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
Inventories at the end of the year:	**(4,964.15)**	**(4,248.52)**
Inventories at the beginning of the year:	4,248.52	3,466.67
Net (increase) / decrease	**(715.63)**	**(781.85)**

33 Employee Benefits Expense

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
Salaries and wages	14,176.54	12,050.58
Contribution to provident and other funds	1,148.54	996.64
Staff welfare expenses	657.31	616.34
Total	**15,982.39**	**14,043.91**

34 Finance Costs

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
Interest on bank overdrafts and loans	2,837.03	2,592.07
Other borrowing costs	433.13	358.61
Total	**3,270.16**	**2,950.68**

During the year, the company has capitalised borrowing cost of ₹350 Million (Previous year ₹349 million) relating to projects, inlcuded in Capital work in progress. The capitalisation rate used is the weighted average interest of 8.59% (previous year 9.17%).

35 Depreciation and Amortisation Expense

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
Depreciation of property, plant and equipment	3,746.14	3,401.58
Amortisation of intangible assets	202.94	182.55
Depreciation of investment property	6.17	6.17
Total depreciation and amortisation expenses	**3,955.25**	**3,590.30**

36 Other Expenses

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
Retainer Fees to Doctor`s	5,750.31	4,720.74
Power and fuel	1,706.07	1,551.60
House Keeping Expenses	324.82	450.47
Water Charges	132.23	115.19
Rent	3,502.15	3,189.97
Brokerage&Commission	-	22.26
Repairs to Buildings	163.76	216.71
Repairs to Machinery	773.02	617.92
Repairs to Vehicles	69.51	68.76
Office Maintenance & Others	819.24	793.55
Insurance	139.37	129.29
Rates and Taxes, excluding taxes on income	182.56	186.29
Printing & Stationery	428.40	416.59
Postage & Telegram	133.13	150.36

Notes to the Consolidated Financial Statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
Director Sitting Fees	6.58	5.88
Advertisement, Publicity & Marketing	1,838.84	1,742.75
Travelling & Conveyance	817.87	674.20
Subscriptions	22.78	22.26
Legal & Professional Fees	1,213.16	939.20
Continuing Medical Education & Hospitality Expenses	93.76	66.92
Hiring Charges	134.89	131.14
Seminar Expenses	57.54	58.64
Telephone Expenses	149.33	159.23
Books & Periodicals	15.84	17.51
Donations	25.44	8.73
Bad Debts Written off	429.81	110.89
Provision for Bad Debts	227.00	477.48
Outsourcing Expenses		
Food and Beverages	1,192.02	952.79
House Keeping Expenses	1,033.15	825.80
Security Charges	354.42	283.29
Bio Medical maintenance	230.50	184.24
Other Services	80.24	64.14
Franchise Service Charges	101.46	80.86
Loss on Sale of Property Plant and Equipments	60.41	80.47
Laboratory testing charges	103.51	80.56
Miscellaneous expenses	552.79	455.98
Total (a)	**22,865.91**	**20,052.66**

Expenditure incurred for corporate social responsibility (b)

Particulars	Year ended March 31, 2019	Year ended March 31, 2018
(CSR amount required to be spent as per section 135 of The Companies Act, 2013, read with schedule 7 thereof by the company during the year is ₹80.82 (Previous year 79.70)	80.82	79.70
Total (a) +(b)	22,946.73	20,132.36

Note (i) :

Consequent to the requirements of section 135 of Companies Act 2013, the company has made contributions as stated below . The same is in line with activities specified Schedule VII of Companies Act, 2013.

a) Gross amount required to be spent by the company during the year is ₹80.82 million (previous year ₹79.70)

b) Amount spent during the year ended March 31, 2019 on corporate social responsibility activities:

Particulars	Year ended March 31 , 2019	Year ended March 31, 2018
Construction/acquisition of any asset	-	-
On purpose other than above	80.82	79.70

37 Income Taxes Relating to Continuing Operations

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
Income tax recognised in profit or loss		
Current tax		
In respect of the current year	1,258.82	883.68
Total	**1,258.82**	**883.68**
Deferred tax		
In respect of the current year	**474.91**	**235.37**
Total	**474.91**	**235.37**
Total income tax expense recognised in the current year relating to continuing operations	**1,733.73**	**1,119.05**

38. The income tax expense for the year can be reconciled to the accounting profit as follows:

The Tax expenses as per the provision of Income Tax Act is lower than the Tax Payable as per MAT provision u/s 115JB

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
Profit before tax from continuing operations	3,735.41	1,714.62
Enacted tax rates in India	34.94%	34.61%
Income tax expense calculated	1,305.30	593.39
Effect of income that is exempt from taxation	30.24	59.38
Effect of expenses that are not deductible in determining taxable profit	(27.30)	(17.40)
Effect of previously unrecognised and unused tax losses and deductible temporary differences now recognised as deferred tax assets	425.48	483.69
Tax as per Income tax provision	1,733.73	1,119.05

The tax as per normal provision of the income tax act 1961 is lower than Minimum Alternate Tax there fore current tax is provided as per Mat provision.

39. Amount recognised in Other Comprehensive Income (OCI)

Particulars	March 31, 2019	March 31, 2018
Re-measurement of defined benefit plans (Refer Note 43)	(288.40)	(172.40)
Equity instruments through other comprehensive income	(2.86)	0.40

40. Segment information

Operating Segments

The board of directors have been identified as the Chief Operating Decision Maker (CODM). Information reported to the CODM for the purposes of resource allocation and assessment of segment performance focuses on the types of goods or services delivered or provided.

The group operates mainly in India. Accordingly, there are no additional disclosures to be provided under Ind AS 108, other than those already provided in the financial statements.

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The following are the accounting policies adopted for segment reporting :

a. Assets, liabilities, revenue and expenses have been identified to segments on the basis of their relationship to the operating activities of the segment.

b. Healthcare segment includes hospitals and hospital based pharmacies. Retail pharmacy include pharmacy retail outlets. Clinics Segment include clinics, diagnostics, Spectra, Cradle, Sugar, Dental and Dialysis business. Other Segment includes revenue, assets and liabilities of companies not engaged in any of the aforementioned segments and treasury investments, fixed deposits and their related income of companies involved in all the three segments. Unallocated assets and liabilities includes those assets and liabilities which are not allocable to above mentioned segments such as Deferred tax, Borrowings, Investments etc.

c. Inter segment revenue and expenses are eliminated.

The Company has disclosed this Segment Reporting in Financial Statements as per Ind AS 108.

40.1 Segment revenues and results

The following is an analysis of the Company's revenue and results from continuing operations by reportable segment.

Name of the Body Corporate	Segment Revenue		Segment Profit	
	31st March, 2019	31st March, 2018	31st March, 2019	31st March, 2018
Healthcare	51,618.49	45,246.54	6,197.70	5,192.80
Retail Pharmacy	38,860.37	32,688.80	1,681.69	1,173.80
Clinics	5,887.47	4,589.20	(1,149.03)	(1,925.40)
Others	39.68	69.92	(49.00)	(99.70)
Total	**96,406.01**	**82,594.46**	**6,681.36**	**4,341.50**
Less: Inter Segment Revenue	231.64	159.77		
Total for continuing operations	96,174.37	82,434.68	6,681.36	4,341.50
Finance costs			(3,270.16)	(2,950.68)
Other un-allocable expenditure			314.41	321.48
Profit before tax (continuing operations)			3,725.61	1,712.30

Segment profit represents the profit before tax earned by each segment without allocation of finance costs. This is the measure reported to the chief operating decision maker for the purposes of resource allocation and assessment of segment performance.

40.2 Segment assets and liabilities

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
Segment Assets		
Healthcare	67,823.67	65,393.88
Retail Pharmacy	11,233.51	9,372.40
Clinics	4,580.51	5,058.10
Others	505.29	645.40
Total Segment Assets	**84,142.98**	**80,469.78**
Unallocated	7,687.74	5,658.10
Total assets	**91,830.71**	**86,127.89**

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
Segment liabilities		
Health care	14,463.51	13,303.42
Retail Pharmacy	2,249.68	1,538.90
Clinics	1,692.60	1,727.70
Others	176.54	165.90
Total Segment liabilities	**18,582.33**	**16,735.92**
Unallocated	39,913.68	36,876.90
Total liabilities	**58,496.01**	**53,612.82**

41 Earnings per Share

EPS is calculated by dividing the profit attributable to equity shareholders by the weighted average number of equity shares outstanding during the year. The earnings and the weighted average number of shares used in calculating basic and diluted earnings per share is as follows:

Particulars	31 March 2019	31 March 2018
Basic earnings per share	16.97	8.44
Total basic earnings per share	**16.97**	**8.44**
Diluted earnings per share	16.97	8.44
Total diluted earnings per share	**16.97**	**8.44**

41.1 Basic and Diluted earnings per share

The earnings and weighted average number of equity shares used in the calculation of basic and diluted earnings per share are as follows.

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
Profit for the year attributable to owners of the Company	2,360.46	1,174.18
Earnings used in the calculation of basic earnings per share	2,360.46	1,174.18
Weighted average number of equity shares for the purposes of basic and diluted earnings per share	139,125,159	139,125,159

Employee Benefit Plans

42 Defined contribution plans

The group makes contributions towards provident fund and employees state insurance as a defined contribution retirement benefit fund for qualifying employees. The provident fund is operated by the regional provident fund commissioner. The amount recognised as expense towards contribution to provident fund amount to ₹591.66 millionThe Employee state insurance is operated by the employee state insurance corporation. Under these schemes, the Company is required to contribute a specific percentage of the payroll cost as per the statute. The amount recognised as expense towards contribution to Employee State Insurance amount to ₹257.81 million. The Company has no further obligations in regard of these contribution plans.

Notes to the Consolidated Financial Statements as at and for the year ended March 31, 2019
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43 Defined benefit plans

a) Gratuity

The group operates post-employment defined benefit plan that provide gratuity. The gratuity plan entitles an employee, who has rendered at least five years of continuous service, to receive one-half month's salary for each year of completed service at the time of retirement/exit. The Company's obligation in respect of the gratuity plan, which is a defined benefit plan, is provided for based on actuarial valuation carried out by an independent actuary using the projected unit credit method. The Company recognizes actuarial gains and losses immediately in the statement of profit and loss. The Company accrues gratuity as per the provisions of the Payment of Gratuity Act, 1972 as applicable as at the balance sheet date.

The group contributes all ascertained liabilities towards gratuity to the Fund. The plan assets have been primarily invested in insurer managed funds. The Gratuity plan provides a lump sum payment to the vested employees at retirement, death, incapacitation or termination of employment based on the respective employees salary and tenure of the employment with the company.

The present value of the defined benefit obligation, and the related current service cost and past service cost, were measured using the projected unit credit method.

Investment risk	The present value of the defined benefit plan liability is calculated using a discount rate which is determined by reference to market yields at the end of the reporting period on government bonds. Plan investment is a mix of investments in government securities, and other debt instruments.
Interest risk	A decrease in the bond interest rate will increase the plan liability; however, this will be partially offset by an increase in the return on the plan's debt investments
Longevity risk	The present value of the defined benefit plan liability is calculated by reference to the best estimate of the mortality of plan participants both during and after their employment. An increase in the life expectancy of the plan participants will increase the plan's liability
Salary risk	The present value of the defined benefit plan liability is calculated by reference to the future salaries of plan participants. As such, an increase in the salary of the plan participants will increase the plan's liability.

A. Change in Defined Benefit Obligation

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
Opening defined benefit obligation	958.96	788.34
Current service cost	97.43	75.49
Past service cost,	7.42	12.23
Interest cost	70.13	51.31
Remeasurement (gains)/losses on account of change in actuarial assumptions	287.83	80.96
Benefits paid	(98.51)	(49.37)
Closing defined benefit obligation	**1,323.26**	**958.96**

B. Changes in Fair value of Plan Assets

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
Opening fair value of plan assets	743.89	601.04
Interest income	60.66	43.90
Return on plan assets (excluding amounts included in net interest expense)	7.43	(15.64)

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
Contributions from the employer	185.61	163.96
Benefits paid	(87.53)	(49.37)
Closing fair value of plan assets	**910.06**	**743.89**

C. Amount Recognised in Balance Sheet

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
Present value of funded defined benefit obligation	1,323.23	958.96
Fair value of plan assets	(910.06)	(743.89)
Funded status	413.17	215.07
Restrictions on asset recognised	-	-
Net liability arising from defined benefit obligation	**413.17**	**215.07**

D. Expenses Recognised in Statement of Profit and Loss

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
Service cost:		
Current service cost	97.43	75.49
Past service cost and (gain)/loss from settlements	7.42	12.23
Net interest expense	67.64	7.41
Components of defined benefit costs recognised in profit or loss	**172.49**	**95.13**

E. Expenses Recognised in Other Comprehensive Income

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
Remeasurement on the net defined benefit liability:		
Return on plan assets (excluding amounts included in net interest expense)	(4.84)	15.64
Actuarial (gain) / loss arising from changes in demographic assumptions	(4.28)	(2.24)
Actuarial (gain) / loss arising from changes in financial assumptions	16.65	(15.48)
Actuarial (gain) / loss arising from experience adjustments	280.30	98.67
Components of defined benefit costs recognised in other comprehensive income	**287.83**	**96.60**
Remeasurement (gain) / loss recognised in respect of other long-term benefits	160.18	168.33
Total	**448.01**	**264.94**

F. Significant Actuarial Assumptions

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
Discount rate(s)	Hospital-6.6%-8%	Hospital-7.06-7.85%
	Pharmacy-6.76%	Pharmacy-7.06%
	Clinics-7.6%-8%	Clinics-7.75%-8%

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Particulars	Year ended 31 March 2019	Year ended 31 March 2018
Expected rate(s) of salary increase	Hospital: 5%-8%	Hospital:5.5%-7.5%
	Pharmacy:5.8%	Pharmacy:6%
	Clinics:5%-8%	Clinics:5%-8%
Attrition Rate	Hospital:3%-45%	Hospital:5%-37%
	Pharmacy:32%	Pharmacy:37%
	Clinics:2%-35%	Clinics:5%-35%
Retirement Age	58.00	58.00
Pre-retirement mortality	Indian Assured Lives Mortality (2012-14) Ultimate	Indian Assured Lives Mortality (2006-08) Ultimate

The expected rate of return on plan assets is based on market expectations at the beginning of the year. The rate of return on long-term government bonds is taken as reference for this purpose.

G. Category of Assets

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
Insurer managed funds	910.06	743.89
Total	910.06	743.89

Each year Asset Liability matching study is performed in which the consequences of strategic investments policies are analysed in terms of risk and returns profiles. Investments and Contributions policies are integrated within this study.

H. Sensitivity Analysis

Significant actuarial assumptions for the determination of the defined obligation are discount rate, expected salary increase and mortality. The sensitivity analyses below have been determined based on reasonably possible changes of the respective assumptions occurring at the end of the reporting period, while holding all other assumptions constant.

The sensitivity of the defined benefit obligation to changes in the weighted principal assumptions is:

Particulars	Change in assumption		Increase in assumption		Decrease in assumption	
	31st March, 2019	31st March, 2018	31st March, 2019	31st March, 2018	31st March, 2019	31st March, 2018
Discount rate	+100 basis points/-100 basis points	+100 basis points/-100 basis points	1,147.18	912.64	1,203.35	954.27
Salary growth rate	+100 basis points/-100 basis points	+100 basis points/-100 basis points	1,197.78	951.56	1,152.16	947.99
Attrition rate	+100 basis points/-100 basis points	+100 basis points/-100 basis points	1,174.66	920.97	1,173.19	920.72

The sensitivity analysis presented above may not be representative of the actual change in the defined benefit obligation as it is unlikely that the change in assumptions would occur in isolation of one another as some of the assumptions may be correlated.

There was no change in the methods and assumptions used in preparing the sensitivity analysis from prior years.

The defined benefit obligation shall mature in next 3 years.

The Company expects to make a contribution of ₹400 Million (as at March 31, 2018: ₹194 million) to the defined benefit plans during the next financial year.

44 Long Term Benefit Plans

Leave Encashment

The company pays leave encashment benefits to employees as and when claimed subject to the policies of the company. The company provides leave benefits through annual contributions to the fund

The significant actuarial assumptions used for the purposes of the actuarial valuations were as follows.

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
Discount rate(s)	Hospital-6.6%-8%	Hospital-7.06-7.85%
	Pharmacy-6.76%	Pharmacy-7.06%
	Clinics-7.6%-8%	Clinics-7.75%-8%
Expected rate(s) of salary increase	Hospital: 5%-8%	Hospital:5.5%-7.5%
	Pharmacy:5.8%	Pharmacy:6%
	Clinics:5%-8%	Clinics:5%-8%
Attrition Rate	Hospital:3%-45%	Hospital:5%-37%
	Pharmacy:32%	Pharmacy:37%
	Clinics:2%-35%	Clinics:5%-35%
Retirement Age	58.00	58.00
Pre-retirement mortality	Indian Assured Lives Mortality (2012-14) Ultimate	Indian Assured Lives Mortality (2006-08) Ultimate

45 Financial instruments

45.1 Capital management

The group manages its capital to ensure that entities in the group will be able to continue as going concerns while maximising the return to stakeholders through the optimisation of the debt and equity balance.

The capital structure of the group consists of net debt and total equity of the group.

The group is not subject to any externally imposed capital requirements.

The group's risk management committee reviews the capital structure of the group on a semi-annual basis. As part of this review, the committee considers the cost of capital and the risks associated with each class of capital. The group has a target gearing ratio of 100% of net debt to total equity determined as the proportion of net debt to total equity. The gearing ratio at March 31, 2019 of 96% (Previous year 89%) was below the target range,

Gearing Ratio

The gearing ratio at end of the reporting period was as follows.

Particulars	As at 31 March 2019	As at 31 March 2018
Debt (includes Borrowings , Current Maturities of Long term Debt, finance lease obligations and unpaid maturities of deposits)	36,744.04	34,362.73
Cash and bank balances (Refer Note 15 & Note 16)	3,469.60	4,172.48

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Particulars	As at 31 March 2019	As at 31 March 2018
Net Debt	33,274.44	30,190.25
Total Equity	34,689.31	33,839.41
Net debt to equity ratio	96%	89%

45.2 Categories of financial instruments

Financial Assets

Particulars	As at 31 March 2019	As at 31 March 2018
Measured at fair value through profit or loss (FVTPL)		
(i) Investments in Equity Instruments (Other than Joint Ventures and Associates)	190.91	59.45
(ii) Investments in Mutual Funds	688.30	611.30
(iii) Derivative Financial Instruments	288.21	285.85
Measured at amortised cost		
(i) Cash and Cash Equivalents	3,469.60	4,172.48
(ii) Trade Receivables	10,231.98	8,251.89
(iii) Investment in Debentures	80.00	80.00
(iv) Other Financial Assets	3,637.73	4,721.78
(v) Finance Lease Receivable	4.54	4.54
Measured at Cost		
(i) Investments in Joint ventures and Associated	3,654.45	2,763.51
Measured at Fair Value Through Other Comprehensive Income (FVTOCI)	**2.81**	**5.63**
Financial liabilities		
Measured at amortised cost		
(i) Trade Payables	7,131.18	6,060.24
(ii) Loans	34,502.93	33,029.73
(iii) Other Financial Labilities	5,021.53	4,123.75
(iv) Gross Obligation over written put options	4,712.88	4,620.47
Measured at fair value through profit or loss (FVTPL)		
(i) Derivative Financial Instruments	-	43.68

45.3 Financial risk management objectives

The group's Corporate Treasury function provides services to the business, co-ordinates access to domestic and international financial markets, monitors and manages the financial risks relating to the operations of the Company through internal risk reports which analyse exposures by degree and magnitude of risks. These risks include market risk (including currency risk, interest rate risk and other price risk), credit risk and liquidity risk.

The group's exposure to credit risk is primarily from trade receivables which are in the ordinary course of business influenced mainly by the individual characteristic of each customer.

The group's exposure to currency risk is on account of borrowings and other credit facilities demoninated in currency other than Indian Rupees. The group seeks to minimise the effects of these risks by using derivative financial instruments to hedge risk exposures. The use of financial derivatives is governed by the group's policies approved by the board of directors, which provide written principles on foreign exchange risk, interest rate risk, credit risk, the use of financial derivatives and non -derivative financial instruments, and the investment of excess liquidity. Compliance with policies and exposure limits is reviewed by the internal auditors on a continuous basis. The Company does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

The Corporate Treasury function reports quarterly to the Company's risk management committee, an independent body that monitors risks and policies implemented to mitigate risk exposures.

The group's activities expose it to the financial risks of changes in foreign currency exchange rates and interest rates. For the purpose of managing its exposure to foreign currency and interest rate risk, the Company enters into a variety of derivative financial instruments, i.e. cross currency interest rate swaps

45.4 Market risk

The Company's activities expose it to the financial risks of changes in foreign currency exchange rates and interest rates. The Company enters into a variety of derivative financial instruments to manage its exposure to foreign currency risk and interest rate risk using currency cum interest swaps

45.5 Foreign currency risk management

The group undertakes transactions denominated in foreign currencies; consequently, exposures to exchange rate fluctuations arise. Exchange rate exposures are managed within approved policy parameters utilising forward foreign exchange contracts

The carrying amounts of the group's foreign currency denominated monetary assets and monetary liabilities at the end of the reporting period are as follows.

Particulars	Liabilities as at		Assets as at	
	31st March, 2019	31st March, 2018	31st March, 2019	31st March, 2018
Foreign Currency Borrowings (in USD)	34.76	52.21	-	-
Foreign Currency Borrowings (in INR)	2,409.84	3,395.74	-	-
Trade Receivables (In USD)	-	-	0.26	0.30
Trade Receivables (In INR)	-	-	18.06	19.80

Foreign currency sensitivity analysis

Of the above, The borrowings of USD 32.86 Million as at March 31, 2019 and USD 47.15 Million as at March 31, 2018 are completely hedged against foreiign currency fluctation using forward contracts and Interest rate swaps. Therefore the exposure of the company of foreign exchange risk is limited to unhedged borrowings for which below sensitivity is provided

The group is mainly exposed to currency United States Dollar (USD).

The following table details the group's sensitivity to a 10% increase and decrease in the ₹against the relevant foreign currencies. 10% is the sensitivity rate used when reporting foreign currency risk internally to key management personnel and represents management's assessment of the reasonably possible change in foreign exchange rates. The sensitivity analysis includes only outstanding foreign currency denominated monetary items and adjusts their translation at the period end for a 10% change in foreign currency rates. A positive number below indicates an increase in profit or equity where the ₹strengthens 10% against the relevant currency. For a 10% weakening of the ₹against the relevant currency, there would be a comparable impact on the profit or equity, and the balances below would be negative.

Particulars	Impact of USD			
	2018-2019		2017-2018	
	+10%	-10%	+10%	-10%
Impact on Profit or Loss for the year	(13.14)	13.14	(32.91)	32.91
Impact on Equity for the year	(13.14)	13.14	(32.91)	32.91

The group has entered into derivative contracts with banks for its External Commercial Borrowings for interest and currency risk exposure to manage and mitigate its exposure to foreign exchange rates.

In management's opinion, the sensitivity analysis is unrepresentative of the inherent foreign exchange risk because the exposure at the end of the reporting period does not reflect the exposure during the year.

45.6 Interest rate risk management

The group is exposed to interest rate risk because the group borrow funds at both fixed and floating interest rates. The risk is managed by the group by maintaining an appropriate mix between fixed and floating rate borrowings, and by the use of interest rate swap contracts and forward rate contracts. Hedging activities are evaluated regularly to align with interest rate views and defined risk appetite, ensuring the most cost-effective hedging strategies are applied.

Interest rate sensitivity analysis

The sensitivity analyses below have been determined based on the exposure to interest rates for both derivatives and non-derivative instruments at the end of the reporting period. For floating rate liabilities, the analysis is prepared assuming the amount of the liability outstanding at the end of the reporting period was outstanding for the whole year. A 50 basis point increase or decrease is used when reporting interest rate risk internally to key management personnel and represents management's assessment of the reasonably possible change in interest rates.

If interest rates had been 50 basis points higher/lower and all other variables were held constant, the Company's:

- profit for the year ended March 31, 2019 would decrease/increase by ₹136.23 Million (for the year ended March 31, 2018: decrease/ increase by ₹106.86 million). This is mainly attributable to the Company's exposure to interest rates on its variable rate borrowings

Cross Currency Interest rate swap contracts

Under interest rate swap contracts, the Company agrees to exchange the difference between fixed and floating rate interest amounts calculated on agreed notional principal amounts. Such contracts enable the Company to mitigate the risk of changing interest rates on the fair value of issued fixed rate debt and the cash flow exposures on the issued variable rate debt. The average interest rate is based on the outstanding balances at the end of the reporting period. The Cross Currency Interest Rate Swaps on External Currency Borrowings hedges the interest rate risk on the USD Borrowing.

Outstanding Contracts	Spot Rate	Foreign Currency	Nominal Amount	Fixed Interest Rate	Fair Value
Contract 1	66.41	USD 20,000,000	1,328,200,000	9.20%	192.39
Contract 2	54.56	USD 30,000,000	1,636,800,000	9.20%	39.72
Contract 3	54.20	USD 25,000,000	1,355,000,000	9.50%	56.09

45.7 Credit risk management

Credit risk is a risk of financial loss to the Company arising from counterparty failure to repay according to contractual terms or obligations. Majority of the Company's transactions are earned in cash or cash equivalents. The Trade Receivables comprise mainly of receivables from Insurance Companies, Corporate customers, Public Sector Undertakings, State/Central Governments etc. The Insurance Companies are required to maintain minimum reserve levels and the Corporate Customers are enterprises with high credit ratings. Accordingly, the Company's exposure to credit risk in relation to trade receivables is considered low. Before accepting any new credit customer, the Company uses an internal credit scoring system to assess the potential customer's credit quality and defines credit limits by customer. Limits and scoring attributed to customers are reviewed annually. The outstanding with the debtors is reviewed periodically

Refer Note 12 For the credit risk exposure , ageing of trade receivable and impairment methodology for financial assets

The credit risk on liquid funds and derivative financial instruments is limited because the counterparties are banks with high credit-ratings assigned by credit-rating agencies

46 Liquidity risk management

Ultimate responsibility for liquidity risk management rests with the board of directors, which has established an appropriate liquidity risk management framework for the management of the Company's short-term, medium-term and long-term funding and liquidity management requirements. The Company manages liquidity risk by maintaining adequate reserves, banking facilities and reserve borrowing facilities, by continuously monitoring forecast and actual cash flows, and by matching the maturity profiles of financial assets and liabilities.

46.1 Liquidity and interest risk tables

The following tables detail the Company's remaining contractual maturity for its non-derivative financial liabilities with agreed repayment periods. The tables have been drawn up based on the undiscounted cash flows of financial liabilities based on the earliest date on which the Company can be required to pay. The tables include both interest and principal cash flows. To the extent that interest flows are floating rate, the undiscounted amount is derived from interest rate curves at the end of the reporting period. The contractual maturity is based on the earliest date on which the Company may be required to pay.

Particulars	Weighted average effective interest rate (%)	3 months to 1 year	1 Year to 5 years	> 5 years
March 31, 2019				
Non-interest bearing	-	9,882.49	-	4,773.65
Variable interest rate instruments	8.44%	6,363.52	6,456.26	14,603.55
Fixed interest rate instruments	10.74%	28.38	2,014.13	5,000.00
		16,274.39	8,470.39	24,377.20

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Particulars	Weighted average effective interest rate (%)	3 months to 1 year	1 Year to 5 years	> 5 years
March 31, 2018				
Non-interest bearing	-	8,622.06	47.89	4,673.22
Variable interest rate instruments	8.47%	2,811.50	5,365.94	14,058.64
Fixed interest rate instruments	9.05%	2,035.35	2,024.73	5,000.00
		13,468.91	7,438.55	23,731.86
The carrying amounts of the above are as follows:				
		31-Mar-19	31-Mar-18	
Non-interest bearing		14,656.15	13,343.17	
Variable interest rate instruments		27,423.33	22,236.08	
Fixed interest rate instruments		7,042.51	9,060.08	
		49,121.99	44,639.33	

Non Interest bearing includes Trade Payables, Current Financial Liabilities, Non Current Financial liabilities excluding current maturities of Long term debts

Variable interest rate instruments and Fixed Interest rate instruments includes Long Term and Short Term Borrowings and current maturities of long term debt

The following table details the Company's expected maturity for its non-derivative financial assets. The table has been drawn up based on the undiscounted contractual maturities of the financial assets including interest that will he earned on those assets. The inclusion of information on non -derivative financial assets is necessary in order to understand the Company's liquidity risk management as the liquidity is managed on a net asset and liability basis.

Particulars	Weighted average effective interest rate(%)	3 months to 1 year	1 Year to 5 years	> 5 years
March 31, 2019				
Non-interest bearing	-	11,519.01	-	2,062.49
Fixed interest rate instruments	8.40%	80.00	108.00	
		11,599.01	108.00	2,062.49
March 31, 2018				
Non-interest bearing	-	15,201.59	506.81	4,878.03
Fixed interest rate instruments	8.40%	-	-	80.00
		15,201.59	506.81	4,958.03

The amounts included above for variable interest rate instruments for both non-derivative financial assets and liabilities is subject to change if changes in variable interest rates differ to those estimates of interest rates determined at the end of the reporting period.

The following table details the Company's liquidity analysis for its derivative financial instruments. The table has been drawn up based on the undiscounted gross outflows on settlement of these derivatives. These derivatives are taken by the company as against the External Commercial Borrowings (ECB) which have already been included as part of the Fixed rate instruments under the financial liabilities section.

Particulars	Less than 1 year	1-5 years
March 31, 2019		
Net Settled:		
- Cross Currency interest rate swaps	1,278.79	999.40
	1,278.79	999.40
March 31, 2018		
Net Settled:		
- Cross Currency interest rate swaps	928.96	2,137.61
	928.96	2,137.61

47 Financing Facilities

The group has access to financing facilities as described below. The Company expects to meet its other obligations from operating cash flows and proceeds of maturing financial assets.

Particulars	As at 31 March 2019	As at 31 March 2018
Secured bank loan facilities		
- amount used	33,236.53	32,150.72
- amount unused	4,264.83	8,425.42
	37,501.36	40,576.14
Unsecured bank loan facilities		
- amount used	2,934.52	2,212.00
- amount unused	793.68	210.00
	3,728.20	2,422.00

48 Fair Value Measurement

The following guidance has been followed for classification and measurement of financial assets that are measured at fair value :

Level 1: Level 1 hierarchy includes financial instruments measured using quoted prices. This includes listed equity instruments, traded bonds and mutual funds that have quoted price. The fair value of all equity instruments (including bonds) which are traded in the stock exchanges is valued using the closing price as at the reporting period.

Level 2: The fair value of financial instruments that are not traded in an active market (for example, traded bonds, over-the- counter derivatives) is determined using valuation techniques which maximise the use of observable market data and rely as little as possible on entity-specific estimates. If all significant inputs required to fair value an instrument are observable, the instrument is included in level 2.

Level 3: If one or more of the significant inputs is not based on observable market data, the instrument is included in level 3. This is the case for unlisted equity securities, contingent consideration and indemnification asset included in level 3.

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Particulars	Fair Value as at		Fair Value Hierarchy	Valuation technique and key inputs	Significant unobservable inputs	Relationship of unobservable inputs to fair value
Financial Assets/Financial Liabilities	March 31, 2019	March 31, 2018				
Derivative Instruments	Assets- ₹288.21	Assets- ₹285.85	Level 2	Discount cash flow, Future Cash Flows are estimated based on forward exchange rates and contract forward rates discounted at a rate that reflects the credit risk of various counterparties	-	-
	-	Liabilities- ₹43.68	Level 2		-	-
Investments in Mutual Funds	688.30	611.30	Level 1	Quoted bid price in active market	-	-
Investments in equity Instruments	190.91	59.45	Level 3	Discounted Cash Flow-Income approach	Discount rate, Risk free Return, Long term Market rate of return are the assumptions used	A slight change in assumptions will change the Fair value of the Investment
Investments in equity instrument at FVTOCI (unquoted)	2.81	5.63	Level 3	Discounted cash flow model under income approach was used to capture the present value of the expected future economic benefits to be derived from the ownership of the investee.	Long term growth rates, taking into account management's experience and knowledge of market conditions of the specific industry at 5%.	A slight change in assumptions will change the Fair value of the Investment

49 Fair Value of Financial Assets and Financial Liabilities that are not measured at fair value (but fair value disclosure are required)

The company considers that the carrying amounts of financial assets and financial liabilities recognised in the financial statements at amortized cost will reasonably approximate their fair values.

50 Reconciliation of Level 3 Fair Value Measurements

Particulars	As at 31 March 2019	As at 31 March 2018
Opening Balance	65.08	65.08
Add: Investments during the year	155.40	-
Less : Fair value gain/(loss)	(26.76)	-
Closing Balance	193.72	65.08

If the long term growth rate used were 1% higher/lower while all other variable were held constant the carrying amount of the shares would increase/decrease by ₹ 0.071 million and (₹0.071) million respectively.

1% increase/decrease in WACC or discount rate used while holding all other variable constant would decrease/ increase the carrying amount of the unquoted investment by ₹ 0.17 million and (₹ 0.19) million respectively.

51 Operating Lease Arrangements

51.1 The Company as lessee

Leasing arrangement

The company has an options to purchase the equipment for a nominal amount at the end of the lease term. The company's obligations under finance leases are secured by the lessors' title to the leased assets. The company has taken various medical equipment, hospital premises, office and residential premises under Operating leases. The leases typically run for a term ranging from 25-30 years for Hospitals and 1-3 years for Pharmacy with an option to renew the lease after term completion. The escalation clause range from 5 to 10% per annum effectively.

Payments recognised as an expense

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
Minimum lease payments	3,502.15	3,189.97
Total	**3,502.15**	**3,189.97**

Non-cancellable operating lease commitments

Particulars	As at 31 March 2019	As at 31 March 2018
Not later than 1 year	363.45	355.60
Later than 1 year and not later than 5 years	1,291.69	1,124.60
Later than 5 years	5,298.15	4,600.10
	6,953.29	6,080.30

51.2 Finance lease liabilities

Particulars	Minimum Lease Payments		Present Value of Minimum Lease Payments	
	31st March, 2019	31st March, 2018	31st March, 2019	31st March, 2018
Not later than one year	19.87	19.87	17.87	15.85
Later than one year and not later than five years"	7.05	26.92	6.87	24.73

Notes to the Consolidated Financial Statements as at and for the year ended March 31, 2019
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Particulars	Minimum Lease Payments		Present Value of Minimum Lease Payments	
	31st March, 2019	31st March, 2018	31st March, 2019	31st March, 2018
Later than five years		-		-
	26.92	46.79	24.73	40.58
Less: future finance charges	2.19	6.21	-	-
Present value of minimum lease payments	24.73	40.58	24.73	40.58

Particulars	31 March 2019	31 March 2018
Included in the financial statements as:		
- Current maturities of finance lease obligations	17.87	15.85
- borrowings	6.87	24.73
Total	**24.74**	**40.58**

52 Commitments

Particulars	31 March 2019	31 March 2018
Commitments to contribute funds for the acquisition of property, plant and equipment	4,102.49	8,880.80
Commitments to contribute funds towards Equity	551.83	1,710.25

53 Contingent Liabilities

Particulars	31 March 2019	31 March 2018
a) Claims against the Company not acknowledged as debt	2,408.91	2,463.68
(b) Guarantees excluding financial guarantees	-	
(c) Bank Guarantees	2,263.41	2,005.85
(d) Corporate Guarantee	4,321.43	4,072.68
(e) Letter of Credit	-	13.62
(f) Other money for which the company is contingently liable	-	
Customs Duty	99.70	99.70
Service Tax (Refer ii)	814.20	84.71
Value Added Tax	0.68	0.05
Income Tax (Refer i & iii)	323.05	521.96
Other Matters	59.24	26.51
Total	**10,290.62**	**9,288.76**

Notes

(i) In respect of the Apollo Hospitals Enterprise Limited (Parent), relating to the proceedings pending before the relevant income tax authority for the assessment years 2009-10 to 2016-17, the parent is of the opinion that no additional provision for tax expense is considered necessary in the financial statements.

(ii) In respect of the subsidiary company Imperial Hospital & Research Centre Limited (IHRCL) for Financial year 2006 – 2007 to 2010-2011, the service tax department has raised a demand of ₹1.89 million which is disputed and the company has deposited a sum of ₹1.89 million under protest against this demand. The company has filed an appeal against the said demand before CESTAT-Bengaluru, and the liability has been considered contingent until the conclusion of the appeal.

(iii) In respect of the subsidiary company Imperial Hospital & Research Centre Limited (IHRCL) for Assessment year 2007-2008, the income tax department has raised a demand of ₹1.43 million which is disputed and appealed against by the Company. The company has deposited a sum of ₹1.43 million under protest against this demand, pending disposal of its appeal. The liability will be considered contingent until the conclusion of the appeal.

(iv) In respect of Apollo Health & Lifestyle Limited, The Honourable supreme Court, has passed a decision on February 28, 2019 in relation to inclusion of certain allowances in "Basic wages" for the purpose of determining contribution to provident fund under the Employees' Provident Funds & Miscellaneous Provisions Act, 1952. The Group is awaiting further clarifications from the judiciary/department in this matter in order to reasonably asses the impact on its financial statements, if any. Accordingly, the applicability of the judgement to the group, with respect to the period and the nature of allowances to be covered, and the resultant impact on the past provident fund liability, cannot be reasonably ascertained, at present.

(v) In respect of Apollo Health & Lifestyle Limited, the company received an order from Provident Fund authorities regarding Provident Fund (PF) payments on certain allowances given by the company to it employees for the period April 2014 to April 2016 aggregating to ₹13.96 Million excluding interest and penalties. The Company has deposited a sum of ₹4.8 Million under protest against this demand. Based on the legal opinion obtained, the company has filed an appeal against the demand and the liability is considered as contingent until the conclusion of the appeal.

(vi) During the year, in respect of Apollo Health & Lifestyle Limited, the company has received an order from the Income tax department for the Assessment Year 2016-17. The Parent Company has filed an appeal against the said order and contending that no additional provision fot tax expenses is necessary in the financial statements.

54 Expenditure in Foreign Currency

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
a. CIF Value of Imports:		
Machinery and Equipment	105.23	511.81
Stores and Spares	-	0.69
Other Consumables	65.97	20.57
b. Expenditure.		
Travelling Expenses	171.42	57.56
Professional Charges	137.78	49.68
Royalty	12.53	-
Advertisement	15.10	12.39
Business Promotion	28.23	17.97
c. Dividends		
Amount remitted during the year in foreign currency on account of dividends excluding the payment of dividends directly to the share-holder's Non-resident external bank account.	3.05	4.49
Non-Residents shareholders to whom remittance was made (Nos.)	144	170
Shares held by non-resident share-holders on which dividend was paid (Nos.)	6,09,795	6,24,264

55 Earnings in Foreign Currency

Particulars	Year ended 31 March 2019	Year ended 31 March 2018
Hospital Fees	**1,044.72**	**999.70**
Project Consultancy Services	20.94	17.77
Pharmacy Sales	17.72	1.93
Total	**1,083.38**	**1,019.40**

56 Share-based Payments

Employee share option plan of the Company

(i) Apollo Health and Lifestyle Limited

The Company has allotted 194,698 Ordinary (Equity) Shares of ₹10 each during the year ended 31st March, 2012 to the eligible employees of the Company. Options are granted under Employee Stock Option Plan - 2012 ("the Scheme") which vest over a period of four years commencing from the respective date of grant.

The compensation costs of stock options granted to employees are accounted by the Company using the Black Scholes option valuation method.

Summary of stock options	No. of stock options
Options outstanding on April 1, 2018	48,675
Options granted during the year	-
Options forfeited/lapsed during the year	25,290
Options exercised during the year	23,385
Options outstanding on March 31, 2019	-
Options vested but not exercised on March 31, 2019	-

Exercise price is ₹30

Management has estimated the fair values of options granted at ₹30

(ii) The Company has allotted 412,500 Ordinary (Equity) Shares of ₹10 each during the year ended 31st March, 2014 to the eligible employees of the Company. Options are granted under Employee Stock Option Plan - 2013 ("the Scheme") which vest over a period of four years commencing from the respective date of grant.

The compensation costs of stock options granted to employees are accounted by the Company using the Black Scholes option valuation method.

Summary of stock options	No. of stock options
Options outstanding on April 1, 2018	82,500
Options granted during the year	-
Options forfeited/lapsed during the year	-
Options exercised during the year	-
Options outstanding on March 31, 2019	82,500
Options vested but not exercised on March 31, 2019	82,500

Exercise price is ₹30

Management has estimated the fair values of options granted at ₹30

(iii) Apollo Specialty Hospitals Private Limited

The Company by virtue of service and subscription agreement entered into with the doctors for continuance of services with Apollo Specialty Hospitals Private Limited (ASH) inline with the scheme implemented by the erstwhile company (i.e. Nova Speciality Hospitals Private Limited) has agreed to issue Fully Convertible Debentures(FCD) for a value calculated in accordance with performance based formulae at the time of acquisition.

These FCD are issued in respect of the future services which will be rendered by the doctors' and hence is in the nature of share based payment in terms of Ind AS 102. These FCD issued would be convertible upon the expiry of service requirement and other conditions as stipulated by the respective agreements.

The compensation costs of stock options granted to employees are accounted by the Company using the Black Scholes option valuation method.

Summary of stock options	No. of stock options
Options outstanding on April 1, 2018	1,595
Options granted during the year	-
Options forfeited/lapsed during the year	-
Options exercised during the year	-
Options outstanding on March 31, 2019	1,595
Options vested but not exercised on March 31, 2019	-

Exercise price is ₹ Nil

Management has estimated the fair values of options granted at ₹ 25,764

(iv) Apollo Sugar Clinics Limited

The Company has allotted 44,370 Ordinary (Equity) Shares of ₹10 each during the year ended 31st March, 2018 to the eligible employees of the Company. Options are granted under ASCL Employee Stock Option Plan - 2017 ("ESOP 2017") which vest over a period of three years commencing from the respective date of grant.

The compensation costs of stock options granted to employees are accounted by the Company using the Black Scholes option valuation method.

Summary of stock options	No. of stock options
Options outstanding on April 1, 2018	44,370
Options granted during the year	-
Options forfeited/lapsed during the year	-
Options exercised during the year	-
Options outstanding on March 31, 2019	44,370
Options vested but not exercised on March 31, 2019	11,093

Exercise price is ₹89.42

Management has estimated the fair values of options granted at ₹275.70

(v) Alliance Dental Care Limited

The Company has allotted 56,735 Ordinary (Equity) Shares of ₹10 each during the year ended 31st March, 2017 to the directors and eligible employees of the Company. Options are granted under Alliance Dental ESOP Scheme 2016, which vest over a period of four years commencing from the respective date of grant.

The compensation costs of stock options granted to employees are accounted by the Company using the Black Scholes option valuation method.

Summary of stock options	No. of stock options
Options outstanding on April 1, 2017	56,735
Options granted during the year	-
Options forfeited/lapsed during the year	-
Options exercised during the year	28,367
Options outstanding on March 31, 2018	28,368
Options vested but not exercised on March 31, 2018	-

Exercise price is ₹10

Management has estimated the fair values of options granted at ₹194

(vi) Apollo Dialysis Private Limited

The Company has allotted 55,566 Ordinary (Equity) Shares of ₹10 each during the year ended 31st March, 2017 to the directors of holding company and directors and eligible employees of the Company. Options are granted under Apollo Dialysis ESOP Scheme 2016, which vest over a period of four years commencing from the respective date of grant.

The compensation costs of stock options granted to employees are accounted by the Company using the Black Scholes option valuation method.

Summary of stock options	No. of stock options
Options outstanding on April 1, 2018	55,566
Options granted during the year	-
Options forfeited/lapsed during the year	-
Options exercised during the year	27,783
Options outstanding on March 31, 2019	27,783
Options vested but not exercised on March 31, 2019	-

Exercise price is ₹10

Management has estimated the fair values of options granted at ₹27

57 Written Put option over Non-controlling Interest of subsidiary

Pursuant to the shareholder agreement read with put option agreement dated October 26, 2016 entered into with International Finance Corporation (IFC), IFC has the right to exercise the put option on shares from the end of 8th year to 12th year of subscription (i.e. 2016) either on Apollo Hospitals Enterprises Limited (“AHEL”) or Apollo Health and Lifestyle Limited (“AHLL”, subsidiary of AHEL).

The management based on the assessment of this put option, has accounted the same in accordance with note 3.23 included in the significant accounting policies.

58 Information on Related Party Transactions as required by Ind AS 24 - Related Party Disclosures for the year ended March 2019

S.No	Name of the company	Country of Incorporation	% of Holding as at 31st March, 2019	% of Holding as at 31st March, 2018
A)	**Subsidiary Companies: (where control exists)**			
1	Apollo Home Healthcare (India) Limited	India	100	100
2	AB Medical Centres Limited	India	100	100
3	Apollo Health and Life Style Limited	India	70.25	68.64
4	Apollo Nellore Hospitals Limited	India	79.44	79.44
5	Imperial Hospitals and Research Centre Limited	India	90	90
6	Samudra Health Care Enteprises Limited	India	100	100
7	Western Hospitals Corporation (P) Limited	India	100	100
8	Apollo Hospitals (UK) Limited	United Kingdom	100	100
9	Sapien Biosciences Private Limited	India	70	70
10	Assam Hospitals Limited	India	62.32	61.24
11	Apollo Lavasa Health Corporation Limited	India	51	51
12	Apollo Rajshree Hospitals Private Limited	India	54.63	54.63
13	Total Health	India	100	100
14	Apollo Home Healthcare Limited	India	58.12	74
15	Apollo Healthcare Technology Solutions Limited	India	40	40
16	Apollo Hospitals International Limited	India	50	50
17	Future Parking Private Limited	India	49	49
18	Apollo Hospitals Singapore PTE Limited	Singapore	100	100
19	Apollo Medicals Private Limited	India	100	0
B)	**Step Down Subsidiary Companies**			
1	Alliance Dental Care Limited	India	69.54	70
2	Apollo Dialysis Private Limited	India	59.53	70
3	Apollo Sugar Clinics Limited	India	80	80
4	Apollo Specialty Hospitals Private Limited	India	99.92	100
5	Apollo Bangalore Cradle Limited	India	100	100
6	Kshema Health Private Limited	India	100	100
7	AHLL Diagnostics Limited	India	100	-
8	AHLL Risk Management Private Limited	India	100	-
9	Apollo CVHF Limited	India	66.67	63.74
10	Apollo Pharmacies Limited	India	100	-
C)	**Joint Ventures**			
1	Apollo Gleneagles Hospitals Limited	India	50	50
2	Apollo Gleneagles PET-CT Private Limited	India	50	50
3	Apokos Rehab Private Limited	India	50	50
4	Medics International Lifesciences Ltd	India	50	0
D)	**Associates**			

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S.No	Name of the company	Country of Incorporation	% of Holding as at 31st March, 2019	% of Holding as at 31st March, 2018
1	Family Health Plan Insurance (TPA) Limited	India	49	49
2	Indraprastha Medical Corporation Limited	India	22.03	22.03
3	Apollo Munich Health Insurance Company Limited	India	9.96	9.96
4	Stemcyte India Therapautics Private Limited	India	24.5	24.5
5	Apollo Amrish Oncology Services Private Limited	India	50	50
E)	**Key Management Personnel**			
1	Dr. Prathap C Reddy		-	-
2	Smt. Suneeta Reddy		-	-
3	Smt. Preetha Reddy		-	-
4	Smt. Sangita Reddy		-	-
5	Smt. Shobana Kamineni		-	-
6	Shri. Krishnan Akhileswaran		-	-
7	Shri. S M Krishnan		-	-
F)	**Directors**			
1	Shri. Sanjay Nayar		-	-
2	Shri. Vinayak Chatterjee		-	-
3	Shri. N.Vaghul (Refer note i)		-	-
4	Shri. Deepak Vaidya (Refer note ii)		-	-
5	Shri. BVR Mohan Reddy (Refer note iii)		-	-
6	Dr. T.Rajgopal		-	-
7	Shri. G.Venkataraman (Refer note iv)		-	-
8	Dr. Murali Doraiswamy (Refer note v)		-	-
9	Smt. V.Kavitha Dutt (Refer note vi)		-	-
10	Shri. MBN Rao (Refer note vii)		-	-
G)	**Enterprises over which key managerial personnel and their relatives are able to exercise significant influence / control / joint control**			
1	ABC Trading Corporation	India	-	-
2	Adeline Pharma Private Limited	India	-	-
3	Amg Health Care Destination Private Limited	India	-	-
4	Apex Agencies	India	-	-
5	Apex Communications	India	-	-
6	Apollo Hospitals Educational & Research Foundation	India	-	-
7	Apollo Family Benevolent Fund Trust	India	-	-
8	Apollo Health Resources Limited	India	-	-
9	Apollo Hospitals Educational Trust	India	-	-
10	Apollo Hospitals Health Research Foundation	India	-	-
11	Apollo Institute of Medical Science And Research	India	-	-

S.No	Name of the company	Country of Incorporation	% of Holding as at 31st March, 2019	% of Holding as at 31st March, 2018
12	Apollo Medical Centre LLC	India	-	-
13	Apollo Medskills Limited	India	-	-
14	Apollo Shine Foundation	India	-	-
15	Apollo Sindoori Hotels Limited	India	-	-
16	Apollo Tele Health Services Pvt Ltd	India	-	-
17	Apollo Telemedicine Networking Foundation	India	-	-
18	Apollo Teleradiology Private Limited	India	-	-
19	Associated Electrical Agencies	India	-	-
20	Bona Sera Hotels Limited	India	-	-
21	Dasve Convention Center Limited	India	-	-
22	Dhruvi Pharma Pvt Ltd	India	-	-
23	Ecomotel Hotel Limited	India	-	-
24	Emedlife Insurance Broking Services Limited	India	-	-
25	Faber Sindoori Management Services Private Limited	India	-	-
26	Family Health Plan Insurance (TPA) Limited	India	-	-
27	Focus Medisales Private Limited	India	-	-
28	Full Spectrum Adventure Limited	India	-	-
29	Gleneagles Development Pte Ltd	India	-	-
30	Gleneagles Management Services Pte Ltd	India	-	-
31	Green Channel Travels Services Private Limtied	India	-	-
32	Health Net Global Limited	India	-	-
33	Indian Hospital Corporation Limited	India	-	-
34	Indian Hospitex Private Limited	India	-	-
35	Indo- National Limited	India	-	-
36	Irm Enterprises Private Limited	India	-	-
37	Kei Rsos Petroleum And Energy Private Limited	India	-	-
38	Keimed Private Limited	India	-	-
39	Kurnool Hospital Enterprise Limited	India	-	-
40	Lakeshore Watersport Company Limited	India	-	-
41	Lavasa Corporation Limited	India	-	-
42	Lavasa Hotel Ltd	India	-	-
43	Lifetime Wellness Rx International Limited	India	-	-
44	Lucky Pharmaceuticals Private Limted - New Delhi	India	-	-
45	Matrix Agro Pvt Ltd	India	-	-
46	Medihauxe Healthcare Private Limited	India	-	-
47	Medihauxe International Private Limited	India	-	-
48	Medihauxe Pharma Private Limited - Hyderbad	India	-	-

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S.No	Name of the company	Country of Incorporation	% of Holding as at 31st March, 2019	% of Holding as at 31st March, 2018
49	Medvarsity Online Limited	India	-	-
50	Meher Distributors Private Limited	India	-	-
51	Munchener Ruckvesicherung Geseil Schaft	India	-	-
52	My City Technology Ltd	India	-	-
53	Neelkanth Drugs Private Limited - New Delhi	India	-	-
54	Neelkanth Drugs Pvt Ltd	India	-	-
55	P Obul Reddy & Sons	India	-	-
56	Palepu Pharma Private Ltd	India	-	-
57	PCR Investments Limited	India	-	-
58	Ppn Power Generating Company Pvt Ltd	India	-	-
59	Rajshree Catering Services	India	-	-
60	Reasonable Housing Limited	India	-	-
61	Rjn Spectra Hosptals Pvt Ltd	India	-	-
62	Sahayadri Thrust Facility Service	India	-	-
63	Sahyadri City Management Limited	India	-	-
64	Sanjeevani Pharma Distributors Private Limited	India	-	-
65	Searchlight Health Private Limited	India	-	-
66	Srinivasa Medisales Private Limited	India	-	-
67	Starlit Resort Limited	India	-	-
68	Stemcyte India Therapautics Private Limited	India	-	-
69	Together Against Diabetic Foundation Trust	India	-	-
70	Trivitron Healthcare Private Limited	India	-	-
71	Vardhman Pharma Distributors Private Limited	India	-	-
72	Vasu Agencies Hyd Private Limited	India	-	-
73	Vasu Pharma Distributors Hyd Pvt Ltd	India	-	-
74	Vasu Vaccines & Speciality Drugs Private Limited	India	-	-
75	Warasgaon Power Supply Ltd.	India	-	-
76	Whistling Thrust Facility Service	India	-	-
77	Apollo Proton Cancer Centre Private Limited	India		

Note :-

(i) Shri. N. Vaghul ceased to be a director wef 1st April 2019

(ii) Shri. Deepak Vaidya resigned wef 5th September 2018

(iii) Shri. BVR Mohan Reddy resigned wef 20th August 2018

(iv) Shri. G. Venkatraman ceased to be a director wef 1st April 2019

(v) Shri. Murali Doraiswamy appointed as a director wef 27th September 2018

(vi) Smt. V. Kavitha Dutt appointed as a director wef 9th February 2019

(vii) Shri. MBN Rao appointed as a director wef 9th February 2019

58.1 Related Party Transactions

S.No.	Name of related parties	Nature of Balance/Transactions	31st March, 2019	31st March, 2018
1	Apollo Gleneagles Hospital	Investment in Equity	393.12	393.12
	Limited	Revenue from operations during the year	162.99	205.06
		Reimbursement of expenses during the year	49.98	111.70
		Salary and allowances	-	51.84
		Receivables as at year end	991.09	758.26
2	Apollo Gleneagles PET-CT	Investment in Equity	85.00	85.00
	Private Limited	Revenue from Operation during the year	2.68	1.74
		Reimbursement of expenses during the year	5.03	2.87
		IP&OP bills	37.34	-
		Rent on land	1.25	-
		Receivables as at year end	6.98	1.00
3	Apollo Munich Health Insurance	Investment in equity	357.09	357.09
	Company Limited	Investment in debentures	-	80.00
		Group mediclaim expense incurred	116.31	459.77
		Revenue	87.34	201.41
		Interest income	6.72	-
		For GPI and GMC Insurance	4.63	53.18
		Interest receivable	6.15	-
		Receivables as at year end	8.97	74.72
4	Family Health Plan Insurance	Investment in Equity	4.90	4.90
	(TPA) Limited	TPA Fees	9.53	347.51
		Revenue from operations during the year	238.51	378.85
		Deposit premium balance	-	1.91
		Receivables as at year end	77.73	39.60
5	Indraprastha Medical	Investment in Equity	393.72	393.72
	Corporation Limited	Dividend received	30.29	30.29
		Reimbursement of expenses during the year	61.67	70.75
		Commission on Pharmacy	119.08	138.01
		Licence Fee	12.00	12.45
		ITC amount	0.32	-
		Revenue from operations during the year	179.40	223.61
		Deposit premium balance	-	1.67
		Claim payments	-	161.74
		Receivables as at year end	344.71	40.67
6	Stemcyte India Therapautics	Investment in Equity	80.00	80.00
	Private Limited	Revenue from operations during the year	6.86	14.11
		Services availed	0.04	-
		Reimbursement of expenses during the year	2.48	2.31
		Receivables as at year end	1.55	8.62

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S.No.	Name of related parties	Nature of Balance/Transactions	31st March, 2019	31st March, 2018
7	Dr.Prathap C Reddy	Remuneration Paid	96.61	95.86
8	Smt.Preetha Reddy	Remuneration Paid	39.63	38.22
9	Smt.Suneeta Reddy	Remuneration Paid	39.63	38.22
10	Smt.Sangita Reddy	Remuneration Paid	39.63	37.32
11	Smt.Shobana Kamineni	Remuneration Paid	39.63	38.76
12	Shri Krishnan Akhileswaran	Remuneration Paid	20.08	
13	Shri S M Krishnan	Remuneration Paid	6.94	
14	Apollo Sindoori Hotels Limited	Food and Beverage expense Incurred during the year	11.46	1,224.20
		Reimbursement of expenses during the year	2.06	6.79
		Services availed	59.42	-
		Rent Paid	-	4.07
		Repairs and Maintenance	148.65	-
		Payables as at year end	114.88	104.89
15	Faber Sindoori Management Services Private Limited	Outsourcing expense of housekeeping incurred during the year	962.86	1,096.18
		Premium income	-	2.09
		Claim payments	-	0.02
		Deposit premium balance	-	0.35
		Revenue from operations during the year	-	22.62
		Professional Charges	1.78	-
		Reimbursement of expenses during the year	63.12	57.11
		Payables as at year end	110.24	51.91
16	Lifetime Wellness Rx	Outsourcing expense during the year	15.09	-
	International Limited	Revenue from operations during the year	34.05	-
		Reimbursement of expenses during the year	7.49	-
		Loan Receivable	92.00	-
		Receivables as at year end	149.91	-
17	Apollo Health Resources Limited	Revenue from operations during the year	1.58	-
		Payable as at year end	0.29	-
18	P Obul Reddy & Sons	Premium Income	0.43	-
		Receivables as at year end	-	2.17
19	Keimed Private Limited	Purchases during the year	6,110.98	4,764.35
		Premium Income	-	0.95
		Deposit premium balance	-	0.01
		Reimbursement of expenses during the year	-	17.49
		Payables at the year end	156.35	176.63
20	Medvarsity Online Limited	Transactions during the year	-	-
		Reimbursement of expenses during the year	-	0.05

S.No.	Name of related parties	Nature of Balance/Transactions	31st March, 2019	31st March, 2018
		Revenue from operations during the year	1.13	3.09
		Deposit premium balance	-	0.21
		Receivables as at year end	5.46	8.45
21	Kurnool Hospitals Enterprise	Investment in Equity	-	1.73
	Limited	Revenue from operations during the year	-	2.51
		Receivables as at year end	-	9.29
22	AMG Health Care Destination	Investment in Equity	-	12.33
	Private Limited	Rent expense incurred during the year	-	32.36
		Premium income	-	0.14
		Reimbursement of expenses during the year	-	7.05
		Lease deposit	-	70.00
		Receivables as at year end	-	786.92
23	Apollo Hospital Educational	Rent expense incurrred during the year	16.91	-
	Trust	Receivables as at year end	1.78	-
24	Apollo Hospitals Educational & Research Foundation	Reimbursement of expenses during the year	33.54	-
		Receivables as at year end	20.77	-
25	Palepu Pharma Private Ltd	Medicine purchases during the year	5,252.53	4,491.12
		Payables as at year end	86.93	78.66
26	Medics International	Interest income	13.49	-
	Lifesciences Ltd	Investments	910.25	-
		Interest receivable	12.14	-
		Receivables as at year end	1.87	-
27	INDO- National Limited	Purchases	0.77	-
		Payables as at year end	0.12	-
28	Medihauxe International Private	Medicine purchases during the year	580.38	531.37
	Limited	Payables as at year end	53.14	52.76
29	Vardhman Pharma Distributors	Medicine purchases during the year	139.94	161.50
	Private Limited	Payables as at year end	0.18	7.31
30	Focus Medisales Private Limited	Medicine purchases during the year	39.46	170.72
		Payables as at year end	0.08	2.13
31	Srinivasa Medisales Private	Medicine purchases during the year	2,813.58	2,181.27
	Limited	Payables as at year end	137.06	202.39
32	Meher Distributors Private Limited - Mumbai	Reimbursement of expenses during the year	-	2.09
		Asset purchased	0.05	-
		Medicine purchases during the year	779.52	637.72
		Payables as at year end	34.54	34.90
33	Lucky pharmaceuticals pvt ltd - New Delhi	Reimbursement of expenses during the year	-	2.25
		Medicine purchases during the year	1,057.30	994.93
		Payables as at year end	42.33	49.59

Notes to the Consolidated Financial Statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

S.No.	Name of related parties	Nature of Balance/Transactions	31st March, 2019	31st March, 2018
34	Neelkanth Drugs Pvt Ltd	Reimbursement of expenses during the year	-	1.83
		Medicine purchases during the year	1,823.06	1,649.41
		Payables as at year end	86.81	86.48
35	Dhruvi Pharma pvt ltd	Medicine purchases during the year	850.34	702.03
		Payables as at year end	60.33	64.18
36	Apokos Rehab Private Limited	Investment in equity	84.75	84.75
		Revenue from operations during the year	3.54	0.43
		Reimbursement of expenses during the year	10.96	17.66
		Rent Expense	15.96	-
		Receivables as at year end	12.33	2.81
37	Shri.Habibullah Badsha	Remuneration paid	-	0.05
38	Shri.Sanjay Nayar	Remuneration paid	1.23	1.30
39	Shri.Vinayak Chatterjee	Remuneration paid	1.65	1.55
40	Shri.Rafeeque Ahamed	Remuneration paid	-	0.10
41	Shri.N.Vaghul	Remuneration paid	1.75	1.70
42	Shri.Deepak Vaidya	Remuneration paid	0.79	1.95
43	Shri.Rajkumar Menon	Remuneration paid	-	0.20
44	Shri.BVR Mohan Reddy	Remuneration paid	0.63	1.03
45	DR T.Rajgopal	Remuneration paid	1.85	1.44
46	Shri.G.Venkataraman	Remuneration paid	2.10	1.90
47	Dr. Murali Doraiswamy	Remuneration paid	0.78	-
48	Smt. V.Kavitha Dutt	Remuneration paid	0.27	-
49	Shri. MBN Rao	Remuneration paid	0.32	-
50	Apollo Tele Health Services Pvt Ltd	Reimbursement of expenses during the year	25.57	0.01
		Loans and Advances	-	0.01
		Revenue	13.67	0.06
		Consultancy fee to doctors	0.22	12.64
		Receivables as at year end	0.01	1.33
		Payable as at year end	11.84	-
51	Apollo Medskills Limited	Reimbursement of expenses during the year	0.21	8.63
		Investigation Income	-	4.63
		Receivables as at year end	0.13	6.94
52	Sanjeevani Pharma Distributors	Purchases	2,799.32	4,264.01
	Private Limited	Payable as at Year end	236.59	116.04
53	Medihauxe Pharma Private	Purchases	264.11	262.66
	Limited - Hyderbad	Payables as at year end	20.83	16.73
54	Medihauxe Healthcare Private	Purchases	92.07	-
	Limited	Reimbursement of expenses during the year	0.23	-
		Payables as at year end	3.63	-

S.No.	Name of related parties	Nature of Balance/Transactions	31st March, 2019	31st March, 2018
55	Adeline Pharma Private Limited	Purchases	512.56	404.89
		Payables as at year end	38.98	33.00
56	Apollo Amrish Oncology Services Private Limited	Reimbursement of expenses during the year	12.81	84.21
		Services availed	-	24.07
		Revenue from operations during the year	35.00	27.22
		Payables as at year end	121.27	88.76
57	Matrix Agro Pvt Limited	Power charges paid	67.47	28.56
		Payables as at year end	3.10	0.84
58	Apollo Family Benevolent Fund	Company's Contribution to the trust fund	0.91	0.84
	Trust	Employee contribution collected and remitted to the trust	10.48	8.54
59	ABC Trading Corporation	Rental income	0.48	0.60
		Receivables as at year end	0.11	0.13
60	Searchlight Health Private	Repairs & Maintenance	1.49	-
	Limited	Health record services	-	3.78
		Payables as at year end	0.82	1.82
61	Health Net Global Limited	Call Centre services	7.98	8.09
		Pharmacy Expenditure	1.60	-
		Payables as at year end	2.30	0.46
62	Trivitron Healthcare Private	Availing of services	0.28	5.82
	Limited	Purchases	3.52	-
		Annual Maintenance contract	3.85	-
		Payables as at year end	4.02	3.70
63	Together Against Diabetic	Revenue from Operations	0.24	0.34
	Foundation Trust	Receivables as at year end	1.84	2.90
64	Indian Hospital Corporation	Rent Income	0.12	-
	Limited	Receivables as at year end	0.01	-
65	Indian Hospitex Private Limited	Purchases	-	0.15
		Payables as at year end	3.35	-
66	Rajshree Catering Services	Food and Beveages Outsourced	12.28	11.14
		Payables as at year end	3.58	1.16
67	Lavasa Corporation Limited	Revenue from Operations	1.25	1.82
		Share Capital	6.27	6.27
		Inter Corporate Deposit Outstanding	100.29	97.24
		Interest accrued but not due		87.60
		Interest on Inter Corporate Deposit	14.10	14.10
		Security deposit	0.05	-
		Rent and Advertisement	0.27	-
		Project and Other Services	-	0.20
		Receivables as at year end	7.23	5.48
		Payables as at year end	0.26	-
68	Full Spectrum Adventure Limited	Revenue from Operations	-	-
		Receivables as at year end	0.01	0.01

Notes to the Consolidated Financial Statements as at and for the year ended March 31, 2019
(All amounts are in ₹ million unless otherwise stated)

S.No.	Name of related parties	Nature of Balance/Transactions	31st March, 2019	31st March, 2018
69	Bona Sera Hotels Limited	Revenue from Operations	0.03	0.03
		Receivables as at year end	0.10	0.07
70	Ecomotel Hotel Limited	Revenue from Operations	0.03	0.04
		Payables as at year end	0.03	0.04
		Project and Other Services	-	0.06
71	Lavasa Hotel Ltd	Revenue from Operations	-	0.05
		Receivables as at year end	0.21	0.16
72	Sahyadri City Management	Revenue from Operations	-	-
	Limited	Payables as at year end	-	7.04
		Project and Other Services	-	2.28
73	Starlit Resort Limited	Revenue from Operations	-	0.01
		Receivables as at year end	0.00	-
74	Dasve Convention Center	Revenue from Operations	0.01	0.02
	Limited	Receivables as at year end	0.01	0.02
75	Reasonable Housing Limited	Project and Other Services	0.55	0.68
		Advances	0.26	0.68
		Payables as at year end	2.50	-
76	My City Technology Ltd	Payables as at year end	2.43	2.43
77	Sahayadri Thrust Facility Service	Payables as at year end	8.32	7.04
		Project and Other Services	2.43	-
78	Whistling Thrust Facility Service	Payables as at year end	0.68	0.68
79	Warasgaon Power Supply Ltd.	Payables as at year end	0.02	0.02
80	Green Channel Travels Services	Services availed	10.24	6.90
	Private Limtied	Payables as at year end	0.68	0.15
81	IRM Enterprises Private Limited	Services availed	0.05	0.04
		Rental Income	0.11	0.12
		Payables as at year end	0.00	0.01
82	Apollo CVHF Limited	Reimbursement of expenses during the year	-	2.34
		Receivables as at year end	0.00	-
83	Vasu Agencies Hyd Private	Purchases	2,262.84	-
	Limited	Payables as at year end	75.31	-
84	Vasu Vaccines & Speciality Drugs Private Limited	Purchases	25.87	-
		Payables as at year end	3.63	-
85	Vasu Pharma Distributors Hyd	Purchases	0.67	-
	Private Limited	Payables as at year end	0.03	-
86	Apollo Shine Foundation	Reimbursement of expenses during the year	-	0.10
		Loan receivable	16.00	-
		Pharmacy Income	0.50	-
		Payables as at year end	0.50	-
87	Dr.GSK Velu	Unsecured Loan	-	0.40

S.No.	Name of related parties	Nature of Balance/Transactions	31st March, 2019	31st March, 2018
88	Jugnu Jain	Interest	0.23	-
		Reimbursement of expenses during the year	0.58	-
		Outstanding	0.71	-
89	Apollo Institute of Medical	Rental Income	12.96	-
	Science and Research	Power charges paid	10.22	-
		Reimbursement of expenses during the year	7.49	-
		Revenue from Operation during the year (Lab Tests)	0.71	-
		Funds Received	32.16	-
		Receivables as at year end	10.36	-
90	Emedlife Insurance Broking services Limited	Receivables as at year end	0.18	-
91	Apex communications	Reimbursement of expenses during the year	0.43	-
		Payables as at year end	0.04	-
92	Apex agencies	Premium Income	-	0.18
93	Associated Electrical Agencies	Premium Income	-	0.30
94	Munchener Ruckvesicherung	Premium on cession o reinsurers	-	1,736.60
	Geseil schaft	Reinsurance comission earned	-	618.58
		Lossed recovered from reinsurer	-	596.81
		Payables as at year end	-	486.79
95	Gleneagles Management Services Pte Ltd	Trademark, Management and Technical Fees	-	124.26
		Payables as at year end	-	225.14
		Unsecured Loan	-	36.54
96	Gleneagles Development Pte Ltd	Unsecured Loan	-	124.39
97	Apollo Teleradiology Pvt Ltd	Services received from	6.47	-
		Payables as at year end	6.52	-
98	Apollo Medical Centre LLC	Reimbursement of expenses during the year	2.15	-
		Doctors Consultancy Fees	0.12	-
		Payables as at year end	17.49	-
99	PCR Investments Limited	Donations received	3.50	-
		Rent Income	0.12	-
		Receivables as at year end	0.01	-
100	Apollo Hospitals Educational & Research Foundation	Income from Jute Bags	0.70	-

59 Particulars of Loans, Guarantees & Investments

Details of loans, Guarantees and Investments covered under the provisions of section 186 of the Companies Act, 2013 are provided in notes 9,10,11 and 21 to the financial statements.

60 Scheme of Arrangement

The Board of Directors at their meeting held on November 14, 2018 have approved a Scheme of Arrangement ("the Scheme") between Apollo Hospitals Enterprise Limited ("AHEL") and Apollo Pharmacies Limited ("APL") and their respective shareholders in accordance with the provisions of Sections 230 to 232 of the Companies Act, 2013, for the transfer of the front-end retail pharmacy business ("the disposal group") carried out in the standalone pharmacy segment to APL by way of slump sale, subject to necessary approvals by stock exchanges, shareholders, National Company Law Tribunal and all other requisite regulatory authorities.

The requisite applications have been submitted to the Stock Exchanges and Competition Commission of India. The disposal group has not been classified as discontinued operations, pending approval of the Scheme by the shareholders. Further, pending receipt of necessary approvals, no effect for the Scheme has been given in the financial statements for the year ended March 31,2019

61 There are no subsequent events after the reporting period

62 Figures for the previous year are reclassified / regrouped wherever necessary.

As per our report of even date attached
For **Deloitte Haskins & Sells LLP**
Chartered Accountants
Firm Registration No. 117366W/W-100018

Vikas Bagaria
Partner
Membership No. 060408

Place : Mumbai
Date : May 30, 2019

Krishnan Akhileswaran
Chief Financial Officer

S M Krishnan
Vice President - Finance
& Company Secretary

Place : Chennai
Date : May 30, 2019

For and on behalf of the Board of Directors

Dr. Prathap C Reddy
Executive Chairman

Preetha Reddy
Executive Vice Chairperson

Suneeta Reddy
Managing Director

NOTES

For the kind attention of shareholders

Shareholders / Proxy holders attending the meeting should bring the attendance slip to the meeting and handover the same at the entrance duly signed

Apollo Hospitals Enterprise Limited
[CIN : L85110TN1979PLC008035]
Regd. Office: No.19, Bishop Garden, Raja Annamalai Puram, Chennai – 600 028
Secretarial Dept: Ali Towers III Floor, No.55, Greams Road, Chennai – 600 006
E-mail: apolloshares@vsnl.net : Website: www.apollohospitals.com
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APOLLO HOSPITALS ENTERPRISE LIMITED

[CIN : L85110TN1979PLC008035]

Regd. Office:No.19, Bishop Gardens, Raja Annamalaipuram, Chennai – 600 028.

Secretarial Dept: Ali Towers, III Floor, No.55, Greams Road, Chennai – 600 006.

email: investor.relations@apollohospitals.com | Website: www.apollohospitals.com

Phone: +91-44-2829 0956, 2829 3896 Board: 2829 3333 Extn. 6681

NOTICE TO THE SHAREHOLDERS

Notice is hereby given that the **Thirty Eighth Annual General Meeting** of the Company will be held on Friday, the 27th day of September 2019 at 10.15 a.m. at The Music Academy, No. 168, TTK Road, Royapettah, Chennai 600 014 to transact the following business :-

Ordinary Business

Item No.1:

Adoption of Financial Statements

To receive, consider and adopt:-

(i) the audited standalone financial statements of the Company for the year ended March 31, 2019, together with the Reports of the Board of Directors and Auditors thereon, and

(ii) the audited consolidated financial statements of the Company for the year ended March 31, 2019, together with the Report of the Auditors thereon.

and in this regard, pass the following resolutions as **Ordinary Resolutions:**

(i) **"RESOLVED THAT** the audited financial statements of the Company for the financial year ended March 31, 2019 and the reports of the Board of Directors and Auditors thereon laid before this meeting, be and are hereby considered and adopted."

(ii) **"RESOLVED THAT** the audited consolidated financial statements of the Company for the financial year ended March 31, 2019 and the report of the Auditors thereon laid before this meeting, be and are hereby considered and adopted."

Item No. 2:

Declaration of Dividend

To declare a dividend on the equity shares of the Company for the financial year ended March 31, 2019 and in this regard, pass the following resolution as an **Ordinary Resolution:**

"RESOLVED THAT a dividend at the rate of ₹6/- (Six Rupees only) per equity share of face value of ₹5/- (Five rupees) each fully paid-up of the Company be and is hereby declared for the financial year ended March 31, 2019 and the same be paid as recommended by the Board of Directors of the Company, out of the profits of the Company for the financial year ended March 31, 2019.

Item No. 3: Appointment of Retiring Director

To appoint a Director in place of Smt. Shobana Kamineni (DIN 00003836), who retires by rotation and, being eligible, offers herself for re-appointment and in this regard, pass the following resolution as an **Ordinary Resolution.**

"**RESOLVED THAT** pursuant to the provisions of Section 152 of the Companies Act, 2013, Smt. Shobana Kamineni (DIN 00003836), who retires by rotation at this meeting be and is hereby appointed as a Director of the Company, liable to retire by rotation."

Special Business

Item No. 4:

Appointment of Dr. Murali Doraiswamy as an Independent Director

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

"**RESOLVED THAT** pursuant to the recommendations of the Nomination and Remuneration Committee of the Board and the Board of Directors and provisions of Sections 149, 152 read with Schedule IV and other applicable provisions, if any, of the Companies Act, 2013 ("the Act") and the Companies (Appointment and Qualification of Directors) Rules,2014 and applicable provisions of the Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 as amended ("SEBI Listing Regulations") (including any statutory modification(s) or re-enactment(s) thereof, for the time being in force), Dr. Murali Doraiswamy (holding DIN 08235560), who was appointed as an Additional Director of the Company by the Board of Directors with effect from 27th September 2018 and who has submitted a declaration that he meets the criteria of independence as provided in Section 149(6) of the Act and the SEBI Listing Regulations and holds office until the date of the ensuing Annual General Meeting, in terms of Section 161 of the Act, and in respect of whom the Company has received a notice in writing from a member under Section 160 of the Act signifying his intention to propose Dr. Murali Doraiswamy as a candidate for the office of a Director of the Company, be and is hereby appointed as an Independent Director of the Company to hold office for five (5) consecutive years for a term upto 26th September 2023, not liable to retire by rotation."

Item No. 5:

Appointment of Smt. V. Kavitha Dutt as an Independent Woman Director

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

"**RESOLVED THAT** pursuant to the recommendations of the Nomination and Remuneration Committee of the Board and the Board of Directors and provisions of Sections 149, 152 read with Schedule IV and other applicable provisions, if any, of the Companies Act, 2013 ("the Act") and the Companies (Appointment and Qualification of Directors) Rules,2014 and applicable provisions of the Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 as amended ("SEBI Listing Regulations") (including any statutory modification (s) or re-enactment(s) thereof, for the time being in force), Smt. V. Kavitha Dutt (holding DIN 00139274), who was appointed as an Additional Director of the Company by the Board of Directors with effect from 9th February 2019 and who has submitted a declaration that she meets the criteria of independence as provided in Section 149(6) of the Act and the SEBI Listing Regulations and who holds office until the date of the ensuing Annual General Meeting, in terms of Section 161 of the Act, and in respect of whom the Company has received a notice in writing from a member under Section 160 of the Act signifying his intention to propose Smt.V. Kavitha Dutt as a candidate for the office of a Director of the Company, be and is hereby appointed as an Independent Woman Director of the Company to hold office for five (5) consecutive years for a term upto 8th February 2024, not liable to retire by rotation."

Item No. 6:

Appointment of Shri. MBN Rao as an Independent Director

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

"**RESOLVED THAT** pursuant to the recommendations of the Nomination and Remuneration Committee of the Board and the Board of Directors and provisions of Sections 149, 152 read with Schedule IV and other applicable provisions, if any, of the Companies Act, 2013 ("the Act") and the Companies (Appointment and Qualification of Directors) Rules,2014 and applicable provisions of the Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 as amended ("SEBI Listing Regulations") (including any statutory modification (s) or re-enactment(s) thereof, for the time being in force), Shri. MBN Rao (holding DIN 00287260), who was appointed as an Additional Director of the Company by the Board of Directors with effect from 9th February 2019 and who has submitted a declaration that he meets the criteria of independence as provided in Section 149(6) of the Act and the SEBI Listing Regulations and who holds office until the date of the Annual General Meeting, in terms of Section 161 of the Act and in respect of whom the Company has received a notice in writing from a member under Section 160 of the Act signifying his intention to propose Shri. MBN Rao as a candidate for the office of a Director of the Company, be and is hereby appointed as an Independent Director of the Company to hold office for five (5) consecutive years for a term upto 8th February 2024, not liable to retire by rotation."

"**RESOLVED FURTHER THAT** pursuant to Regulation 17(1A) of the SEBI Listing Regulations, the continuation of appointment of Shri MBN Rao as an Independent Director of the Company for the remaining period upto 8th February 2024 upon attainment of the age of 75 years on 19th June 2023, will be considered as a requisite approval from shareholders as required under the SEBI Lising Regulations."

Item No. 7:

Re-appointment of Shri. Vinayak Chatterjee as an Independent Director

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

"**RESOLVED THAT** pursuant to the provisions of Sections 149, 152 read with Schedule IV and other applicable provisions, if any, of the Companies Act, 2013 ("the Act") and the Companies (Appointment and Qualification of Directors) Rules, 2014 and applicable provisions of the Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 as amended ("SEBI Listing Regulations") (including any statutory modification(s) or re-enactment(s) thereof, for the time being in force), Shri. Vinayak Chatterjee (holding DIN

00008933) who holds office of an Independent Director, be and is hereby re-appointed as an Independent Director of the Company, not liable to retire by rotation and to hold office for a second term of 5 (five) consecutive years, i.e, upto 31st March 2024."

Item No. 8:

Payment of commission to Non-Executive Directors within the overall ceiling limit of 1% of net profits of the Company for a period of five years with effect from 1st April 2019.

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

"RESOLVED THAT pursuant to the provisions of Sections 197, 198 and other applicable provisions of the Companies Act, 2013 ("the Act") and the Rules made thereunder and applicable provisions of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 as amended ("SEBI Listing Regulations") (including any statutory modification(s) or re-enactment(s) thereof, for the time being in force), the consent of the Company be and is hereby accorded to the payment of commission to the Non-Executive and Independent Directors of the Company (other than the Managing Director and/or Whole Time Directors) to be determined by the Board of Directors for each Non-Executive and Independent Director for each financial year over a period of five (5) financial years with effect from 1st April 2019 and be distributed between such Directors in such a manner as the Board of Directors may from time to time determine within the overall maximum limit of 1% (one percent) of the net profits of the Company to be calculated in accordance with the provisions of Section 198 of the Act."

"RESOLVED FURTHER THAT the above remuneration shall be in addition to fee payable to the Director(s) for attending the meetings of the Board or Committees thereof or for any other purpose whatsoever as may be decided by the Board of Directors and reimbursement of expenses for participation in the Board and other meetings."

Item No. 9:

Approval for re-appointment of Smt. Shobana Kamineni as Executive Vice-Chairperson, for a further period of five years.

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

"RESOLVED THAT pursuant to the provisions of Sections 196 and 197 read with Schedule V and other applicable provisions of the Companies Act, 2013 ("the Act") and the Companies (Appointment and Remuneration of Managerial Personnel) Rules, 2014, the re-appointment of Smt. Shobana Kamineni as Wholetime Director designated as Executive Vice-Chairperson of the Company for a period of five (5) years from 1st February 2020 to 31st January 2025 be and is hereby approved."

"RESOLVED FURTHER THAT pursuant to the provisions of Sections 196, 197, 198 and other applicable provisions if any, of the Companies Act, 2013 ("the Act") (including any statutory modification(s) or re-enactment thereof, for the time being in force) read with Schedule V to the Act and the Companies (Appointment and Remuneration of Managerial Personnel) Rules, 2014, and on the recommendations of the Nomination and Remuneration Committee and approval by the Board of Directors, consent of the Company be and is hereby accorded for the payment of such remuneration, to Smt. Shobana Kamineni (DIN: 00003836), as per the terms that may be determined by the Nomination and Remuneration Committee and approved by the Board, which shall not exceed the maximum amount payable to a Whole Time Director in accordance with Schedule V to the Companies Act, 2013 and the limits specified under Regulation 17(6) of the SEBI (Listing Obligations and Disclosure Requirements), 2015 as amended ("SEBI Listing Regulations") during the tenure of her proposed appointment ."

"RESOLVED FURTHER THAT in the event of absence or inadequacy of profits in any year Smt. Shobana Kamineni be paid minimum remuneration as specified in Section II of Part II of Schedule V to the Act as in force in each financial year."

"RESOLVED FURTHER THAT the remuneration approved hereby be paid either monthly or quarterly or half yearly or otherwise as may be agreed to between Smt. Shobana Kamineni, Executive Vice-Chairperson and the Board of Directors of the Company."

"RESOLVED FURTHER THAT the terms and conditions of this appointment may be altered or varied from time to time by the Board (which term shall be deemed to include the Nomination & Remuneration Committee of the Board) as it may in its discretion deem fit within the maximum amount payable to each Whole-time Director in accordance with Schedule V to the Act including any amendments thereto and the SEBI Listing Regulations."

Item No. 10 :

Consent for continuation of payment of remuneration to Dr. Prathap C Reddy (DIN:00003654) Executive Chairman, Smt.Preetha Reddy (DIN: 00001871), Executive Vice Chairperson, Smt. Suneeta Reddy (DIN: 00001873), Managing Director Smt.Shobana Kamineni, (DIN: 00003836) Executive Vice Chairperson and Smt.Sangita Reddy (DIN: 00006285), Joint Managing Director.

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

"RESOLVED THAT pursuant to the amendment made in Regulation 17(6) (e) of the SEBI (Listing Obligations and Disclosure Requirements), 2015 ("SEBI Listing Regulations"), the consent of the Company be and is hereby accorded for the payment of annual remuneration to Dr Prathap C Reddy (DIN: 00003654), Executive Chairman of a sum which may exceed ₹50 million or 2.5% of Net Profits (computed in a manner laid down under Section 198 of the Companies Act, 2013) and for payment of remuneration in aggregate of a sum which may exceed 5% of Net Profits (computed in a manner laid down under Section 198 of the Companies Act, 2013) of the Company, to all the Promoter Executive Directors (being Dr Prathap C Reddy, Smt. Preetha Reddy, Smt. Suneeta Reddy, Smt.Shobana Kamineni and Smt. Sangita Reddy), for each of the financial years from 2019-2020 and onwards until the expiry of their tenure of services subject to the condition that the payment of such remuneration shall be within the overall limits as approved by the members of the Company at the time of approving their tenures of appointment in the respective Annual General Meetings held on 20th September 2017 (for Dr. Prathap C Reddy), 11th August 2015 (for Smt. Preetha Reddy, Smt. Suneeta Reddy , Smt. Sangita Reddy) and 25th August 2014 as well as the relevant date of the general meeting in which the tenure of appointment is extended (for Smt. Shobana Kamineni), which shall in any case be within the maximum overall ceiling limit as prescribed under Schedule V of the Companies Act, 2013)"

"RESOLVED FURTHER THAT the Board of Directors and the Company Secretary be and are hereby severally authorized to do all such acts, deeds, matters and things and execute all such documents, instruments and writings as may be required to give effect to the above resolution."

Item No.11:

Alteration of Memorandum of Association pursuant to the Companies Act, 2013

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

"**RESOLVED THAT** pursuant to Section 13 and other applicable provisions, if any, of the Companies Act, 2013 ("the Act") including any statutory modification or re-enactment thereof for the time being in force, and Rules made thereunder and subject to necessary statutory approvals and modifications if any, consent of the Company be and is hereby accorded to adopt the new Memorandum of Association in place of the existing Memorandum of Association with no change in existing Clause III A containing the Main Objects sub-clause no. 1 to 10."

"**RESOLVED FURTHER THAT** the existing Clause III (C) containing the "Other Objects of the Company" be merged with Clause III (B) "Objects Incidental or Ancillary to the attainment of Main Objects" and consequent change in the object numbering as may be appropriate."

"**RESOLVED FURTHER THAT** in accordance with the Table A of the Schedule I of the Act, the Clause III (B) of the Memorandum of Association of the Company, be renamed as under:

"Clause III (B) – MATTERS WHICH ARE NECESSARY FOR FURTHERANCE OF THE OBJECTS SPECIFIED IN CLAUSE III (A) are:"

"**RESOLVED FURTHER THAT** consent of the Company be and is hereby accorded to approve and adopt the aforesaid changes in the Memorandum of Association of the Company."

"**RESOLVED FURTHER THAT** the Board of Directors of the Company (which shall include any committee thereof) be and is hereby authorised to do all acts and take all such steps as may be necessary, proper or expedient to give effect to this resolution."

Item No.12:

Adoption of new set of Articles of Association pursuant to the Companies Act, 2013

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

"**RESOLVED THAT** pursuant to the provisions of Section 14 and any other applicable provisions of the Companies Act, 2013 ("the Act") read with the Companies (Incorporation) Rules, 2014 (including any statutory modification(s) or re-enactment thereof, for the time being in force), the new draft Articles as contained in the Articles of Association submitted to this meeting and as available for inspection in the meeting and at the registered office of the company during working hours be and are hereby approved and adopted in substitution, which shall include exclusion of the regulations contained in the existing Articles of Association of the Company.

"**RESOLVED FURTHER THAT** the Board of Directors of the Company (which shall include any committee thereof) be and is hereby authorised to do all acts and take all such steps as may be necessary, proper or expedient to give effect to this resolution."

Item No. 13:

Offer or Invitation to subscribe to Non-Convertible Debentures on a private placement basis

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

"**RESOLVED THAT** pursuant to the provisions of Sections 42, 71 and other applicable provisions if any, of the Companies Act, 2013 read with the Companies (Prospectus and Allotment of Securities) Rules, 2014 and the Companies (Share Capital and Debentures) Rules, 2014 (including any statutory modification(s) or re-enactment thereof, for the time being in force) and subject to the provisions of the Articles of Association of the Company, approval of the members be and is hereby accorded to the Board of Directors of the Company to offer or invite subscriptions for secured/ unsecured redeemable non-convertible debentures, in one or more series/tranches, aggregating upto ₹5,000 million (Rupees Five Thousand Million Only) on a private placement basis, from such persons and on such terms and conditions as the Board of Directors of the Company may from time to time determine and consider proper and most beneficial to the Company including, without limitation, as to when the said Debentures are to be issued, the consideration for the issue, mode of payment, coupon rate, redemption period, utilization of the issue proceeds and all other matters connected therewith or incidental thereto".

"**RESOLVED FURTHER THAT** the Board of Directors of the Company be and are hereby authorized to do all acts and take all such steps as may be necessary proper or expedient to give effect to this resolution".

"**RESOLVED FURTHER THAT** all actions taken by the Board in connection with any matter referred to or contemplated in any of the foregoing resolutions are hereby approved, ratified and confirmed in all respects".

Item No. 14:

To ratify the remuneration of the Cost Auditor for the financial year ending March 31, 2020

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

"**RESOLVED THAT** pursuant to the provisions of Section 148 and other applicable provisions, if any, of the Companies Act, 2013, read with the Companies (Audit and Auditors) Rules, 2014 (including any statutory modification(s) or re-enactment thereof for the time being in force), M/s. A.N. Raman & Associates, Cost Accountants, Chennai (FRN 102111), the Cost Auditor appointed by the Board of Directors of the Company to conduct the audit of the cost records of the Company for the financial year ending March 31, 2020, be paid a remuneration of ₹1.50 million, plus statutory levies as applicable, excluding out of pocket expenses."

"**RESOLVED FURTHER THAT** the Board of Directors of the Company be and are hereby authorized to do all acts and take all such steps as may be necessary, proper or expedient to give effect to this resolution".

By Order of the Board

For APOLLO HOSPITALS ENTERPRISE LIMITED

S.M. Krishnan

Vice President – Finance &

Company Secretary

Place : Chennai

Date : May 30, 2019

Notes:

1. The Statement pursuant to Section 102(1) of the Companies Act, 2013 ("the Act") in respect of the Special Business as set out above is annexed hereto.

2. **A member entitled to attend and vote at this Annual General Meeting may appoint a proxy to attend and vote on his / her behalf. A proxy need not be a member of the Company. The instrument appointing the proxy and the power of attorney or other authority, if any, under which it is signed or a notarially certified copy of the power or other authority shall be deposited either at the Registered Office of the Company at No. 19 Bishop Gardens, Raja Annamalaipuram, Chennai - 600 028 or at the Secretarial Department, Ali Towers, III floor, No. 55, Greams Road, Chennai - 600 006 not less than 48 hours before the commencement of the meeting.**

   A person can act as a proxy on behalf of members not exceeding fifty and holding in the aggregate not more than ten percent of the total share capital of the Company carrying voting rights. A member holding more than ten percent of the total share capital of the company carrying voting rights may appoint a single person as a proxy and such person shall not act as a proxy for any other person or shareholder.

3. Corporate members intending to send their authorised representative(s) to attend the Meeting are requested to send to the Company a certified true copy of the relevant Board Resolution together with the specimen signature(s) of the representative(s) authorised under the said Board Resolution to attend and vote on their behalf at the Meeting.

4. During the period beginning 24 hours before the time fixed for the commencement of the meeting and ending with the conclusion of the meeting, a member would be entitled to inspect the proxies lodged at any time during the business hours of the Company, provided not less than three days notice in writing is given to the Company.

5. Members/Proxies/Authorized Representatives should bring the duly filled in attendance slip enclosed herewith to attend the meeting.

6. In terms of the provisions of Section 152 of the Act, Smt. Shobana Kamineni, Director retires by rotation at the Meeting. The Nomination and Remuneration Committee and the Board of Directors of the Company recommend her re-appointment.

7. Smt. Shobana Kamineni is interested in Item No.3 of the Notice with regard to her re-appointment. Dr. Prathap C Reddy, Smt. Preetha Reddy, Smt. Suneeta Reddy and Smt. Sangita Reddy, Executive Directors, being related to Smt. Shobana Kamineni may be deemed to be interested in the resolution set out at Item No.3 of the Notice. Save and except the above, none of the other Directors / Key Managerial Personnel of the Company / their relatives are, in any way, concerned or interested, financially or otherwise, in the Ordinary Business set out under Item Nos. 1 to 3 of the Notice.

8. The requirement to place the matter relating to appointment of the Statutory Auditors for ratification by members at every Annual General Meeting is done away with vide notification dated May 7, 2018 issued by the Ministry of Corporate Affairs, New Delhi. Accordingly, no resolution is proposed for ratification of appointment of the Statutory Auditors, who were appointed in the Annual General Meeting held on September 20, 2017.

9. The Register of Members and Share Transfer Books will remain closed from **Saturday, September 14, 2019 to Friday, September 27, 2019 (both days inclusive)** for the purpose of payment of dividend for the financial year ended March 31, 2019 and the Annual General Meeting (AGM).

10. Subject to the provisions of the Companies Act, 2013, dividend as recommended by the Board of Directors, if declared at the meeting will be paid on or before October 5, 2019 to those members whose names appear:

    (i) As members on the Register of Members of the Company as on September 27, 2019 after giving effect to all valid transmission or transposition requests lodged with the Company for the shares held in physical form up to the closing hours of business on September 13, 2019.

    (ii) As beneficial owners as per the list to be furnished by NSDL/CDSL as at the closing hours of business on September 13, 2019.

11. Members desiring any information as regards the financials are requested to write to the Company at least seven days before the meeting so as to enable the management to keep the information available.

12. Pursuant to the provisions of Section 124 of the Companies Act, 2013, Investor Education and Protection Fund Authority (Accounting, Audit, Transfer and Refund) Rules, 2016 read with the relevant circulars and amendments thereto ('IEPF Rules'), the amount of dividend remaining unpaid or unclaimed for a period of seven years from the due date is required to be transferred to the Investor Education and Protection Fund (IEPF), constituted by the Central Government.

    The Company had, accordingly, transferred the unpaid and unclaimed dividend amount of ₹3.66 million pertaining to dividend declared for the year ended March 31, 2011 to the IEPF.

    The Company has been sending reminders to those members having unpaid/ unclaimed dividends before transfer of such dividend(s) to the IEPF. Details of the unpaid/ unclaimed dividend are also uploaded as per the requirements, on the Company's website www.apollohospitals.com.

13. Pursuant to the provisions of the IEPF Rules, all shares in respect of which dividend has not been paid or claimed for seven consecutive years shall be transferred by the Company to the designated Demat Account of the IEPF Authority ('IEPF Account') within a period of thirty days of such shares becoming due to be transferred to the IEPF Account.

    Accordingly, the Company had transferred 23,470 equity shares of face value of ₹5/- each to the IEPF Account on which the dividends remained unpaid or unclaimed for seven consecutive years or more as on the due date of such transfers after following the prescribed procedure rules made thereunder. The Company has also uploaded details of such members whose shares have been transferred to the IEPF dedicated account on the Company's website : www.apollohospitals.com.

14. Any person whose unclaimed dividend and shares pertaining thereto, has been transferred to the IEPF Authority can claim their due amount and shares from the said Authority by making an electronic application in e-form IEPF-5. Upon submitting the duly completed form, shareholders are required to take a print of the same and send a physical copy duly signed along with requisite documents as specified in the form to the attention of the Company Secretary, Secretarial Department, Ali Towers, III Floor, No. 55 Greams Road, Chennai – 600 006. The e-form can be downloaded from the website of the Ministry of Corporate Affairs at www.iepf.gov.in.

15. Members who have not encashed the dividend for the financial year 2011-2012 and for the subsequent financial years, are requested to claim the same from the Company at the Secretarial Department, Ali Towers, III Floor, No.55 Greams Road, Chennai – 600 006. In case valid claims are not received before the respective due dates, the Company will proceed to transfer the dividends and the respective shares to the IEPF Account in terms of the IEPF Rules. In this regard, the Company has individually informed the shareholders concerned and also published a notice in the newspapers as per the IEPF Rules.

Information in respect of such unclaimed dividend when due for transfer to the IEP Fund is given below:-

Financial Year Ended	Date of Declaration of Dividend	Due date for transferring Unclaimed Dividend to IEPF
31-03-2012	09-08-2012	14-09-2019
31-03-2013	07-08-2013	12-09-2020
31-03-2014	25-08-2014	30-09-2021
31-03-2015	11-08-2015	16-09-2022
31-03-2016	15-03-2016	20-04-2023
31-03-2017	20-09-2017	25-10-2024
31-03-2018	27-09-2018	02-10-2025

16. As per Regulation 40 of the SEBI Listing Regulations as amended, securities of listed Companies can be transferred only in dematerialised form with effect from April 1, 2019 except in case of requests received for transmission or transposition of securities. In view of the above and to avail various benefits of dematerialisation, members are advised to dematerialise shares held by them in physical form.

17. Members holding shares in physical form are requested to intimate the following directly to the Company's Registrar and Share Transfer Agent, Integrated Registry Management Services Private Limited, Kences Towers, II Floor, No. 1 Ramakrishna Street, North Usman Road, T. Nagar, Chennai - 600 017.

    a) Bank Mandate with full particulars for remittance of dividend directly into their bank accounts.

    b) Changes, if any, in their address at an early date.

    c) Application for consolidation of folios, if shareholdings are under multiple folios.

    d) Despatch of share certificates for consolidation.

    e) Request for nomination forms for making nominations as per the provisions of the Companies Act.

    f) PAN details

    Members holding shares in dematerialized form (electronic form) are requested to intimate any changes in their respective addresses, bank mandates etc., directly to their respective Depository Participants.

18. Members are encouraged to utilise the Electronic Clearing System (ECS) facility for receiving dividends.

19. Members are requested to quote ledger folio numbers in all their correspondences.

20. The Securities and Exchange Board of India (SEBI) has mandated the submission of Permanent Account Number (PAN) by every participant in the securities market. Members holding shares in electronic form are therefore, requested to submit their PAN details to their Depositary Participants with whom they maintain their demat accounts. Members holding shares in physical form can submit their PAN details to the Company/ Registrar and Share Transfer Agent, M/s. Integrated Registry Management Services Private Limited.

21. Details as required under sub-regulation (3) of Regulation 36 of the SEBI Listing Regulations in respect of the Directors seeking appointment/re-appointment at the Annual General Meeting, forms an integral part of this notice. The Directors have furnished the requisite declarations for their appointments/re-appointments.

22. In support of the 'Green Initiative' announced by the Government of India, electronic copies of the Annual Report and the Notice of the Thirty Eighth Annual General Meeting of the Company inter alia indicating the process and manner of e-voting along with the Attendance Slip and Proxy Form are being sent to all the members whose email IDs are registered with the Company/Depository Participants for communication purposes unless any member has requested for a hard copy of the same. For members who have not registered their email address, physical copies of the Annual Report and Notice inter alia indicating the process and manner of e-voting along with the Attendance Slip and Proxy Form are being sent in the permitted mode.

    Members who have not registered their e-mail addresses are requested to register the same with the respective Depository Participants/RTA Integrated Registry Management Services Private Limited. The registered e-mail addresses will be used for sending future communications, electronically.

23. Members may also note that the Notice of the Thirty Eighth Annual General Meeting and the Annual Report for the year 2019 will also be available on the Company's website www.apollohospitals.com for download. The physical copies of the aforesaid documents will also be available at the Company's Registered Office and Secretarial Department, Ali Towers, III Floor, No.55 Greams Road, Chennai - 600 006 in Chennai for inspection during the normal business hours on working days. Even after registering for e-communication, members are entitled to receive such communication in physical form, upon making a request for the same. For any communication, the shareholders may also send their requests to the designated email id: lakshminarayana_r@ apollohospitals.com.

24. Voting through electronic means

I. In compliance with the provisions of Section 108 of the Companies Act, 2013, Rule 20 of the Companies (Management and Administration) Rules, 2014 as substituted by the Companies (Management and Administration) Amendment Rules, 2015 ('Amended Rules 2015') and Regulation 44 of the Listing Regulations and Secretarial Standards on General Meetings (SS2) issued by the Institute of Company Secretaries of India, the Company is pleased to provide to its members the facility to exercise their right to vote on resolutions proposed to be considered at the Thirty Eighth Annual General Meeting (AGM) by electronic means and the business may be transacted through e-Voting Services. The facility of casting the votes using an electronic voting system from a place other than the venue of the AGM ("remote e-voting") will be provided by National Securities Depository Limited (NSDL) for the members.

II. The facility for voting through ballot paper shall be made available at the AGM and members attending the meeting who have not cast their votes by remote e-voting shall be able to exercise their right at the meeting through the ballot paper.

III. Members who have cast their votes by remote e-voting prior to the AGM may also attend the AGM but shall not be entitled to cast their votes again.

IV. Voting rights shall be reckoned on the paid up value of shares registered in the name of the member/ beneficial owner (in case of electronic shareholding) as on the cut-off date i.e September 20, 2019.

V. A person whose name is recorded in the register of members or in the register of beneficial owners maintained by the depositories as on the cut-off date i.e, September 20, 2019 only shall be entitled to avail the facility of remote e-voting.

VI. The remote e-voting period commences on September 24, 2019 (9:00 a.m) and ends on September 26, 2019 (5:00 pm). During this period members of the Company, holding shares either in physical form or in dematerialized form, as on the cut-off date of September 20, 2019, may cast their votes by remote e-voting. The remote e-voting module shall be disabled by NSDL for voting thereafter. Once the vote on a resolution is cast by the member, he or she shall not be allowed to change it subsequently.

VII. A person who is not a member as on the cut-off date should treat this Notice for information purpose only.

VIII. The process and manner for remote e-voting is as under:

A Members whose email IDs are registered with the Company/Depository Participant(s) will receive an email from NSDL informing them of their User-ID and Password. Once the member receives the email, he or she will need to go through the following steps to complete the e-voting process:

(i) Open email and open PDF file viz; "AHEL AGM 2019" with your Client ID or Folio No. as password. The said PDF file contains your user ID and password/PIN for e-voting. Please note that the password is an initial password.

(ii) Launch internet browser by typing the following URL: https://www.evoting.nsdl.com/

(iii) Click on Shareholder – Login

(iv) Type user ID and password as initial password/PIN noted in step (i) above. Click Login.

(v) The Password change menu will appear. Change the password/PIN with a new password of your choice with minimum 8 digits/characters or combination thereof. Note the new password. It is strongly recommended not to share your password with any other person and to take utmost care to keep your password confidential.

(vi) The home page of e-voting opens. Click on e-Voting: Active Voting Cycles.

(vii) Select the REVEN (Remote E-Voting EVEN Number) of Apollo Hospitals Enterprise Limited-**110886.**

(viii) Now you are ready for e-voting as "Cast Vote" page opens.

(ix) Cast your vote by selecting the appropriate option and click on "Submit" and also "Confirm" when prompted.

(x) Upon confirmation, the message "Vote cast successfully" will be displayed.

(xi) Once you have voted on the resolution, you will not be allowed to modify your vote.

(xii) Institutional shareholders (i.e. other than individuals, HUF, NRI etc.) are required to send a scanned copy (PDF/JPG Format) of the relevant Board Resolution/Authority letter etc., together with the attested specimen signature of the authorized signatory(ies) who are authorized to vote, to the Scrutinizer through e-mail to lakshmmi6@gmail.com with a copy marked to evoting@nsdl. co.in.

B In case a Member receives a physical copy of the Notice of the AGM [for a member whose email ID is not registered with the Company/Depository Participants(s) or requests a physical copy] :

(i) The Initial password is provided as below/at the bottom of the Attendance Slip for the AGM:

REVEN (Remote e-Voting Event Number) USER ID - PASSWORD/PIN.

(ii) Please follow all steps from Sl. No. (ii) to Sl. No. (xii) above, to cast your vote.

IX. In case of any queries, you may refer to the Frequently Asked Questions (FAQs) for Shareholders and e-voting user manual for Shareholders available at the Downloads section of www.evoting. nsdl.com

X. Login to the e-voting website will be disabled upon five unsuccessful attempts to key in the correct password. In such an event, you will need to go through the 'Forgot Password' option available on the web- site to reset the password.

XI. If you are already registered with NSDL for remote e-voting then you can use your existing user ID and password/ PIN for casting your vote.

XII. The voting rights of the members shall be in proportion to their shareholding of the paid up equity share capital of the Company as on the cut-off date of September 20, 2019.

XIII. Smt. Lakshmmi Subramanian, Practicing Company Secretary (Membership No.3534) has been appointed as the Scrutinizer to scrutinize the e-voting process in a fair and transparent manner.

XIV. The Chairman shall, at the AGM, at the end of the discussion on the resolutions on which voting is to be held, allow voting with the assistance of the scrutinizer, by use of ballot paper for all those members who are present at the AGM but have not cast their votes by availing the remote e-voting facility.

XV. The Scrutinizer shall after the conclusion of voting at the AGM, first count the votes cast at the meeting and thereafter unblock the votes cast through remote e-voting in the presence of at least two witnesses not in the employment of the Company and shall make, not later than three days of the conclusion of the AGM, a consolidated scrutinizer's report of the total votes cast in favour or against, if any, to the Chairman or a person authorized by him in writing, who shall countersign the same and declare the result of the voting forthwith.

XVI. The results declared along with the consolidated scrutinizer's report shall be placed on the website of the Company www.apollohospitals.com and on the website of NSDL. The results shall simultaneously be communicated to the Stock Exchanges.

XVII. Subject to receipt of requisite number of votes, the resolutions shall be deemed to be passed on the date of the Meeting ie., September 27, 2019.

25. All documents referred to in the accompanying Notice and the Explanatory Statement shall be kept open for inspection at the Registered Office of the Company during normal business hours (9.00 a.m to 5.00 p.m) on all working days except Saturdays, up to and including the date of the Annual General Meeting of the Company.

26. The route map showing directions to reach the venue of the Thirty Eighth Annual General Meeting is annexed.

Statement pursuant to Section 102 (1) of the Companies Act, 2013

The following Statement sets out all material facts relating to the Special Business mentioned in the accompanying Notice

Item No. 4:

Based on the recommendation of the Nomination and Remuneration Committee, the Board at its meeting held on 27th September 2018 appointed Dr. Murali Doraiswamy as an Additional Director of the Company.

Dr. Murali Doraiswamy does not hold by himself or through his relatives on a beneficial basis, any shares in the Company.

Pursuant to the provisions of Section 161 of the Companies Act, 2013 ("the Act") Dr. Murali Doraiswamy will hold office upto the date of the ensuing Annual General Meeting.

The Company has received a notice in writing under the provisions of Section 160 of the Act from a member proposing the candidature of Dr. Murali Doraiswamy for the office of Director.

The Company has received from Dr. Murali Doraiswamy (i) consent in writing to act as director in Form DIR-2 pursuant to Rule 8 of the Companies (Appointment & Qualification of Directors) Rules 2014, (ii) intimation in Form DIR-8 in terms of the Companies (Appointment & Qualification of Directors) Rules, 2014, to the effect that he is not disqualified under sub-section (2) of Section 164 of the Act and (iii) a declaration to the effect that he meets the criteria of independence as provided in sub-section (6) of Section 149 of the Act and under the Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 as amended ("SEBI Listing Regulations")

The resolution seeks the approval of members for the appointment of Dr. Murali Doraiswamy as an Independent Director of the Company for a period of five consecutive years, upto 26th September 2023, pursuant to Section 149 and other applicable provisions of the Act and the Rules made thereunder. He will not be liable to retire by rotation.

In the opinion of the Board, Dr. Murali Doraiswamy fulfils the conditions for his appointment as an Independent Director of the Company as specified in the Act and rules made thereunder and SEBI Listing Regulations.

Dr. Murali Doraiswamy is independent of the management and possesses appropriate skills, experience and knowledge.

Details of Dr. Murali Doraiswamy, pursuant to the provisions of (i) the SEBI Listing Regulations and (ii) Secretarial Standards on General Meetings ("SS-2"), issued by the Institute of Company Secretaries of India are provided as part of the Notice of the Annual General Meeting.

A copy of the draft letter of appointment of Dr. Murali Doraiswamy as an Independent Director setting out the terms and conditions would be available for inspection without any fee by the members at the Registered Office of the Company during normal business hours on any working day, excluding Saturday.

The Board is of the view that given his rich and varied experience, his association with the Company would be of immense benefit and it is desirable to continue to avail the services of Dr. Murali Doraiswamy as an Independent Director.

Accordingly, the Board recommends the resolution in relation to the appointment of Dr. Murali Doraiswamy as an Independent Director, for the approval by the shareholders of the Company.

Except Dr. Murali Doraiswamy, being an appointee, none of the Directors and Key Managerial Personnel of the Company and their relatives are concerned or interested, financially or otherwise, in the resolution set out at Item No. 4 of the Notice.

Item No. 5:

Based on the recommendation of the Nomination and Remuneration Committee, the Board at its meeting held on 9th February 2019 appointed Smt. V. Kavitha Dutt as an Additional Director of the Company.

Smt. V. Kavitha Dutt does not hold by herself or through her relatives on a beneficial basis, any shares in the Company.

Pursuant to the provisions of Section 161 of the Companies Act, 2013 ("the Act"), Smt. V. Kavitha Dutt will hold office upto the date of the ensuing Annual General Meeting.

The Company has received a notice in writing under the provisions of Section 160 of the Act from a member proposing the candidature of Smt. V. Kavitha Dutt for the office of Director.

The Company has received from Smt. V. Kavitha Dutt (i) consent in writing to act as director in Form DIR-2 pursuant to Rule 8 of the Companies (Appointment & Qualification of Directors) Rules 2014, (ii) intimation in Form DIR-8 in terms of the Companies (Appointment & Qualification of Directors) Rules, 2014, to the effect that she is not disqualified under sub-section (2) of Section 164 of the Act and (iii) a declaration to the effect that she meets the criteria of independence as provided in sub-section (6) of Section 149 of the Act and under the Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 as amended ("SEBI Listing Regulations")

The resolution seeks the approval of members for the appointment of Smt. V. Kavitha Dutt as an Independent Woman Director of the Company for a period of five consecutive years, upto 8th February 2024, pursuant to Section 149 and other applicable provisions of the Act and the rules made thereunder. She will not be liable to retire by rotation.

In the opinion of the Board, Smt. V. Kavitha Dutt fulfils the conditions for her appointment as an Independent Woman Director of the Company as specified in the Act and rules made thereunder and SEBI Listing Regulations.

Smt. V. Kavitha Dutt is independent of the management and possesses appropriate skills, experience and knowledge.

Details of Smt. V. Kavitha Dutt, pursuant to the provisions of (i) the SEBI Listing Regulations and (ii) Secretarial Standards on General Meetings ("SS-2"), issued by the Institute of Company Secretaries of India are provided as part of the Notice of the Annual General Meeting.

A copy of the draft letter of appointment of Smt. V. Kavitha Dutt as an Independent Director setting out the terms and conditions would be available for inspection without any fee by the members at the Registered Office of the Company during normal business hours on any working day, excluding Saturday.

The Board is of the view that given her rich and varied experience, her association with the Company would be of immense benefit and it is desirable to continue to avail the services of Smt. V. Kavitha Dutt as an Independent Director.

Accordingly, the Board recommends the resolution in relation to the appointment of Smt. V. Kavitha Dutt as an Independent Woman Director, for the approval by the shareholders of the Company.

Except Smt. V. Kavitha Dutt, being an appointee, none of the Directors and Key Managerial Personnel of the Company and their relatives are concerned or interested, financially or otherwise, in the resolution set out at Item No. 5 of the Notice.

Item No. 6:

Based on the recommendation of the Nomination and Remuneration Committee, the Board at its meeting held on 9th February 2019 appointed Shri. MBN Rao as an Additional Director of the Company.

Shri. MBN Rao holds 400 equity shares in the Company. Pursuant to the provisions of Section 161 of the Companies Act, 2013 ("the Act"), Shri. MBN Rao will hold office upto the date of the ensuing Annual General Meeting.

The Company has received a notice in writing under the provisions of Section 160 of the Act from a member proposing the candidature of Shri. MBN Rao for the office of Director.

The Company has received from Shri. MBN Rao (i) consent in writing to act as director in Form DIR-2 pursuant to Rule 8 of the Companies (Appointment & Qualification of Directors) Rules 2014, (ii) intimation in Form DIR-8 in terms of the Companies (Appointment & Qualification of Directors) Rules, 2014, to the effect that he is not disqualified under sub-section (2) of Section 164 of the Act and (iii) a declaration to the effect that he meets the criteria of independence as provided in sub-section (6) of Section 149 of the Act and under the Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 as amended ("SEBI Listing Regulations")

As per Regulation 17(1A) of the SEBI Listing Regulations with effect from 1st April, 2019, no listed Company shall appoint or continue the Directorship of a Non-Executive Director who has attained the age of 75 years, unless a special resolution is passed to that effect and justification thereof is indicated in the explanatory statement annexed to the Notice for such appointment.

Shri. MBN Rao would be attaining the age of 75 years on 19th June 2023, during the term of his appointment as an Independent Director of the Company. The continuation of such appointment as Independent Director of the Company for the remaining period upto 8th February 2024 will be considered as a requisite approval from shareholders as required under the amended SEBI Listing Regulations.

The resolution seeks the approval of members for the appointment of Shri. MBN Rao as an Independent Director of the Company for a period of five consecutive years, upto 8th February 2024, pursuant to Section 149 and other applicable provisions of the Companies Act, 2013 and the Rules made thereunder and the SEBI Listing Regulations, by way of special resolution . He will not be liable to retire by rotation.

In the opinion of the Board, Shri. MBN Rao fulfils the conditions for his appointment as an Independent Director of the Company as specified in the Act and rules made thereunder and Listing Regulations.

Shri. MBN Rao is independent of the management and possesses appropriate skills, experience and knowledge.

Details of Shri. MBN Rao, pursuant to the provisions of (i) the SEBI Listing Regulations and (ii) Secretarial Standards on General Meetings ("SS-2"), issued by the Institute of Company Secretaries of India are provided as part of the Notice of the Annual General Meeting

A copy of the draft letter of appointment of Shri. MBN Rao as an Independent Director setting out the terms and conditions would be available for inspection without any fee by the members at the Registered Office of the Company during normal business hours on any working day, excluding Saturday.

The Board is of the view that given his rich and varied experience, his association with the Company would be of immense benefit and it is desirable to continue to avail the services of Shri. MBN Rao as an Independent Director.

Accordingly, the Board recommends the special resolution in relation to the appointment of Shri. MBN Rao as an Independent Director, for the approval by the shareholders of the Company.

Except Shri. MBN Rao, being an appointee, none of the Directors and Key Managerial Personnel of the Company and their relatives are concerned or interested, financially or otherwise, in the special resolution set out at Item No. 6 of the Notice.

Item No. 7:

Shri. Vinayak Chatterjee was appointed as an Independent Director of the Company and he holds office as an Independent Director of the Company upto 31st March, 2019 ("first term").

The Nomination and Remuneration Committee of the Board, on the basis of the report of performance evaluation, has recommended re-appointment of Shri. Vinayak Chatterjee as an Independent Director for a second term of 5 (five) consecutive years on the Board of the Company.

The Board, based on the performance evaluation and as per the recommendation of the Nomination and Remuneration Committee, considers that given his background and experience and contributions made by him during his tenure, the continued association of Shri. Vinayak Chatterjee would be beneficial to the Company and it is desirable to continue to avail his services as an Independent Director. Accordingly, it is proposed to re-appoint Shri. Vinayak Chatterjee as an Independent Director of the Company, not liable to retire by rotation for a second term of 5 (five) consecutive years on the Board of the Company.

Shri. Vinayak Chatterjee is not disqualified from being appointed as a Director in terms of Section 164 of the Companies Act, 2013 ("the Act") and has given his consent to act as a Director.

The Company has also received declaration from Shri. Vinayak Chatterjee that he meets the criteria of independence as prescribed both under Section 149(6) of the Act and under the Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 ("SEBI Listing Regulations").

In the opinion of the Board, Shri. Vinayak Chatterjee fulfils the conditions of appointment as an Independent Director as specified in the Act and the Listing Regulations. He is independent of the management.

Details of Shri. Vinayak Chatterjee, pursuant to the provisions of (i) the SEBI Listing Regulations and (ii) Secretarial Standards on General Meetings ("SS-2"), issued by the Institute of Company Secretaries of India are provided as part of the Notice of the Annual General Meeting.

A copy of the draft letter of appointment of Shri. Vinayak Chatterjee as an Independent Director setting out the terms and conditions would be available for inspection without any fee by the members at the Registered Office of the Company during normal business hours on any working day, excluding Saturday.

The Board is of the view that given his rich and varied experience, his association with the Company would be of immense benefit and it is desirable to continue to avail the services of Shri. Vinayak Chatterjee as an Independent Director.

Accordingly, the Board recommends the special resolution in relation to the appointment of Shri. Vinayak Chatterjee as an Independent Director, for the approval by the shareholders of the Company.

Except Shri. Vinayak Chatterjee, being an appointee, none of the Directors and Key Managerial Personnel of the Company and their relatives are concerned or interested, financially or otherwise, in the special resolution set out at Item No. 7 of the Notice.

Item No. 8:

The members of the Company at the 33rd Annual General Meeting held on 25th August 2014 approved by way of a Special Resolution under Section 197 and other applicable provisions of the Companies Act, 2013 ("the Act"), the payment of remuneration by way of commission to the Non-Executive and Independent Directors of the Company, of a sum not exceeding one percent per annum of the net profits of the Company, calculated in accordance with the provisions of the Companies Act 2013, for a period of five years commencing from 1st April 2014.

In view of Section 197 and any other relevant provisions of the Act and Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 as amended and taking into account the roles and responsibilities of the directors, it is proposed that the Non-Executive and Independent Directors other than the Managing Director and the Whole-time Directors be paid for each of the five financial years of the Company commencing from 1st April 2019, a remuneration not exceeding one percent per annum of the net profits of the Company computed in accordance with the provisions of the Act. This remuneration will be distributed amongst all Non-Executive and Independent Directors in accordance with the directions given by the Board of Directors and subject to any other applicable requirements under the Act.

This remuneration shall be in addition to the fee payable to the Directors for attending the meetings of the Board or Committees thereof or for any other purpose whatsoever as may be decided by the Board, and reimbursement of expenses for participation in the Board and other meetings.

Accordingly, approval of the Shareholders is sought for payment of remuneration by way of commission to the Directors of the Company other than the Managing Director and Whole-time Directors, for a period of five years commencing from 1st April 2019 as set out in the Resolution at Item No.8 of the Notice.

It is submitted that payment of commission to Non-Executive Directors aggregating to a sum not exceeding one percent of the net profits per annum is a common accepted market practice for companies in India. The Company has been so far paying well below the specified limit of one percent of the net profits per annum to its Non-Executive Directors .

The Board recommends the resolution set out under Item No.8 of the Notice for approval by the shareholders.

The Managing Director, Whole-time Directors and Key Managerial Personnel of the Company and their relatives are not concerned or interested, financially or otherwise, in the resolution set out at Item No. 8 of the Notice.

Directors other than the Managing Director and the Whole-time Directors of the Company may be deemed to be concerned or interested in the resolution set out at Item No. 8 of the Notice to the extent of the remuneration that may be received by them.

Item Nos. 9 & 10 :

Re-appointment of Smt. Shobana Kamineni as Executive Vice Chairperson

The current term of office of Smt. Shobana Kamineni as Executive Vice Chairperson is due for renewal on 1st February 2020.

Under her stewardship, the stand alone pharmacy business segment has grown from around 170 stores in FY 2005 to 3,428 stores as of FY 2019 with a presence in over 400 cities/towns spread over 20 states and Union territories and currently serves more than 300,000 customers daily. It constitutes the largest organised stand alone pharmacy network in the country. Standalone Pharmacies reported Revenues of ₹38,860 million in FY 2019, with an EBITDA margin of 5.2 % and a reported ROI of 18.7%. We are now further committed to grow this platform to 5,000 pharmacy outlets over the next 5 years and ₹100 Billion in Revenues. Smt Shobana Kamineni would be primarily driving this segment within the Company.

She has also played a pivotal role in growing the health insurance business of Apollo Munich Health Insurance Company Limited ("AMHI"). Since its inception, AMHI has carved a niche for itself in the health insurance sector earning Gross Written Premium of ₹21,944 million for the financial year ended 31st March, 2019 and earning a market share of 9% amongst private insurers .It has won several awards in the health insurance industry with its market leading innovations and customer centric approach.

Considering the valuable contributions made by her during her tenure, the Board of Directors at its meeting held on 30th May 2019 approved the re-appointment of Smt. Shobana Kamineni as Executive Vice-Chairperson for a further period of 5 years with effect from 1st February 2020 on the remuneration terms recommended by the Nomination & Remuneration Committee subject to the approval of the shareholders at the ensuing Annual General Meeting.

The Committee recommended that Smt. Shobana Kamineni be re-appointed for a further term of five years with effect from 1st February 2020 as Executive Vice-Chairperson provided that the remuneration payable to her for the renewed period of office would be within the maximum permissible limit prescribed for each Individual Whole Time Director and further subject to the requirement that the aggregate remuneration payable to all the Whole Time Directors would be within the maximum permissible limits of 10% of the net profits of the Company, prescribed under the provisions of the Companies Act, 2013 read with Schedule V to the Companies Act, 2013 and also the limits prescribed under the SEBI Listing Regulations, including any amendments thereto, during the tenure of her appointment.

Consent for continuation of payment of remuneration to Promoter Executive Directors

As per the newly introduced Regulation 17(6)(e) of the SEBI (LODR) (Amendment) Regulations, 2015, with effect from the financial year 2019-2020, the fees or compensation payable to executive directors who are promoters or members of the promoter group, shall be subject to the approval of the shareholders by special resolution in a general meeting, if-

(i) the annual remuneration payable to such executive director exceeds ₹50 million or 2.5 percent of the net profits of the listed entity calculated as per the provisions of Section 198 of the Companies Act, 2013, whichever is higher; or

(ii) where there is more than one such director, the aggregate annual remuneration to such directors exceeds 5 per cent of the net profits of the listed entity calculated as per the provisions of Section 198 of the Companies Act, 2013.

At present, there are five executive directors who are promoters, on the Board of Directors of the Company.

They are Dr. Prathap C Reddy, Executive Chairman, Smt. Preetha Reddy, Executive Vice Chairperson, Smt. Suneeta Reddy, Managing Director, Smt. Shobana Kamineni, Executive Vice Chairperson and Smt. Sangita Reddy, Joint Managing Director.

The shareholders had approved remuneration payable to them within the limits as prescribed as per the Companies Act, 2013, while approving their respective appointments.

In the case of Dr Prathap C Reddy, Executive Chairman, the remuneration that may be paid every year could exceed either 2.5% of the net profits of the Company or ₹50 million individually while in aggregate the overall Executive Directors remuneration could exceed the threshold limit of 5% of the net profits of the Company as specified under Regulation 17(6)(e) of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015.

This necessitates seeking a fresh approval of the shareholders by way of special resolution for retaining all existing terms and conditions of appointment of the aforesaid Executive Directors including remuneration payable to them till the expiry of their respective terms, in order to comply with the above mentioned newly introduced Regulation 17(6)(e) of the SEBI (LODR) Regulations, 2015.

The Board approved the above proposal at their meeting held on 30th May 2019 after considering the contributions made by the Executive Directors.

The above approvals being sought for from the shareholders are only enabling approvals as permitted and provided for under the ambit of existing applicable regulations governing Executive Directors remuneration. There is no change as such in the existing remuneration arrangements and the current remuneration policy for Executive Directors as featuring in the Corporate Governance section of the Annual report continues to be in place. Also, as a regular process, the Nomination and Remuneration Committee which comprises entirely of Independent Directors, rigorously reviews various external and internal factors which have a bearing on Executive Directors remuneration, while finalising the annual compensations which comprises of both fixed pay and variable pay components for all Executive Directors, such as performance of the Company as compared to annual operating plans, performance as measured against key performance indicators specific to each Executive Director's area of expertise apart from prevailing market norms and trends as regards executive directors compensation .

The Board recommends the resolutions set out at Item Nos. 9 & 10 of the Notice for approval by the Members.

Except Dr. Prathap C Reddy, Smt. Preetha Reddy, Smt. Suneeta Reddy, Smt. Sangita Reddy and Smt. Shobana Kamineni, none of the Directors, Key Managerial Personnel of the Company or their relatives are concerned or interested in the proposed resolutions. This statement may also be regarded as an appropriate disclosure under the Act and the Listing Regulations.

Item No. 11:

The Companies Act, 2013, has prescribed a new format of Memorandum of Association ("MOA") for public companies limited by shares. Accordingly, with a view to align the existing MOA of the Company with Table A of the Schedule I of the Act and in accordance with Sections 4 and 13 of the Act, it is proposed to alter the MOA of the Company by merging and retaining the Objects under Clause III (C) – "The Other Objects are" with Clause III (B) – "The Objects Incidental or Ancillary to the attainment of the Main Objects are" to the extent possible and also to rename and renumber the existing Clause III (A) and III (B) of the Objects Clause.

The Board at its meeting held on 30th May 2019 has approved alteration of the MOA of the Company and recommends the Special Resolution set forth in Item No. 11 of the Notice for approval of the Members.

The proposed draft MOA is being uploaded on the Company's website at www.apollohospitals.com for perusal by the Members. Further, a copy of the proposed MOA of the Company would be available for inspection of the Members at the Registered Office/Secretarial Department of the Company during normal business hours on any working day excluding Saturdays, Sundays and public holidays till the date of the AGM. The aforesaid documents would also be available for inspection at the AGM.

None of the Directors or Key Managerial Personnel of the Company including their relatives are interested or concerned in the resolution except to the extent of their shareholding, if any, in the Company.

Item No. 12:

The Articles of Association("AOA") of the Company as currently in force was adopted pursuant to the provisions under the Companies Act, 1956, from time to time, over the past several years. The references to specific sections of the Companies Act, 1956 in the existing Articles of Association may no longer be in conformity with the Companies Act, 2013.

Considering that substantive sections of the Companies Act which deal with the general working of the companies stand notified, it is proposed to amend the existing Articles of Association to align it with the provisions of the Companies Act, 2013 including the Rules framed thereunder and adoption of specific sections from Table "F" to Schedule I to the Companies Act, 2013 which sets out the model articles of association for a company limited by shares and the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 as amended.

While some of the Articles of the existing Articles of Association of the Company require alteration or deletions, material changes that are proposed in the new draft Articles of Association are given below for ease of reference for the shareholders.

Sl. No.	Article Reference as per existing Articles of Association	Article reference as per new draft Articles of Association	Summary of change
1.	Constitution	Table F	The reference to Table "A"(model articles) under the erstwhile Companies Act,1956 is modified to align with the Companies Act, 2013 ("CA 2013") and be read as Table "F".
2.	Interpretation	Definitions & Interpretation	Certain terms have been defined and certain definitions for terms are deleted as they have not been used in the articles and certain other definitions are appropriately modified to align with the provisions of the CA, 2013.
3.	Article 4-Share Capital	Article 5-Share Capital	Article 5 is amended to state that the Authorised Share Capital of the Company shall be such amount and be divided into such shares as may from time to time, be provided in clause V of the Memorandum of Association.
4.	-	Article 25-Outsider's lien not to affect company's lien	Express clarity is brought in with respect to outsider's lien not affecting the Company's lien.
5.	-	Article 55(e)-Enabling provision to reclassify the authorised capital	The provisions in relation to reclassification of authorised Share Capital of the Company is added to the proposed AOA as authorisation for the same in AOA is required under the CA 2013
6.	Article 73-Annual General Meeting	Article 70-Annual General Meeting	The provisions in the existing AOA allows the AGM to be conducted on a day which is not a public holiday. The same is modified to National holiday in the proposed articles to be in line with the CA 2013.
7.	Article 79-Quorum	Article 76-Quorum	The existing Articles prescribed the Quorum for the general meeting as 5, which is not in consonance with the CA 2013. Hence the same is brought in line with the CA 2013.
8.	Article 84- Questions at General Meeting how decided	Article 82 & 83-Voting Rights and Voting through electronic means	The provision in relation to voting by show of hands has been removed as the company being a listed entity can provide only the option of voting through electronic means or postal ballot to its members (in line with the CA 2013).
9.	Article 134-Secretary	Article 126-Key Managerial Personnel	The new provisions relating to appointment of Key Managerial Personnel including Chief Executive Officer, Chief Financial Officer, in addition to company secretary is brought in the proposed AOA.
10.	-	Article 111-Mode of participation in the board meeting	Since the CA 2013 provides an option to the directors to participate in the board meeting through audio visual means, an express provision is brought in the proposed AOA in this regard.
11	-	Article 146-Transfer of shares to IEPF	The CA 2013 provides for the transfers of such shares to IEPF for which dividend has not been paid /claimed for such number of years as may be prescribed in the relevant law. Hence an express provision is brought into the proposed AOA in this regard.
12	-	Article 166-Insurance for board & KMP	Added to the proposed AOA to facilitate insurance for the Board of Directors and KMPs.
13	-	Article 180-General Powers	The statutory provisions of the Act which permits a company to do some acts "if so authorized by its Articles" or provisions which require a company to do acts in a prescribed manner "unless the Articles otherwise provide" have been specifically included in the proposed AOA.

Certain provisions of the existing Articles of Association have been simplified by providing reference to relevant Sections to the Companies Act, 2013 and the Rules framed thereunder, to avoid repetition in its entirety. Further certain articles have been deleted as the process for the same is explicitly mentioned in the CA 2013 and the rules made thereunder. Certain other articles have been deleted as the same have become redundant pursuant to introduction of the CA 2013.

The proposed new draft Articles of Association is being uploaded on the Company's website at www.apollohospitals.com for perusal by the shareholders.

None of the Directors/Key Managerial Personnel of the Company/their relatives are, in any way, concerned or interested, financially or otherwise, in the Special Resolution set out at item No.12 of the Notice.

The Board recommends the Special Resolution set out at Item No. 12 of the Notice for approval by the shareholders.

Item No. 13:

In order to augment long term resources for financing, inter alia ongoing capital expenditure, expansion activities of the Company and for general corporate purposes, the Board may at an appropriate time, offer or invite subscription for secured/unsecured redeemable non-convertible debentures in one or more series/ tranches on a private placement basis for a sum aggregating upto ₹5,000 million (Rupees Five Thousand Million Only). This would be within the overall approved borrowing limit of ₹38,500 million (Rupees Thirty Eight Thousand Five Hundred Million only).

Rule 14 of the Companies (Prospectus and Allotment of Securities) Rules, 2014 prescribed inter alia under Section 42 of the Companies Act, 2013 ("the Act") deals with private placement of securities by a Company. Sub-rule (2) of the said Rule 14 states that in case of an offer or invitation to subscribe for non-convertible debentures on a private placement basis, the Company shall obtain the prior approval of its shareholders by means of a special resolution only once in a year for all the offers or invitations for such issuance of non-convertible debentures during the year. Rule 18 of the Companies (Share Capital and Debentures) Rules, 2014 deals with issue of secured debentures.

The Board of Directors will decide appropriately whether to issue debentures on a secured or unsecured basis.

Accordingly, consent of the members is being sought for passing a Special Resolution as set out at Item No. 13 of the Notice. This would enable the Board of Directors of the Company to offer or invite subscription for unsecured/ secured non-convertible debentures, as may be required by the Company, from time to time, for a period of one year from the date of passing this resolution.

The Board recommends the special resolution set out under Item No.13 of the Notice for approval by the members.

None of the Directors and Key Managerial Personnel of the Company and their relatives are in any way concerned or interested, financially or otherwise in the special resolution set out under Item No.13 of the Notice.

Item No. 14:

The Board, on the recommendation of the Audit Committee, has approved the appointment of M/s. A.N. Raman & Associates, Cost Accountants, as the Cost Auditor to conduct the audit of the cost records of the Company for the financial year ending March 31, 2020 on a remuneration of ₹1.50 million plus applicable statutory levies and reimbursement of reasonable out of pocket expenses actually incurred.

In accordance with the provisions of Section 148 of the Act read with the Companies (Audit and Auditors) Rules, 2014 , the remuneration payable to the Cost Auditor has to be ratified by the shareholders of the Company.

Accordingly, consent of the members is sought for passing an ordinary resolution as set out under Item No.14 of the Notice for ratification of the remuneration payable to the cost auditors for the financial year ending March 31, 2020.

None of the Directors and Key Managerial Personnel of the Company and their relatives are, in any way, concerned or interested, financially or otherwise, in the resolution set out under Item No.14 of the Notice.

For APOLLO HOSPITALS ENTERPRISE LIMITED

S.M. Krishnan

Vice President – Finance &

Company Secretary

Place : Chennai

Date : May 30, 2019

Details of Directors seeking appointment/re-appointment in the Annual General Meeting

(Pursuant to Regulation 36(3) of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 and Secretarial Standard 2 issued by the Institute of Company Secretaries of India.

Name of the Director	Dr. Murali Doraiswamy	Smt.V. Kavitha Dutt	Shri. MBN Rao	Shri. Vinayak Chatterjee	Smt. Shobana Kamineni
DIN	08235560	00139274	00287260	00008933	00003836
Date of Birth	16th March 1963	17th May 1971	19th June 1948	30th August 1959	27th November 1960
Date of First Appointment on the Board	27th September 2018	9th February 2019	9th February 2019	2nd July 2014	1st February 2010
Relationship with other Directors	None	None	None	None	Daughter of Dr.Prathap C Reddy, Chairman, Sister of Smt. Preetha Reddy, Executive Vice Chairperson, Smt.Suneeta Reddy, Managing Director and Smt.Sangita Reddy, Joint Managing Director
Expertise in Specific Functional areas	Health Innovation, Preventive Medicine, Digital Health and Brain Health	Financial and Human Resources Management	IT, Banking and Finance, Investments, Project Finance, Economics, Foreign Exchange, Money and Capital Markets, Risk Management, Treasury and Funds Management	Infrastructure Development	leading startups, strategy, comprehensive knowledge of the healthcare universe, including retail medical and health insurance.
Qualifications	MBBS from the University of Madras in India	Graduate in Business Management with specialisation in International Business Cedar Crest College, Allentown, Pennsylvania, USA	Graduate in Agriculture, Associate of the Chartered Institute of Bankers, London, Fellow Member of the Indian Institute of Bankers	Economics (Hons.) from St. Stephen's College, Delhi University	BA [Econ], Accelerated Hospital Management, Columbia University.

Name of the Director	Dr. Murali Doraiswamy	Smt.V. Kavitha Dutt	Shri. MBN Rao	Shri. Vinayak Chatterjee	Smt. Shobana Kamineni
	Completed Postgraduate Clinical and Research Training at Duke University, USA	Post-Graduate Diploma in Human Resources from New York University (NYU), New York	Diploma in Computer Studies from University of Cambridge and National Computing Centre, London	MBA from Indian Institute of Management, Ahmedabad	
Experience	Leading Professor and Clinical Researcher with over two decades of experience in the areas of Preventive Medicine, Clinical Neuroscience, Psychiatry and development of new diagnostics and therapeutics; has served as a Health Advisor to leading government agencies, business and advocacy groups.	Smt. V. Kavitha Dutt has over 19 years experience and has significantly contributed at all levels of management in particular overseeing new projects, Financial and Human Resources Management.	Shri. MBN Rao has over 49 years experience in Banking and Finance Industry	Shri. Vinayak Chatterjee has over 30 years experience in Infrastructure Development Industry	Smt. Shobana has over 30 years experience in Healthcare Industry
Board Membership of other companies	**Public Limited Companies** Nil	**Public Limited Companies** 1. The KCP Limited, Joint Managing Director 2. DCM Shriram Industries Limited, Director 3. ABI Showatech (India) Limited,Director	**Public Limited Companies** 1. CRISIL Risk and Infrastructure Solutions Limited, Non Executive Chairman 2. Apollo Health and Lifestyle Limited, Non Executive Chairman* 3. The Ramco Cements Limited, Director 4. Taj GVK Hotels and Resorts Limited, Director 5. KG Denim Limited, Director 6. Apollo Munich Health Insurance Company Limited, Director 7. Nuziveedu Sees Limited, Director 8. Mumbai International Airport Limited, Director	**Public Limited Companies** 1. Indraprastha Medical Corporation Limited, Director 2. KEC International Limited, Director 3. ACC Limited, Director 4. Feedback Energy Distribtuion Company Limited, Director	**Public Limited Companies** 1. Apollo Munich Health Insurance Company Limited. Chairperson* 2. Indraprastha Medical Corporation Limtied, Director* 3. Hero Motorcorp Limited, Director 4. Apollo Energy Company Limited, Director 5. Lifetime Wellness Rx International Limited, Director 6. PCR Investments Limited, Director* 7. Apollo Home Healthcare Limited, Director* 8. Apollo Pharmacies Limited, Director*

Name of the Director	Dr. Murali Doraiswamy	Smt.V. Kavitha Dutt	Shri. MBN Rao	Shri. Vinayak Chatterjee	Smt. Shobana Kamineni
	Private Limited Companies Nil	Private Limited Companies 1. V. Ramakrishna Sons Private Limited, Director	Private Limited Companies 1. Franklin Templeton Asset Management (India) Private Limited, Director 2. MMTC-PAMP India Private Limited, Director 3. Green Woods Palaces and Resorts Private Limited, Director 4. Navi Mumbai International Airport Private Limited, **Director**	Private Limited Companies 1. Mission Holdings Private Limited, Director 2. Feedback Infra Private Limtied, Director 3. Feedback Highways OMT Private Limited, Director 4. Feedback Power Operations & Maintenance Services Private Limited, **Director**	Private Limited Companies 1. Kamineni Builders Private Limited, Director 2. Trac India Private Limited, Director 3. Apollo Medicals Private Limited, Director* 4.Trac Eco & Safari Park Private Limited, **Director**
Chairman/Member of the Committee of the Board of Directors of the Company	**Member** (w.e.f 30th May 2019) 1. Nomination and Remuneration Committee 2. Investment Committee 3. CSR Committee (w.e.f 1st April 2019)	**Member** (w.e.f 1st April 2019) 1. Audit Committee **Chairperson** (w.e.f 1st April 2019) 1. Stakeholders Relationship Committee	**Chairman** (w.e.f 1st April 2019) 1. Audit Committee **Member** (w.e.f 1st April 2019) 1. Nomination & Remuneration Committee 2. Investment Committee 3.CSR Committee	**Member** 1. Investment Committee 2. Risk Management Committee **Chairman** (w.e.f 1st April 2019) 1. Nomination & Remuneration Committee	Nil

* The above directorships are in the Companies which are part of Apollo Hospitals Group.

Chairman/Member of the Committee of Directors of other Companies in which the person is a Director

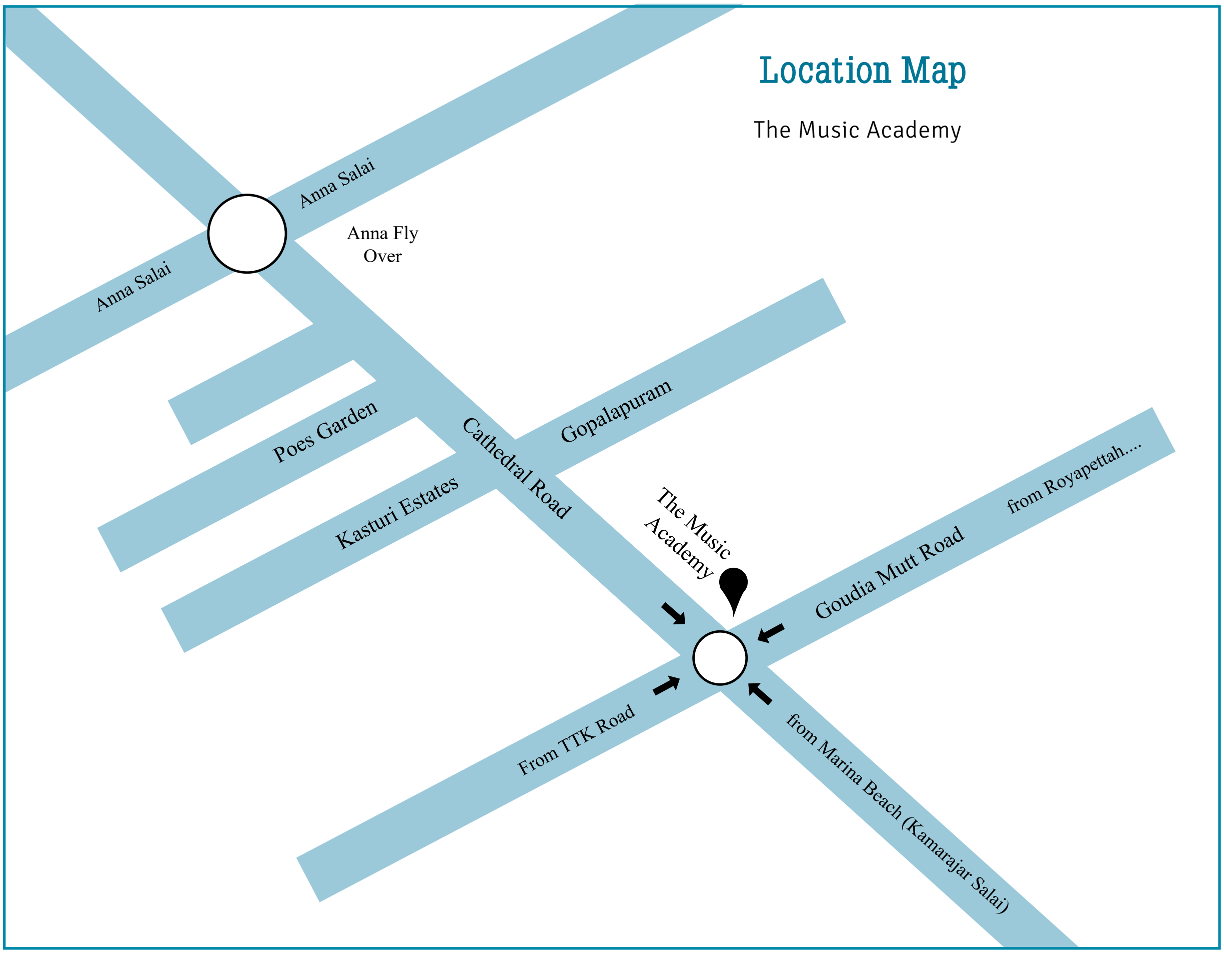
Name of the Director	Dr. Murali Doraiswamy	Smt. Kavitha Dutt	Shri. MBN Rao	Shri. Vinayak Chatterjee	Smt. Shobana Kamineni
Audit Committee	Nil	**Member** 1. The KCP Limited 2. ABI Showatech (India) Limited	**Chairman** 1. Mumbai International Airport Limited 2. Green Woods Palaces and Resorts Private Limited **Member** 1. The Ramco Cements Limited 2. Apollo Health and Lifestyle Limited 3. Taj GVK Hotels & Resorts Limited 4. Nuzivedu Seeds Limited 5. MMTC - PAMP India Pvt Limited	**Member** 1. ACC Limited	Nil
Stakeholders Relationship Committee	Nil	Nil	**Chairman** 1. MMTC-PAMP India Private Limited	Nil	Nil
Nomination and Remuneration Committee	Nil	**Member** 1. ABI Showatech (India) Limited	**Chairman** 1. MMTC-PAMP India Private Limited **Member** 1. Taj GVK Hotels & Resorts Limited	Nil	**Member** 1. Apollo Munich Health Insurance Company Limited
Shareholding in the Company (as on 31/03/2019)	Nil	Nil	400	Nil	2,239,952

Name of the Director	Dr. Murali Doraiswamy	Smt. Kavitha Dutt	Shri. MBN Rao	Shri. Vinayak Chatterjee	Smt. Shobana Kamineni
No of Board Meetings conducted during the last financial year (2018-2019)	3#	2#	2#	7	7
No. of Board Meetings attended during the last financial year (2018-2019)	3	2	2	6	6
Terms and Conditions of appointment or re-appointment	Independent Director appointed for five consecutive years for a term upto 26th September 2023, not liable to retire by rotation	Independent Director appointed for five consecutive years for a term upto 8th February 2024, not liable to retire by rotation	Independent Director appointed for five consecutive years for a term upto 8th February 2024, not liable to retire by rotation	Independent Director re-appointed for five consecutive years for a second term upto 31st March 2024, not liable to retire by rotation	Executive Director, liable to retire by rotation
Remuneration last drawn	₹0.78 million	₹0.27 million	₹0.32 million	₹1.65 million	₹39.63 million
Remuneration proposed to be paid	1. Sitting Fee and 2. Commission - Refer Corporate Governance Report which forms part of the Annual Report	1. Sitting Fee and 2. Commission - Refer Corporate Governance Report which forms part of the Annual Report	1. Sitting Fee and 2. Commission - Refer Corporate Governance Report which forms part of the Annual Report	1. Sitting Fee and 2. Commission - Refer Corporate Governance Report which forms part of the Annual Report	As per the resolution at Item No.9 of the Notice convening this Meeting read with explanatory statement thereto

No. of Board Meetings calculated from the respective dates of appointment

Thirty Eighth Annual General Meeting

Date : September 27, 2019
Day : Friday
Time : 10.15 a.m.
Venue : The Music Academy, No. 168, TTK Road, Royapettah, Chennai – 600 014



Note:

Annual Report containing the Directors Report, Corporate Governance Report, Business Responsibility Report and Audited Financial Statements (both standalone and consolidated) are being sent by book post / email.